BIRMINGHAM CITY COUNCIL

BIRMINGHAM HEALTH AND WELLBEING BOARD

TUESDAY, 28 MARCH 2023 AT 10:00 HOURS
IN COMMITTEE ROOMS 3 & 4, COUNCIL HOUSE, VICTORIA SQUARE, BIRMINGHAM, B1 1BB

A G E N D A

1 **NOTICE OF RECORDING/WEBCAST**

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

2 **DECLARATIONS OF INTERESTS**

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

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

If other registerable interests are declared a Member may speak on the matter only if members of the public are allowed to speak at the meeting but otherwise must not take part in any discussion or vote on the matter and must not remain in the room unless they have been granted a dispensation.

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

3 **APOLOGIES**

To receive any apologies.

4 **DATE AND TIME OF NEXT MEETING**

To note dates of formal meetings of the Board commencing at 1000 hours.

5 **MINUTES AND MATTERS ARISING**

5 - 16

To confirm and sign the Minutes of the meeting held on 31 January 2023.

6 **ACTION LOG**

17 - 18

To review the actions arising from previous meetings.

7 **CHAIR'S UPDATE**

(1005-1010) - To receive an oral update.

8 **PUBLIC QUESTIONS**

(1010-1015) - Members of the Board to consider questions submitted by members of the public.

The deadline for receipt of public questions is 3:00pm on 21 March, 2023.

Questions should be sent to: HealthyBrum@Birmingham.gov.uk.

(No person may (submit more than one question)

Questions will be addressed in correlation to the agenda items and within the timescales allocated. This will be included in the broadcast via the Council's You Tube site: www.youtube.com/channel/UCT2kT7ZRPFCXq6_5dnVnYlw

NB: The questions and answers will not be reproduced in the minutes.

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

(1015-1020) - Greg Ward (Levelling Up Programme Lead, Birmingham City Council) will present this item.

10 **COST OF LIVING - BIRMINGHAM HEALTHWATCH - VERBAL UPDATE**

(1020-1025) - Andy Cave (Chief Executive of Birmingham Healthwatch) will present this item.

21 **OTHER URGENT BUSINESS**

(1120-1125) -To consider any items of business by reason of special circumstances (to be specified) that in the opinion of the Chair are matters of urgency.

22 **BIRMINGHAM AND SOLIHULL (BSOL) INTEGRATED CARE SYSTEM (ICS) TEN -YEAR STRATEGY**

Private
(1125-1155) - David Melbourne (Chief Executive, NHS BSol ICS) will present this item

BIRMINGHAM CITY COUNCIL

BIRMINGHAM HEALTH AND WELLBEING BOARD TUESDAY, 31 JANUARY 2023

MINUTES OF A MEETING OF THE BIRMINGHAM HEALTH AND WELLBEING BOARD HELD ON TUESDAY 31 JANUARY 2023 AT 1000 HOURS IN COMMITTEE ROOMS 3 AND 4, COUNCIL HOUSE, VICTORIA SQUARE, BIRMINGHAM B1 1BB

PRESENT: -

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

Dr Clara Day (Vice-Chair) Chief Medical Officer, NHS Birmingham & Solihull ICB

Natalie Allen Chief Executive SIFA FIRESIDE
Councillor Matt Bennett, Opposition Spokesperson on Health and Social Care
Andy Cave, Chief Executive Officer, Healthwatch Birmingham (via Teams)
Andy Couldrick – Children's Trust
Dr Anne Coufopoulous. University College, Birmingham
Councillor Karen McCarthy, Cabinet Member for Children Young People and Families
Stephen Raybould, Programmes Director, Ageing Better, BVSC Peter Richmond, Birmingham Social Housing Partnership Jo Tonkin, Assistant Director (KEG), BCC
Dr Justin Varney, Director of Public Health
Dr Mary Orhewere, Assistant Director of Public Health (via Teams)
Chris Baggott, Service Lead Public Health,

ALSO PRESENT:-

Aidan Hall, Service Lead, Programme Senior Officer
Ed Brown, Committee Services
Greg Ward, Levelling up Programme (via Teams)
Representative for Christopher Beeken
Douglass Simkiss

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Dr Justin Varney declared that he had recently been appointed to the Food Standards Agency Board.

The Vice-Chair Dr Clara Day declared that her husband had co-written the Triple-Zero Drug and Alcohol Strategy.

APOLOGIES

692 Apologies for absence were submitted on behalf of

Mark Garrick, Director of Strategy and Quality Development, UHB

Sue Harrison, Director for Children and Families, BCC

David Melbourne, NHS Birmingham and Solihull CCG

Ashan Mohammed, Department for Work and Pensions

DATE AND TIME OF NEXT MEETING

693 The Board noted the following meeting dates for the remainder of the Municipal

Year 2022/23:-

Tuesday 28 March 2023
1000 Hours

MINUTES - 29 NOVEMBER, 2022

694 Councillor Bennett raised the issue of MRI vaccinations which had been an issue in past meetings but was still not on the Forward Plan. He expressed concern about complacency particularly in light of alarming reports in the press in October. He requested that this issue be added to the agenda.

The Chair responded that an update on vaccinations would be going to Health and Social Care Overview Scrutiny Committee (HOSC) in the next few weeks.

Justin Varney then suggested that the discussion and presentations of HOSC could then be appended to the Health and Wellbeing Board (HWB) agenda as a for information item for 28th March.

The Minutes of the meeting held on 29 November, 2022, having been previously circulated, were confirmed and signed by the Chair.

ACTION LOG

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

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696 CHAIR'S UPDATE

- The Chair advised that since the previous meeting there had been the peak winter period and a focus in the media on the University hospitals of Birmingham (UHB). There had been swift action taken to move Dame Yve Buckland into the role of interim Chair of UHB to provide

stability at his time. In terms of Council involvement in reviews surrounding UHB, a cross-party reference group had been established and the first meeting had taken place the previous week.

- Winter pressures were tough on the health system, and even more so during the cost of living crisis. The Chair thanked the Adult Social Care team for their help with keeping hospital discharges flowing. She added that she was pleased when David Melbourne, NHS Birmingham and Solihull CCG, put on record his thanks to the Adult Social Care team for keeping hospital discharges flowing. The Chair further thanked David Melbourne, Dame Yve Buckland and Jonathan Groverton for attending briefing sessions for elected members and to Graham Betts and Andrew Marsh for their session in discharges.
- The BLACHIR Implementation Board continued to meet and wer ein the process of appointing an independent Chair.

PUBLIC QUESTIONS

697 The Chair advised that there were no public questions for this meeting. The Board welcomed questions, any questions should be sent to: HealthyBrum@Birmingham.gov.uk.

COST OF LIVING CRISIS - VERBAL UPDATE ON BIRMINGHAM CITY COUNCIL'S RESPONSE

Greg Ward, Levelling Up Programme Lead- Birmingham City Council gave an online presentation including an updated slide giving information on what had been done on the issue to date.

Those present were satisfied with the information provided.

698 **RESOLVED**

That the presentation be noted.

COST OF LIVING CRISIS - VCSFE INSIGHTS REPORT

The following document was submitted:-

(See document no. 1)

Stephen Raybould, Programmes Director, Ageing Better, BVSC presented the reort using slides. He noted that the report that had been circulated was a

draft and the report had since been finalised. The final version was mostly the same and the link to it would be circulated.

He invited staff present to attend an event looking at how to support the voluntary sector workforce around the city. At the request of the Chair, information on the event would be circulated.

Natalie Allen, Chief Executive SIFA FIRESIDE thanked Stephen for his report and its effectiveness. She added that in an article in *The Guardian* on the impact of the cost of living and the research done by Homeless Link it was reported that over the coming months half of services were at risk and as such it was important to monitor the threat of said closures.

Dr Justin Varney, Director of Public Health, noted that the situation was not a short-term one and significant shift had been created in the city. As such an ongoing conversation on the issue was needed.

Stephen Raybould referred to those in the voluntary sector and encouraged them to talk to their funders to talk about their activities.

Natalie Allen added that there had been positive conversations with the Council about commission work and suggested that self-funded activity was more at risk than commission services.

Peter Richmond, Birmingham Social Housing Partnership, gave perspective form a Social Housing point of view and referred to a practitioners meeting held recently which concurred that the city strategy had been useful in linking people together and added that access to warm hubs and grants had been helpful. He further raised the need to think about general needs housing in housing associations. He added that the real problem was not yet being addressed as people were struggling and just about managing with heating etc. He added that homelessness was being presented from a general needs point of view.

The Chair welcomed the event on volunteering as it was a good opportunity to bring organisations together. She added that there was an onus to support organisations around the cost-of-living crisis and winter pressures. She observed that whilst many volunteers had been able to help during the Covid-19 crisis as many had free time in lockdown, this was no longer the case for many which meant there was more pressure on the voluntary sector. As such she suggested that strategic thinking was needed across the city.

699 **RESOLVED:-**

i) That the recommendations f the report be noted.
ii) That the development of a holistic, sustainable VCSFE be supported.
iii) That the VCSFE be worked with to give Birmingham more of a presence at national level.

COST OF LIVING EMERGENCY - BIRMINGHAM HEALTHWATCH

Andy Cave, Chief Executive Officer, Healthwatch Birmingham gave an online presentation on the cost-of-living emergency using some slides noting that this was a live survey using the most up-to-date statistics which would be reported on regularly.

The Chair thanked Andy Cave for the presentation and information commenting that it was useful to put the issue into perspective and that she welcomed regular updates. She asked if this information was being fed into the corporate cost-of-living crisis work.

Andy responded that this was not yet the case but had been reported to the Equalities Group and the Adult Social Care Group.

The Chair requested that the information be tied together and fed in so that the Council's response could match the information being disseminated.

Dr Justin Varney commented that the City was keen to enable voluntary groups and community organisations to feed data in as such information was useful to the Council, for example to inform where to locate foodbanks.

Greg Ward concurred that there was a need to share more data in order to direct help to the most vulnerable, and suggested a meeting (which could include City Observatory colleagues to enable this.

A representative for Sandwell & West Birmingham Hospitals referred to points made about people reducing frequency of prescriptions and compromising health management due to the costs involved and raised concern that people not turning up for appointments may be missed due to backlogs associated with Covid-19.

Dr Clara Day suggested that Healthcare providers could make people aware that some may be able to claim expenses when attending hospital appointments. She further raised the issue that some people may only just mis out on the criteria for free prescriptions, further adding that the costs of repeat prescriptions could particularly affect such people.

Dr Justin Varney added that women may be disproportionally affected by the costs of repeat prescriptions when prescriptions such as HRT and the contraceptive pill were considered.

Stephen Raybould raised the issue of connecting services, for example, monitoring whether those using food banks were also able to access healthcare. He also raised concern that the city did not seem to have a long-term strategy and requested that this be looked at as a Board.

Dr Justin Varney referred to the city-wide partnership response to poverty and observed that whilst Team Birmingham had been able to respond well in a crisis, this was an ongoing crisis that could continue for many years. He

conferred with the Chair about whether the issue should be considered by the Board r by Cabinet. The Chair responded that it was necessary to consider where the issue would have the best oversight, but stipulated that the Health and wellbeing Board would need o be involved.

Responding to a query from Councillor McCarthy about dentistry, Dr Clara Day concurred that there was a need in this area. She added that NHS Birmingham and Solihull would be inheriting dentistry from NHS England in April and recognised the need to obtain data to outline if there were issues in the area and to investigate further.

Natalie Allen referred to a communication about a list of dental practices that could provide services to refugees and homeless people and agreed to circulate this information.

Andy Cave said that he would mention the issues raised when presenting to the Observatory. He added that he would look into working more closely with foodbanks. He further suggested that communications were needed around awareness on where people could claim for travel expenses for hospital visits and around prescriptions and suggested that he would do a piece of work on this.

670 **RESOLVED:-**

That the report be noted.

AGENDA VARIENCE

At the request of the Chair, Item 14 was brought forward on the agenda.

PERINATAL AND INFANT MORTALITY TASKFORCE UPDATE

The following document was submitted:-

(See document 2)

The Chair made the Board aware that an additional paragraph had been inserted into the report into section 4.4.10.

Dr Justin Varney presented the report drawing particular attention to the Annex on experiences. He added that recommendations had been taken forward, working groups had been established and workstreams were moving forward. He noted that research done on genetic screening was timely as NHS England was changing its stance.

The Chair suggested that the Board continue getting updates on infant mortality and wider maternal health across the city and that the local maternity and neonatal system provide an update at the March meeting of the board including any actions that they were taking.

Councillor McCarthy emphasised the importance of he report and the work done and added that Children's Services were working on a plan through to 2028 which included a workshop on infant mortality, preventable death and early intervention. She added that pathways from hospital, public health, nursing, health at home and in the community to support infant health were elements that were particularly important.

The Chair concurred with Councillor McCarthy and thanked her for providing additional reference linking in with the Children's and Young People's plan.

Andy Cave added that cultural awareness and associated health issues were important to highlight and link in.

Dr Justin Varney suggested that an update on cultural competency would be useful.

In response to a query form Dr Anne Coufopoulous, University College, Birmingham, regarding a report form Shelter on women in temporary accommodation, Jo Tonkin, Assistant Director (KEG), BCC, responded that work had been completed by Birmingham Community Healthcare Trust on temporary accommodation looking into what support those in temporary accommodation might need. She added that the service were aware of the issue and action could be taken.

Dr Clara Day praised the good feedback for the Seldom Heard report. She enquired as to what extent it was ensured that the data was landing back with healthcare professionals and suggested that that the way staff cared for patients may need to be considered.

In response to a query from Douglass Simkiss about interventions to reduce infant mortality, Jo Tonkin responded that the taskforce could look at factors that may have an impact.

Dr Varney added that it was important to increase opportunities for women in Birmingham, particularly with regard to accommodation and employment and his would in turn increase opportunities for children.

In response to a question from Peter Richmond, Birmingham Social Housing Partnership, about whether the trajectory had returned to a pre-pandemic position, Dr Varney responded that this would not be known for another 18 months as there was a time lag on the data from the Office of National Statistics (ONS). He further suggested that the recovery from the Covid-19 pandemic would probably be minimal due to the effect of the cost-of-living crisis.

Dr Varney added that the benefit of having an Independent Chair of the Perinatal and Infant Mortality Taskforce was that actions that had not yet been received could be chased. The Independent Chair, Sushma Acquilla, had been persistent in working with colleagues in the ICS.

The board would continue to receive report son progress.

Douglass Simkiss stated that in term of years of life lost, this was he biggest issue in the city.

671 **RESOLVED:-**

That the report be noted.

Matthew Bennet left the meeting during the consideration of this item.

BETTER CARE FUND ADDENDUM PLAN 2022/23 FOR ADULT SOCIAL CARE DISCHARGE FUNDING

The following document was submitted:-

(See document 3)

Andy Cave, Chief Executive Officer, Healthwatch Birmingham, presented the report drawing attention to the plan attached as an appendix and the key intervention set out within it. He reported that implementation had now commenced and the next report was due the following day.

Retrospective approval was sought from the Health and Well-being Board for the Addendum Better Care Fund Plan: Adult Social Care Discharge Fund.

672 **RESOLVED:-**

That the ASC Discharge Fund BCF Addendum Plan be approved by the Board.

Douglas Simkiss left the meeting following the conclusion of this item.

TRIPLE ZERO DRUG AND ALCOHOL STRATEGY

The following document was submitted:-

(See document 4)

Dr Mary Orhewere, Assistant Director of Public Health, and Chris Baggott, Service Lead Public Health, presented he report and received comments and responded to questions.

Approval from the Board was sought to progress the report to Cabinet and for the proposed governance.

It was proposed that the new group be accountable to the Board for the recovery and treatment elements and to the Community Safety Partnership (CSP) for the community and safety elements.

Councillor McCarthy highlighted the work for young people delivered by Aquarius regarding how alcohol and other drugs affected issues such as homelessness, child sexual exploitation and mental health.

Dr Varney proposed that given the additional funding received from the government and new issues such as the use and effects of nitrous oxide, the group should report directly to the Board for at least the next two years. The Board agreed to this.

Dr Day praised the presentation of the document, but expressed concern that recovery was not emphasised as much as support and treatment. She enquired as to the next steps and highlighted the opportunity to make sure services were properly joined up. She also raised uncertainty as to what 'good' would look like in terms of numbers.

The Chair added that monitoring needed to be looked at otherwise any reduction in numbers would not have context. She suggested that thought was needed for the next stage of implementation.

Chief Superintendent Mat Shaer, neighbourhood Police Commander – Birmingham East, commended the proposal around governance noting that in the past the city had not done well at a strategic level and there had been duplication of governance. Regarding recovery, he raised concern that treatments were often aimed at the bulk of the distribution curve, but looking at the harm of risk it appeared that it was a minority caught in the issue. He enquired whether the strategy took account of this.

Natalie Allen highlighted the need to engage with those most marginalised and suggested that a key risk was the high figures of those not in treatment. She further suggested that whilst work around specialist teams, for example those working around homelessness, had worked well, this work was reactive and in order to translate a strategy into action it was necessary to look at those not in treatment. She added that it was important to design the service to allow people to engage.

Stephen Raybould referred to the focus shifting from criminality to a health issue suggesting that it needed to be brought into line with the rest of provision in the city.

Dr Varney clarified that as work on drugs and alcohol was nationally by the Home Office it needed to be written in a certain way with this in mind. He praised the team for doing a good job in engaging and working with partners to develop it and it was now necessary to clarify the connection to the overarching strategy and work on the narrative of the impact of issues such as poverty etc.

Chris Baggot noted the comments made, responding that recovery was a key part of the action plan. He added that there had been discussions around dual diagnosis but more work was necessary on key parts of the implementation plan.

In terms of Dr Day's query about what 'good' looked like, he clarified that ambitions had not changed but there was work to do on explaining the narrative.

He further highlighted the importance of monitoring progress in the context of the national plan, recognising that they were accountable under the outcomes frameworks. He also highlighted the importance of translating into local outcomes.

He explained that governance and delineation took time.

He agreed with previous comments from Natalie Allen about the risk of those not in treatment, noting that half of drug deaths were not in structured treatment programmes, and whilst reaching those not in treatment would be a big task, it was a focus.

Dr Orhewere further responded that there were ambitions but also a need, and as such quantitative measures would get worst before they got better, as part of getting better. She further raised the issue that not all people in need of the services saw themselves as people who did.

She concluded by stating that many of the issue would be taken up in the implementation plan.

673 **RESOLVED:-**

i) That the documents be noted.
ii) That the group report directly to the Health and Wellbeing Board for the next two years.
iii) To agree to HWB responsibility for oversight of delivery of actions supporting the strategy (health and treatment activity).
iv) To approve continuation through the governance process and request to
v) Cabinet for publication.

Information Items

FORWARD PLAN

674 Aidan Hall presented the Forward Plan which was noted.

(See document no. 5)

WRITTEN UPDATES FROM HEALTH AND WELLBEING BOARD FORUMS

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

(See document nos. 6 to 8)

CREATING A BOLDER HEALTHIER CITY (2022-2030): INDICATOR UPDATES

Creating a Physically Active City Forum

Creating a Mentally Healthy City Forum

Health Protection Forum

676 **RESOLVED:-**

That the written updates be noted.

OTHER URGENT BUSINESS

677 There were no items of urgent business.

The meeting ended at 1151 hours.

……..…….

CHAIR

BIRMINGHAM HEALTH & WELLBEING BOARD

Action Log 2021

Rag rating :
- Overdue
- In progress
- Complete

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

	Agenda Item: 11
Report to:	**Birmingham Health & Wellbeing Board**
Date:	**28th March 2023**
TITLE:	**LOCAL MATERNITY AND NEONATAL SYSTEM (LMNS)**
Organisation	**NHS Birmingham & Solihull ICS**
Presenting Officer	**Lisa Stalley-Green, Deputy CEO and Chief Nurse**

Report Type:	**Information / Discussion**

1. Purpose:
1.1. To provide an update on the Local Maternity and Neonatal System (LMNS).

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

3. Recommendation
3.1. To note the contents of the report.

4. Report Body

Maternity Services

The Local Maternity and Neonatal System (LMNS) is the transformational and assurance arm of the Integrated Care Board (ICB).

Following the investigations by Donna Ockenden into Telford and Shrewsbury and East Kent Report by Bill Kirkup's into maternity services, recommendations and immediate essential actions were advised for all hospital Trusts particularly in relation to culture and multi-disciplinary working. The emphasis is on achieving the best outcomes for mothers, babies, and their families. Making sure also that the voices of service users were heard.

In response to this, provider Trusts completed self-assessments to evidence their compliance to the Ockenden 7 immediate essential actions (IEAs). As the LMNS for Birmingham Women's and Children's and University Hospitals Birmingham there is a responsibility to seek yearly assurance.

The report below summarises the current position from both providers. University Hospital Birmingham (UHB) are yet to submit their current self-assessment due April 2023.

Birmingham and Solihull LMNS seek to provide equality and equity to all mothers and their families and reduce infant mortality in line with better births 2016. Provision of continuity of carer has been pivotal to this, and particularly for those whose first language is not English, or to those who are vulnerable and not able to access maternity services. A maternity strategy is in development to address this.

Community engagement is also being utilised to expand on the voices of the community to help co produce and codesign services that are both beneficial and accessible to service users.

Ockenden

The ICB/ LMNS Oversight Meeting and Programme Board has assurance oversight and is pivotal in promoting collaborative system working. The Ockenden Reports (2020; 2022) and most recently the findings and recommendations of the East Kent report (Kirkup, 2022) have continued to shine a spotlight on the safety and quality of maternity services. There is a requirement for Trusts to demonstrate achievement of Immediate Essential Actions (IEA's) and the four overarching East Kent (2022) actions (the compliance template has yet to be devised). There is a system in place for close monitoring of compliance of the Ockenden recommendations (2020; 2022) at the LMNS meetings and how these will dovetail with the Kirkup (2022) recommendations. Both trusts have presented their review of Kirkup to their Trust boards in November 2022. Recently guidance has been issued regarding the methodology and monitoring for Ockenden's 7 IEA;s and this outlines ICB and Regional role.

Current BSol response to the 7 IEAs from the first Ockenden report (2020) and the 15 IEAs from the Final Ockenden Report (2022)

7 IEA's Self-assessment Update (Table1)

		RAG rating		
IEA no.	**Immediate and Essential Action**	**BWH (February**	**UHB (February)**	**City Hospital Based on September insight visit**
1	Enhanced Safety			
2	Listening to Women and Families			
3	Staff Training and Working Together			
4	Managing Complex Care			
5	Risk Assessment throughout Pregnancy			
6	Monitoring Fetal Wellbeing			
7	Informed Consent			

Analysis

BWH: There has been a notable change of status of the actions to green (IEA 3 and red

(IEA 2), has now been identified as green due to strengthening their patient experience involvement and they now have a dedicated Maternity Voice Partnership (MVP).

UHB:

1. IEA: PMRT external opinion is now imbedded within the process and SOP developed and awaits progress through trust-controlled documents.

2. IEA MVP chair working closely with UHB. Website phases 1 and 2 in place and further 6 phases with web team for uploading. This includes a multitude of information which supports patients making informed choice.

3. IEA Mandatory training at 90% target met and being monitored.

4. IEA Review clinic capacity to ensure complex pregnancy patients are seen by name consultant in timely manner – audit to ensure compliance in progress.

5. IEA Mandate correct data recording to evidence risk assessment at each contact.

6. IEA Fetal medicine leads are leading reviews of poor outcomes. 90% of staff completed obstetric emergency training.

7. IEA Website updated as IEA 2 Consultant Midwife in post since December 22. Audit programme being reviewed, and plan shared.

Appointment of senior leadership roles at UHB

Director of Midwives, Head of Midwifery at HH has now been appointed and commenced in post in January 2023. and out to advert for GHH, Non-Executive

appointed and established monthly clinical walkabout by the senior leadership team including the Chief Nurse.

City Hospital:

- Need to formalise link between NED and MVP and ensure regular interactions
- Recruitment of Patient Experience Midwife (currently underway)
- IEA 3 and 5 require audit to demonstrate compliance.

15 IEAs Self-Assessment Update

The national reporting tool is awaited, however actions to deliver against the 15 Immediate and Essential Actions are progressing. Table 2 below reflects the position at end of November 2022. BWCH have adopted a project-style approach to delivering each of the IEA's through workstreams with leads reporting-in and evidence submission to provide self-assessment. Rigour is assured through the employment of a compliance assurance officer; although progress is evident, the RAG rating is not changed until all evidence has been submitted, accepted, and filed within the database.

Of note, where indicated, investment will be required to achieve full compliance however this cannot be fully assessed until the national Maternity and Neonatal delivery plan has been developed:

Table 2: 15 IEAs Self-Assessment

IEA no	Immediate and Essential Action	RAG rating BWH (August 2022)	UHB (January 2023)	City Hospital (August 2022)
1	Workforce Planning and Sustainability	3R, 7A, 10G National Investment indicated	2R 7A 1G National Investment indicated	
2	Safe Staffing	0R, 5Y, 5G Investment indicated	3R 1A 6G Investment indicated	
3	Escalation and Accountability	1R, 1A, 3G Investment indicated	1R 2A 2G Investment indicated	
4	Clinical Governance and Leadership	0R, 3A, 4G Investment indicated	1R 6A 0G Investment indicated	
5	Clinical Governance	0R, 3A, 4G	2R 3A 2G	
6	Learning from Maternal Deaths	0R, 1A, 1G, 1 National	0R, 1A, 0G, 2 National	
7	Multidisciplinary Training	1R, 1A, 5G I national	2R, 3A, 2G	
8	Complex Antenatal Care	0R, 2A, 4G	0R, 1A, 4G	
9	Preterm Birth	Monitor	1R 0A 3G	

10	Labour and Birth	2R, OA, 4G	3R, 2A, 1G	
11	Obstetric Anaesthesia	0R, 4A, 0G	Monitor	Monitor
12	Postnatal Care	1R, 0A, 3G Investment indicated	3R 1 A Investment indicated	
13	Bereavement Care	0R, 3A, 1G Investment indicated	0R, 1A, 3G	
14	Neonatal Care	0R, 2A, 2G, 2 National Investment indicated	0R, 3A, 4G, 2 National Investment indicated	
15	Supporting Families	1R, 2A, 0G Investment indicated	Monitor	Monitor

Ockenden developments

BWH: There has been positive movement since the last report with improved compliance with IEA's 1,4,7 and 8 and increased evidence provided against the other IEAs to demonstrate progress from Red/Amber to Green.

Also, the first multi-professional quarterly governance day was convened in December 2022. Topics covered included:

- Divisional response to the Kirkup report
- Multi-professional progress with ATAIN
- Trust feedback from HSIB
- Maternity QI update focusing on IOL QI
- Neonatal QI update
- Learning from incidents

UHB There has been progression with work for the majority of recommendations, outside of those requiring a national direction or position.

City: have declared compliancy with IEA 6 and 15 and are just in the process of reviewing and updating their position on specific requirements.

Ockenden Governance

Reviewed monthly and update provided on maternity dashboard and to Trust board and CQRM.

Ockenden Neonatal Care: Self-assessment

IEA 14: NEONATAL CARE	RAG STATUS

Essential action There must be clear pathways of care for provision of neonatal care. This review endorses the recommendations from the Neonatal Critical Care Review (December 2019) to expand neonatal critical care, increase neonatal cot numbers, develop the workforce, and enhance the experience of families. This work must now progress at pace.	**BWH** December **2022)**	**UHB (December 2022)**	**City Hospital (June 2022)**
Neonatal and maternity care providers, commissioners and networks must agree on pathways of care including the designation of each unit and on the level of neonatal care that is provided.			
Care that is outside this agreed pathway must be monitored by exception reporting (at least quarterly) and reviewed by providers and the network. The activity and results of the reviews must be reported to commissioners and the Local Maternity Neonatal Systems (LMS/LMNS) quarterly.	N/A	Still not embedded in practice as the process needs to be smoother- discussion underway	
Maternity and neonatal services must continue to work towards a position of at least 85% of births at less than 27 weeks gestation taking place at a maternity unit with an onsite Neonatal intensive Care Unit (NICU).			
Neonatal Operational Delivery Networks must ensure that staff within provider units have opportunity to share best practice and education to ensure units do not operate in isolation from their local clinical support network. For example, senior medical, Advanced Neonatal Nurse Practitioner (ANNP) and nursing staff must have the opportunity for secondment to attend other appropriate network units on an occasional basis to maintain clinical expertise and avoid working in isolation.		BHH neonatologists and nurses work cross site however GHH clinicians don't come over to BHH. Sim sessions and joint governance and management meetings are held to ensure uniformity of practice cross site.	
Each network must report to commissioners annually what measures are in place to prevent units from working in isolation.	Awaiting RAG	Awaiting RAG	

Neonatal providers must ensure that processes are defined which enable telephone advice and instructions to be given, where appropriate, during neonatal resuscitations. When it is anticipated that the consultant is not immediately available (for example out of hours), there must be a mechanism that allows a real-time dialogue to take place directly between the consultant and the resuscitating team if required.			
Neonatal practitioners must ensure that once an airway is established and other reversible causes have been excluded, appropriate early consideration is given to increasing inflation pressures to achieve adequate chest rise. Pressures above 30cmH2O in term babies, or above 25cmH2O in preterm babies may be required. The Resuscitation Council UK Newborn Life Support (NLS) Course must consider highlighting this treatment point more clearly in the NLS algorithm.			
Neonatal providers must ensure sufficient numbers of appropriately trained consultants, tier 2 staff (middle grade doctors or ANNPs and nurses are available in every type of neonatal unit to deliver safe care 24/7 in line with national service specifications.		BHH still not meeting national standards for nurse baby ratios however with national funding last year and this year- there is a work force plan drawn and nurse recruitment is underway. National funding given this month to recruit another consultant at BHH to meet BAPM compliance- recruitment process under way.	

Analysis

BWH are working towards the staffing in relation to tier 2 – but currently report as amber, needing 2 tier 2 on a night shift according to British Association of Perinatal Medicine (BAPM). They have a workforce plan that will address this. There has been no change in the RAG rating for UHB. Those which state awaiting RAG are for the network – not for the units or LMNS to report.

Following the Insight visit each trust is required to:

1. Report to Trust Board the findings of the Insight visit and updated compliance level.

2. Produce an action plan with trajectories for full compliance with the initial 7 IEA Ockenden actions.
   Update:
   Both Providers are providing this update in their quality reports.

Following the Insight visit each LMNS is required to:

1. Support their Trusts to achieve full compliance with the initial 7 IEAs and gain assurance of the progress with full reporting to the local LMNS Board. This supports the expectation within national Perinatal Quality Surveillance Model (PNQS) that LMNS's have both an assurance role and supportive role to each Trust.

2. Onward exception reporting via the system up to the region through the monthly Regional Quality Meetings, forming the regional layer of governance.

Update

ICB/ LMNS to undertake an assessment on the current position with 7 IEAs in April with submission 9/5/2022. A comprehensive schedule / timeline and methodology has been devised to meet the regional expectations.

Quality touch point meetings

- These have now been arranged quarterly with BWH 3/3/2023 and UHB 14/6/2023.

Annual Ockenden Insight Visit

- These have been planned for 12 months following their last assessment with BWH 11th May and UHB 13th and 14th September (a day at each site). To ensure transparency our buddy LMNS have agreed to be part of the team, therefore providing additional challenge and level of assurance.

Following the recent Ockenden Assurance Insight visit to assess the progress on the 7 IEAs at the Birmingham women's Hospital with the regional team in September 2022, it has now become the responsibility of the LMNS to provide assurance to the ICB and the region that the assurance remains on track and there are plans in place to support any areas of concern.
At the initial regional insight visits the progress for the **Birmingham Women's hospital** was predominantly green.

Areas to be addressed:

- **MVP**, as there was no clear mechanism for feedback, this was highlighted in **safety action 1** (enhanced safety) and **safety action 7** (informed consent)

- This has since been amended as there has been a restructure with MVP across the LMNS. Both areas now have full assurance and regraded as green. However, the LMNS would like to see that this is fully embedded, and will review at the next touch point meeting

Submission of the assurances will be sent to the regional teams on 15th May 2023. Forward plans are for three monthly touchpoints with the providers to ensure that:

- Safety actions remain green
- Guidelines are in date
- Mitigations are in place when working outside national guidance (SOPs)
- LMNS are informed of any deviations

UHB has a touchpoint meeting scheduled for 14th June 2023, where evidence against the Ockenden 7 IEAs will be reviewed in conjunction with the LMNS and senior leadership team.

There were a number of amber ratings within the UHB assessment which were highlighted by the regional team. Subsequent national diagnostic, GMC and CQC reviews have also highlighted areas of concern. Maternity Improvement Advisors will be working with both the Midwifery and Obstetric teams to develop improvement action plans going forward. Senior leadership has been an ongoing area of concern, this has been strengthened by the appointment of the new Director of Midwifery who will be in post in June 2023.

Maternity Strategy

A maternity Strategy is being developed with the LMNS and Trust providers which will encompass the recommendations of Ockenden and East Kent Reviews, in conjunction with the new single delivery plan (Launched March 2023).

The strategy aims to ensure collaborative working with a clear purpose and ensure personalised care for all women and their families.

The strategy is in its embryonic stage but aims for completion by Autumn 2023, the core of the strategy focuses on reducing inequalities, incorporating digital, health inequalities, work force plans staff and wellbeing

Community engagement

Ongoing work with community engagement officers to hear the voices of women which will be fed back to the LMNS board and quality improvement work to ensure services are coproduced and codesigned to suit women. Community engagement officers work with schools to educate students around midwifery care helping to create a link and create community research teams which is then fed back to senior leadership teams.

Listening events will be held on a regular basis, in an area of easy access, which will also be fed back to the LMNS to discuss shared experience and learning.

Specialist training provided by community interest companies (Bethel Doula and Approachable Parenting) will also commence in the coming months, trained service users will have enhanced listening skills and doula training which can be

utilised in either a paid or non paid position, helping form a connection between the community and the LMNS and provides a feedback mechanism.

Independent Senior Advocate positions are also in the introductory stages providing a confidential service for women to navigate their way around maternity services and provide support for those women who have had an adverse outcome in pregnancy. This is a pilot scheme and will be running until March 2024.

Community engagement is also being addressed through the maternity link support workers, who are now becoming embedded in the LMNS understanding the needs and culture of women from different backgrounds and reaching out to women who have difficulty in access/navigation of the system. Antenatal and postnatal sessions are being developed to address some of these areas.

BLACHIR

Birmingham and Lewisham African Caribbean Health Inequalities Review (BLACHIR) Was set up as a result of 2 cities with similar demographics, to look at adverse outcomes and health inequalities observed by African and Caribbean people. Following the review, a series of recommendations were made to look at how needs of these groups were met.
Maternity, parenthood, and child health fell into 1 of the 7 domains. BLACHIR aims to work with the community as well as public health and hospital providers to coproduce and codesign services from the recommendations.
Within the maternity recommendations there is a need to address the core 20 plus 5, which many of this group fall into.
The LMNS as part of the national ask, created an equity plan and equity dashboard for maternity service users which is able to highlight areas of high need with reference to social deprivation and health needs.
An area noted to have very positive results for black women, (who are 4 times more likely to have adverse outcomes in pregnancy and delivery), was around Midwifery continuity of carer. (MCoC)

- As an LMNS effort has been made to ensure that women from African and Caribbean backgrounds are put onto a continuity of carer pathway, despite the timelines being removed by NHSE.

The table below depict the number of global majority and vulnerable women who are on a CoC pathway over 29 weeks **(not specific to Black African/Caribbean)**

Reporting Month	Total Number of Global Majority Vulnerable Women on a CoC Pathway who have a midwife and a team, > 29 weeks	Total Global Majority Vulnerable Women > 29 weeks in month	% global Majority Vulnerable Women > 29 weeks & on a CoC Pathway
Feb-22	39	308	12.7%
Mar-22	38	278	13.7%
Apr-22	40	267	15.0%
May-22	33	277	11.9%
Jun-22	23	275	8.4%
Jul-22	30	312	9.6%

Aug-22	29	287	10.1%
Sep-22	39	287	13.6%
Oct-22	23	273	8.4%
Nov-22	33	238	13.9%
Dec-22	25	227	11.0%
Jan-23	15	223	6.7%
Feb-23	11	192	5.7%

Although numbers have been lower in the last 2 months due to staffing challenges and the need to pause MCoC teams.

- Ongoing work with the Maternity Link Support Workers continues to address the cultural needs of women whose first language is not English, however there is now a conscious effort to observe the needs of black women and recognise cultural differences. 1 link support worker has been specifically aligned to work with black women and their families.

- Contacts have been made with Allies Network to understand the needs of Somalian and other African women.

- Work is also underway to develop cultural competency, a task and finish group with various community and voluntary sectors are involved to scope this work. This will be fed back to the LMNS and providers, to ensure that staff have a basic level of cultural intelligence when caring for women and their families.

Outstanding areas of work

- Insight visits for UHB (planned)

- Progression with the maternity strategy

- Addressing gaps in maternity training in areas such as learning from lived experience, awareness of trauma caused by racism and discrimination

- Improve data collection and ensuring a sensitive approach when doing this

- Support for migrant families and those who have no recourse to public funds. Providing appropriate care during and after childbirth.

5.	**Compliance Issues**
5.1.	**HWBB Forum Responsibility and Board Update**
5.2.	**Management Responsibility**
	Local Maternity and Neonatal System

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

Appendices
None

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

Lisa Stalley-Green, Deputy CEO and Chief Nurse, NHS BSol ICS

Sylvia Owusu-Nepaul LMNS Programme Director

Angela Hughes, Senior Maternity Quality Manager, NHS BSol ICS

LMNS provides overarching safety assurance

Function of LMNS to provide assurance to ICB and region of provision of maternity services of Birmingham and Solihull (BSol)

It also aids the transformation element to maternity services

- Assurances for UHB and BWC maternity services

Birmingham and Solihull United Maternity and Newborn Partnership

Ockenden and Kirkup

- **7 IEAs**
- Enhanced safety
- Listening to women and their families
- Staff training and working together
- Managing complex care
- Monitoring foetal wellbeing
- Informed consent

Birmingham and Solihull United Maternity and Newborn Partnership

Progress so far

- BWC
- All areas green on 7 IEAs
- Maternity voices Partnership structure now in place but needs to be embedded

- UHB
- Amber/red
- Leadership concerns
- Reviews from GMC, HEE, CQC.
- Maternity Improvement Advisors (MIAs) to support
- Financial Investment in senior leadership and workforce

Birmingham and Solihull United Maternity and Newborn Partnership

What's going well

- Development of maternity strategy
- Ongoing work with BLACHIR
- Maternity Link Support Workers
- Community engagement (women's voices)

Birmingham and Solihull United Maternity and Newborn Partnership

Areas of ongoing work

- Support UHB with full Ockenden compliance
- Progression with maternity strategy
- Learning from lived experience/ addressing inequality gaps
- Support for women who require help navigating the maternity space

Birmingham and Solihull United Maternity and Newborn Partnership

	Agenda Item: 12
Report to:	**Birmingham Health & Wellbeing Board**
Date:	**28th March 2023**
TITLE:	**BSOL INTEGRATED CARE BOARD UPDATE**
Organisation	**NHS Birmingham & Solihull ICB**
Presenting Officer	**David Melbourne**
Report Type:	**Information**

1. Purpose:
1.1. To update the board on the development of the annual operational plan for 2023/24, the 5-year Joint Forward Plan and the 10-year ICP Strategy development.

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

3. Recommendation
3.1. For information on collaborative approach to development and delivery of the Joint Forward Plan.
3.2. Continued engagement prior to publication in June 2023.
3.3. Highlighting links to the annual operational plan and the 10 year ICP Strategy.

4. Report Body

Background

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

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

5. Compliance Issues

5.1. HWBB Forum Responsibility and Board Update

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

5.2. Management Responsibility

5.2.1. Engagement with development and consultation.

5.2.2. Reporting to ICB Board and ICP

6. Risk Analysis

Identified Risk	Likelihood	Impact	Actions to Manage Risk
Pre-election period during the engagement/consultation timeline	High	Medium	Internal engagement only during pre-election period with plans for full campaign during May/June 2023.

Appendices

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

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

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

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

Rob Checketts – Chief Officer for Policy, NHS BSOL ICB

Birmingham and Solihull
Integrated Care System
Caring about healthier lives

Integrated Care Board Update March 2023

Health and Wellbeing Board

OPPORTUNITIES TO 'HARD WIRE' A NEW APPROACH

Connected, joined up narrative

Annual Plan 2023/24

The narrative part of the annual plan submission gives us the opportunity to recast our priorities and overtly focus on culture, workforce, integration and digital. Should also recognise that this is a transition year – and set out how we are moving from the old way of working to the new model of care

Joint Forward Plan (5 years)

This is where the biggest opportunity exists

The Joint Forward Plan – which should set out our approach to the next five years (updated each year) gives us the opportunity to:

- Share the vision of how health and care will work in the future;
- Create a platform through which we can properly engage with leaders, staff voluntary sector and the pubic from right across the system (be clear: this will require significant leadership time through May and June)
- Enable us to enthuse staff about working together in a different way to achieve better results
- Integrator model allows us to 'tear up some of the old rule book': what might that mean to staff and how can we empower them more in the new world?;
- Need to ensure this process is supported by very strong comms collateral: this is about vision and opportunity for everyone in health and care

10 year strategy

This keeps us focused on our bigger aims and goals - gives us something tangible to work toward: plays strongly to the sense of 'why we do what we do' and helps contextualize what we're doing today in terms of the big change we're contributing to shifting the dial on the scourge of inequality and poor outcomes

Joint Forward Plan (JFP) 2023 Sign off Timeline

	Agenda Item: 13
Report to:	**Birmingham Health & Wellbeing Board**
Date:	**28 March 2023**
TITLE:	**CQC ASSESSMENT OF ADULT SOCIAL CARE UPDATE**
Organisation	**Birmingham City Council, Adult Social Care Directorate**
Presenting Officer	**Maria Gavin, Assistant Director Quality and Improvement**

Report Type:	**Information / Approval**

1. Purpose:
1.1. To update the Health and Wellbeing Board on the proposed introduction of CQC regulation of Adult Social Care Services 1.2. To advise the board of their possible inclusion in future CQC Assessment of Adult Social Care

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

3. Recommendation
3.1. That the Health and Wellbeing Board notes the content of the presentation
3.2. That the board has periodic updates on the Assessment of Adult Social Care as the national system develops.

4. Report Body
Background
4.1. CQC are due to commence Assessment of Adult Social Care Services from April 2023. Please see slides for further information

5. Compliance Issues
5.1. **HWBB Forum Responsibility and Board Update**
5.1.1. None
5.2. **Management Responsibility**
5.2.1. Adult Social Care Directorate

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

Appendices
Introductory Presentation re: CQC Assessment of Adult Social Care

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

Maria Gavin, Assistant Director Adult Social Care

CQC Assurance of Adult Social Care
Birmingham City Council

Health and Wellbeing Board – March 2023
Maria Gavin: Assistant Director Adult Social Care

Overview of Session

- Statutory Changes
- Role of Adult Social Care (Care Act)
- CQC Assessment Framework
- CQC Themes and Quality Statements
- Required Evidence
- Timescale
- Questions

The Health and Care Bill 2022

- CQC has a new role looking at local areas and systems
  - The bill gives CQC a new duty for CQC to assess how **local authorities** are meeting their social care duties under part 1 of the Care Act
  - It also gives CQC a role in reviewing **Integrated Care Systems**
  - The assurance framework will go live in 2023/24
  - Framework still in draft form

Role of Adult Social Care

- Under the Care Act, local authorities have duties to make sure that people who live in their areas:
  - Receive services that prevent their care needs from becoming more serious, or delay the impact of their needs
  - Can get the information and advice they need to make good decisions about care and support
  - Have a range of high quality, appropriate care services to choose from

Part 1 of Care Act Summary

In summary, Part 1 covers a number of areas, including:

- the general responsibility of local authorities as enshrined in Section 1, ‘wellbeing principle’
- assessment of needs and defining eligible need
- charging and the cap on care costs
- paying for care
- safeguarding
- provider failure
- transition for children to adult services.

Single Assessment Framework

CQC framework will assess providers, local authorities and integrated care systems with a consistent set of key themes, from registration through to ongoing assessment

Aligned with “I” statements, based on what people expect and need, to bring these questions to life and as a basis for gathering structured feedback

Expressed as “We” statements; the standards against which we hold providers, LAs and ICSs to account

People’s experience, feedback from staff and leaders, feedback from partners, observation, processes, outcomes

Data and information specific to the scope of assessment, delivery model or population group

5 Key questions
1.Are they safe?
2.Are they well led?
3.Are they effective?
4.Are they caring?
5.Are they responsive to peoples needs?

CQC Themes & Quality Statements

Working with People: assessing needs, care planning and review, direct payments, charging, supporting people to live healthier lives, prevention, wellbeing, information and advice

Assessing Needs	Supporting people to live healthier lives	Equity in experiences and outcomes
We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.	We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives, and where possible reduce their future needs for care and support.	We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this

Providing Support: shaping, commissioning, workforce capacity and capability, integration and partnership working

Care provision, integration and continuity	Partnerships and communities
We understand the diverse health and care needs of people and local communities, so care is joined-up, flexible and supports choice and continuity.	We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement

Ensuring Safety: safeguarding enquiries, reviews, Safeguarding Adults Board, safe systems, pathways and continuity of care

Safe systems, pathways and transitions	Safeguarding
We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.	We work with people to understand what being safe means to them and work with them as well as our partners on the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect, and we make sure we share concerns quickly and appropriately.

Leadership: culture, strategic planning, learning, improvement, innovation, governance, management and sustainability

Governance	Learning, improvement and innovation
We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.	We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research

Required Evidence

- Peoples Experience
- Processes
- Feedback from Staff
- Feedback from Leaders
- Feedback from partners e.g.
  - Healthwatch
  - Local Health Partners
  - Health and Wellbeing Board
  - Community Groups and Voluntary Sector
- Outcomes (performance indicators)

Timescale

- CQC Assurance for Adult Social Care will be introduced from April 2023 and includes an assessment process and a published outcome.
- The exact date for on site assessment and the programme for selection is not yet clarified but in theory could be from 1st April 2023.
- Whilst the CQC assurance will introduce a nationally led regime it is anticipated that ADASS and LGA peer reviews will continue.
- An Assurance network has been set up across WM ADASS and is co-ordinating CQC Readiness Peer Reviews for each Local Authority. These are taking place over spring / summer 2023.

QUESTIONS?

	Agenda Item: 14
Report to:	**Birmingham Health & Wellbeing Board**
Date:	**28th March 2023**
TITLE:	**BIRMINGHAM FOOD SYSTEM STRATEGY: POST-CONSULTATION FEEDBACK AND FINAL RATIFICATION**
Organisation	**Birmingham City Council**
Presenting Officer	**Sarah Pullen, Service Lead (Food System), Public Health**

Report Type:	**Approval**

1. Purpose:
1.1. To provide insight into the Birmingham Food System Strategy consultation findings and present final Birmingham Food System Strategy documentation
1.2. Seek approval of the final Birmingham Food System Strategy
1.3. Seek approval to proceed to Cabinet for final approval and ratification in April 2023

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

3. Recommendation
3.1. Formally approve the Birmingham Food System Strategy: A Bolder, Healthier, and More Sustainable Birmingham, as set out in this cover report and appended documents.

3.2. Endorse immediate implementation of the Birmingham Food System Strategy: A Bolder, Healthier, and More Sustainable Birmingham.

3.3. Enable the Health and Wellbeing Board and its sub forum, Creating a Healthy Food City Forum, to review and provide oversight of the Birmingham Food System Strategy.

3.4. Approve the Birmingham Food System Strategy progressing to Cabinet in April 2023.

4. Report Body

Background

4.1. The Creating a Healthy Food City forum is a sub-forum of the Health and Wellbeing Board. The Forum has co-produced the Birmingham Food System Strategy: "A Bolder, Healthier and More Sustainable Birmingham". This is the first food system strategy for Birmingham.

4.2. The Food System Team conducted a comprehensive public consultation, following our attendance at Cabinet in March 2022. The consultation on the Birmingham Food system Strategy 2022-2030 was successful. We received 87 responses on BeHeard and engaged citizens through more than 10 events. Overall, feedback on the strategy was consistently positive, with high levels of agreement throughout.

4.3. Following the analysis of all the feedback from the comprehensive consultation, we incorporated all the key suggestions into the final Birmingham Food System Strategy. The changes included an additional workstream of "Food Safety and Standards", reorganising all the workstreams into four cross cutting themes and six strategic workstreams, and ensuring key text such as the vision are succinct and focused.

4.4. The Birmingham Food System Strategy has been developed by the Food System Team in the Public Health Division, with input from public and local stakeholder groups, The Food Foundation, and best practice from national and international organisations (e.g. the Milan Urban Food Policy Pact). It has also been informed by research projects focused on the Birmingham's food system and associated factors that shape people's diets such as the Birmingham Food Survey, Childhood Obesity Trailblazer, and the Birmingham Seldom Heard Voices Food Conversations.

4.5. The strategy sets out the Creating a Healthy Food City forum's ambitions for the next 8 years (2022-2030). "A Bolder, Healthier and More Sustainable Birmingham" is based on a series of work streams and settings (the Big Bold City approach).

4.6. It includes ambitions, objectives, and potential actions to be taken, alongside the key partners, levers, and leaders who will help us achieve them. Throughout the strategy is a commitment to achieve positive change across the city's socio-economic groups to help reduce dietary and health inequalities.

4.7. The vision of the strategy: to create a fair, sustainable and prosperous food system and economy, where food options are nutritious, affordable and desirable so everyone can thrive.

4.8. The Creating a Healthy Food City Forum has developed a framework for action which are broken down into four cross-cutting themes and six strategic work streams. These work streams are;

Cross-Cutting Themes:

Food Skills & Knowledge - Empowering citizens with knowledge and skills in relation to the food system.

Food Behaviour Change - Developing the capability, opportunity and motivation for key behaviours that will enable long term change.

Food Security & Resilience - Increasing access to sufficient affordable, nutritious and safe food for all citizens, all the time, in every community, and at every age.

Food Innovation, Data & Research - Gathering insights and data and facilitating innovation, collaboration, learning and research across the food system.

Strategic Work Streams:

Food Production - Empowering and enabling citizens and local producers to grow food throughout the year and connect to the city's food system.

Food Sourcing - Increasing both supply and demand for local, environmentally sustainable, ethical and nutritious foods in the food system.

Food Transformation - Transforming the food offer and diets to contain more diverse, nutritious and sustainable ingredients, and less fat, salt and sugar.

Food Waste & Recycling - Minimising food waste and unsustainable packaging throughout the food system and maximising the repurposing and redistribution of surplus.

Food Economy & Employment - Facilitating a thriving local food economy for all and maximising training and employment opportunities.

Food Safety & Standards - Improving food safety and standards for Birmingham's citizens and businesses.

4.9. As we develop the Food System Strategic Action plan, it is important that we consider whether proposed actions are people focused, addressing key priorities, and if they are effective and realistic. This has led to the development of the Food Action Decision-Making and Prioritisation tool, which will enable effective prioritisation of different actions to improve the food system. We will use this tool to compare potential actions, aid decision-making and prioritisation and to strengthen proposed plans. Actions will be people focused by ensuring they are citizen-first, celebrating diversity, empowering. They will be working towards addressing key priorities by ensuring actions are addressing poverty and inequalities, healthy and safe, environmentally sustainable and economically sustainable. The actions will be effective and realistic by ensuring they are evidence-based, cost-effective, risk-aware and resilient, scaled and paced, learning and improving.

5. Compliance Issues

5.1. HWBB Forum Responsibility and Board Update

All work within the remit of the Forum will be reported to the Board as either a presentation or as part of the information updates detailing all Forum activity as per current governance arrangements.

Day-to-day responsibilities are managed:

- Internally via regular Food System Team meetings in line with Agile project management principles (bi-weekly updates as a minimum), and regular updates to the Cabinet Member for Health and Wellbeing through the Public Health Cabinet Member Briefing sessions (as requested).
- With partners through the Creating a Healthy Food City Forum itself, as well as multiple interfaces on shared work packages, objectives, and outcomes.

5.2. Management Responsibility

Sarah Pullen, Service Lead (Food System), Public Health, Birmingham City Council

Bradley Yakoob, Senior Public Health Officer (Food System), Public Health, Birmingham City Council

Rosie Jenkins, Senior Public Health Officer (Food System), Public Health, Birmingham City Council

6. Risk Analysis

Identified Risk	Likelihood	Impact	Actions to Manage Risk
There is potential reputational and stakeholder damage if the Birmingham Food System Strategy is not approved, implemented, and launched in 2023.	Medium	High	We have continued to work closely with all partners, stakeholder, citizen champions, and food legends throughout the process. We have worked closely with elected officials and senior level officials across the city to anticipate and prepare for the Birmingham Food System Strategy approval and launch in 2023. We have ensured that all processes and governance have been followed and implemented to ensure a smooth transition through approval levels.

Appendices

Appendix 1: Birmingham Food System Strategy 2022-2030

Appendix 2: Consultation Outcome and Findings Summary

Appendix 3: Equality Impact Assessment

Appendix 4: Consultation Findings Report

Appendix 5: BeHeard Survey Response Tables

Appendix 6: Environment and Sustainability Assessment

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

Sarah Pullen, Service Lead (Food System team), Public Health, BCC

Bradley Yakoob, Senior Officer (Food System team), Public Health, BCC

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BIRMINGHAM FOOD SYSTEM STRATEGY

A BOLDER, HEALTHIER AND MORE SUSTAINABLE BIRMINGHAM 2022-2030

Vision

Create a fair, sustainable and prosperous food system and economy, where food options are nutritious, affordable and desirable so everyone can thrive.

Contents

Introduction

Birmingham Food Revolution

Our city feeds over 1.1 million residents every day (ONS, 2021). With such a dense population, our urban food system has a huge impact on the people and world around us. The Birmingham Food Revolution has been building for many years as people across our city have recognised that action is needed to ensure this impact is positive, and they have stepped up to the challenge. Our Local Food Legends have been trailblazing inspirational actions such as community dining projects, composting initiatives, surplus food redistribution, cooking classes, behavioural science research into eating habits, growing projects, getting more local food into the supply chain and so much more.

These actions are often happening in ways that are unconnected to other areas of the food system. Uniting our city through the Birmingham Food Revolution has revealed how our coordinated collective action can produce more than the sum of its parts.

This city-owned and co-produced strategy captures how, together, we have the power to create a food system that will regenerate our environment, our communities and our economy.

The Ambition of the Birmingham Food Revolution

A city where...

- We consume a nutritious diet that helps us thrive
- Our diet doesn't cause us harm
- Our food system is ethical, fair and eliminates injustice from farm to fork
- We reduce harm to the world around us
- We empower people and overcome barriers to providing healthy and sustainable food options
- We respect and support diversity and choice
- We are resilient, and adapt, learn and evolve
- We celebrate what food brings to our city

Key Features of the Birmingham Food Revolution

A city where…

We consume a nutritious diet that helps us thrive
We consume a varied diet, balanced across food groups, which contains enough energy and nutrients for growth and development and for an active and healthy life across the life course. This diet will be made up of lots of whole foods and minimally processed foods including wholegrains, beans, pulses, nuts, seeds and a wide variety of fruits and vegetables including plenty of dark green leafy vegetables. Depending on our preferences, we might also eat moderate amounts of eggs, dairy, poultry and fish, and small amounts of red meat. Water is the drink of choice.

Our diet doesn't cause us harm
We eat the right portion size for our bodies' needs, with minimal amounts of highly processed foods, and limit the amount of fat, saturated fat, salt and sugar we consume. This will reduce the risk of diet related disease and ensure we all have good health and well-being. Food and drink is safe and clean, and doesn't contain pathogens or toxins that can cause food borne disease or make us ill.

Our food system is ethical, fair and eliminates injustice from farm to fork
Everyone across our food system will thrive. Employment opportunities in the food system are plentiful, and workers are treated well, are paid a Real Living Wage, are upskilled and have opportunities for development. Farmers and producers receive a fair price for their produce, and local, small and independent businesses are celebrated, connected and supported as they thrive and grow. Business models that generate social, ecological and local economic value for the communities of the city are prioritised. We tackle food justice together and ensure everyone, no matter their circumstances, can eat an affordable, healthy and sustainable diet, and communities support those who need it most. We avoid, and proactively counteract, negative impacts from inequalities resulting from poverty, gender, ethnicity, disability and life circumstances, including time allocation, finances, and access to food, education, employment and opportunities.

We reduce harm to the world around us
A future where our response to the climate emergency is visible through our collective urgent action to mitigate the impact our urban food system has on the environment. Seasonal and local produce is in high demand, and the carbon footprint and negative environmental impact from food miles, processing, plastics and unsustainable packaging is minimised. The food and drink we source do not damage the environment, including air, water and land and we use methods that preserve biodiversity and soil quality. We work to minimise the use of antibiotics and hormones in food production. We work across the system to reduce food loss and waste, and to repurpose and redistribute surplus food efficiently. There is a strong culture of reduce, reuse, repurpose, recycle, and regenerative farming and food production practices are supported.

We empower people and overcome barriers to providing healthy and sustainable food options
We develop knowledge and skills related to food and the food system across the life course. We also ensure people have the opportunity to explore new foods, tastes and textures to increase demand for alternative options. A nutritious, ethical, and sustainable food offer is an economically sustainable choice for individuals and businesses because these food options are accessible, available, and affordable. It is easy for locally sourced nutritious food and drink to enter the food system and our supply chains are transparent and traceable. This empowers decisions and means we are accountable for our choices. Environments and the food offer are arranged so these foods are the easiest and most convenient choice, as well as being tasty and desirable. Ongoing innovation and investment bring solutions to overcome barriers in our food system, including through technology.

We respect and support diversity and choice
We give people the opportunity to learn about food, nutrition and sustainability in a way that is culturally appropriate and tailored to the diverse needs of our city. We strive to ensure nutritious, ethical and sustainable options are the most desirable and easiest option, but not the only option. We respect local cultures, heritage, culinary practices, knowledge and consumption patterns, and values regarding the way food is sourced, produced and consumed. We respect that food forms a key part of our identity and people are free to choose the diet that is right for them, for a variety of reasons, without judgement. We also recognise that a one-size-fits-all solution to any challenge will not be effective as people have different learning styles, interests and needs, so we consider the perspective of different people across our diverse population when innovating solutions.

We are resilient, and adapt, learn and evolve
We have a food system that adapts quickly and efficiently to supply chain shocks to ensure we can feed our city and have measures in place to ensure those most vulnerable are not negatively impacted in times of crisis. We build resilience into our supply chain relationships and plan ahead to reduce risks and embed solutions for a variety of potential scenarios, including pandemics, conflict and natural disasters. We recognise the strengths and challenges that come with producers and suppliers of different sizes and have a diverse, responsive and adaptable supply chain as a result. We continuously reflect and evaluate our progress and review evidence and best practice across the whole food system to ensure we learn, adapt and improve our approach.

We celebrate what food brings to our city
We recognise that food is central to our lives. People of all ages, cultures and backgrounds develop meaningful connections when they come together to share or grow food. Food is desirable and delicious as well as core to our mental and physical health and wellbeing. Through food, we develop skills, create and express ourselves. We explore, learn and embrace our local food producers and food businesses, the cultural diversity of our city, our citizens, and the amazing flavours and ingredients they bring. People are inspired by the exciting jobs and opportunities on offer in our city's food system, and everyone has access to good quality education and skills development opportunities and fulfilling careers. Our city is known as a food destination because of our amazing food offer, and we have a thriving food economy.

Developed by a city-wide partnership and inspired by WHO, 2018 and FAO and WHO, 2019.

This is the long-term ambition of the Birmingham Food Revolution. The purpose of the Birmingham Food System Strategy 2022-2030 is to set out how we will lay the strong foundation required to achieve this ambition in the future.

Vision and Key Principles

A Bolder, Healthier and More Sustainable Birmingham

Vision

Create a fair, sustainable and prosperous food system and economy, where food options are nutritious, affordable and desirable so everyone can thrive.

This is the vision of our Birmingham Food System Strategy. The strategy will inform the development of the Food System Strategic Action plan which will set out the actions needed to achieve this vision.

Key Principles

Three principles are key to developing and delivering the Food System Strategic Action Plan:

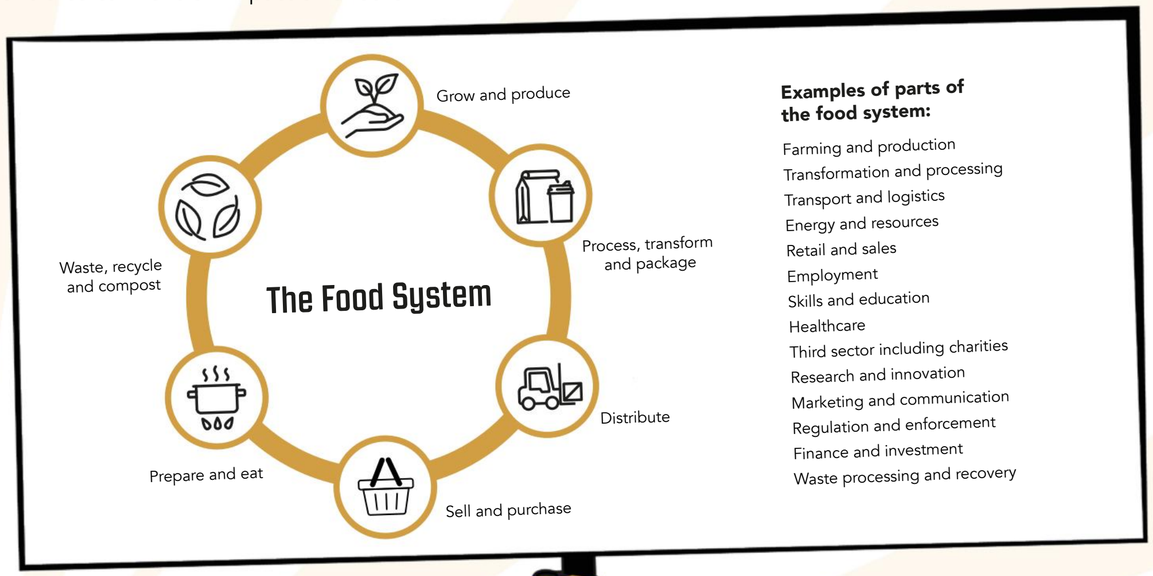
Collaborate	Empower	Equalise
Strengthen partnerships and build on existing good practice.	Remove barriers and facilitate solutions.	Focus actions where they are needed most to reduce inequalities.

The Health and Wellbeing Strategy establishes a clear vision for the health and wellbeing of Birmingham: **Creating a Bolder, Healthier City.**

A city-wide partnership of stakeholders from across the food system are building upon this foundation to establish the Birmingham Food System Strategy: **A Bolder, Healthier and More Sustainable Birmingham.**

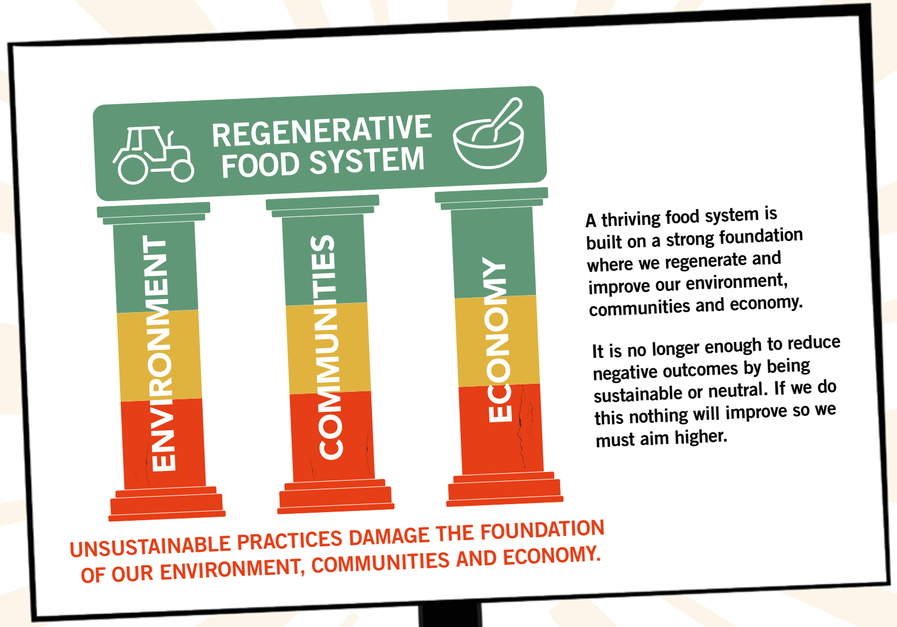
What is a Food System?

The food system includes the food cycle, and the activities, people, resources and industries that are involved with feeding our city. All these parts are interconnected, meaning that making a change in one area can have an impact on another.



Examples of parts of the food system:

- Farming and production
- Transformation and processing
- Transport and logistics
- Energy and resources
- Retail and sales
- Employment
- Skills and education
- Healthcare
- Third sector including charities
- Research and innovation
- Marketing and communication
- Regulation and enforcement
- Finance and investment
- Waste processing and recovery



Aim: A regenerative food system where our environment, our communities and our economy thrive

Our city-wide partnership's aim is to develop a regenerative food system, which continuously evolves and improves our environment, our communities, and our economy.

It is no longer enough to reduce negative outcomes from unsustainable practices, so our eight-year strategy goes beyond aiming for a sustainable food system. We are aiming higher and striving to stimulate regenerative practices in every part of our city's food system. We will tackle the biggest barriers together, and partners across the city will collaborate to overcome them, and also to develop a thriving regenerative city.

To achieve this, it is important to recognise that the pillars that make up the foundation of our food system, which are the environment, communities, and economy, are interconnected and key to our entire city thriving together. Doing an activity to positively impact one pillar could lead to unintended negative consequences on another.

For example, introducing an initiative to ban single-use plastic in food businesses would benefit the environment, but could have a negative impact on the economy if it isn't economically viable due to a lack of affordable alternative products. This could put a strain on food businesses where profit margins are already small and cause them to go out of business. The solution could be to invest in innovation of plastic alternatives, support bulk purchasing to bring prices down, or conduct a campaign to change customer behaviours so they bring a reusable container.

By considering how actions can help regenerate our environment, our communities, and our economy, whilst anticipating the potential impact on the other pillars, we will create solutions that will lead to a regenerative food system for all of Birmingham.

> **"Food is what gets sacrificed when it comes to paying the bills. Bills are a priority for people."**
> (UN Food System Summit Dialogues)

A Co-Produced Strategy

This strategy is the outcome of three years of collaboration with partners and citizens; with the aim of creating a whole-system strategy that demonstrates what we need to enable radical change locally and shape a food system for all.

The Birmingham Food System Strategy captures the key drivers behind the Birmingham Food Revolution. This strategy is owned by the city and is driven by every citizen, organisation and business in Birmingham collectively levering change, innovation and development to create a future food system that every citizen is proud to be part of.

Partners who have contributed include:

- Citizens and community groups
- Creating a Healthy City Food Forum with stakeholders from across the city
- Third sector organisations
- Public sector services
- Training providers
- Schools and nurseries
- Universities and colleges
- Food system innovation projects
- Food producers and distributors
- The Food Justice Network
- Caterers
- Food businesses
- Business Improvement Districts
- Dietitians
- Frontline healthcare workers
- Technology and innovation experts
- Food system experts

Birmingham Food Conversations were undertaken to reflect upon and understand the lived experience of over 400 citizens from Birmingham's diverse communities captured through 33 facilitated focus groups hosted by 24 commissioned providers.

Citizens have told us they want:

- Food that is affordable.
- Culturally diverse food (and messaging around food and initiatives that accounts for, and celebrates, the diversity of Birmingham).
- Improvements to the health of diets and the food offer available.

Community organisations have told us that:

- Too many people struggle with getting enough food to feed themselves and their families, and this is getting worse as food and fuel prices continue to rise.
- Too many people lack the knowledge and skills to cook a healthy meal.

Businesses have told us that:

- It is challenging to make environmentally sustainable and healthy food an economically sustainable business choice.
- There is too much food waste.
- Existing challenges across the food system, including labour, fuel and material shortages, have been exacerbated by Covid-19, Brexit and the war in Ukraine, are leading food shortages and increasing food prices

Additionally, the pandemic and the cost of living crisis have revealed how fragile food security is, and have exacerbated existing inequalities in many communities. Therefore, we are striving to create a fair, sustainable and prosperous food system and economy, where food options are nutritious, affordable and desirable so everyone can thrive.

"How land is used, access to healthy food, advertising, local transportation, income, employment opportunities - all of this is interconnected and impacts on what food people access and eat."

Birmingham Food Dialogues (Public sector, third sector, citizenship and private sector)

"We used to call it Naulakha which was, all the bits of food over a period of say 2 weeks, they'd get a big pot and chuck it all in. Like a stew, a pot of leftovers. A Pakistani/South Asian tradition."

South Asian Adult (Seldom Heard Food Conversations)

What this strategy is, and isn't

The purpose of this document is to lay out the strategic approach required to regenerate our food system.

What this strategy is…

- A document that provides strategic direction that will guide the development of the Food System Strategic Action Plan which will be a living document.
- Developed by city-wide partners from a variety of backgrounds across the food system.

What this strategy isn't…

- An action plan. This document does not define what actions will be taken over the next eight years, but guides them. This is the role of the Food System Strategic Action Plan, which will expand each of the themes and work streams.
- Something that can be delivered by one organisation alone. It is essential that this strategy is delivered in partnership with stakeholders across the food system, as meaningful change can't be achieve by any one organisation alone.

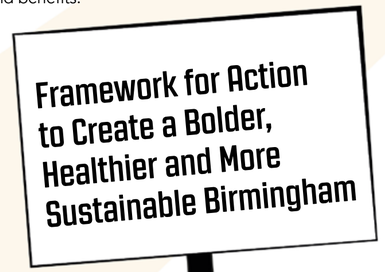
"I think we've got an amazing food culture in Birmingham. We're blessed with great cultures and blessed with great chefs in the city…"

South Asian Adult
(Birmingham Food Conversations)

Cross-Cutting Theme Objectives

Our Food System Strategic Action Plan will focus on delivery through four cross-cutting themes, and six strategic work stream. These were developed based on the international evidence-base, learning from networks such as Sustainable Food Places, the Milan Urban Food Policy Pact and the Glasgow Food and Climate Declaration, and through discussions with people involved in Birmingham's food system. Each of the ten areas will have an action group to ensure progress is made for each of the strategic themes and work streams over the next eight years.

The purpose of the cross-cutting themes is to see where joined up action across the strategic work streams can lead to coordinated approaches and benefits.



The four cross-cutting themes are:

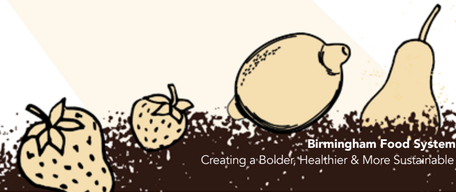
Food Skills & Knowledge	**Empowering citizens with knowledge and skills in relation to the food system.**
Food Behaviour Change	**Developing the capability, opportunity and motivation for key behaviours that will enable long term change.**
Food Security & Resilience	**Increasing access to sufficient affordable, nutritious and safe food for all citizens, all the time, in every community, and at every age.**
Food Innovation, Data & Research	**Gathering insights and data and facilitating innovation, collaboration, learning and research across the food system.**

Strategic Work Stream Objectives

The purpose of the strategic work streams is to identify actions that can improve our city's food system..

The six strategic work streams are:

Food Production	**Empowering and enabling citizens and local producers to grow food throughout the year and connect to the city's food system.**
Food Sourcing	**Increasing both supply and demand for local, environmentally sustainable, ethical and nutritious foods in the food system.**
Food Transformation	**Transforming the food offer and diets to contain more diverse, nutritious and sustainable ingredients, and less fat, salt and sugar.**
Food Waste & Recycling	**Minimising food waste and unsustainable packaging throughout the food system and maximising the repurposing and redistribution of surplus.**
Food Economy & Employment	**Facilitating a thriving local food economy for all and maximising training and employment opportunities.**
Food Safety & Standards	**Improving food safety and standards for Birmingham's citizens and businesses.**



The Big Bold City Tool

Prioritising areas for action across our food system

The Food System Strategic Action Plan will be developed using a city-wide approach, with an understanding of how different elements of the food system interact.

Action groups will lead on the delivery of each of the strategy themes and work streams. The purpose of the Big Bold City tool is to ensure we achieve a whole-system approach, address gaps, and focus actions where they are needed most. The action groups view potential actions and their overall plan through the Big Bold City tool.

The tool is used to:

- Identify the people and places that have an impact on the strategy theme or work stream to ensure the action group has representative membership and so actions that focus on these areas can be prioritised.
- Consider who faces inequalities within the strategy theme or work stream to ensure the action group has representative membership and so actions that address these inequalities can be prioritised.
- Review what impact the Food System Strategic Action Plan is having on people and places across the food system and identify gaps and areas for future action.

It is important to use the Big Bold City tool from many angles, including mapping out journeys and experiences to identify opportunities and barriers, and capturing the processes and factors that drive decision-making.

This includes viewing the strategy themes, work streams and actions from the perspective of…

The food cycle including considering farm to fork, such as production, processing, distribution, retail, consumption and waste;

Stages across the life course including pregnancy and maternity, early years, children, young people, adults, and older adults;

Across the city including areas of deprivation, access to public transport, and access to supermarkets;

Different people and communities including:

- **Protected characteristics** e.g., Ethnicities and race, religions or beliefs, sexual orientation and gender identity, age
- **Life circumstances** e.g., a person with no recourse to public funds, homeless, no fixed address, new to the area, lost job, relationship breakdown, domestic abuse, social isolation
- **Health conditions and illnesses** e.g., diabetes, coronary heart disease, allergies, eating disorders, anxiety, depression
- **Abilities** e.g., visual or hearing impairment, physical disability, neurodiversity
- **Financial situation** e.g., income, out of work, not receiving living wage, maternity leave, sick leave, receiving benefits, in debt
- **Those facing inequalities** e.g., where evidence shows a particular group face inequalities within that cross-cutting theme or strategy work stream

Different settings including:

1. **Food production** e.g., agriculture, farms, food producers and growers
2. **Food processing** e.g., packaging, factories and abattoirs
3. **Food logistics** e.g., transport, logistics and delivery services
4. **Food trade and suppliers** e.g., wholesale, markets, procurement services and food service
5. **Food outlets** e.g., catering, restaurants, cafés, canteens, takeaways and mobile food trucks
6. **Food retail** e.g., farm shops, markets, supermarkets, convenience stores and other food retailers
7. **Industry networks** e.g., industry organisations and networks
8. **Education and childcare settings** e.g., early years, nurseries, primary schools, secondary schools, SEND schools, holiday and after school provision
9. **Further education settings** e.g., colleges and universities
10. **Research and innovation** e.g., knowledge hubs and innovation companies
11. **Workplace and employers** e.g., onsite food offer and workplace policies and initiatives
12. **Third sector and not-for-profits** e.g., charities, not-for-profit and voluntary organisations
13. **Community settings** e.g., community centre, allotments, and shared spaces
14. **Faith settings** e.g., churches, mosques, and temples
15. **Home** e.g., the wide variety of living situations that reflect Birmingham citizens, including shared and temporary accommodation, multi-generational households, single person households, student accommodation, families, single parent households, travellers, flats and apartments
16. **Health and Social Care settings** e.g., medical settings, care homes, homeless shelters, and refuge shelters
17. **Public services** e.g., libraries, and commissioned services
18. **Prisons and rehabilitation** e.g., prison and youth offender establishments, rehabilitation, criminal justice and justice health
19. **Private sector** e.g., organisations, finance, Corporate Social Responsibility, and philanthropy
20. **Public sector** e.g., Government funded organisations involved with health, economy, education, food and the environment
21. **Birmingham City Council** e.g., Council services such as lifestyle services, education, regulation and enforcement and others
22. **National Government** e.g., Members of Parliament, national policy, and budgets

Incredible Surplus collects and accepts surplus to repurpose! We aim to fill bellies not bins. We would love to see much more land brought into use. We work with community cafe's - TAWS, FoodCycle, Sol Café, ChangeKitchen

Photo: Anne Galagher - Incredible Surplus

FADMaP Prioritisation Tool

Prioritising actions by using the Food Action Decision-Making and Prioritisation (FADMaP) Tool.

As we develop the Food System Strategic Action plan, it is important that we consider whether proposed actions are people focused, working towards our ambition and addressing key priorities, and if they are effective and realistic. We will use this tool to compare potential actions, aid decision-making and prioritisation and to strengthen proposed plans. More information about this tool is available in the annex.

Context

About our city's food system

Birmingham is an amazing city

- We have a population that is culturally diverse and young (ONS, 2021).
- We have a food sector that is a key part of our city's economy (Greater Birmingham Chambers of Commerce, 2019).
- We have an award-winning and varied food offer which reflects the diversity of Birmingham's population (Visit Birmingham, 2023a).
- We have a strong third sector doing fantastic things in, and for, our communities (BVSC, 2023).
- We have a thriving cultural and music scene (Visit Birmingham, 2023b).
- We have people, organisations and businesses are innovative and adaptive.
- We are full of people passionate about food and making a difference.
- We have the largest integrated wholesale market in the UK in our city (Birmingham Wholesale Market, 2023).

Birmingham has challenges

- We have much higher levels of poverty and deprivation than the national average (BCC, 2019).
- We have high levels of food insecurity which is associated with eating less fruits and vegetables (Conklin et al, 2014).
- We have deprived areas which have fewer supermarkets. In areas where there are less supermarkets, the food offer available in convenience stores is less healthy and more expensive (Burgoine et al., 2017).
- We have deprived areas where the people who live in them are exposed to more takeaways and being exposed is associated with eating more takeaway food (Adams et al, 2015).
- We have a population that does not eat enough fruits and vegetables and eating healthily is beyond some citizen's budgets (Williamson et al, 2017).
- We have not enough people accessing the support they are eligible for, including Free School Meals and Healthy Start Vouchers (Local Government Association, 2022).
- We have a high proportion of citizens who are not a healthy weight (OHID, 2023a).
- We have high levels of tooth decay in children and poor diets contribute to this (OHID, 2023c).
- We have high levels of adults with Type 2 Diabetes and poor diets contribute to this (OHID, 2023b).
- We have businesses which are still feeling the effects of the COVID-19 pandemic and are struggling with increased food and fuel costs during the cost of living crisis.
- We have complex food supply chains.

Impact of food insecurity

In 2022, 88% of Birmingham's wards are more deprived than the England average and over 300,000 people live in poverty in Birmingham (BCC, 2019). Nationally 23% of children live in poverty (DWP, 2022), whereas in Birmingham this rate is much higher at 43%, and over 100,000 children (Joseph Rowntree Foundation, 2022).

If someone doesn't have regular access to enough safe and nutritious food, they are food insecure. Nutrients are essential to grow, develop and have an active healthy lifestyle. In Birmingham many people don't have enough money to obtain food. Food insecurity can be experienced at different levels of severity. The UN Food and Agriculture Organisation measures food insecurity using the Food Insecurity Experience Scale shown to the right (FAO et al, 2018):

Food insecurity based on the FIES: What does this mean?

FOOD SECURITY TO MILD FOOD INSECURITY

MODERATE FOOD INSECURITY

This person has:

- insufficient money or resources for a healthy diet;
- uncertainty about the ability to obtain food;
- probably skipped meals or run out of food occasionally.

SEVERE FOOD INSECURITY

This person has:

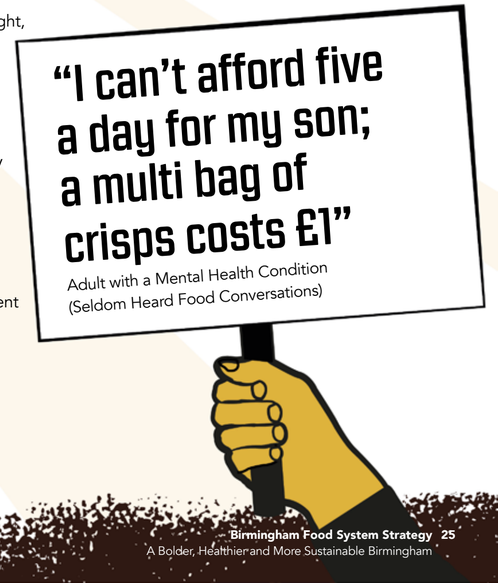
- run out of food;
- gone an entire day without eating at times during the year.

Although severe food insecurity is one extreme of the scale, even moderate food insecurity, where access to food is uncertain, leads to negative impacts. This can include choosing between basic needs, for example whether to heat their house or eat.

When a person who is moderately food insecure does eat, food choices may be based on what's available or cheap, so aren't always nutritious and often include a lower variety of food products. For example, a person may eat pasta and sauce, and not add vegetables or protein because they can't afford it. In addition, highly processed foods that are energy-dense and high in fat, salt and sugar are often cheap and easily available. A person can eat their recommended daily requirement for calories by consuming these foods, but they miss out on the essential nutrients they need to be healthy. They are uncertain if the food will last and may be forced to reduce the quality and amount of food they eat (Shinwell et al, 2021).

Having uncertain access to food, and going without food for periods of time, leads to stress and physiological responses in the body that can also contribute to overweight and obesity. There is also an impact in the long term, and children who go hungry, face food insecurity and are undernourished have a higher risk of overweight, obesity, and diseases such as diabetes when they are older (Hassink & Fairbrother, 2021).

Levels of overweight and obesity and underweight are both higher in Birmingham than the national average, and food insecurity contributes to this. This is referred to as the "double burden of malnutrition" – the co-existence of undernutrition along with overweight, obesity or diet related non-communicable disease. People affected by obesity can also be affected by micronutrient deficiencies if their diet primarily consists of ultra-processed foods (WHO, 2023).



What's happening locally?

Creating a Bolder, Healthier City Strategy

Healthy and affordable food is a key work stream in the city's Health and Wellbeing Strategy, and the Food System Strategy builds upon this.

The Health and Wellbeing Strategy – Creating a Bolder, Healthier City, addresses some of the critical challenges Birmingham faces. It focuses on the needs of service users and communities and tackles the factors that impact upon health and wellbeing across service boundaries. (BCC, 2022a). Delivering this strategy requires input from many organisations across the city across multiple areas. A core theme of the strategy is Creating a Healthier Food environment across the city.

- Too many citizens face challenges accessing affordable, healthy and sustainable food.
- Eating healthily underpins much of our physical and mental health.
- The food economy should be vibrant; reflect the diversity of our communities; and be financially successful and sustainable.
- System should contribute to a circular economy for food which reduces waste, increases valuable employment opportunities for local people, minimises environmental harm and maximises the local assets.

Key Actions

We will achieve our ambition through a matrix of activity across the Health & Wellbeing Board partnership. This will include:

1. Implementing the Healthy City Planning Toolkit.
2. Consulting on and implementing the Birmingham Food System Strategy.
3. Embedding seldom heard voices and other citizen voices into the activities of the Creating a Healthy Food City Forum.
4. Strengthening and building upon local, national and international partnerships i.e. BINDI, MUFPP, Delice Network and Sustainable Food Places.
5. Maximising the healthy food benefits of the East Birmingham Corridor development.
6. Maximising the benefits of the Food Poverty Core Group and Food Justice Network.
7. Continuing to develop working relationships with university partners and explore how we can better work in partnership to explore the needs of Birmingham citizens.
8. Understanding what a healthy food system looks like and how this can be measured within Birmingham's diverse communities.

Strategy Theme Ambitions

By 2030 we will have worked together to:

- Increase the uptake of Healthy Start vouchers in eligible families to at least 80% by 2027.
- Reduce the percentage of 5-year-olds with visually obvious dental decay to below 20% by 2030.
- Reduce the prevalence of obesity (including severe obesity) in children in Reception and Year 6 by 10% by 2030.
- Increase the percentage of adults regularly eating '5-a-day' to more than 55% by 2030.
- Ensure that the Healthy City Planning Toolkit is utilised in 90% of developments in the city.

Birmingham has many organisations and networks who are leading the way with work across the city.

A key role of the Food System Strategic Action Plan is to capture and share these organisations' incredible achievements, and to build on the approaches they have found to be successful.

The Third Sector is active and impactful in Birmingham. The Food Justice Network, Birmingham Voluntary Service Network (BVSC), faith networks, and many community and voluntary organisations are involved with food aid, affordable food and food surplus distribution, community cafes, growing and other food projects.

There is also lots of research and innovation taking place in our city, for example…

The Mandala Consortium is a large research project funded by UKRI focusing on transforming urban food systems for planetary and population health. Centred on the city of Birmingham and the regional economy of the West Midlands, Mandala brings together internationally renowned teams from the Universities of Cambridge, Birmingham, Warwick, Exeter, and the London School of Hygiene and Tropical Medicine.

University College Birmingham has launched a partnership, UCB Institute of Urban Food Systems, to create an academic nexus to bring together academics across disciplines and higher education institutions to support work to improve food systems in Birmingham and the West Midlands. This has included the Creative Dinners; a series of debate style dining experiences that aim to bring together diverse, inspiring, and innovative trailblazers from across Birmingham, the UK, and around the world to have conversations on key subjects affecting our food system and spark the collective power of change through collaboration.

Quest Meat are based at the Birmingham Research Park and are a Research and Development company making cultivated meat to address food security, climate change, human health and ethics of current intensive livestock farming that expects to have a product available on plates by 2026/27.

The National Institute of Health Research School for Public Health Research is a partnership between nine leading academic centres of excellence in applied public health research in England, and the University of Birmingham a member.

The Centre for Economics of Obesity at the University of Birmingham conducts research to measure the economic value of interventions that target the spectrum of factors that affect population obesity. Their vision is to generate economic evidence that justifies investment and puts the reduction and prevention of obesity at the heart of all local and national government policy.

The Psychology of Eating in Adults and Children (PEACh) is a research theme that sits within the Applied Health Research Group and the Aston Institute of Health and Neurodevelopment (IHN) at Aston University. Their work includes conducting research and developing interventions.

Birmingham City Council

Birmingham City Council has been involved with projects that impact our city's food system.

In 2012, Birmingham City Council introduced a 10% restriction on hot food takeaways and since then there has been a significant reduction in planning permissions for hot food takeaways (BCC, 2021).

Birmingham City Council has incorporated healthy food criteria into their advertising policy which includes meeting national Advertising Standards Agency restrictions on advertising food for children near schools and colleges.

In 2019, Birmingham City Council declared a climate emergency and made a commitment to reduce the city's carbon emissions. The target was created for Birmingham to become a Net Zero city by 2030.

In 2021, Birmingham City Council signed up to the Right to Food campaign, and this has shaped various actions across the city including the Cost of Living Emergency response package of support in 2022 to 2023 (BCC, 2022b).

The Childhood Obesity Trailblazer Programme (COTP) was a nationally funded programme between 2019 and 2022 that sought out innovative action to tackle childhood obesity at local level. This led to innovative projects in Birmingham, including young people developing food system assessment tools and the East Birmingham Food System Exploration.

Cook the Commonwealth was a project that formed part of Birmingham City Council's Commonwealth Games legacy work in Birmingham, to celebrate the 2022 Commonwealth Games. The aim was to unite our city and celebrate our cultural diversity and bring people together to celebrate and connect with their local community through food during the Commonwealth Games and beyond. 800 recipes were captured across the 72 Commonwealth countries and are available to view on a free recipe app called Whisk. Just search "CWG" on the app to explore the recipes.

What's happening nationally?

Birmingham is working towards national standards and best practice to ensure our food system thrives.

National Food Strategy

Henry Dimbleby's independent review commissioned by government set out a vision and a plan for a better food system with a series of recommendations (Dimbleby et al, 2020). The National Food Strategy, published in July 2021, contains recommendations and Birmingham City Council is committed to implementing those that are applicable on a local level Henry Dimbleby's independent review recommendations include having clear targets and bringing in legislation for long-term change. It also highlights the importance and need for cities to have established food strategies that reference national targets as well as addressing the needs of local communities (Dimbleby et al, 2021).

The Birmingham Food System Strategy, with its scope of eight years, is in a prime position to take on these recommendations and enable real change at a time where the power, energy, and drive for food system change is at its highest.

The National Food Strategy also recommends actions to escape the junk food cycle and protect the NHS, reduce diet-related inequality, and make the best use of our land: recommendations which have encompassed in the Birmingham Food System Strategy (Dimbleby et al, 2021).

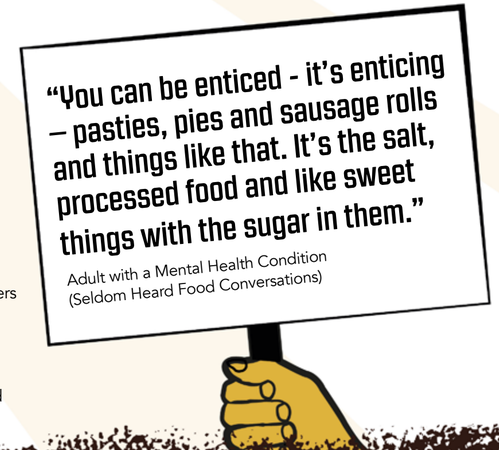
Sustainable Food Places

The Sustainable Food Places Award is designed to recognise and celebrate the success of those places taking a joined-up, holistic approach to food and achieving significant positive change across key food issues.

Birmingham is working to achieve this award by meeting the following criteria:

- Establish a broad, representative and dynamic local food partnership
- Develop, deliver and monitor a food strategy/action plan
- Inspire and engage the public about good food
- Foster food citizenship and a local good food movement
- Tackle food poverty
- Promote healthy eating
- Put good food enterprise at the heart of local economic development
- Promote healthy, sustainable and independent food businesses to consumers
- Change policy and practice to put good food on people's plates
- Improving connections and collaboration across the local supply chain
- Promote sustainable food production and consumption and resource efficiency
- Reduce, redirect and recycle food, packaging and related waste

The Sustainable Food Places Award is designed to recognise and celebrate the success of those places taking a joined-up, holistic approach to food and achieving significant positive change across key food issues (Sustainable Food Places, 2021).



What's happening internationally?

Sustainable Development Goals

The Sustainable Development Goals (SDGs) were launched in 2015 by the United Nations General Assembly (UN-GA) and are intended to be achieved by 2030. They are a set of goals designed to be applied across the globe with the aim of reducing health problems, tackling poverty, protecting the environment, and creating more equal societies. There are 17 goals in total, and they cover all aspects of our societies, from fair education to gender equality, or from our climate to our use of water (United Nations, 2023b).

The goals have great importance not only at the global and national level, but also at the local level. This is because councils are on the front line of many of the objectives defined in the goals. Although governments make the decisions that affect our lives, it is councils that implement many of them, and the way that is done has a huge impact on the overall aim of the goals: a fairer and better life for all.

SDG 2 focuses on ending hunger. Prior to the COVID 19 pandemic, global hunger and food insecurity were rising. In Birmingham, there has been an increase in food insecurity, like many areas of the UK. Although many organisations in our city are tackling this challenge, now more than ever, a joined up and unified approach is needed. This is where the SDGs can benefit us, by unifying our approach to the difficulties that affect our residents.

Global Food Justice Pledge

The experience of the pandemic has shone a harsh and hard light on the fragility of food security within cities, exacerbating existing inequalities in many communities. Food justice is an important issue for Birmingham and for cities across the world and it is one where we want to make a united stand.

Birmingham City Council supports the right to food for all. In addition, in 2021 a pledge was launched by Birmingham City Council at the 7th Milan Urban Food Policy Pact Global Forum as a response to the lessons of food insecurity learned during the COVID-19 pandemic. The aim of the pledge is to collaborate and put political weight into the voices of cities in national and international arenas. It emphasises the need for local, national, and international policies which create and support an affordable, nutritious and sustainable food system for all citizens, irrespective of social or economic grouping.

Birmingham is encouraging cities of all sizes across the world to pledge and work together collectively to consider how cities can politically commit to the right to food and work to improve the whole food system, opposed to individual issues, so that it is fairer, healthier and more sustainable.

The pledge: "As city leaders, we are committed to addressing food justice by acknowledging that all our citizens irrespective of status are entitled to safe, nutritious and sustainable food at all times. We recognise the benefits of a collaborative partnership to address the global challenge of food insecurity exacerbated by the COVID-19 pandemic, climate crisis, and disaster displacement."

We need to work together to address the United Nations Sustainable Development Goal (SDG) 2 to "end hunger, achieve food security and improved nutrition and promote sustainable agriculture" and ensure that the right to food is enshrined in city food policy.

The Glasgow Food and Climate Declaration

Birmingham has signed the Glasgow Food and Climate Declaration; a commitment by subnational governments to tackle the climate emergency through integrated food policies and a call on national governments to act. The declaration recognises how fragile our food systems are, and integrated food strategies are needed at a local level to reduce environmental footprint, drive positive food system change, to ensure greater resilience to shocks and to reduce inequalities. Food partnerships and involving everyone across the food system in decision-making is key. It is necessary to develop sustainable food systems that are able to rebuild ecosystems and deliver safe, healthy, accessible, affordable, and sustainable diets for all (Glasgow Food and Climate Declaration, 2021).

Milan Urban Food Policy Pact

The Milan Urban Food Policy Pact (MUFPP) is a European partnership for action on creating healthy food environments in cities and towns. The partnership enables connection with a network of 250 cities across the world to share learning on approaches to food in urban environments. Birmingham has continued to be a key member of the Milan Urban Food Policy Pact, holding one of two European secretariat seats for MUFPP and leading on food justice and food cultural diversity for the MUFPP network (Milan Urban Food Policy Pact, 2015).

Food Trails Living Labs

The Food Trails initiative funded through the EU Horizon 2020 Programme and is addressing the call "Food 2030 – Empowering Cities as agent of food system transformation" (Food Trails, 2020). Birmingham is a Food Trails city and has a living lab consisting of key food system stakeholders.

Délice Network – The City Network on Food and Gastronomy

Délice is an international professional network that recognises the powerful role food and gastronomy has to play in the development of cities. The Délice network aims to build competence and share inspiration and experience.

BINDI

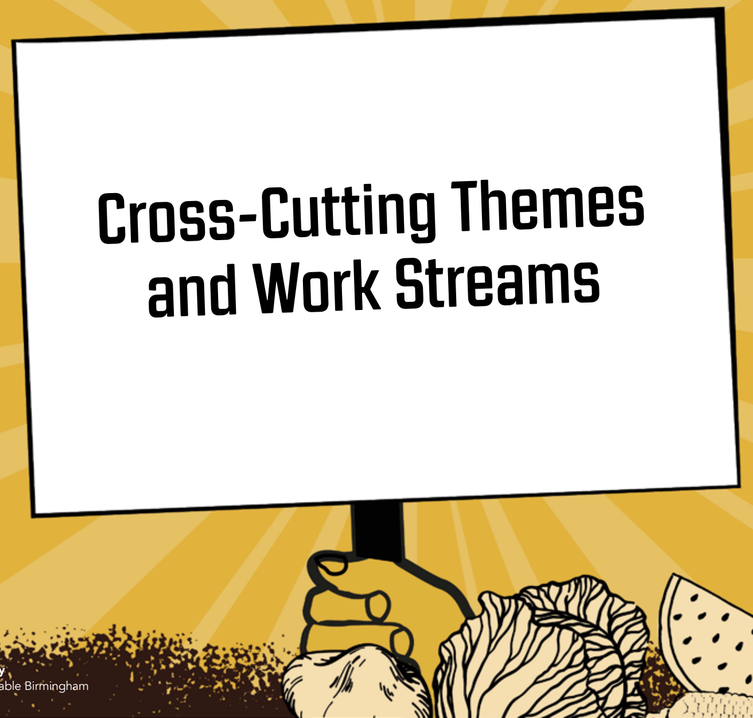
The BINDI project is a partnership between Birmingham and Pune, India which aims to maximise sharing knowledge on food systems and supports working together on creating food smart cities. Both Pune and Birmingham are second cities in their respective countries, both have significant educational footprints of universities and schools, strong links to manufacturing and industry and growing and evolving economies (The Food Foundation, 2018).

Food Cities 2022

Food Cities 2022 Learning Partnership is an initiative that supports cities to develop and implement city led food policies and action plans. The aim is to build a network of cities who are developing their food agendas, with a particular focus on low to middle income countries in the Commonwealth. Through the partnership, responsive support and advice is offered through a combination of events, resources, peer-to-peer learning and access to experts. Birmingham has been an active member of the Food Cities network and hosted the Commonwealth Food Futures conference in July 2022 (The Food Foundation, 2022).

> **"Scalability, loads of great initiatives, need to be joined up to have real impact."**
>
> (UN Food System Summit Dialogues)

Cross-Cutting Themes and Work Streams



Cross-Cutting Themes

The four cross-cutting themes are:

Food Skills & Knowledge	**Empowering citizens with knowledge and skills in relation to the food system.**
Food Behaviour Change	**Developing the capability, opportunity and motivation for key behaviours that will enable long term change.**
Food Security & Resilience	**Increasing access to sufficient affordable, nutritious and safe food for all citizens, all the time, in every community, and at every age.**
Food Innovation, Data & Research	**Gathering insights and data and facilitating innovation, collaboration, learning and research across the food system.**

The College of Food, University College Birmingham

Photo: Lewis Walker – Lecturer

Food Skills and Knowledge

Empowering citizens with knowledge and skills in relation to the food system.

Although it is often seen as simple, many people don't feel confident in making healthy choices when it comes to food, and too few of us understand the food system and the impact it has on our lives and our communities. Knowledge isn't enough, it has to be supported by skills to use this knowledge, empowering individuals to ask for what they want, and ensuring they have the equipment and opportunities to put the knowledge and skills into action.

The aspirations below will shape the Food System Strategic Action Plan:

Identifying skills and knowledge needs across the strategy work streams

Identifying key skills and knowledge needed to achieve objectives in the strategy work streams.

This may include:

- Supporting citizens to understand where food comes from, how it is farmed and transformed so they can make informed choices. Also, supporting citizens and communities to develop the skills and knowledge needed to grow locally, individually and collaboratively.
- Increasing understanding of supply chains, how to shop seasonally and where people can source more sustainable food. Increasing skills and knowledge in relation to procurement processes and supply chains.
- Increasing understanding of how to prepare and cook fruits and vegetables, whole foods, wholegrains, beans, pulses, nuts and seeds. Also increasing understanding how diets and recipes can be changed to reduce the amount of highly processed ingredients, and limit fat, salt and sugar. This includes in the context of limited time and finances, culture and heritage.
- Supporting citizens and businesses to increase their understanding of food labelling and how food transformation impacts on nutrition and health, and the impact and benefits of nutritious food.
- Diversifying how knowledge and skills are shared by creating opportunities for inter-cultural and inter-generational cooking to share learning and experiences as part of the work on social cohesion.
- Exploring how to expand access to cooking equipment in communities.
- Utilising online platforms such as Whisk to develop communities where recipes and ideas are shared.
- Supporting parents, families and those who work with children to develop skills for a lifetime within children and young people and help them build healthy relationships with food as they grow into adults.
- Increasing understanding of how to prevent food waste, such as which foods can be frozen and how to preserve them.
- Strengthening the connection between training providers and the food sector to ensure people develop skills and knowledge needed for jobs across the food system.
- Increasing skills and knowledge of good practice in relation to allergens, hygiene, safe storage of food.

Sustainable Development Goals

Food skills and knowledge feed into SDG 2.1 and 2.2. SDG 2.1 focuses on ending hunger and guaranteeing access to safe, nutritious food all year round. SDG 2.2 focuses on ending malnutrition for all people (United Nations, 2023b).

"It should be easy for us to eat healthily - it isn't ... As the Birmingham Youth Board of Bite Back 2030, we believe that every single young person has the right to live a healthy life. That's why we are campaigning to improve access to healthy food in the city we love and are proud to call home."

Photo: Birmingham Youth Board of Bite Back 2030

Food Behaviour Change

Developing the capability, opportunity and motivation for key behaviours that will enable long term change.

The choices we make about food aren't just about knowledge and skills, as they are influenced by lots of factors around us every day. These factors include culture and social influences, such as the social determinants of health, and also barriers such as lacking equipment or access to affordable food. Helping people to make better choices about the food they buy, eat and throw away needs to consider these factors (Chen & Antonelli, 2020). We also need to use evidence-based behaviour change approaches to understand and enable both immediate and long-term change that is effective in the context of real lives in our city.

The aspirations below will shape the Food System Strategic Action Plan:

Identifying priority behaviours across the strategy work streams

Working across the strategy work streams to identify behaviours and developing behaviour change interventions to achieve objectives. This includes creating and sustaining environments which enable positive choices.

Supporting individual change

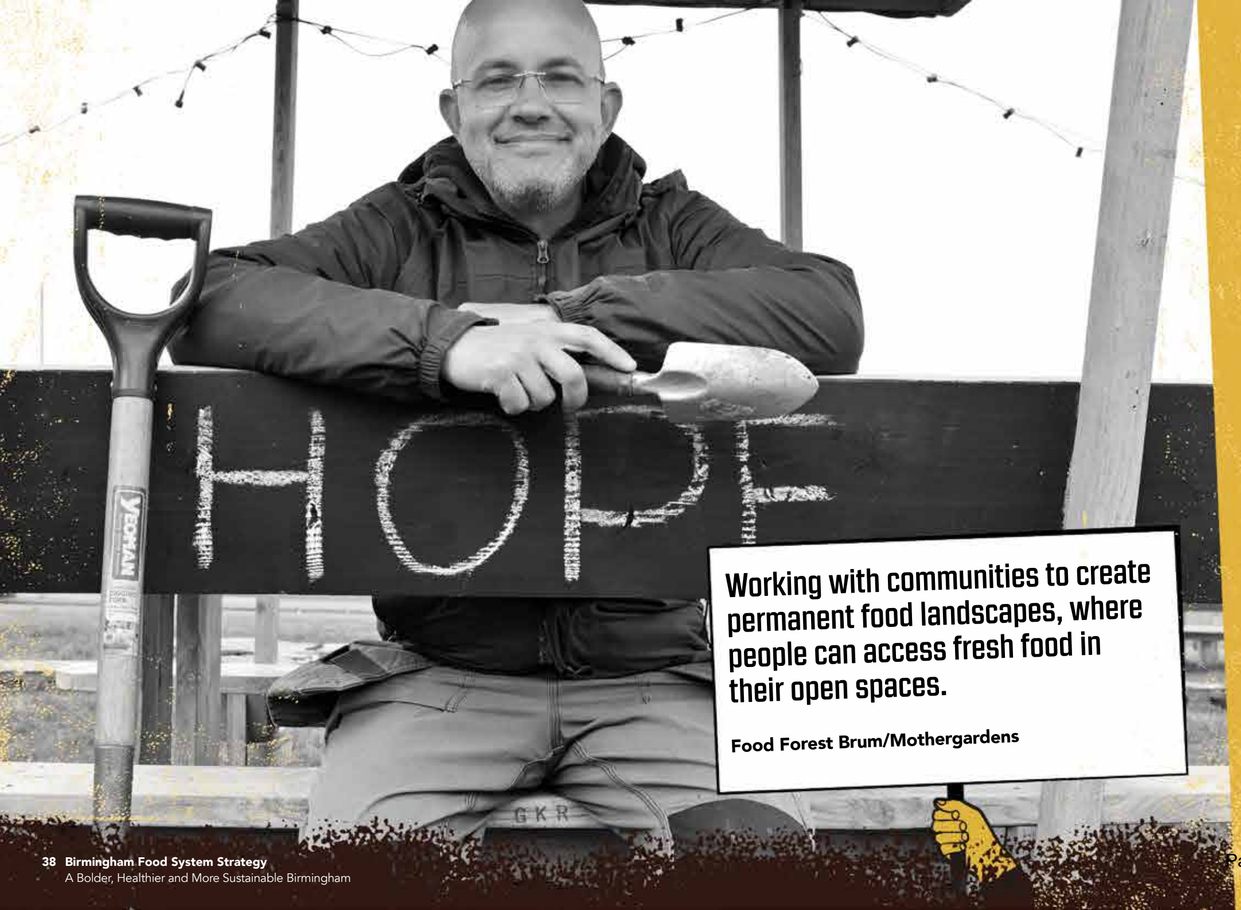
- Co-producing behaviour change interventions and solutions with local people and partners using scientific and evidence-based approaches.
- Developing targeted and tailored approaches and utilise scientific methods to identify what type of interventions and techniques could be utilised, such as social marketing campaigns and 1 to 1 interventions delivered through social prescribing and other programmes.
- Motivating people to engage in behaviours by marketing them as desirable, enjoyable, exciting or social, rather than "healthy". This could include making positive statements about nutritious food to ensure a balanced approach.
- Considering approaches which help people maintain behaviour change long-term and ensure that stigma is addressed rather than perpetuated.
- Ensuring that the approaches used do not perpetuate stigma.

Supporting communities of change

- Enabling community-led behaviour change programmes that use peer support and culturally competent approaches, and are embedded into communities, including those of identity and experience.
- Identifying key levers for behaviour change in communities, including building on the strengths of existing assets, initiatives and relationships, and harnessing the potential of respected and trusted people and leaders in the community.
- Supporting and empowering the community and voluntary sector to use evidence-based behaviour change methods, and to exchange knowledge and best practice.
- Working with the universities of the city to expand the understanding of applied behaviour change science in the context of our global city, to support healthier and more sustainable food choices at an individual, community and food system level, and to ensure solutions are sustainable and maintain momentum.
- Supporting businesses to shape their environments to nudge customers towards nutritious and sustainable choices, make changes to the food offer available, and share tips on how to introduce people to new menu items in a way that increases uptake.
- Continuing to develop and deepen our understanding of the barriers to a healthy and sustainable food system in Birmingham through insight, research and co-production with citizens, communities, industry and our wider partnerships.

Sustainable Development Goals

Food behaviour and change is linked to SDG 4.3, which includes non-formal education (United Nations, 2023b)



Food Security and Resilience

Increasing access to sufficient affordable, nutritious and safe food for all citizens, all the time, in every community, and at every age.

Too many citizens in our city make difficult choices every week between buying healthy food or paying bills. These choices are the result of wider policies on welfare and living wage employment, and global challenges such as climate change and conflict. This impacts on the food people eat and their health and wellbeing. We need to apply evidence-based approaches to address food poverty and insecurity to mitigate the impact of deprivation and support citizens to feed themselves and their families. We will also increase the resilience of our food system.

The aspirations below will shape the Food System Strategic Action Plan:

Identifying how strategy work streams can address food security and resilience

Working across the strategy work streams to identify actions that will improve reduce poverty, increase resilience and prevent food shortages, and proactively strengthening existing plans.

Supporting people who are in crisis

- Increasing signposting to local, dignified and integrated services so people know what emergency support they can access whether in short term crisis or facing chronic long term food insecurity due to living in poverty.
- Building a city-wide conversation to shine a light on the reality of food poverty, and reducing the stigma and isolation created by being unable to feed yourself or your family.

Supporting people to transition out of crisis

- Creating a clear pathway to enable people to transition from crisis support towards sustainable affordable food models such as food pantries and social supermarkets.
- Using evidence-based approaches to increase awareness and uptake of initiatives across the city, including Healthy Start vouchers, Free School Meals, community initiatives and the Food Justice Network.

Creating long term solutions to reduce food insecurity

- Identifying actions to increase food security and resilience in the short, medium, and long term.
- Raising awareness of affordable food projects in our city e.g., food pantries and social supermarkets, and facilitating new projects being set up.
- Continuing to work towards being a Real Living Wage City and influence, on a national level, the welfare and employment practices that lead to food poverty.
- Supporting knowledge, skills and access to initiatives that enable individuals to eat healthy and delicious diets on a low income.
- Piloting using grow your own approaches with nutrient dense fruit and vegetables to supplement micronutrient intake in diets.
- Developing evidence-based solutions to increase healthy affordable options on offer to citizens.

Increasing the resilience of our food system

- Influencing regional, national and international policy to increase the food security of cities, which are uniquely vulnerable to disruption to the global food supply chain.
- Exploring existing supply chain and procurement processes and building in adaptability and resilience to enable them to respond to shocks.
- Exploring approaches to be prepared for food shortages, such as early warning systems, contingency plans and connecting with local and regional resilience strategies and groups.

Sustainable Development Goals

Food security and resilience feeds into SDG 1.b, which is about creating policy frameworks that are pro-poor and gender sensitive to eradicate poverty, including a real living wage, and SDG 2.c focuses on avoiding food price anomalies

Food Innovation, Research and Data

Gathering insights and data and facilitating innovation, collaboration, learning and research across

Birmingham is a thriving hub of innovation, technology and best practice and is a centre for urban food system innovation. By bringing together city-wide, national and international partners to solve food system challenges we increase partnerships and communication and maximise opportunities and reduce duplication. Collectively we are on a mission to better understand food systems, and develop innovative solutions supported by research, data and technology. We want to create a bolder city, maximise the future trends and opportunities in food for all our citizens, and ensure our food system is healthy, fair and sustainable.

The aspirations below will shape the Food System Strategic Action Plan:

Identifying how food innovation, research and data can support the strategy work streams

Working across the strategy work streams to identify opportunities for innovation, research and data to bring solutions and achieve objectives. This will be a two-way relationship, as the work streams will support with the direction of this cross-cutting theme, and this cross-cutting theme will contribute insights and innovations that will support the work streams.

Collaborating with partners

- Through the Creating a Healthy City Food Forum and our city-wide partnerships, strengthening and expanding the engagement across the city to inform and collaborate towards our shared ambition of a creating a healthier and more sustainable food system for Birmingham.
- In communities of place, identity and experience across the city building networks and collaboration for change and impact.
- Through our international partnerships, such as the Milan Urban Food Policy Pact, Delice Network, Food Cities 2022 and BINDI partnership, learning and collaborating to create a better city food system.

Supporting innovation

- Working through economic growth and innovation partnerships to maximise the potential of the food system of our city to be at the cutting edge of affordable, ethical, healthy and sustainable food.
- Through the vibrant and diverse food scene of the city, continuing to develop and innovate sustainable, healthy, delicious and ethical food that celebrates our diverse and evolving culture and heritage. This will enable our food sector and hospitality industry to be world leaders.
- Growing Birmingham as a beacon of food entrepreneurialism including through support of start-ups and independent businesses.

Learning and improving

- Collaborating with learning and innovation partners to develop a centre for urban food systems and developing a cross-institutional approach to research and insight that drives change.
- Gathering data to inform our understanding of the food system and developing a Food System Dashboard to monitor progress in the food system.
- Ensuring learning and monitoring is built into the whole strategy including the cross-cutting themes and strategy work streams.
- Building the evidence base in this area through collaboration and the support of universities and other groups and ensure that actions undertaken are evidence-based.

Sustainable Development Goals

This has some connection to SDG 2.4 by adapting good food production systems to meet the requirements of residents in an environmentally conscious way. It also feeds into SDG 1.b through supporting the Real Living Wage City initiative (United Nations, 2023b)

As a nutritionist and Birmingham born and bred, I'm committed to supporting the public and organisations to make healthier, sustainable food choices. Dietary inequalities have an impact on the health and wellbeing of the diverse communities living in our city and I am motivated by trying to address them.

Photo: Shaleen Meelu - Harborne Food School

Strategic Work Streams

The six strategic work streams are:

Food Production	**Empowering and enabling citizens and local producers to grow food throughout the year and connect to the city's food system.**
Food Sourcing	**Increasing both supply and demand for local, environmentally sustainable, ethical and nutritious foods in the food system.**
Food Transformation	**Transforming the food offer and diets to contain more diverse, nutritious and sustainable ingredients, and less fat, salt and sugar.**
Food Waste & Recycling	**Minimising food waste and unsustainable packaging throughout the food system and maximising the repurposing and redistribution of surplus.**
Food Economy & Employment	**Facilitating a thriving local food economy for all and maximising training and employment opportunities.**
Food Safety & Standards	**Improving food safety and standards for Birmingham's citizens and businesses.**

> “I have never liked tomatoes but then the one day we did a pasta dish with the tomatoes we grew and oh my goodness they were so lovely and now I love them.”
>
> Vulnerably Housed Adult (Seldom Heard Food Conversations)

Food Production

Empowering and enabling citizens and local producers to grow food throughout the year and connect to the city’s food system.

Food is produced mainly through growing plants and trees or raising animals. It is then sometimes transformed through a manufacturing and packaging process into the products we see on shelves and market stalls. How we produce food has an impact on the nutritional content of what we eat, the environment around us, and the price we pay for food. Growing food brings people together, helps people understand where their food comes from, reduces isolation, and supports lifelong physical and mental health and wellbeing (Genter et al, 2015).

The practice, science and collaboration around food production is always evolving and this generates opportunities for urban and peri-urban food production, both commercially and domestically. This leads to job creation and the potential to develop new infrastructure to support a strong local food economy, such as food hubs, short supply chains and shared processing, packaging and distribution systems.

The nature of the food production cycle is that it is seasonal which can create surplus crops at peak times of the year. Innovation and partnership are required to maximise opportunities for redirecting and preventing waste so that we don’t lose food that could feed our city, and so we can extend our growing season and make it resilient to climate changes and other disruptions.

The aspirations below will shape the Food System Strategic Action Plan:

Growing more in Birmingham

- Utilising tools such as planning and licensing to maximise the potential to create, clear, maintain, access and protect growing spaces across the city.
- Supporting more community growing across the city with community champions leading growing campaigns across the city, and increase growing in parks, community spaces, schools and window boxes. Inspire and enable people to get involved and try growing.
- Empowering communities to utilise unused public spaces for short- and long-term growing co-operatives and support a city-wide Growing Network of learning and sharing.
- Working with Local Enterprise Partnerships to enable innovative urban farming opportunities as part of the growth strategy for the city, maximising the potential of the East Birmingham growth corridor.

Maximising the good that comes from growing

- Using the levers of procurement to embed environmentally sustainable and ethical food production as a fundamental part of our food system.
- Developing competencies, training and apprenticeship opportunities so citizens are upskilled to work in agriculture and food production and to develop the future workforce.
- Inspiring targeted evidence-based initiatives that maximise the potential benefits of growing for health and wellbeing to reduce inequalities.
- Empowering people to grow their own in a way that maximises the physical, emotional, educational and social benefits of growing.
- Exploring approaches to maximise the quality and quantity of fruits and vegetables grown in Birmingham.

Sustainable Development Goals

Food Production feeds into SDG 2.4, which focuses on sustainable, resilient food production systems that are beneficial for the environment. By creating resilient food production systems that work in harmony with nature, we are more likely to secure affordable food for all (United Nations, 2023b)

Food Sourcing

Increasing both supply and demand for local, environmentally sustainable, ethical and nutritious foods in the food system.

Increasing both supply and demand for local, environmentally sustainable, ethical and nutritious foods in the food system.

Food sourcing is important as farming, production, logistics and distribution have a huge impact on people and the planet. Better food sourcing can reduce harm to the environment, mitigate climate change, reduce pollution, support the ecosystem, improve animal welfare, and support the health, wellbeing and life circumstances of people. It can also enable thriving economies and businesses that, in turn, support communities (United Nations, 2023a).

The aspirations below will shape the Food System Strategic Action Plan:

Increasing the amount of local food in our city’s food system

- Increasing demand and expectation of seasonal, local, sustainable food sourcing with ethical, transparent supply chains.
- Supporting businesses, especially those in the public sector, to adopt local sourcing in their food procurement.
- Supporting more rural-urban connection, especially through solutions that help connect local farming cooperatives, independent and small producers with local businesses and communities. We will proactively engage with the Shire counties that surround our city.

Overcoming barriers to food sourcing

- Exploring how local food hubs and markets can overcome barriers and costs of logistics and distribution and connect fresh, locally produced and surplus foods into the food system.
- Addressing the challenge of food sourcing for at-risk groups and developing solutions for those who are unable to purchase in bulk, or afford the minimum order amount required for deliveries, and implement solutions e.g., exploring mobile affordable food buses, pop up shops and markets, and utilising unused spaces for markets.
- Exploring how surplus food can be transformed into meals and distributed e.g., through a city-wide freezer network.
- Exploring how food grown in gardens and allotments can connect into the city’s food system.
- Where there are gluts that farmers can’t sell, exploring solutions so it is still harvested and can connect into the food system and benefit those who need it most e.g., gleaning projects.

Increasing understanding of the local food system

- Supporting schools and adult education providers to work with local food producers to help citizens understand the food journey and be more aware of the farmers and producers in the Midlands and contrasting them to global supply chains.
- Identifying the farms and producers across Central England, and what food they produce and when. Increase awareness of what local foods are available, when they are in season, and where they can be purchased.

Sustainable Development Goals

Food sourcing feeds into SDG 2.4, which focuses on sustainable, resilient food production systems that are beneficial for the environment. By creating resilient food production systems that work in harmony with nature, we are more likely to secure affordable food for all (United Nations, 2023b).

Head chef at primary school leading an innovative approach

Photo: Matthew Knight - Hillstone Primary School

Food Transformation

Transforming the food offer and diets to contain more diverse, nutritious and sustainable ingredients, and less fat, salt and sugar.

The process of transformation of food is about turning raw ingredients into another food product. Ingredients like apples can be eaten in their raw form or combined with other ingredients and transformed into products ranging from apple pies to baby food. These products can be sold in shops or restaurants.

The transformation journey can involve adding ingredients like fat, salt and sugar to create flavour as well as structure, texture and longevity to products. Although some of these are essential to the final product, there are often ways to make this better for our health and the environment. This transformation happens in various ways including large companies making ultra-processed and branded foods, and by restaurants and food businesses cooking food to serve to customers.

We want to see a city where food is transformed in ways which are delicious, include diverse ingredients, are nutritious and healthy and are environmentally sustainable. This will involve working with industry locally, regionally and nationally and increasing demand for these foods.

The aspirations below will shape the Food System Strategic Action Plan:

Making our city's food offer healthier, sustainable and delicious

- Encouraging and supporting industry and food businesses to create new food offers and reformulate recipes to include more environmentally sustainable and nutrient dense ingredients including beans, pulses and dark green leafy vegetables, and less fat, salt and sugar.
- Supporting cooks, chefs and food businesses to develop skills to enable them to adapt recipes to the seasons, supply chain availability, and diverse ingredients that reduce reliance on intensive farming practices, as well as using less fat, salt and sugar.
- Supporting industry and food businesses to make changes to the food offer in ways that are affordable, attractive and engaging to our diverse communities through initiatives such as awards, standards, incentives and support packages.
- Inspiring food technology innovation to improve food formulation within higher education and the food industry.
- Utilising available powers and levers, such as those relating to planning and licensing, to encourage new businesses, including takeaways, in Birmingham to be those that provide a delicious, nutritious and sustainable food offer.
- Exploring city-wide approaches and interventions to improve diets.
- Influencing regional, national and international policy to encourage reformulation and improve the food environment.
- Challenging the status quo through open and authentic discussion of our food system and its impact on our lives and our future.

Increasing demand for food that is healthier and sustainable

- Increasing understanding of food transformation and creating an environment that fosters demand for healthier and sustainability food and helps citizens know where to find it.
- Increasing the opportunities to try a wide variety of delicious healthy and sustainable foods to increase familiarity and acceptance of new foods.
- Exploring approaches and interventions to increase children's acceptance and demand for healthier and sustainable food.

Sustainable Development Goals

Food transformation feeds into SDG 2.1, which focuses on ending hunger and guaranteeing access to safe, nutritious food all year round (United Nations, 2023b)

Food Waste and Recycling

Minimising food waste and unsustainable packaging throughout the food system and maximising the repurposing and redistribution of surplus.

Food waste and unsustainable food packaging have a big impact on our city and our planet and create a huge financial and environmental burden across the food system. We feed over 1.1 million people every day in Birmingham, so we need to address the negative impact our city has on the food system and influence supply chain processes (ONS, 2021).

Food waste happens across the food system and much of this is avoidable. 25% of all food waste in the UK occurs on farms where an estimated 2.9 million tonnes of edible food is lost and wasted each year; the equivalent of 6.9 billion meals. Nearly half of this loss is pre-harvest, meaning the food was left on fields. This loss is driven by decisions made post farmgate including restrictive standards and specification requirements from supermarkets (WWF, 2022).

Once food has left the farm, 70% of UK food waste comes from households, equivalent to a value of over £14 billion a year and 20 million tonnes of Greenhouse Gas emissions (WWF, 2022). An average family of four can save £60 per month by reducing food waste. Higher food waste is associated more with working age adults, use of ready-made meals, time pressures, dietary restriction and lack of skills and confidence (WRAP, 2022).

The aspirations below will shape the Food System Strategic Action Plan:

Improving waste and recycling practices across the food system

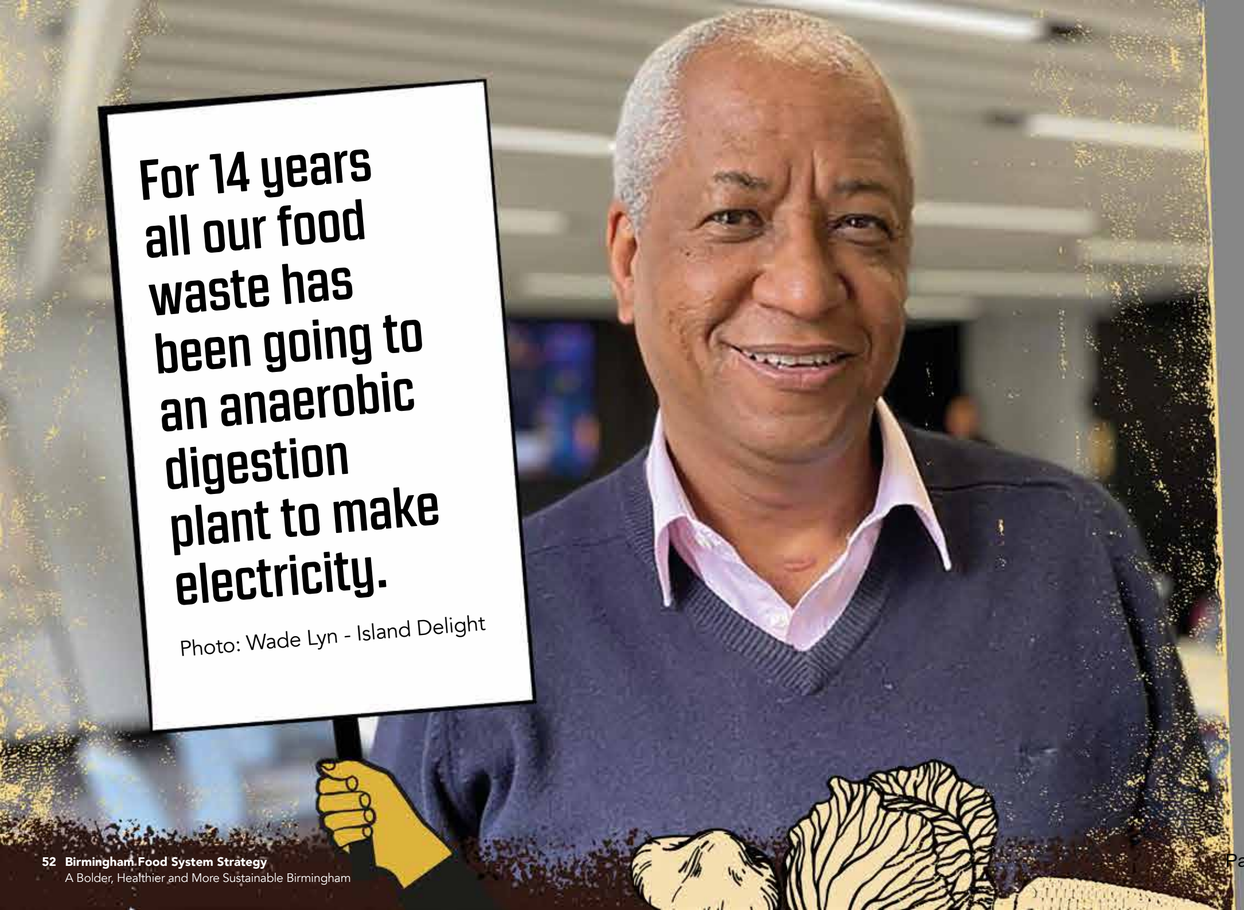
- Creating and supporting a culture across the food system that avoids waste at every stage and supports national legislation.
- Working to understand the barriers that stop people avoiding waste, such as meal planning, food businesses not being connected to those who could utilise food surplus, or individuals lacking access to a fridge.
- Encouraging food businesses to be waste wise by using best practice models and repurposing, food sharing and recycling food surplus in partnership with community organisations.
- Utilising the cross-cutting themes of food skills and knowledge and food behaviour change to help people reduce waste.

Supporting waste reduction innovation

- Supporting better and easier food management for households by enabling hyper-local waste management innovation, including sharing of surplus food, composting and food waste collection.
- Exploring models of community collaboration with food producers and retailers to support access to affordable nutritious food by utilising surplus food and food close to the use by date.
- Considering how to discourage harmful practices such as using single-use plastics and excessive packaging and supporting innovative solutions.
- Exploring innovative approaches to reduce waste across a food product’s lifecycle.
- Examining city-wide approaches to overcome challenges of obtaining, storing, transporting and using surplus food.

Sustainable Development Goals

Food waste and recycling is part of SDG 12.3, which focuses on reducing food waste and losses in production and supply chains (United Nations, 2023b)



Food Economy and Employment

Facilitating a thriving local food economy for all and maximising training and employment opportunities.

Food is produced, transformed, sold, and disposed of by people as part of paid and volunteer job roles, and this is underpinned by a broad range of training and skills development.

The food sector is a significant part of the economy of Birmingham, and one which reflects our diverse and vibrant global heritage, and the interconnection of hundreds of Small and Medium-Sized Enterprises (SMEs). As we come through the pandemic and the cost of living crisis, the resilience of the food economy is a key issue for the future.

Birmingham is on a journey towards a vibrant and sustainable food economy which is world-leading in innovation, diversity and healthy and sustainable food. This journey requires us to take a holistic approach to building a food economy where we create jobs that attract and support talent and, by working with our education providers, positions our citizens for these opportunities. Due to the global nature of our city, this will then enable this ethos to be taken across the world.

The aspirations below will shape the Food System Strategic Action Plan:

Building a thriving, healthy and sustainable food economy

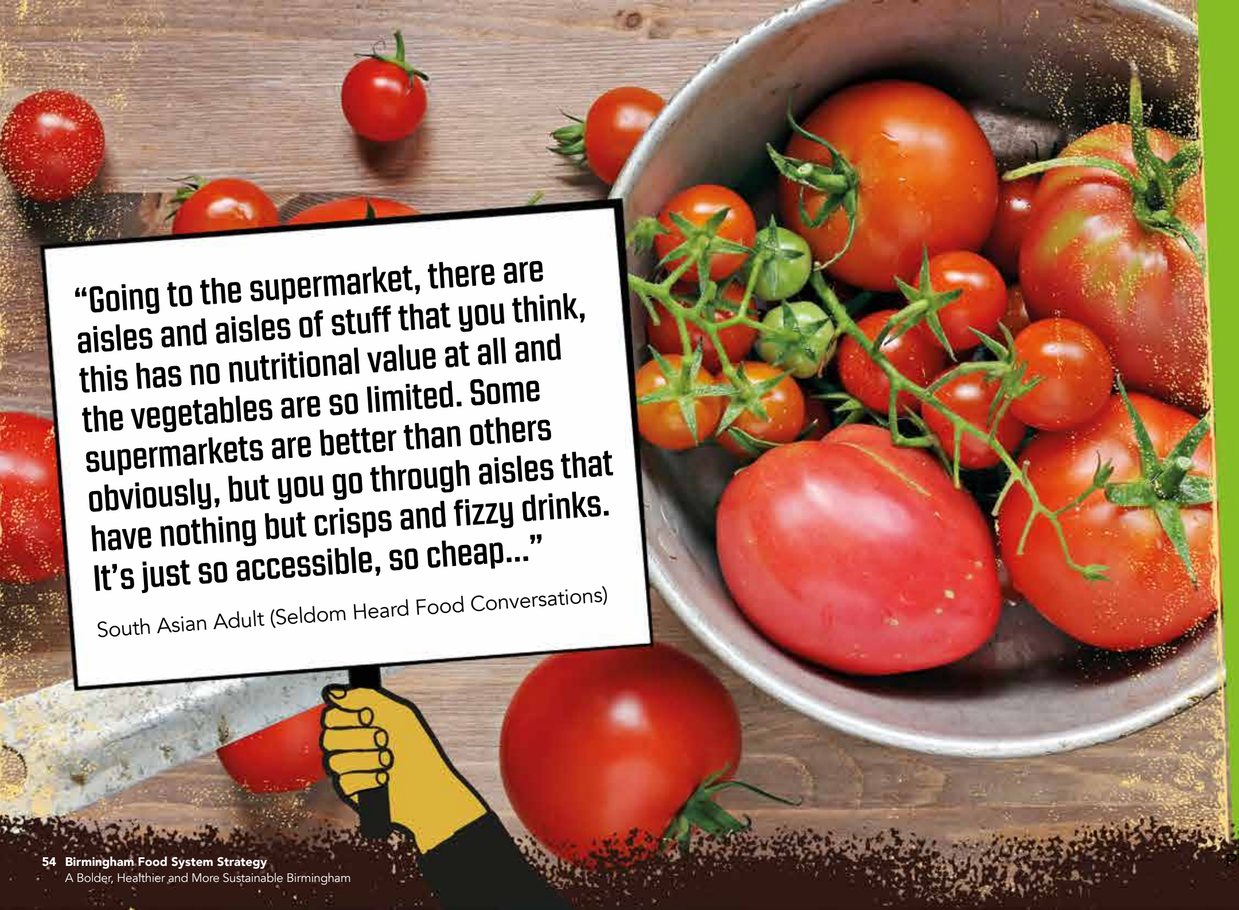
- Further developing Birmingham's reputation as a food destination with a flourishing, vibrant, diverse food scene that celebrates the cultural diversity of the city, and our excellent local produce and independent businesses.
- Celebrating businesses that innovate and lead healthy, sustainable, ethical and affordable food approaches across the breadth of the city.
- Creating a strong local economy and a culture where local, small and independent businesses, especially black, Asian, and minority ethnic businesses are supported and celebrated.
- Encouraging all businesses in the food system to become Real Living Wage employers and model good workplace practices so that the sector becomes known for good jobs e.g., exploring approaches to prevent the negative impacts that come from zero hours contracts.
- Supporting innovation opportunities and start-ups in the food sector.
- Utilising licensing tools and planning to maximise the potential to create healthy food retail environments.
- Building the Birmingham Food Revolution to highlight and learn from best practice.

Strengthening the future food sector and food system workforce potential of our city

- Working with the food sector and wider food system to understand the interventions needed to support an education and skills pipeline that will help to build a healthier and more sustainable food system across the city.
- Working with education providers to understand the needs of the food system and encouraging and support local people to enter the sector.
- Maximising the potential of national and local schemes, such as apprenticeships, industry placement years, and work experience, to enable entry to food sector and food system employment for disadvantaged groups.

Sustainable Development Goals

Food economy and employment is linked to SDGs 8.3, 8.5, and 1.b. SDG 8.3 focuses on decent job creation and entrepreneurship, whilst supporting micro-, small-, and medium-sized enterprises. SDG 8.5 focuses on full employment with equal pay for work of equal value for all. SDG 1.b focuses on creating policy frameworks that are pro-poor and gender sensitive to eradicate poverty, such as a real living wage (United Nations, 2023b)



Food Safety and Standards

Improving food safety and standards for Birmingham’s citizens and businesses.

Millions of meals are sourced, prepared and served across our city every day, including in food businesses, healthcare settings, workplaces, education settings, community food projects and homes. To achieve our strategy’s vision, it is essential that Birmingham citizens are eating food that supports their health and wellbeing and they have access to high quality, sustainable, nutritious, healthy, and safe food. To do this, we want to ensure that food is sourced and prepared in the safest way and to the highest of standards, and that those who handle food across the city are supported and encouraged to follow guidelines and best practice for food safety and standards.

The aspirations below will shape the Food System Strategic Action Plan:

Supporting the implementation of policy, guidelines, and best practice

- Embedding awareness raising and sharing best practice and guidelines with regards to allergens, cross contamination, hygiene, hand washing, food safety, nutrition, and healthy eating across the food system e.g., in food businesses, community food projects, in the home, with education providers and within training and development programmes.
- Supporting food businesses, community food projects and those who handle food across the city to be aware of, and access, appropriate training with regards to food safety and standards.
- Exploring methods to ensure implementation of food safety and standards e.g., through support packages, learning networks, incentives, regulation.

Recognising good practice

- Promoting the Food Hygiene Rating Scheme across the city and encourage outlets to display their ratings prominently.
- Supporting industry and food businesses to be recognised for healthy, sustainable and ethical food offers and working practices e.g., through healthy and sustainable catering commitments, charters and awards.
- Making it easier for individuals and food businesses to identify food that is healthy, sustainable and ethical e.g., by conducting a review into food badges, awards, standards and chartered marks and creating resources that support customers when making food purchasing decisions.

Coordinating action and innovation

- Mapping the organisations, regulatory bodies, policies and practice that impact on food safety and standards in Birmingham and facilitating collaboration on joint priorities.
- Exploring approaches to improve monitoring of food safety and standards.
- Working with the Food Safety and Hygiene group at University of Birmingham to facilitate best practice and innovation.
- Working with food businesses to increase awareness of food crime and taking action to prevent it.
- Using our global city position to collaborate and influence regional, national and international policy to encourage greater transparency and standards in national and international food chains.

Sustainable Development Goals

Food safety and standards feeds into SDG 2.1, which covers access to safe food. This is overseen by UK Food Hygiene Regulations (United Nations, 2023b).

Measuring Success

Indicators for Change: Outputs and Outcomes

Our city-wide partnership will develop a Food System Dashboard of indicators to measure outputs and outcomes.

The National Food Strategy and other international papers have recognised that measurement tools need to be developed to effectively assess and monitor the food system. A wide range of indicators are needed to measure the outputs and outcomes of this strategy and the Food System Strategic Action Plan.

Outputs from implementing this strategy will include:

- An evidence bank of effective approaches to tackle issues across the food system, though reviews, insight gathering and pilots.
- Evidence translated to make recommendations for stakeholders using the Big Bold City Approach, so our city is empowered to make a difference and implement meaningful change.
- A Food System Dashboard of indicators and metrics developed with partners so we have insight into the breadth and severity of food system challenges and can monitor whether our actions are making a difference.
- An ever-evolving dynamic needs assessment informed by the Food System Dashboard of indicators that will shape the decisions within the Food System Strategic Action Plan and ensure we make a difference.

Example outcome measures:

Impact on Health

- Percentage of 5yr olds with visually obvious dental decay
- Prevalence of obesity (including severe obesity) in children in Reception and Year 6 (NCMP)
- Prevalence of overweight or obese adults aged 18+

Impact on Production and Transformation

- Number of food growers/spaces to grow food
- Diversity of foods offered by food providers
- Marketing of food (e.g., Percentage of BOGOF offers that are HFSS)

Impact on Knowledge, Skills and Behaviours

- Percentage of adults regularly eating ‘5-a-day”
- Percentage of HFSS consumed
- Participation in food classes

Impact on Food Security and Resilience

- Activity at food banks and other food security support initiatives
- Uptake of healthy start vouchers in eligible families

Impact on Food Waste

- Amount of food waste collected

Governance

Strategic Oversight and Delivery

The Health and Wellbeing board is a statutory committee of Cabinet and they oversee the Health and Wellbeing Strategy. The Birmingham Food System Strategy builds on the Healthy and Affordable Food work stream of the Health and Wellbeing Strategy and will also be overseen by the Health and Wellbeing Board.

The Creating a Healthy Food City Forum (CHFCF) will drive the delivery of the Birmingham Food System Strategy. The plan for how this will be achieved will be set out in the Food System Strategic Action Plan and updating this will be the responsibility of the forum. The Creating a Healthy Food City Forum reports to the Health and Wellbeing Board, under the leadership of the Cabinet Member for Adult Health and Social Care. The forum is a dynamic local food partnership and has city-wide representation from organisations and key players from across the city's food system.

Health and Wellbeing Board

- Statutory Board with key city leaders.
- Sets the very high strategic goals with all elements of Health and Wellbeing for Birmingham until 2030.

Creating a Healthy Food City Forum

- Creating a Healthy Food City Forum, with strategic leaders from across Birmingham Food System – sub-forum of the HWBB.
- Sets specific objectives regarding the Food System for Birmingham until 2030.

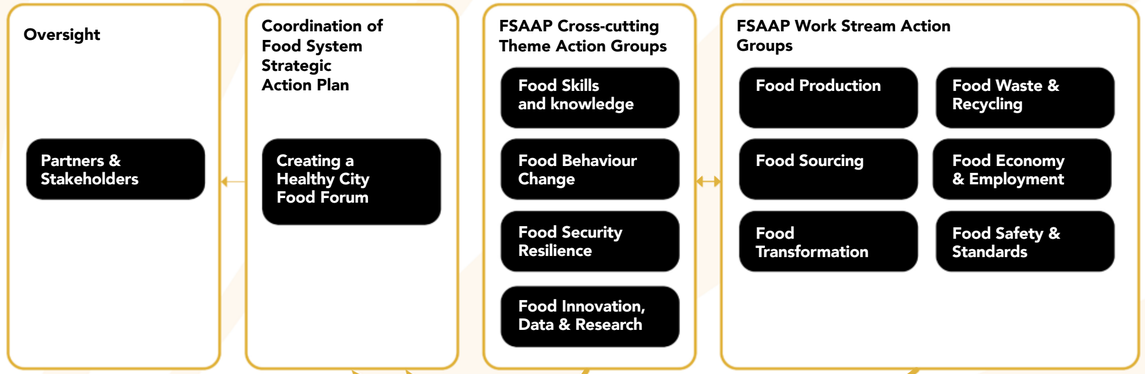
Food System Strategic Action Plan (FSSAP) Action Groups

- Key partners, organisations, grass root leaders, and city system change makers committing and delivering key actions for change.
- Live working action plan, that is assessed and reinforced by the CHFC Forum and the HWBB.

> "Issues are multifaced – system change needed…what we grow, land use, access to healthy food, advertising, local transportation, income, employment opportunities"
>
> Food provider, Summit Group

An action group will be set up lead on each of the cross-cutting themes and work streams and to feed into the Creating a Healthy Food City Forum and Food System Strategic Action Plan. These action groups will be made up of a working collaborative of key organisations and change-makers from across Birmingham with influence on many key sectors such as health, economy and business, research and innovation, education and skills, communities, food justice, and many more. We will continue to grow and develop the Creating a Healthy Food City Forum and the action groups to ensure that we are able to establish a cross-matrix working approach to levering change in Birmingham's food system.

Through this approach we will be able to maximise our impact across the complex and multifaceted food system, as there are most often interconnected issues and we can't treat one priority in isolation.

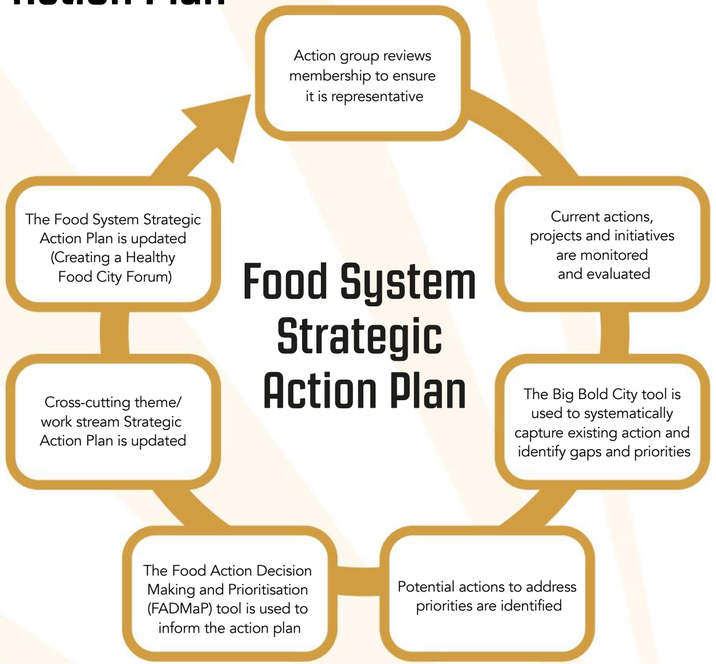


Food System Strategic Action Plan

The Food System Strategic Action Plan will include short, medium and long term actions to achieve the objectives of each of the cross-cutting themes and strategy work streams of the eight year Birmingham Food System Strategy.

Birmingham is the largest local authority in Europe, with many moving parts, strategies, leaders, and change-makers. A key driver for success in achieving the Birmingham Food System Strategy objectives is bringing the many moving parts together and developing a plan that is regularly reviewed and developed.

It will be the responsibility of the action groups leading on the cross-cutting themes and work streams to align and influence the strategies and priorities across the city's food system. These are constantly evolving to meet the needs of Birmingham citizens and to develop a better city for all. Future strategies, initiatives and projects within Birmingham will be influenced by the aims, objectives and approaches within the Birmingham Food System Strategy, and the priorities and actions identified in the Food System Strategic Action Plan.

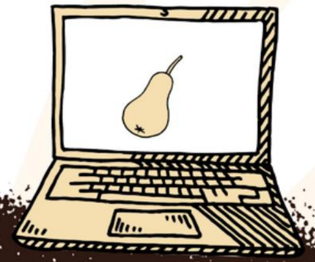


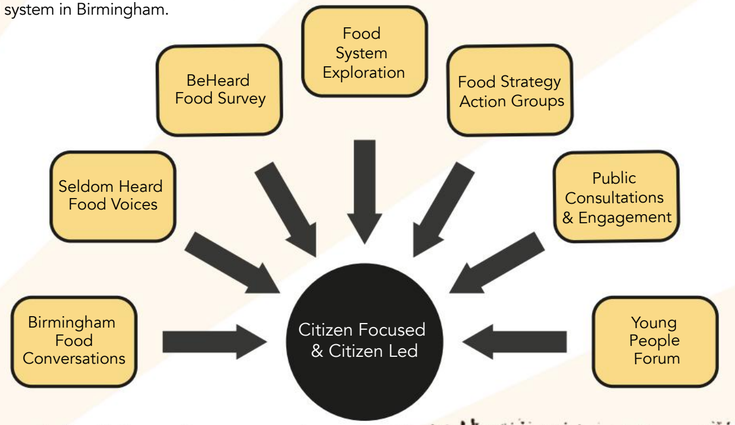
Citizen Focused and Citizen Led

The journey in creating the Birmingham Food System Strategy began by listening to the citizens of Birmingham. We have commissioned and curated a variety of focus groups, engagement sessions, workshops, seminars, and so much more to ensure that we hear the voice of Birmingham. We have received the input of over 600 citizens from all stages of life, from all backgrounds, and with differing interest in our city's food system. We intend to continue our endeavour of hearing and championing the voices in Birmingham, by committing to replicate and repeat the food system dialogues held during the development of the strategy at key intervals during the eight year period.

This will ensure that we:

- Continue to meet our citizens needs;
- Build stronger evidence and support for levering change;
- Capture the voice of our seldom heard citizens;
- Develop and deliver effective actions that citizens can see, feel, and are aware of;
- Are guided by those most affected by the food system in Birmingham.





Annex

Birmingham's population is culturally diverse and young

(Birmingham City Observatory, 2023)

Birmingham has much higher levels of poverty and deprivation than the national average.

- 88% of Birmingham's wards are more deprived than the England average (BCC, 2019)
- 64% of Birmingham's wards are amongst the 20% most deprived in England (BCC, 2019)
- Over 300,000 people live in poverty in Birmingham (BCC, 2022)
- 43% of children in Birmingham live in poverty, which is over 100,000 children (national average is 23%) (Joseph Rowntree Foundation, 2022)
- 22% of Birmingham households are in fuel poverty (Birmingham City Observatory, 2023)
- Long term health conditions are 60% more prevalent in deprived areas (Department of Health and Social Care, 2012)
- One in three deaths can be attributed to socio-economic inequality (in England between 2003-2018) (Lewer et al, 2020)
- There is a gap in life expectancy between the wealthiest and poorest wards (PHE, 2018)

Birmingham citizens have high levels of food insecurity which is associated with eating less fruits and vegetables.

- Food insecurity is defined by the FAO as "limited access to food… due to a lack of money or other resources" (FAO, 2023)
- Both prevalence and severity are important, food insecurity can range from having uncertainty about obtaining food to going for a whole day with no food at all.
- Food insecurity is associated with poor diets and health outcomes (FAO, 2017)
- Financial hardship is associated with lower fruit and vegetable intake (Conklin, 2014)
- The UK has the highest rate of food insecurity in Europe (FAO, 2018)
- 35,000 food parcels were given to Birmingham adults by the Trussell Trust from April 2020 –March 2021 (Trussell Trust, 2022)
- 16,000 food parcels were given to Birmingham children by the Trussell Trust from April 2020 –March 2021 (Trussell Trust, 2022)
- 6.8% Birmingham citizens reported using food banks during the COVID-19 pandemic lockdown

Deprived areas in Birmingham have less supermarkets. In areas where there are less supermarkets, the food offer available in convenience stores is less healthy and more expensive.

- Many of Birmingham's most deprived areas don't have a supermarket within a 15 minute walk
- Shopping in convenience stores is more expensive there are less healthy choices available (Black et al, 2012)
- A healthy food basket is £37.38 in a large store vs. £47.83 in a small store (Dawson, 2007)
- Deprived areas tend to have fewer healthy foods available and lower variety and quality of fruits and vegetables (Williamson et al, 2017; Black et al, 2012)
- Living closer to a supermarket is associated with better diets and less likelihood of being overweight or obese (Barrett et al, 2017; Burgoine et al, 2017)

Those living in deprived areas are exposed to more takeaways and being exposed is associated with eating more takeaway food.

- Exposure to both TV and outdoor advertising of unhealthy foods is greater in more deprived areas in the UK (Adams et al, 2011a; Adams et al, 2011b)
- Being exposed to takeaways in work and home environments is associated with eating more takeaway food (Burgoine, 2014)
- Takeaways often have a larger portion size, and more energy and salt content than UK recommended levels (Mills et al, 2018)
- The most popular hot food takeaway choices in Birmingham are Indian, Chinese and Pizza (Birmingham Food Survey, 2020)

Our city's population does not eat enough fruits and vegetables and eating healthily is beyond some citizen's budgets.

- Only 48% of Birmingham adults are eating 5 or more portions of fruit or vegetables every day (Office for Health Improvement & Disparities, 2023g)
- 30% of eligible families aren't claiming healthy start vouchers. This means they are missing out on £222 per year that can be spent on healthy food and milk.

Eating out is associated with eating a poorer diet.

- A quarter of adults consume a meal out once a week in the UK (Adams et al, 2015)
- Eating out of home is associated with higher energy intake, more fat consumption, and less vitamins and minerals (Lachet, 2012)
- Although Birmingham has lots of cafés and restaurants, the spread isn't even across the city. The city centre, and some other areas such as Sutton Coldfield have a higher density, but many other areas have much less.

Many citizens in Birmingham are not a healthy weight

- Two thirds of all adults in Birmingham are overweight or obese (Office for Health Improvement & Disparities, 2023b)
- 11 in every 100 children are obese when starting primary school, and this more than doubles to 26 in every 100 being obese by the time they leave in Year 6. This figure increases to 38 in every 100 children if overweight is included in addition to obesity. (Office for Health Improvement & Disparities, 2023d)
- More children in Birmingham are underweight than the national average (Office for Health Improvement & Disparities, 2023e)

Poor diets lead to negative health impacts, and Birmingham has high levels of tooth decay in children, and high levels of adults with Type 2 diabetes

- 9% of Birmingham 5 years olds experience dental decay which is higher than the national average (Office for Health Improvement & Disparities, 2023c)
- 49% of adults aged 40 to 64 have Type 2 Diabetes. This is higher than the national average, and increasing (Office for Health Improvement & Disparities, 2023f).

The food sector is a key part of our city's economy.

- Birmingham citizens are estimated to spend ~£3.37 billion per year on food, drink and catering services (Birmingham Food Council, 2021).
- Over 8500 food businesses (Food Standards Agency, 2020)
- 30% of all food outlets in Birmingham are takeaways compared to 26% in England (Living Costs and Food Survey, James et al. DATE)
- 98 businesses involved in food production or transformation, including processing plants for meat, fish and dairy products (Food Standards Agency, 2019)
- 3100 people in the city are employed in the food sector (Birmingham Employment Update, 2019)
- 835 food outlets in the city only reach 2/5 for food hygiene standards.

In addition, there are 113 growing and allotment sites in Birmingham with almost 7000 plots (BCC, 2023)

Food Action Decision-Making and Prioritisation (FADMaP)

Is this action…

People focused?

1. Citizen-first

We will consider whether proposed action will benefit Birmingham citizens and whether we are acting on what the citizens want and need. We will put the citizen at the heart of our approach, working with citizens across the city to help co-produce a healthy, sustainable, economically viable food environment that is accessible to everyone.

2. Celebrate diversity

We know that there are significantly different relationships with food in different cultures and communities across the city and our action needs to work with, and for, these communities to find solutions and approaches that work in the context of celebrating this diversity. In addition, we will consider accessibility of proposed actions and reduce barriers, e.g. language, delivery method or context. We also consider the diversity of food requirements and choice, without judgement e.g. religious or ethical food choices. Food is a big part of how we express our culture, diversity, heritage and experiences.

3. Empowering

This strategy aims empower the citizens, communities, businesses, and organisations of Birmingham. Our actions must strive to overcome barriers faced by individuals and organisations to establish positive food system change. We should also use our actions to enable citizens to do what they are driven and motivated to do, to create a healthier, bolder food city.

Working towards our ambition and addressing key priorities?

4. Address poverty and inequalities

We aim to prevent food poverty and help people survive it and recover well. Birmingham citizens should have access to food, and the means to cook and prepare meals. Food, and nutritious fulfilling food, in the city of Birmingham should be a right of all its people, not a luxury. We will consider whether proposed action benefits those who need it most in a way that will work. Beyond food and fuel, we will consider accessibility of proposed actions in terms of equipment, technology, internet access, literacy, transport and more.

5. Healthy and safe

All citizens should have access to nutritious and safe food. We want to support retail, businesses, and public sector to provide nutritious and safe food, whilst following hygiene guidance, and make the most of the everyday contact between food regulation and enforcement authorities in the city and the region to support businesses to work towards our shared ambition of a healthy, safe, and affordable food system in Birmingham.

6. Environmentally sustainable

Local, national, and global environmental sustainability will be a key driver for all actions. The impacts of Birmingham's food system on the environment will also be considered. We want to support individuals, retailers, businesses, the food supply chain, and the public sector to be environmentally sustainable, and ultimately move beyond this and support regenerative practices.

7. Economically sustainable

The food system is intrinsically connected to the economy of our city and citizens, so all our actions must be economically sustainable for consumers, businesses, and enterprises. Our actions much create incentives and/or opportunities for benefits, be aligned to their priorities, and avoid perception of damage or deficit.

Effective and realistic?

8. Evidence-based

Our actions will be high impact, embedded, and sustainable. Actions will be developed in line with the best current evidence, and where evidence is lacking, we will seek to undertake research. We will use evidence from our national and international partners to learn from their experience, research, and best practice.

9. Cost-effective

We will ensure cost-effectiveness through cost-benefit analyses and being evidence-based in order to be effective. We will work to make the relative benefits greatest to those who need them most.

10. Risk-aware and resilient

The food system is subject to potential significant challenges nationally, due to the currently unknown long-term impacts of the COVID-19 pandemic and the exit from the European Union. We need to ensure that the impacts of these risks are understood, and that Birmingham is as prepared as it can be. The potential risks that could impact the delivery of planned actions will be considered, and mitigations proposed.

11. Scaled and paced

Birmingham is a large city with a diverse community, and it is important that we keep a focus on moving at pace and scaling to reach every part of Birmingham with our work, building on successes and finding ways to scale across the city to ensure that every citizen benefits. Horizon scanning will be a part of every action, including actively exploring how the resulting resources could be developed to ensure they are future-proofed and can be utilised in future larger-scale action.

12. Learning and improving

We know we need to listen and be humble in our approach, learning in true partnerships with cities, in the UK and across the world, learning from research and practice-based evidence and from citizens. We will be open and honest in our conversations about the challenges as well as the opportunities and successes.

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Special thanks to the Local Food Legends across our city for trailblazing the Birmingham Food Revolution

Birmingham City Council

BIRMINGHAM FOOD REVOLUTION

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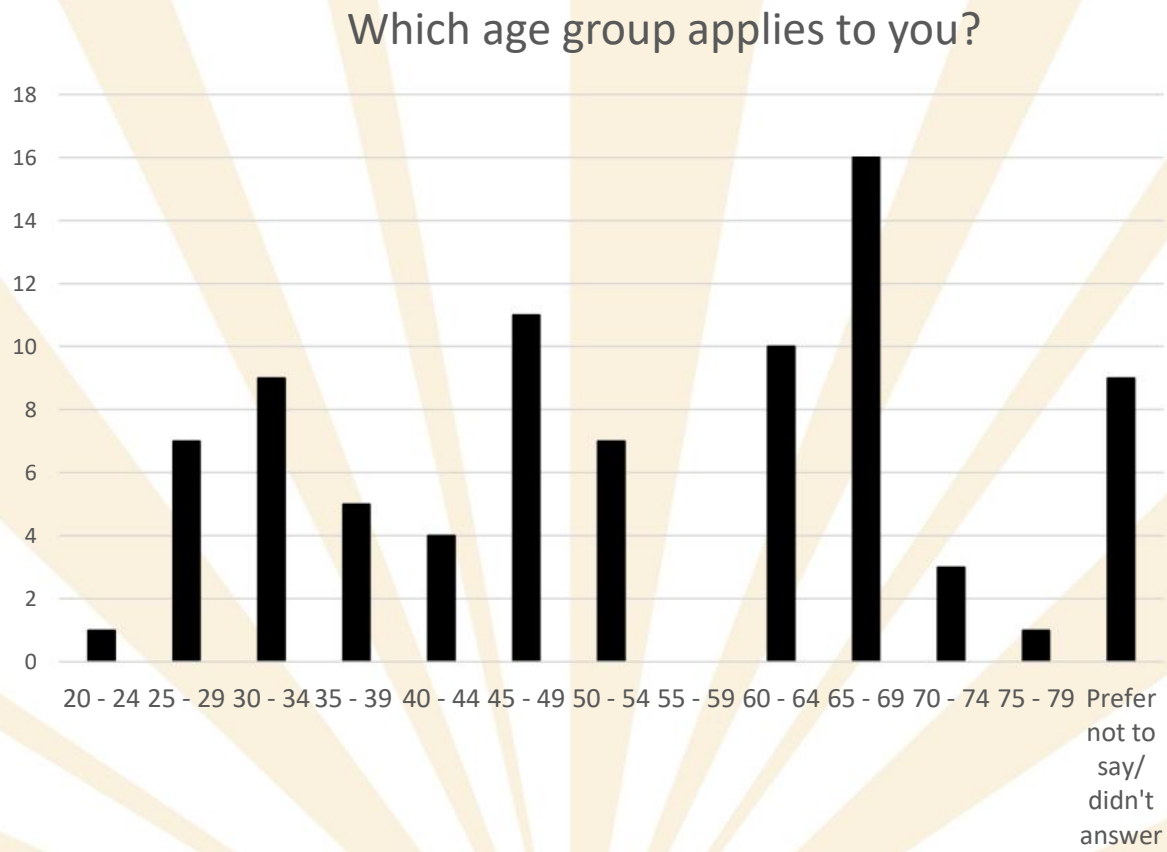
The Birmingham Food System Strategy Consultation - Responses

Who took part in the consultation?

- 87 respondents on BeHeard and >10 consultation events (schools, presented to networks, Lunch and Learn, Birmingham Community Healthcare NHS Foundation Trust, community events)
- Key National Organisations including The Food Foundation, NFU, Sustain, Sustainable Food Places, BiteBack 2030, Sorted Food, Feeding Britain, the Mandala Consortium and the Urban Agriculture Consortium
- Key Regional Organisations including The Trussell Trust (Midlands), FareShare Midlands,
- Individuals from Birmingham organisations including BCC, Birmingham FoodCycle, Slow Food, Aston University, Clean Cuisine, Pip's Hot Sauce, Minor Weir and Willis, Birmingham and District Allotments Confederation, Fircroft College of Adult Education, Bring it on Brum
- Members of the public!

Who took part in the consultation?



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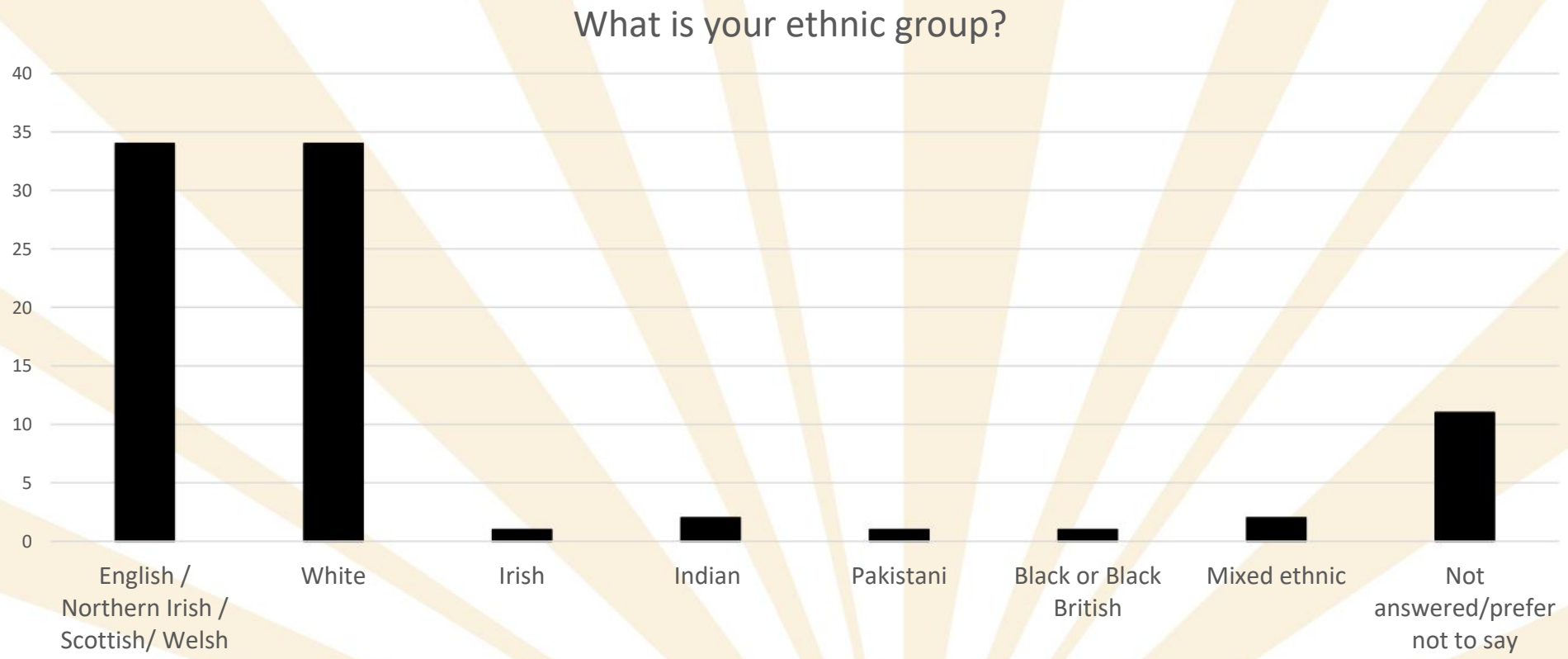
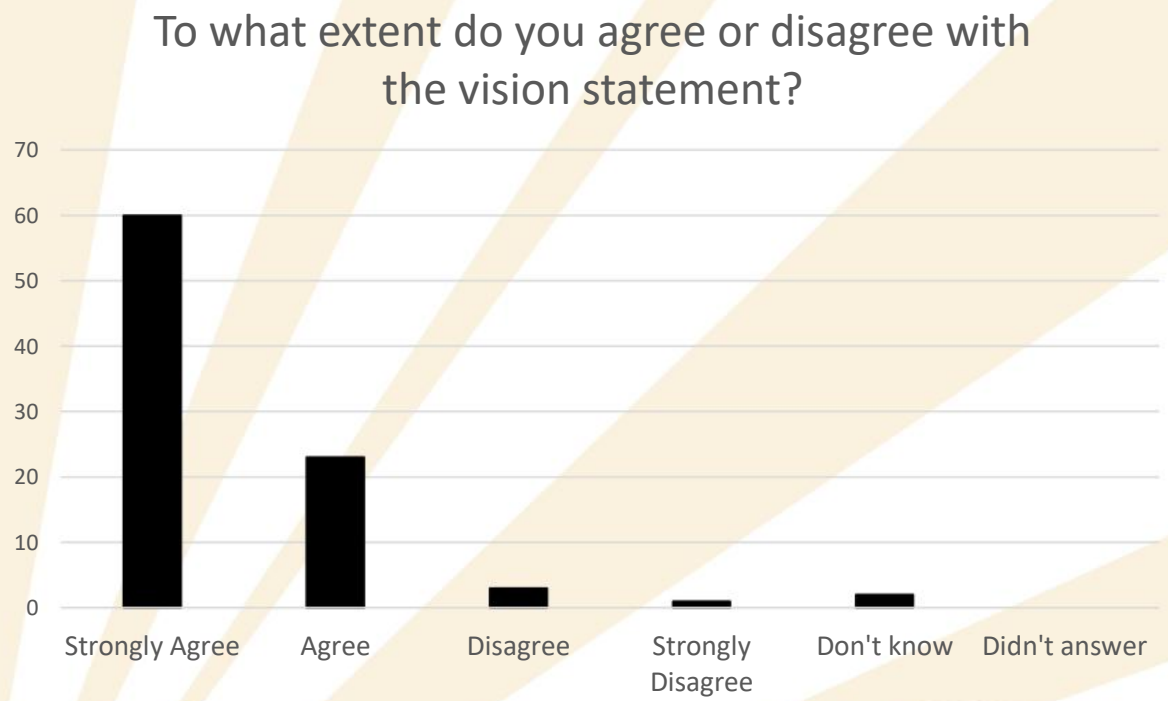


Vision

Vision

Create a bold, fair, sustainable and prosperous food system and economy, where food choices are nutritious, affordable and desirable so all citizens can achieve their potential for a happy, healthy life.



Vision

- “An excellent goal, articulates all key elements necessary for change and for success.”
- “It's great to see the vision statement includes the need for a fair system and the focus on nutritious and affordable food. It's also great to see the reference to 'all citizens’. “
- “We welcome the opportunity to contribute to Birmingham City Council’s food strategy, and we strongly agree with the vision statement
- “It is ambitious & inclusive”
- “Let's make it happen!”

Vision – Key Feedback

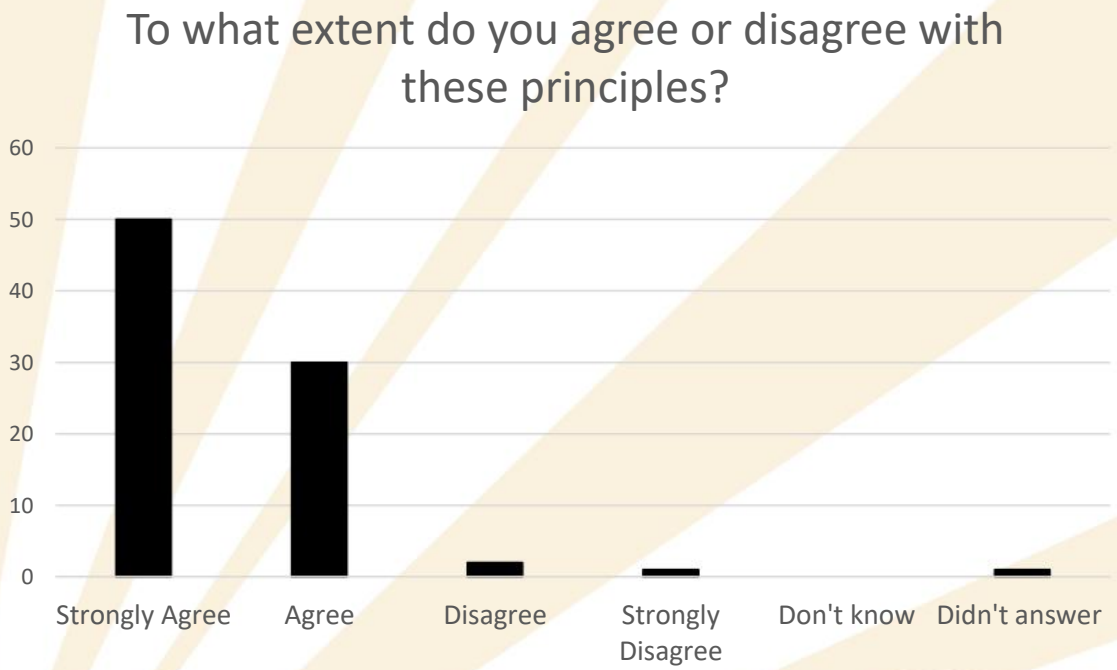
- Ambitious – possibly too ambitious!
- Too long
- Specific suggestions for the statement e.g.
    - Food should be accessible and ethical as well as nutritious, affordable and desirable,
    - Citizens and visitors,
    - Change food choices to food options
- Requires multi-agency approach
- Define some of these terms e.g. what is good nutrition?

Key Principles

Key Principles

Three principles are key to the development of this strategy and action plan:

Collaborate	Empower	Equalise
Strengthen partnerships and build on existing good practice.	Remove barriers and facilitate solutions.	Focus actions where they are needed most to reduce inequalities.



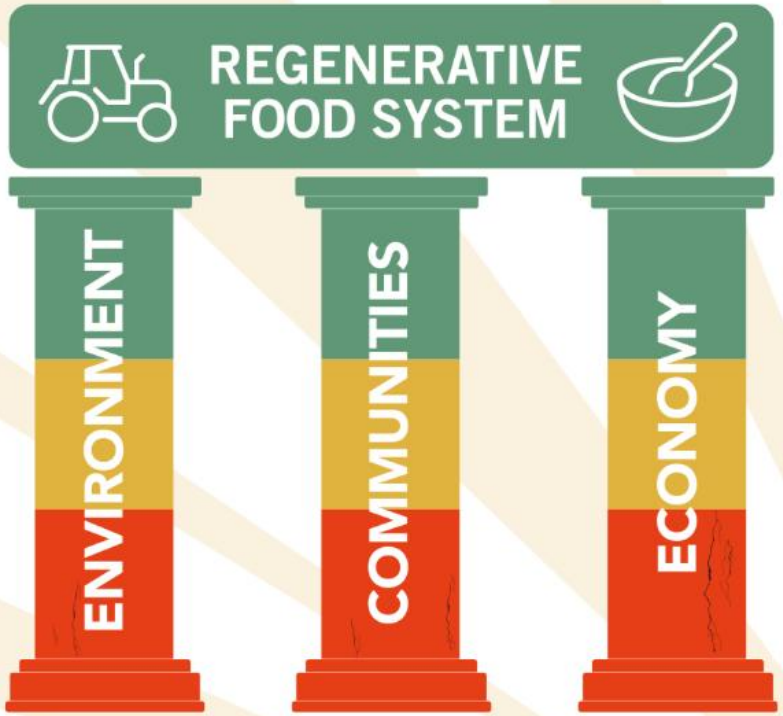
Key Principles

- “Great list ... let's make it real in the mind of every decision maker, officers and elected. Really get out and engage with citizens and groups. BCC can be very conservative. Be bold!”
- “We agree with the principles of empower, collaborate and equalise.”
- “Three very well chosen principles, especially empower, which will be key moving forwards”
- “In our experience working in a partnership and collaboration is significantly more effective than companies working individually.”
- “…As for empower... 100%... give the ability to the citizens by teaching/showcasing.”

Key Principles – Key Feedback

- Regarding the existing three principles (collaborate, empower, and equalise)
    - Be clear the principles are for actioning of the strategy not writing it
    - Need to make it clearer how these will achieve the vision, aims, etc.
    - Generally agree, some say principles are too vague – provide examples of principles in action?
- Suggestions of additional principles
    - Local
    - Education
    - Decentralisation
    - Bigger picture

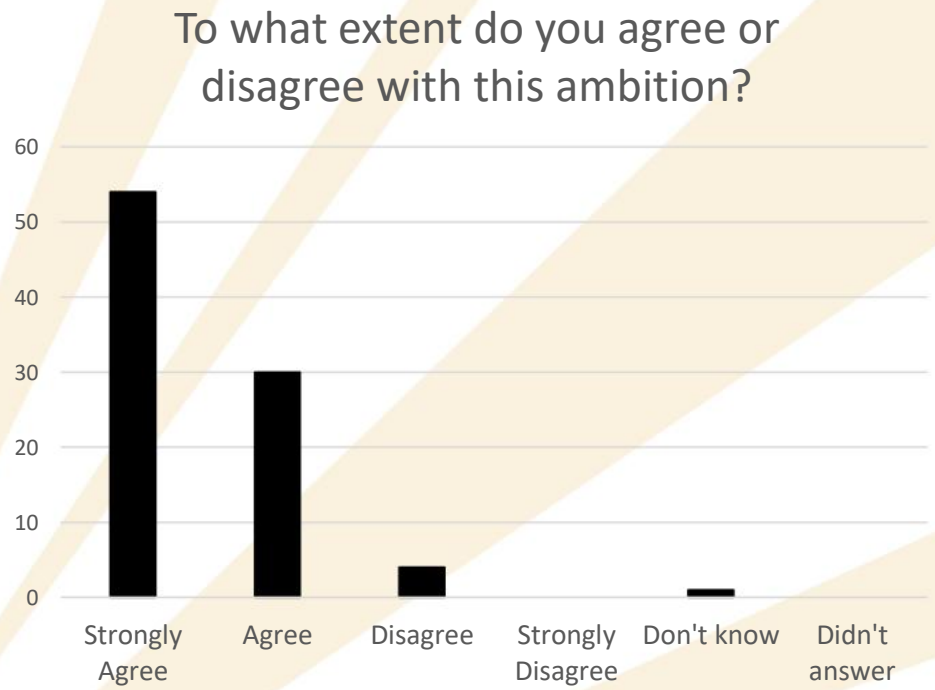
Ambition



UNSUSTAINABLE PRACTICES DAMAGE THE FOUNDATION OF OUR ENVIRONMENT, COMMUNITIES AND ECONOMY.

A thriving food system is built on a strong foundation where we regenerate and improve our environment, communities and economy.

It is no longer enough to reduce negative outcomes by being sustainable or neutral. If we do this nothing will improve so we must aim higher.



Ambition

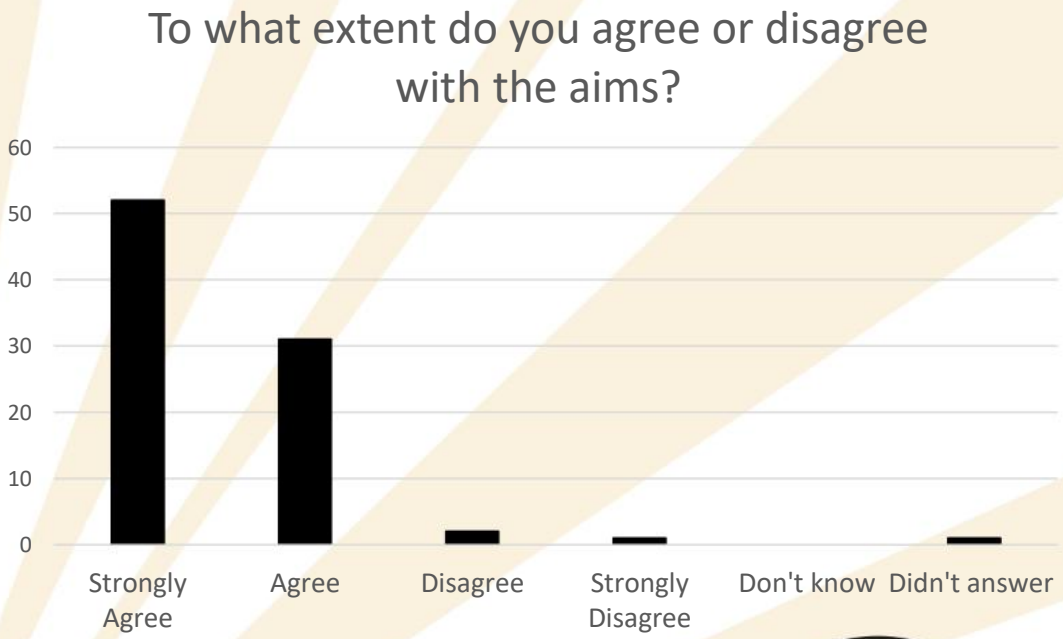
- “Fantastic - this should be a UK wide objective with the investment, leadership & partners to deliver.”
- “I agree with the ambition but think it will be very difficult to achieve”
- “If it works then this strategy is a win-win for everyone and the environment.”
- “Regenerate is so powerful. We are not going to let climate change rip, we are no going to manage decline, we are going to work positively, together, to improve our environment, our communities and our economy.”
- “We agree with these ambitions, particularly a future where every citizen, no matter their circumstances, can eat an affordable, healthy, and sustainable diet. This is not currently the case. “
- “The ambitions of the Birmingham Food Strategy go hand in hand with the ambition to end the need for food banks. “

Ambition – Key Feedback

- 8 years is a short timeline for these changes → very aspirational
- Need to manage expectations. Give context re. plan and timeframes
- More clarity on how ambitions will be achieved; greater links links/signposting between vision, principles, ambitions and aims
- Recognise the limitations of the strategy due to the importance of central government
- Use objective not subjective language e.g. “fair salary”

Aims

- Grow the Birmingham Food Revolution
- Build a sustainable, ethical and nutritious food system and a thriving local economy
- Build stronger resilient communities that support those who most need it, and mitigate food insecurity
- Empower citizens to consume a sustainable, ethical, healthy and nutritious diet



Aims

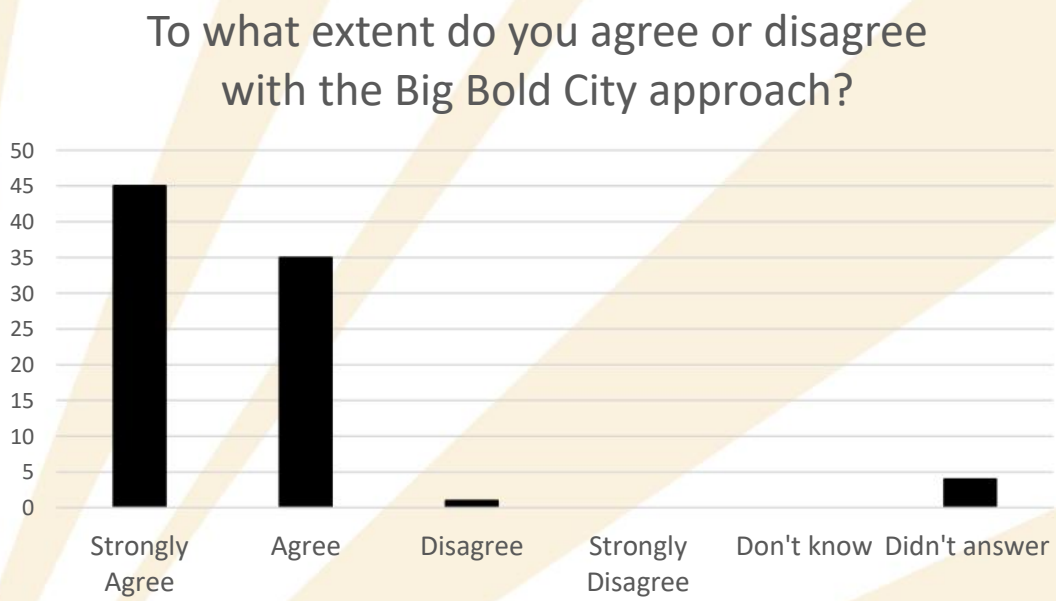
- “Generally the aims highlights the main areas of the city’s food system that need improving from production to waste/reuse, education and greater involvement in it.”
- “All excellent aims- glad to see life course emphasis - from birth onwards.”
- “All great points, the link to both diet and a healthy lifestyle including exercise is such a critical link which can support nutrition in itself.”
- “With everyone on-board, a win-win situation will be created.”
- “If people are able to access good healthy local food and receive support the quality of life in Birmingham will be even better than it is now.”
- “Yes, sustainable, ethical and nutritious are the right values to put at the heart of these aims. An empowering City Council can do so much to help make a reality of these values.”

Aims – Key Feedback

- While ambition is good, the process will rapidly lose momentum if there are not the resources and investment needed which is commensurate with achieving the aims.
- Be realistic about how big the challenges are and how long it takes to make changes on the scale needed.
- Importance of monitoring and measuring impact
- National and international food businesses seem quite key in this area
- Co-design plans and resources with communities not to communities
- Framing that it is good to build stronger and more resilient communities, but people shouldn't have to rely on their communities for support
- Need to mention growing/allotments and education in aims

Big Bold City Approach

- Across people and communities
- Across the life course
- Across the city
- Across settings – food businesses, supply chain, third sector & not-for-profits, community & faith settings, education settings, further education settings. Birmingham City Council, public services, research and innovation, workplace and employers, industry networks, home.



Big Bold City Approach

- “Be fabulous if everyone got on board.”
- “It is certainly Big and Bold. This makes it essential that the City Council makes a reality of the collaboration and empowerment and partnerships that will be needed to make a reality of the vision.”
- “We agree with this approach as it cannot be just the City Council's responsibility to bring about change.”
- “There is a lot we can link together here, and will take a lot of dedicated resource and management to do this, but if done effectively, it will be very powerful and impactful.”
- “Yes, this cannot work in at the absence of collective effort”
- “The Bold City approach correctly recognises that to achieve a revolution in attitudes then active engagement with the citizens of Birmingham is essential to ensuring the proposed actions are accepted and acted on.”

Big Bold City Approach - Key Feedback

- Consensus that health should be listed as a separate partner - health visitors, community & school nurses, dietitians, nutritionist, dentistry and other therapists could be key in encouraging and supporting change.
- Hard to see the impact that the council can have on some of these settings
- Comprehensive approach but would it be wiser to focus on a few settings and do them well?
- What role will citizens play?
- Lifecycle of PRODUCE
- More details on childcare settings – childminders, holiday clubs, after-school clubs, leisure centres
- Include: homeless shelters, refuges, care homes, food banks, slaughter houses, factories, incinerator
- Lobby central government?

BE BOLD
BE BIRMINGHAM

Framework for Action

Food Production

Empower citizens and local producers to grow and preserve food and connect to the city's food system.

Food Waste and Recycling

Maximise the repurposing and distribution of surplus food and minimise waste and unsustainable packaging.

Food Behaviour Change

Ensure the capability, opportunity and motivation for key behaviours that will enable long term change.

Food Sourcing

Increase sourcing of local, environmentally sustainable, ethical and nutritious foods across the food system.

Food Economy and Employment

Create a thriving local food economy for all and maximise training and employment opportunities.

Food Security & Resilience

Ensure all citizens in every community, at every age, have access to sufficient affordable, nutritious and safe food.

Food Transformation

Transform diets to contain more diverse and nutritious ingredients, and less fat, salt and sugar.

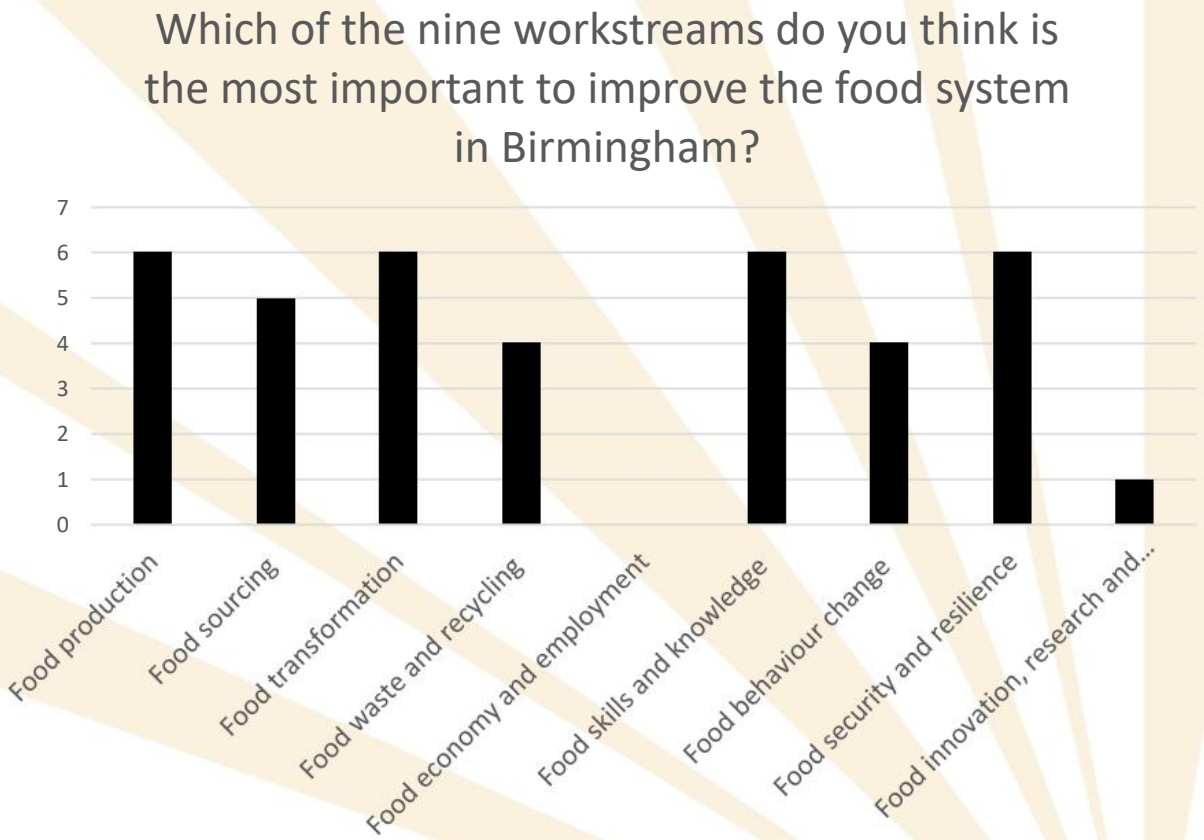
Food Skills and Knowledge

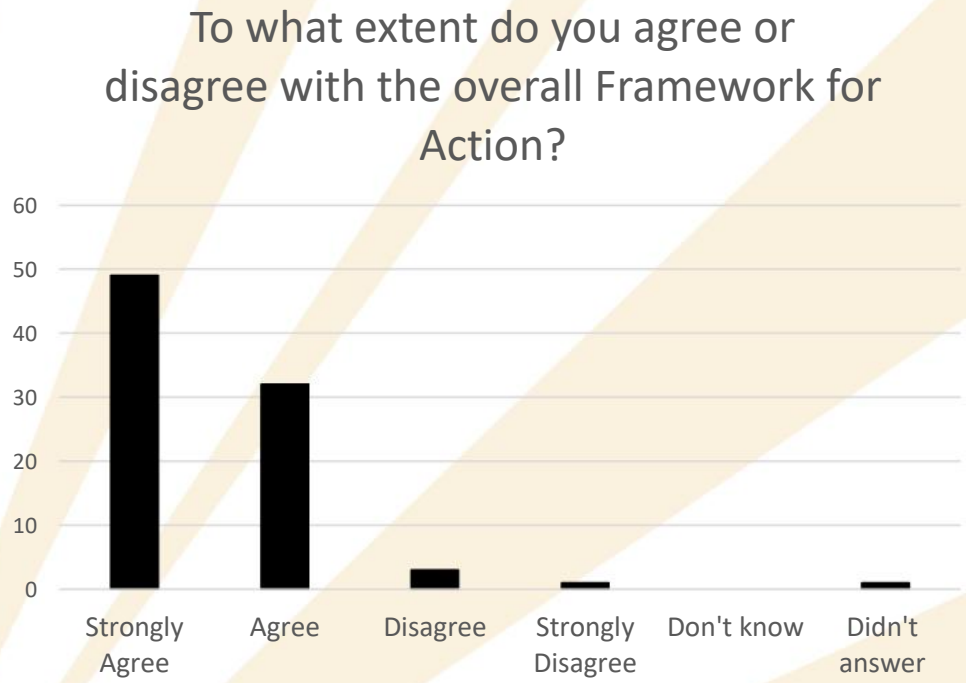
Empower citizens with knowledge and skills in relation to the food system from farm to fork.

Food Innovation, Partnerships & Research

Gather insights and facilitate innovation, collaboration, learning and research across the food system.

Framework for Action





Framework for Action

- “The 9 workstreams complement each other and hopefully there will be cross-workstream collaboration too. I would choose food skills and knowledge as the key underpinning basis for making progress across all 9 workstreams.”
- “I strongly support the 9 workstreams proposed.”
- “I think it’s really comprehensive.”
- “Outstanding list. Valuable guide to concerted local community action. people are passionate about grow and their environment. How can we best build from that.”

Framework for Action - Key Feedback

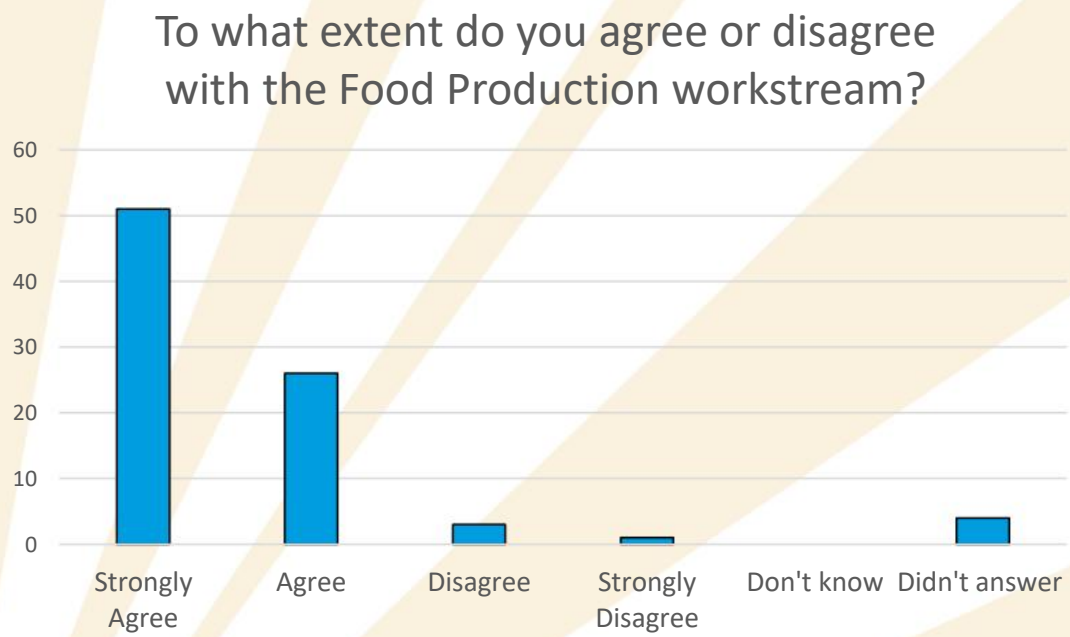
- Nine is too many workstreams – not making strategic choices/prioritise. Could shorten and/or prioritise?
- Some workstreams framed as outcomes, some as actions
- More explicitly link to vision, ambitions, aims etc. – which workstreams will address which aim?
- Perhaps cross-cutting streams: behaviour change, skills & knowledge, innovation, data (?) etc.
- Additional suggested workstreams

    1. **Preparedness for food shortages and scarcities** – early warning system for supply disruption and reference to local resilience forum (*could go under workstream 8*)
    2. **Food safety, assurance and integrity** – promote FHRS scheme, tackle food crime, monitor data submitted to the Local Authority Enforcement Monitoring System

Food Production

Food Production

Empower citizens and local producers to grow and preserve food and connect to the city's food system.



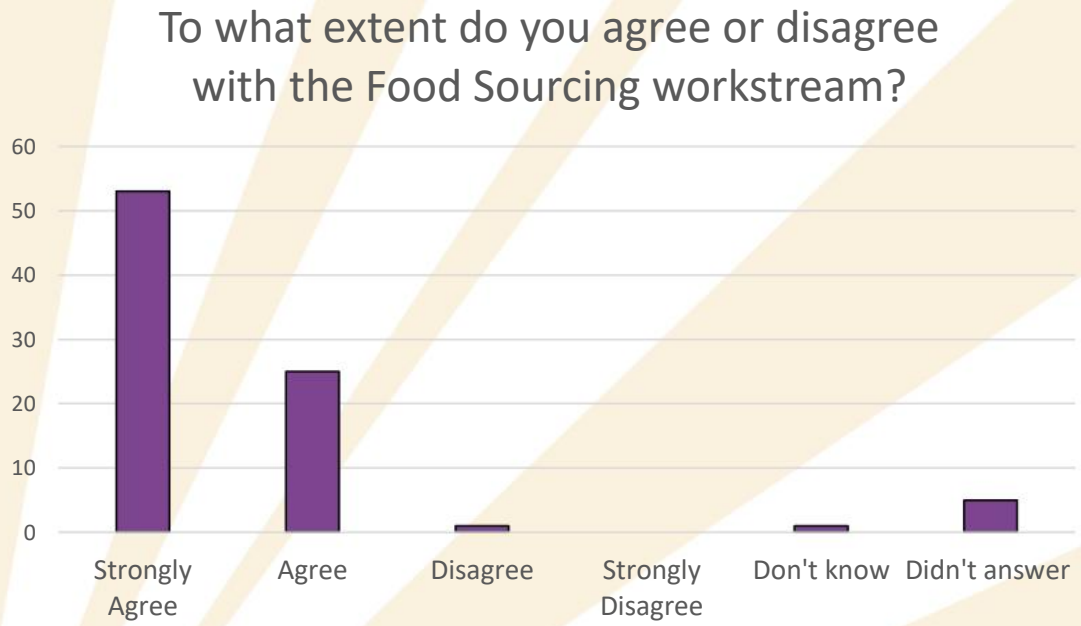
Food Production – Key Feedback

- Importance of food growing in improving lifestyles generally – where food comes from
- Consider spraying of pesticides and herbicides by council, especially on allotments
- Protect allotment sites and improve BCC allotment service
- Identify space that can be used for growing and enable use of that land (make it easy!) – allocate additional land for growing and protect it (long term)
- Initiatives to empower people to grow food
- Consider soil quality solutions
- Get people into farming e.g. apprenticeships, colleges
- Workstream – more specific focus on fruit and vegetables?

Food Sourcing

Food Sourcing

Increase sourcing of local, environmentally sustainable, ethical and nutritious foods across the food system.



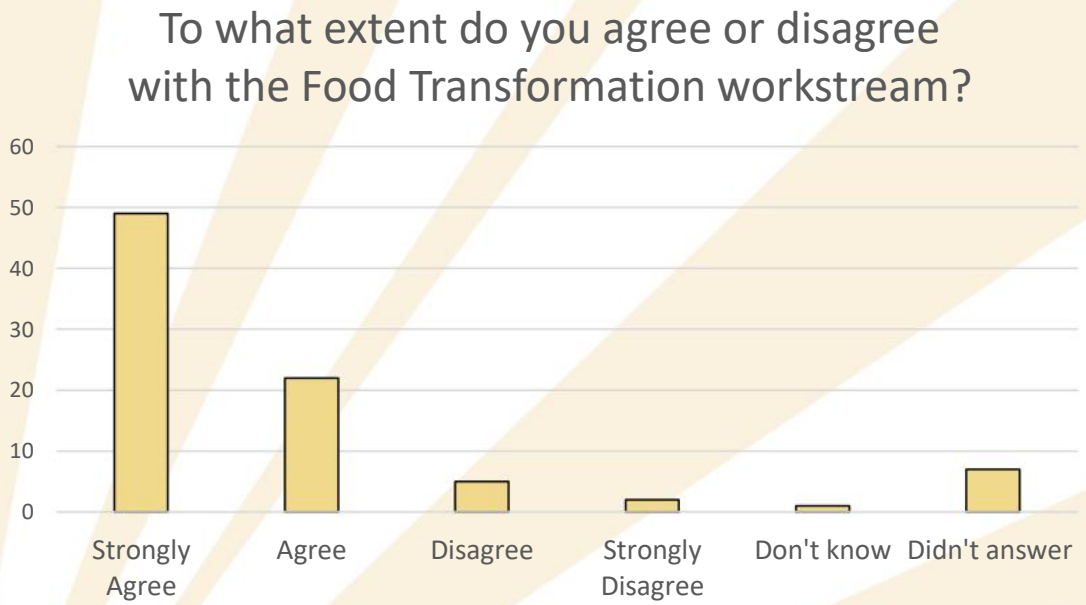
Food Sourcing – Key Feedback

- Need more explicit and proactive engagement with the Shires around us
- Use hyperlocal partners to help people access good food (including community centres for youth)
- Bring back local markets!
- Do something about gluts – gleaning?
- Allow people with allotments to sell to public or encourage to donate to food projects
- Use procurement to enable local suppliers
- Highlight importance of food/farming to climate emergency
- Use empty lots for local markets
- Develop visitor actions with a positive impact
- Vertical farming

Food Transformation

Food Transformation

Transform diets to contain more diverse and nutritious ingredients, and less fat, salt and sugar.



Food Transformation – Key Feedback

- Need to define what healthy eating is (and focus on positive as well as negative)
- Restrict development of more cheap fast food outlets and promote healthy food offer
- Greater publicity of local good food e.g. where is my nearest greengrocer?
- Local HFSS (or based on VAT) advertising restrictions
- Working with Birmingham based businesses and in public settings in using a range of strategies to help these companies more towards a better health profile of their food sales, e.g. healthy catering commitment, implementation of school food standards, creating incentives and support packages for small retail settings
- Recognise importance of central government in this area
- “Diverse” not a good thing, want to reduce no. of ingredients (“fewer and more nutritious”)
- Solutions need to be the easiest option or change won’t happen

Food Waste & Recycling

Food Waste and Recycling

Maximise the repurposing and distribution of surplus food and minimise waste and unsustainable packaging.

Food Waste & Recycling – Key Feedback

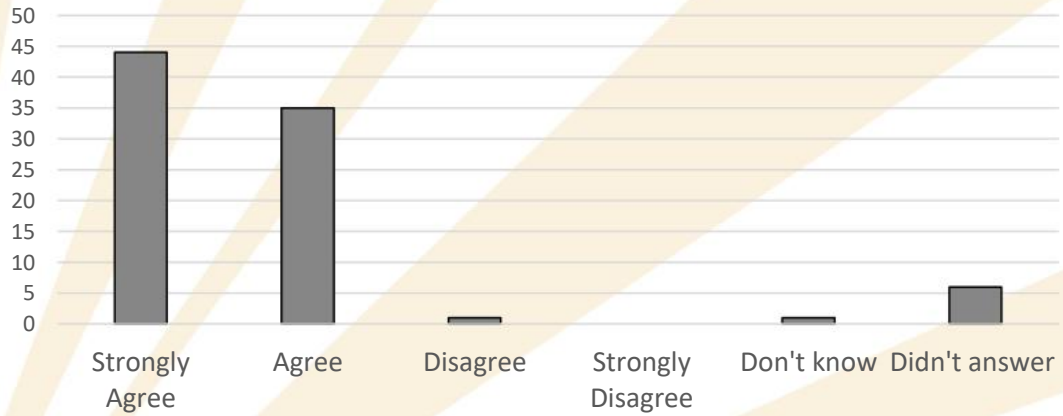
- Redistribution of surplus food – BCC, businesses, volunteer schemes, food pantries
- Educating people about not wasting food
- Facilitating composting + household food waste collection for all of Birmingham
- Promote energy saving in food preparation
- Address single use plastics and packaging
- Needs buy-in from communities and represents major shift in habits
- Help zero waste food businesses
- Embed zero waste throughout food's lifecycle (not just when utilised by consumers) - secondary markets

Food Economy & Employment

Food Economy and Employment

Create a thriving local food economy for all and maximise training and employment opportunities.

To what extent do you agree or disagree with the Food Economy and Employment workstream?



Food Economy & Employment – Key Feedback

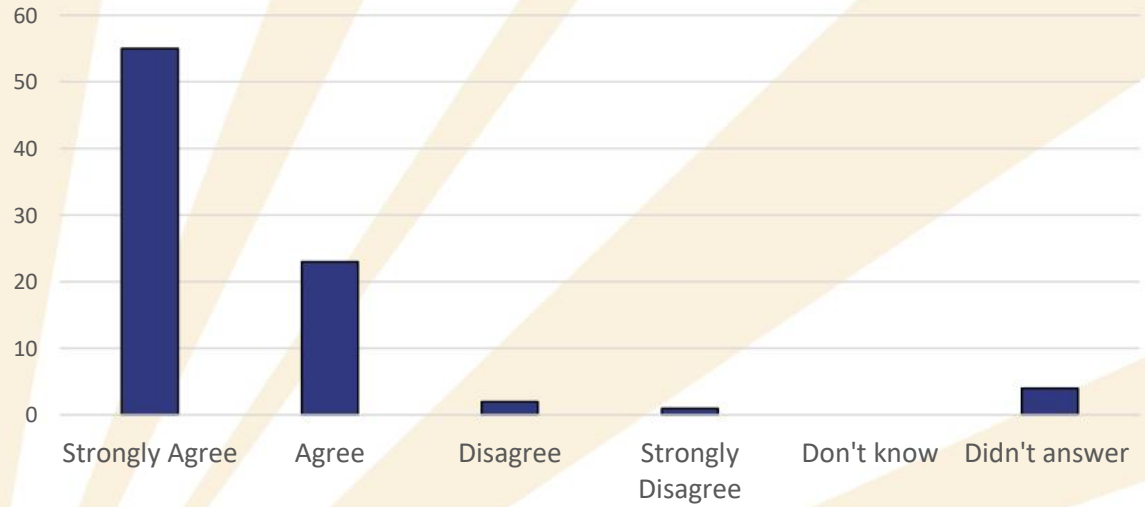
- Funding for positive food businesses/CICs
- Living wage (!) - including apprenticeships
- Change narrative around farming as skilled work
- Development of sustainable food systems can help boost social employment by offering training and creating jobs at restaurants and with producers. Access to start-up support could enable new enterprises to develop and innovate, increasing the number of food-related jobs and training opportunities.
- Entrepreneurial approach to brands like the Balti Triangle
- Greater links between food industry and universities/colleges
- Businesses doing well in certain areas to be celebrated

Food Skills & Knowledge

Food Skills and Knowledge

Empower citizens with knowledge and skills in relation to the food system from farm to fork.

To what extent do you agree or disagree with the Food Skills and Knowledge workstream?



Food Skills & Knowledge – Key Feedback (1)

- Make workstream clearer including how implemented and what it could be measured against.
- The focus seems to be primarily on citizens and there is a risk of adopting victim blaming and individualistic behaviour change approaches that may be marginally effective and widen inequalities. Thinking more upstream suggests that a greater focus is needed on upskilling food professionals in food skills to better support human and planetary health and ensures addressing systemic barriers which frame & dictate behaviour
- Lots of responses around schools and children's education
- Helpful comments around what skills/knowledge to improve
- Cooking lessons for Birmingham citizens (online/in person)
- Consumers' knowledge and skills will underpin the achievement of a great deal of the ambition set out in the consultation document.

Food Skills & Knowledge – Key Feedback (2)

- Emphasis on enjoyment of learning new skills & keeping it fun
- Establishing positive food relationships from birth
- Treading careful balance between providing enjoyable, non-patronising opportunities for skills development without assuming all of the problems we face regarding our food choices and consumption are due to poor awareness/lack of skills
- People don't look to the council for skills and knowledge!

Food Behaviour Change – Key Feedback

Food Behaviour Change

Ensure the capability, opportunity and motivation for key behaviours that will enable long term change.

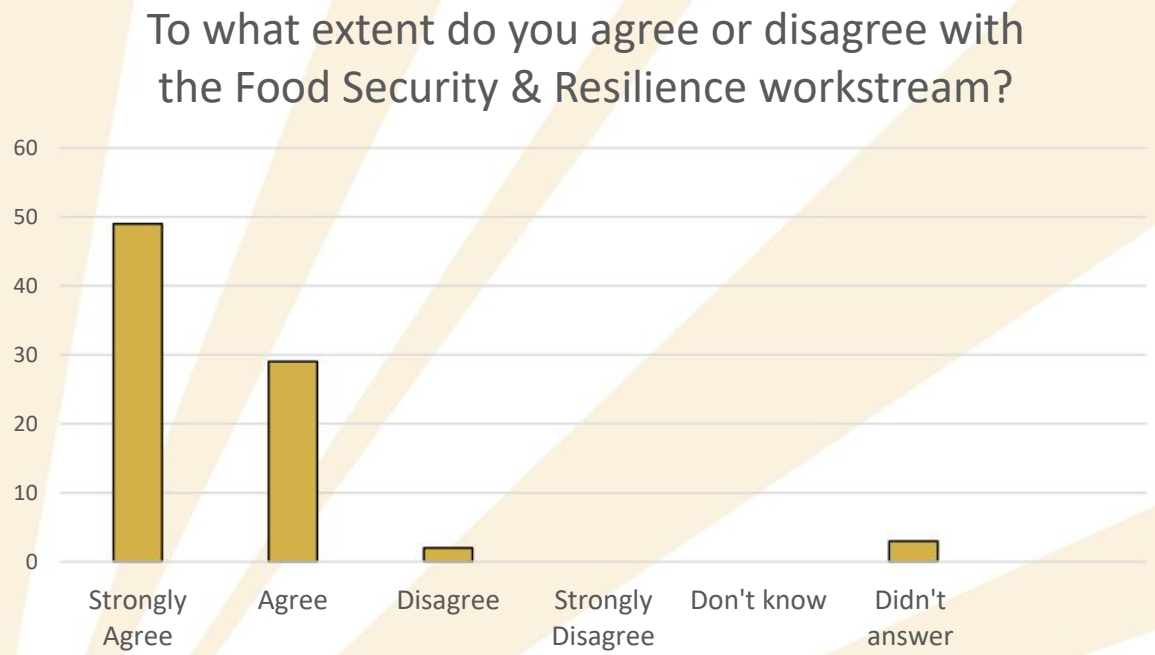
Food Behaviour Change – Key Feedback

- Social determinants of health are a key consideration for this in particular
- If behaviour change is achieved, support is needed to maintain the changed behaviour.
- Education and behaviour go hand in hand e.g. schools play important role in children's behaviour
- Social prescribing is a good idea but yet to deliver
- Robust planning is important in behaviour change
- Remove easy access to and advertising of junk food.
- Consider peer pressure!
- Social campaigns
- Difficult given food environments

Food Security & Resilience – Key Feedback

Food Security & Resilience

Ensure all citizens in every community, at every age, have access to sufficient affordable, nutritious and safe food.



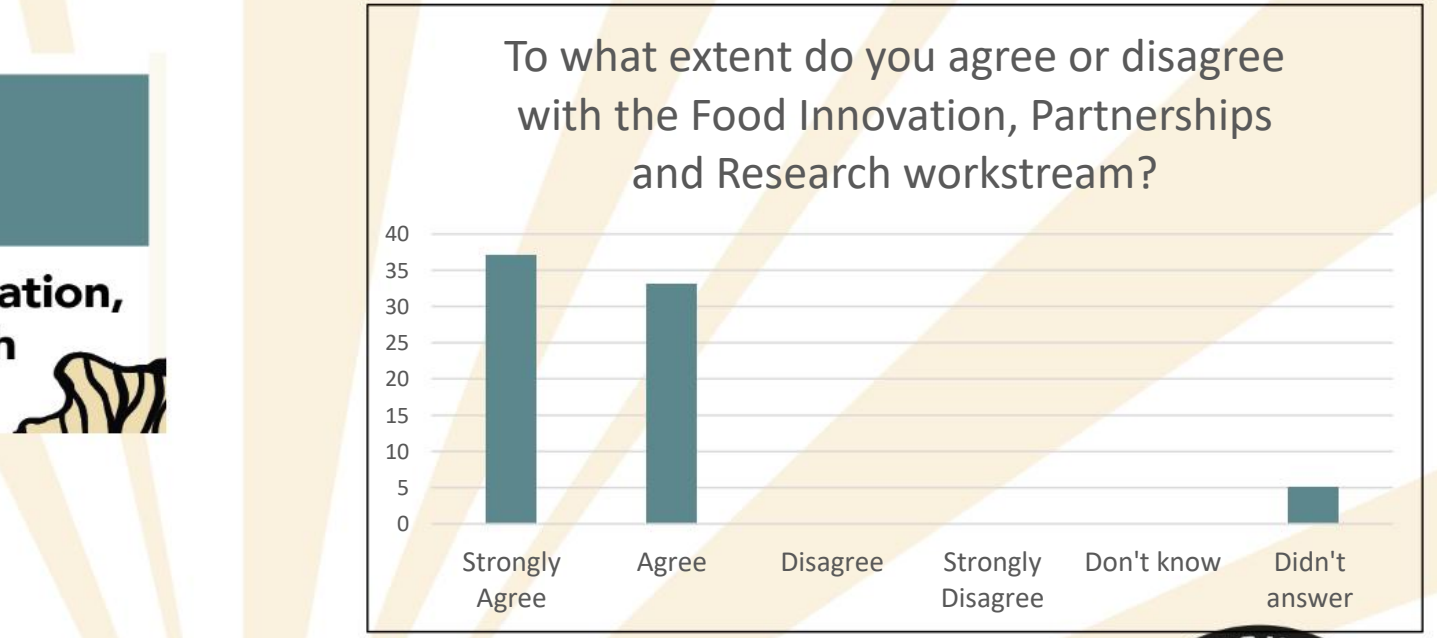
Food Security & Resilience – Key Feedback

- Need to mention direction of travel – reducing reliance on foodbanks!
- Need to integrate plan with living wages
- Support for people on fringes who e.g. don't qualify for HS vouchers, experiencing in-work poverty
- Importance of income, benefits, wider determinants
- Stigma reduction is important
- Invest in community initiatives
- Need to mention the climate emergency
- A clear acknowledgement of where, and how, this strategy interacts and intersect with other strategies and workstreams would be hugely beneficial.

Food Innovation, Partnerships and Research

Food Innovation, Partnerships & Research

Gather insights and facilitate innovation, collaboration, learning and research across the food system.

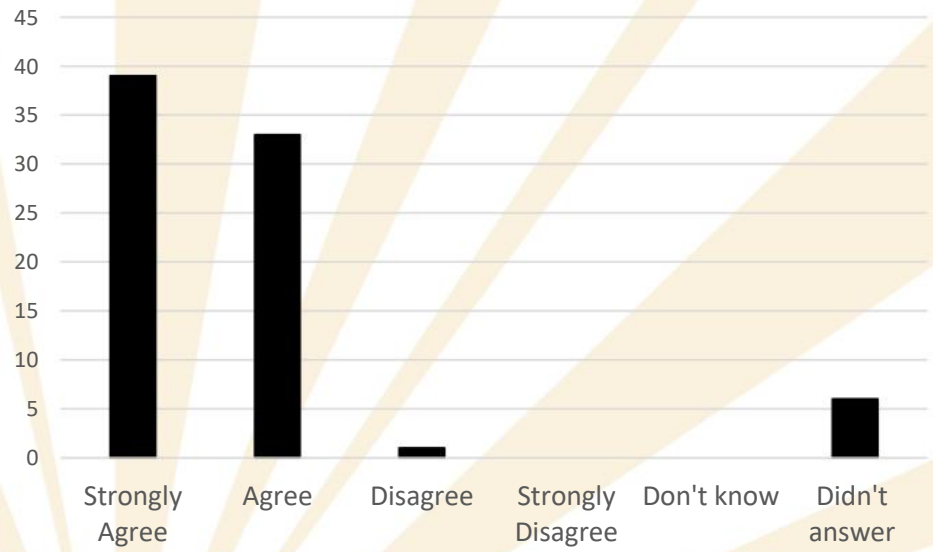


Food Innovation, Partnerships and Research – Key Feedback

- Explicitly mention technology
- Hospitality industry as key innovators and partners (currently overlooked)
- “has previously all been said” & “this workstream seems to be primarily about learning rather than innovation. I would suggest that this doesn't warrant being a standalone workstream, but rather learning should be built into the whole strategy *“– cross cutting theme?*
- Right to focus on research as a key driver of understanding, innovation and seizing future opportunities to achieve the strategy's goals and go further.
- It is not clear whether/how citizens will be involved in this initiative – include citizen science and involve all of our citizens communicating regularly with transparent accountability and expenditure

To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities?

- Be clear how people can engage
- Transparency of decision-making
- Don’t use alienating language
- Specify funding attached
- **Top down – needs to be bottom up**



Who should we be communicating with?

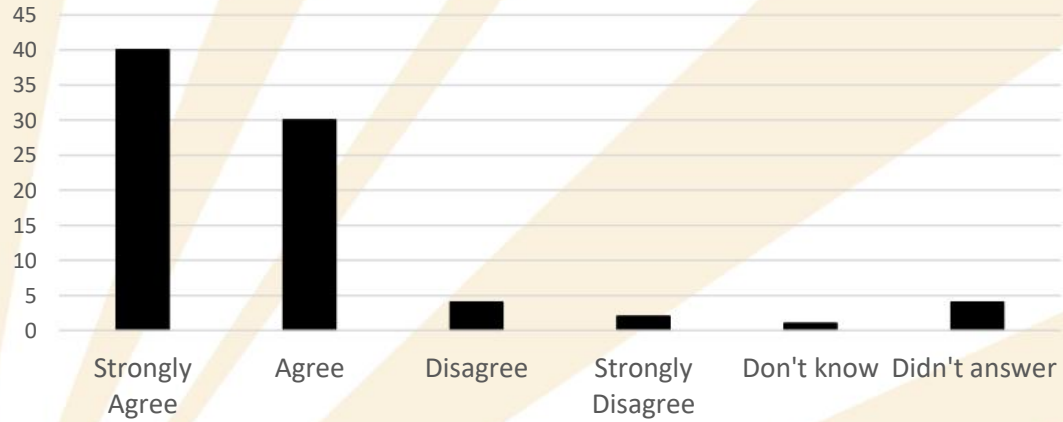
- Charities that offer food
- Allotment owners & BCC allotment department
- BDAC
- PAN-UK
- Soil Association, Bee-friendly Brum, Wildlife trusts
- School food suppliers (including Cityserve)
- Food businesses including Digbeth Dining Club
- Planning and Transport → holistic vision
- Children & Young People's Services

Any key priorities missed?

- Reference to Net Zero action plan
- Aligning to grass roots approaches already happening
- Consult PAN-UK re. other cities moving towards organic food growing
- Transparent key performance indicators
- Allotments as priority
- Strong links with government departments (lobbying?)
- Keep scientific literature under constant review
- BAME businesses
- Eating disorders

FADMAP Tool

To what extent do you agree or disagree with the Food Action Decision-Making and Prioritisation tool?



FADMAP Tool – Key Feedback

- Need to be more precise about who FADMAP is for and what it is – some people struggled to understand what the tool is, who it's for, what it's for etc.
- Very wordy & lots of considerations – may not help prioritise!
- Need to be clearer about order – is there a hierarchy? Are they equally weighted? People disagree with order. Eg. top 3: 1. Cost effective; 2. Environmentally sustainable; 3. Evidence based
- This initiative is built around a top-down approach that claims looking at benefitting individuals with centralised decision-making. Change to a bottom-up approach.
- Need to focus on long term achievable initiatives.
- Quantitative and qualitative assessment of success – how will you know which aspects have been effective?
- Prioritise effectiveness over minimising spending
- Need to put actual nutrition at heard of strategy

Key Changes following feedback

- Making the vision, ambition, aims etc more coherent
- Added “Food Safety and Standards” workstream
- Changing to 6 core workstreams and 4 cross-cutting themes
- Lots of suggested actions collated
-

Full responses can be found here:

Final BeHeard Responses.xlsx

Feedback amalgamated for when rewriting the strategy can be found here:

Consultation Results for Actioning 2.docx

Title of proposed EIA	Birmingham Food System Strategy: A bolder, healthier and more sustainable Birmingham (2022-2030)
Reference No	EQUA1038
EA is in support of	New Strategy
Review Frequency	Two Years
Date of first review	19/01/2025
Directorate	Strategy Equality and Partnerships
Division	Public Health
Service Area	Food Systems
Responsible Officer(s)	☐ Chloe Browne
Quality Control Officer(s)	☐ Sarah Pullen
Accountable Officer(s)	☐ Modupe Omonijo
Purpose of proposal	To seek approval of the Birmingham Food System Strategy: A bolder, healthier and more sustainable Birmingham (2022-2030)
Data sources	Survey(s); Consultation Results; Interviews; relevant reports/strategies; relevant research
Please include any other sources of data	

ASSESS THE IMPACT AGAINST THE PROTECTED CHARACTERISTICS

Protected characteristic: Age	Wider Community
Age details:	The overall impact of the strategy is likely to be positive for all age groups. Census 2021 reports that of the 1,144,900 citizens living in Birmingham, 27% are aged 0-18 years, 60% are aged 19-64 years and 13% are aged 65+ years. The strategy consists of actions across a range of different settings and work streams to create a fair, sustainable and prosperous food system and economy, where food options are nutritious, affordable and desirable so everyone can thrive. Key features include ensuring that we consume a varied diet, balanced across food groups, which contains enough energy and nutrients for growth and development and for an active and healthy life across the life course. Furthermore, it recognises that food is central to our lives and that people of

all ages develop meaningful connections when they come together to share or grow food.

The strategy is underpinned by objectives and actions, delivered through the Big Bold City tool in order to ensure that we achieve a whole-system approach, address gaps, and focus actions where they are needed most. The tool includes viewing the strategy themes, work streams and actions from the perspective of all stages of the life course, including pregnancy and maternity, early years, children, young people, adults and older adults. In addition, the tool includes viewing actions across a range of settings which incorporate people of all ages, including education and childcare settings, the workplace and community settings.

The strategy also contains the Food Action Decision-Making and Prioritisation (FADMaP) tool to highlight key considerations for prioritising food policy actions and interventions. In terms of age, the tool guides us to put the citizen at the heart of our approach, working with citizens across the city to help co-produce a healthy, sustainable, economically viable food environment that is accessible to everyone. This will ensure that actions consider people of all ages.

Our strategy is evidence-based, drawing on a wide range of research and insights including the Birmingham Seldom Heard Voices Conversations, which included focus groups with Age Concern Birmingham and Birmingham Children's Trust. In addition, the strategy has evolved after receiving feedback through the Birmingham Food System Strategy Consultation. This involved engagement with organisations such as Bite Back 2030 (a youth-led campaign group), the Birmingham Youth Service and the BCC Older Adults team. The consultation feedback did not highlight any adverse impacts on this protected characteristic.

Protected characteristic: Disability

Wider Community

Disability details:

The Equality Act (2010) defines an individual as disabled if they have a

physical or mental impairment that has a substantial and long-term negative effect on their ability to carry out normal day-to-day activities. Census 2021 reports that 20% of people in Birmingham are disabled under the Equality Act. The strategy consists of actions across a range of different settings and work streams to create a fair, sustainable and prosperous food system and economy, where food options are nutritious, affordable and desirable so everyone can thrive. The strategy focuses on prioritising actions where they are needed most to reduce inequalities and should therefore deliver benefits for people with a disability.

Key features of the strategy include tackling food justice together and ensuring that everyone, no matter their circumstances, can eat an affordable, healthy and sustainable diet, and communities support those who need it most. The strategy also aims to avoid, and proactively counteract, negative impacts from inequalities resulting from disability.

The strategy is underpinned by objectives and actions, delivered through the Big Bold City tool in order to ensure that we achieve a whole-system approach, address gaps, and focus actions where they are needed most. The tool includes viewing the strategy themes, work streams and actions from the perspective of different people and communities, including abilities such as visual or hearing impairment, physical disability and neurodiversity.

The strategy also contains the Food Action Decision-Making and Prioritisation (FADMaP) tool to highlight key considerations for prioritising food policy actions and interventions. In terms of disability, the tool guides us to address poverty and inequalities to ensure nutritious fulfilling food in the city of Birmingham should be a right of all its people. Beyond food, it considers the accessibility of proposed actions in terms of equipment, technology, literacy, transport and more. This will ensure that actions consider people with a disability.

Our strategy is evidence-based,

drawing on a wide range of research and insights including the Birmingham Seldom Heard Voices Conversations, which included focus groups with people with learning difficulties, physical impairments and sensory impairments . In addition, the strategy has evolved after receiving feedback through the Birmingham Food System Strategy Consultation. This involved engagement with schools; networks; national, regional and Birmingham based organisations; and members of Birmingham's communities. The consultation feedback did not highlight any adverse impacts on this protected characteristic.

Protected characteristic: Sex

Wider Community

Gender details:

With the key principle of 'equalise', whereby the strategy focuses actions to where they are most needed to reduce inequalities, it will address inequalities based on this characteristic. The strategy consists of actions across a range of different settings and work streams to create a fair, sustainable and prosperous food system and economy, where food options are nutritious, affordable and desirable so everyone can thrive.

The strategy aims to avoid, and proactively counteract, negative impacts from inequalities resulting from gender. Furthermore, the strategy outlines how it aligns with the sustainable development goals, including the sustainable development goal 1.b, which is about creating policy frameworks that are gender sensitive to eradicate poverty.

The strategy is underpinned by objectives and actions, delivered through the Big Bold City tool in order to ensure that we achieve a whole-system approach, address gaps, and focus actions where they are needed most. The tool includes viewing the strategy themes, work streams and actions from the perspective of different people and communities including genders and gender identity.

The strategy also contains the Food Action Decision-Making and Prioritisation (FADMaP) tool to highlight key considerations for prioritising food policy actions and

interventions. In terms of gender, the tool guides us to put the citizen at the heart of our approach, working with citizens across the city to help co-produce a healthy, sustainable, economically viable food environment that is accessible to everyone. This will ensure that actions consider people of all genders.

Our strategy is evidence-based, drawing on a wide range of research and insights including the Birmingham Seldom Heard Voices Conversations, which included focus groups with people of all genders. In addition, the strategy has evolved after receiving feedback through the Birmingham Food System Strategy Consultation. This involved engagement with schools; networks; national, regional and Birmingham based organisations; and members of Birmingham's communities. The consultation feedback did not highlight any adverse impacts on this protected characteristic.

Protected characteristics: Gender Reassignment

Gender reassignment details:

Wider Community

Current estimates suggest that there are approximately 536,648 trans people in the UK and 9,124 trans people in Birmingham. We know that this community faces inequalities in health and therefore have ensured that the strategy will consist of actions that will consider how to reduce inequalities for this community.

The strategy is underpinned by objectives and actions, delivered through the Big Bold City tool in order to ensure that we achieve a whole-system approach, address gaps, and focus actions where they are needed most. The tool includes viewing the strategy themes, work streams and actions from the perspective of different people and communities including gender identity.

The strategy also contains the Food Action Decision-Making and Prioritisation (FADMaP) tool to highlight key considerations for prioritising food policy actions and interventions. In terms of gender reassignment, the tool guides us to put the citizen at the heart of our

approach, working with citizens across the city to help co-produce a healthy, sustainable, economically viable food environment that is accessible to everyone. This will ensure that actions consider people of the trans community.

Our strategy is evidence-based, drawing on a wide range of research and insights including the Birmingham Seldom Heard Voices Conversations, which included focus groups with LGBTQI+ citizens. In addition, the strategy has evolved after receiving feedback through the Birmingham Food System Strategy Consultation. This involved engagement with LGBTQI+ networks. The consultation feedback did not highlight any adverse impacts on this protected characteristic.

Protected characteristics: Marriage and Civil Partnership

Marriage and civil partnership details:

Wider Community

Evidence has shown that marital status can influence a person's health-related behaviours and outcomes. The way in which it does so is through factors such as economic support, social support, and household living situation.

The strategy is underpinned by objectives and actions, delivered through the Big Bold City tool in order to ensure that we achieve a whole-system approach, address gaps, and focus actions where they are needed most. The tool includes ensuring that we tackle food justice together and ensuring everyone, no matter their circumstances, can eat an affordable, healthy and sustainable diet, and communities support those who need it most.

The strategy also contains the Food Action Decision-Making and Prioritisation (FADMaP) tool to highlight key considerations for prioritising food policy actions and interventions. In terms of marriage and civil partnerships, the tool highlights that Birmingham citizens should have access to food, and the means to cook

and prepare meals, in all living situations and life circumstances e.g. marital status.

Our strategy is evidence-based, drawing on a wide range of research and insights including the Birmingham Seldom Heard Voices Conversations, which included focus groups with people across a range of protected characteristics. In addition, the strategy has evolved after receiving feedback through the Birmingham Food System Strategy Consultation. The consultation feedback did not highlight any adverse impacts on this protected characteristic.

Protected characteristics: Pregnancy and Maternity

Pregnancy and maternity details:

Wider Community

The strategy is likely to have a positive impact on this group. It consists of actions across a range of different settings and work streams to create a fair, sustainable and prosperous food system and economy, where food options are nutritious, affordable and desirable so everyone can thrive.

Eating healthily is important at every stage of life but it is especially important when planning and during a pregnancy. It is essential for the health of the mother as well as for the growth and development of the baby. The strategy recognises the importance of consuming a varied diet, balanced across food groups, which contains enough energy and nutrients for growth and development and for an active and healthy life across the life course.

The strategy is underpinned by objectives and actions, delivered through the Big Bold City tool in order to ensure that we achieve a whole-system approach, address gaps, and focus actions where they are needed most. The tool includes viewing the strategy themes, work streams and actions from the perspective of all stages of the life course, including in pregnancy and maternity.

The strategy also contains the Food Action Decision-Making and Prioritisation (FADMaP) tool to

highlight key considerations for prioritising food policy actions and interventions. In terms of pregnancy and maternity, the tool guides us to put the citizen at the heart of our approach, working with citizens across the city to help co-produce a healthy, sustainable, economically viable food environment that is accessible to everyone.

Our strategy is evidence-based, drawing on a wide range of research and insights including the Birmingham Seldom Heard Voices Conversations, which included focus groups with pregnant mothers. In addition, the strategy has evolved after receiving feedback through the Birmingham Food System Strategy Consultation. This involved engagement with Birmingham Women's and Children's NHS Foundation Trust. The consultation feedback did not highlight any adverse impacts on this protected characteristic.

Protected characteristics: Race

Wider Community

Race details:

According to Census 2021 data, 51.4% of the Birmingham population identify as an ethnicity which is non-white. There is a range of national evidence on the health and wider inequalities affecting ethnically diverse groups. For example, some minority ethnic groups have higher rates of cardiovascular disease, overweight and obesity and type 2 diabetes.

Key features of the strategy include giving people the opportunity to learn about food, nutrition and sustainability in a way that is culturally appropriate and tailored to the diverse needs of our city. In addition, the strategy aims to respect local cultures, heritage, culinary practices, knowledge and consumption patterns, and values regarding the way food is sourced, produced and consumed.

The strategy is underpinned by objectives and actions, delivered through the Big Bold City tool in order to ensure that we achieve a whole-system approach, address gaps, and focus actions where they are needed most. The tool includes viewing the strategy themes, work streams and actions across different people and communities including protected

characteristics such as ethnicity and race.

The strategy also contains the Food Action Decision-Making and Prioritisation (FADMaP) tool to highlight key considerations for prioritising food policy actions and interventions. In terms of race, the tool highlights that there are significantly different relationships with food in different cultures and communities across the city and our action needs to work with, and for, these communities to find solutions and approaches that work in the context of celebrating this diversity. In addition, it considers accessibility of proposed actions and how to reduce barriers, e.g. language, delivery method or context.

Our strategy is evidence-based, drawing on a wide range of research and insights including the Birmingham Seldom Heard Voices Conversations, which included focus groups with ethnic minority communities, specifically separate focus groups with the following ethnic groups: Polish and eastern European, Chinese/Vietnamese/Korean,African and South Asian. In addition, the strategy has evolved after receiving feedback through the Birmingham Food System Strategy Consultation. This involved engagement with members of Birmingham's communities from a range of ethnicities. The consultation feedback did not highlight any adverse impacts on this protected characteristic. The strategy will help us to improve our understanding of these inequalities and allow us to respond to them.

Protected characteristics: Religion or Beliefs

Wider Community

Religion or beliefs details:

The relationship between faith, religion and health is complex, with our beliefs influencing health-related behaviours including our diet and physical activity levels. Census 2021 found that 69.8% of Birmingham citizens identified with a religion.

Key features of the strategy include giving people the opportunity to learn about food, nutrition and sustainability in a way that is appropriate to citizens cultures and beliefs and tailored to the diverse needs of our city.

The strategy is underpinned by objectives and actions, delivered through the Big Bold City tool in order to ensure that we achieve a whole-system approach, address gaps, and focus actions where they are needed most. The tool includes viewing the strategy themes, work streams and actions across different people and communities including religion or beliefs and other protected characteristics.

The strategy also contains the Food Action Decision-Making and Prioritisation (FADMaP) tool to highlight key considerations for prioritising food policy actions and interventions. In terms of religion or beliefs, the tool highlights that there are significantly different relationships with food in different cultures and communities across the city and our action needs to work with, and for, these communities to find solutions and approaches that work in the context of celebrating this diversity.

Our strategy is evidence-based, drawing on a wide range of research and insights including the Birmingham Seldom Heard Voices Conversations, which included focus groups with people across a range of protected characteristics. In addition, the strategy has evolved after receiving feedback through the Birmingham Food System Strategy Consultation. This involved engagement with South Aston United Reformed Church and other religious groups. The consultation feedback did not highlight any adverse impacts on this protected characteristic.

Protected characteristics: Sexual Orientation

Wider Community

Sexual orientation details:

Census 2021 reports that 3% of people in Birmingham identify as LGB+. Evidence suggests that members of this community experience health inequalities throughout their lives.

Key features of the strategy include considering that there is no one-size fits all approach to nutrition and health, and that solutions should be tailored to our diverse communities within the city.

The strategy is underpinned by objectives and actions, delivered through the Big Bold City tool in order

to ensure that we achieve a whole-system approach, address gaps, and focus actions where they are needed most. The tool includes viewing the strategy themes, work streams and actions across different people and communities including sexual orientation and other protected characteristics.

The strategy also contains the Food Action Decision-Making and Prioritisation (FADMaP) tool to highlight key considerations for prioritising food policy actions and interventions. In terms of sexual orientation, the tool highlights that we should work with communities to find solutions and approaches that work in the context of celebrating them.

Our strategy is evidence-based, drawing on a wide range of research and insights including the Birmingham Seldom Heard Voices Conversations, which included focus groups with LGBTQI+ citizens. In addition, the strategy has evolved after receiving feedback through the Birmingham Food System Strategy Consultation. This involved engagement with LGBTQI+ networks. The consultation feedback did not highlight any adverse impacts on this protected characteristic.

Socio-economic impacts

The proposed Birmingham Food System Strategy: A bolder, healthier and more sustainable Birmingham (2022-2030), will catalyse partner collaboration to create a food system that facilitates all people to consume more local, healthy and sustainable food and create a vibrant and sustainable food economy that will provide employment opportunities and economic benefits for local people.

The Big Bold City tool ensures that actions are taken across all stages of the life course, across different people and communities (including protected characteristics), across the city including areas of deprivation, and across different settings. Furthermore, improving the food system has the potential to have

	positive impacts on socio-economic outcomes for individuals and the population as a whole. Throughout the strategy there is a focus on how to overcome barriers to eating a healthy and nutritious diet due to poverty; access and affordability; and being at-risk including asylum seekers and refugees, those who are homeless and those at risk due to life circumstances such as loss of employment or fleeing domestic abuse.
Please indicate any actions arising from completing this screening exercise.	N/A
Please indicate whether a full impact assessment is recommended	NO
What data has been collected to facilitate the assessment of this policy/proposal?	
Consultation analysis	
Adverse impact on any people with protected characteristics.	
Could the policy/proposal be modified to reduce or eliminate any adverse impact?	
How will the effect(s) of this policy/proposal on equality be monitored?	
What data is required in the future?	
Are there any adverse impacts on any particular group(s)	No
If yes, please explain your reasons for going ahead.	
Initial equality impact assessment of your proposal	
Consulted People or Groups	
Informed People or Groups	
Summary and evidence of findings from your EIA	The Birmingham Food System Strategy: A bolder, healthier and more sustainable food city in Birmingham (2022-2030), consists of actions across a range of different settings and work streams. The vision of the strategy is to create a fair, sustainable and prosperous food system and economy, where food options are nutritious, affordable and desirable so everyone can thrive. The strategy should not adversely impact the nine protected characteristics and by improving the food system for the benefit of all people across the city will aim to reduce dietary and health inequalities

whilst celebrating our local diversity.

The strategy has been developed by adopting a citizen-first approach. Local engagement was undertaken with various consultation events carried out across the city to help us understand both public and professional views on the draft strategy. The feedback obtained has been used to amend and finalise the strategy.

The strategy is underpinned by objectives and actions delivered through the Big Bold City tool with its themes, work streams and actions developed across the life course, various local communities and settings taking into account local need and characteristics in accordance with the Equality Act 2010. The local settings include public, private, voluntary and various community organisations who are involved with our local population.

The strategy framework consists of four cross-cutting themes and six strategy work streams.

Cross-cutting themes:
1. Food Skills and Knowledge- empowering citizens with knowledge and skills in relation to the food system.
2. Food Behaviour Change- developing the capability, opportunity and motivation for key behaviours that will enable long term change.
3. Food Security and Resilience- increasing access to sufficient, affordable, nutritious and safe food for all citizens, all the time, in every community, and at every age.
4. Food Innovation, Research and Data- gathering insights and data and facilitating innovation, collaboration, learning and research across the food system.

Strategy work streams:
1. Food Production- empowering and enabling citizens and local producers to grow food throughout the year and connect to the city's food system.
2. Food Sourcing- increasing both supply and demand for local, environmentally sustainable, ethical and nutritious foods in the food system.
3. Food transformation- transforming the food offer and diets

	to contain more diverse, nutritious and sustainable ingredients, and less fat, salt and sugar. 4. Food Waste and Recycling- minimising food waste and unsustainable packaging throughout the food system and maximising the repurposing and redistribution of surplus. 5. Food Economy and Employment-facilitating a thriving local food economy for all and maximising training and employment opportunities. 6. Food Safety and Standards- improving food safety and standards for Birmingham's citizens and businesses. The strategy also contains the Food Action Decision-Making and Prioritisation (FADMaP) tool which incorporates indicators that highlight key considerations for prioritising food policy actions and interventions locally. Actions will be people focused and realistic to drive our local effort towards achieving our ambition and addressing key priorities.
QUALITY CONTORL SECTION	
Submit to the Quality Control Officer for reviewing?	No
Quality Control Officer comments	The Equality Impact Assessment has considered the impact of the strategy on protected characteristics, and has approaches in place to proactively reduce the inequalities faced by people with protected characteristics. No adverse impacts have been identified.
Decision by Quality Control Officer	Proceed for final approval
Submit draft to Accountable Officer?	Yes
Decision by Accountable Officer	Approve
Date approved / rejected by the Accountable Officer	24/01/2023
Reasons for approval or rejection	The Food System Strategy has been reviewed to assess its impact on the population in line with the Equality Act 2010. The outcome of this review has been outlined in the relevant sections above and continuous monitoring is in place.
Please print and save a PDF copy for your records	Yes

Version: 1.2.0
Created at 19/12/2022 12:17 PM by Chloe Browne
Last modified at 24/01/2023 03:11 PM by Workflow on behalf of Modupe Omonijo

Close

Birmingham Food System Strategy 2022-2030: Consultation Findings Report

Summary:

The consultation on the Birmingham Food system Strategy 2022-2030 was successful. We received 87 responses on BeHeard and engaged citizens through more than 10 events. Overall, feedback on the strategy was consistently as positive, with high levels of agreement throughout. Key suggestions for improvement included:

- Making the vision, principles, ambitions and aims link together more clearly
- Add additional groups into the Big Bold City approach
- Add Food Safety as a workstream
- Recognise the overlap between some of the workstreams with others
- The need to be precise regarding what FADMAP is and who it is for
- Suggestions for things to be included in the 9 different workstreams.

With regards to the vision of "creat[ing] a bold, fair, sustainable and prosperous food system and economy, where food choices are nutritious, affordable and desirable so all citizens can achieve their potential for a happy, healthy life", 68% of respondents strongly agreed with this statement and a further 26% agreed, demonstrating a high level of agreement. Qualitatively, people commented positively, for example:

- "An excellent goal, articulates all key elements necessary for change and for success."
- "It's great to see the vision statement includes the need for a fair system and the focus on nutritious and affordable food. It's also great to see the reference to 'all citizens'."
- "We welcome the opportunity to contribute to Birmingham City Council's food strategy, and we strongly agree with the vision statement

The feedback given on the strategy was specific and actionable, and we have written the strategy based on this feedback. We are taking the above suggestions seriously, including adding an additional workstream on food safety and standards and making the four areas with overlap (food skills and knowledge, food behaviour change, food resilience and security and food innovation, research and partnerships) into cross-cutting themes to explicitly recognise their cross-cutting nature with the 5 main workstreams. We have also added in a clearer focus on data in the food innovation, research and partnerships workstream. We are also working to link more clearly the vision, ambition, aims and principles. We aim to go to Cabinet with this strategy in April of next year, with a view to publish the final strategy in early summer.

We also want to note that an encouraging moment on our journey with creating the Birmingham Food System Strategy, is that in October 2022, the Birmingham Food System Strategy was recognised internationally by Hellbars Sustainability Research Institute and Gourmand Awards, as Winners in the Local Free Food Publications for 2022 and the only UK city in this award level and category to be recognised. The Birmingham Food System Strategy was platformed at the UN Food and Agriculture Organization Headquarters and at the World Food Forum in Rome in November and will be showcased internationally as a winning approach to food system strategic direction.

Full consultation report

There were 87 respondents on BeHeard. We received responses from a number of key national organisations including The Food Foundation, NFU, Sustain, Sustainable Food Places, BiteBack 2030, Sorted Food, Feeding Britain, the Mandala Consortium and the Urban Agriculture Consortium; we also received responses from key regional organisations including The Trussell Trust (Midlands), Foodcycle and FareShare Midlands. We also had feedback from a number of individuals representing Birmingham organisations including BCC, Birmingham FoodCycle, Slow Food, Aston University, Clean Cuisine, Pip's Hot Sauce, Minor Weir and Willis, Birmingham and District Allotments Confederation, Fircroft College of Adult Education, Bring it on Brum. We also received a high level of responses from members of the public.

Overall, there was a good spread of respondents across the age groups. The age group with the most respondents was 65-69. There were no respondents from the 55-59 age category and only one respondent in the 20-24 category and the 75-79 category. With regards to ethnicity, respondents were strongly skewed towards white ethnicities, with the majority reporting "English/ Scottish/ Welsh/ Northern Irish" or "White" as their ethnic group. Similarly, respondents tended to be Christian or have no religion, and there were no respondents identifying as Muslim or Hindu. However, it should be noted that we engaged with a wider range of ethnicities & religions during the consultation events where we did not record demographic data.

We undertook more than ten consultation events – these consisted of presentations to education settings, the BVSC Energy & Environment Network, BCC Employees through a Lunch and Learn, the Birmingham Community Healthcare NHS Foundation Trust clinical council, and a handful of community events (including the Birchfield Festival and a Commonwealth Games-related Jamaican celebration).

In order to ensure a holistic view of feedback, we have combined the quantitative and evidence from the BeHeard survey and qualitative feedback from the events. Therefore, quantitative details below relate to the BeHeard survey only, while the qualitative feedback relates to both BeHeard responses and feedback at events.

Qualitative and Quantitative Results from Be Heard Survey

Vision:

Create a bold, fair, sustainable and prosperous food system and economy, where food choices are nutritious, affordable and desirable so all citizens can achieve their potential for a happy, healthy life.

93% of BeHeard respondents agreed with this statement

Overall, qualitative feedback on the vision was very positive, for example:

- “An excellent goal, articulates all key elements necessary for change and for success.”
- “It's great to see the vision statement includes the need for a fair system and the focus on nutritious and affordable food. It's also great to see the reference to 'all citizens’. “
- “We welcome the opportunity to contribute to Birmingham City Council’s food strategy, and we strongly agree with the vision statement
- “It is ambitious & inclusive”
- “Let's make it happen!”

Key qualitative feedback on the vision included:

- The strategy was very ambitious, and may possibly too ambitious
- The vision was too wordy/long
- The importance of defining certain terms so readers are on the same page (for example, defining ‘nutritious’
- Some respondents gave specific suggestions, which included:
    - Food should be accessible and ethical as well as nutritious, affordable and desirable,
    - Citizens and visitors,
    - Change food choices to food options to represent role of environment rather than personal responsibility

Principles:

Collaborate – strengthen partnerships and build on existing good practice.

Empower – remove barriers and facilitate solutions.

Equalise – focus actions where they are needed most to reduce inequalities

92% of BeHeard respondents agreed with this statement

Overall, qualitative feedback on the vision was very positive, for example:

- "Great list ... let's make it real in the mind of every decision maker, officers and elected. Really get out and engage with citizens and groups. BCC can be very conservative. Be bold!"
- "We agree with the principles of empower, collaborate and equalise."
- "Three very well chosen principles, especially empower, which will be key moving forwards"
- "In our experience working in a partnership and collaboration is significantly more effective than companies working individually."
- "…As for empower... 100%... give the ability to the citizens by teaching/showcasing."

Key qualitative feedback on the vision included:

- Regarding the existing three principles (collaborate, empower, and equalise)
    - The importance of being clear the principles are for actioning of the strategy not writing it
    - Needing to make it clearer how these will achieve the vision, aims, etc.
    - One respondent commented that the principles were too vague, and examples could help.
- Suggestions of additional principles included: local, education, decentralisation and seeing the bigger picture.

Ambition:

A thriving food system is built on a strong foundation where we regenerate and improve our environment, communities and economy. It is no longer enough to reduce negative outcomes by being sustainable or neutral. If we do this nothing will improve so we must aim higher.

97% of BeHeard respondents agreed with this statement

The qualitative feedback to the ambition was overwhelmingly positive:

- “Fantastic - this should be a UK wide objective with the investment, leadership & partners to deliver.”
- “I agree with the ambition but think it will be very difficult to achieve”
- “If it works then this strategy is a win-win for everyone and the environment.”
- “Regenerate is so powerful. We are not going to let climate change rip, we are no going to manage decline, we are going to work positively, together, to improve our environment, our communities and our economy.”
- “We agree with these ambitions, particularly a future where every citizen, no matter their circumstances, can eat an affordable, healthy, and sustainable diet. This is not currently the case. “
- “The ambitions of the Birmingham Food Strategy go hand in hand with the ambition to end the need for food banks. “

Key qualitative suggestions were:

- Noting that 8 years is a short timeline for these changes and therefore the strategy has an aspirational framing; but also the need to manage timelines and give context regarding the association plan and timeframes
- That it would be helpful to have more clarity on how ambitions will be achieved; greater links links/signposting between vision, principles, ambitions and aims
- Recognising the limitations of the strategy due to the importance of central government in the food environment and food policy
- Use objective not subjective language e.g. “fair salary” being subjective.

Aims:

- Grow the Birmingham Food Revolution
- Build a sustainable, ethical and nutritious food system and a thriving local economy
- Build stronger resilient communities that support those who most need it, and mitigate food insecurity
- Empower citizens to consume a sustainable, ethical, healthy and nutritious diet

95% of BeHeard respondents agreed with this statement

The feedback to the aims was generally very positive:

- "Generally the aims highlights the main areas of the city's food system that need improving from production to waste/reuse, education and greater involvement in it."
- "All excellent aims- glad to see life course emphasis - from birth onwards."
- "All great points, the link to both diet and a healthy lifestyle including exercise is such a critical link which can support nutrition in itself."
- "With everyone on-board, a win-win situation will be created."
- "If people are able to access good healthy local food and receive support the quality of life in Birmingham will be even better than it is now."
- "Yes, sustainable, ethical and nutritious are the right values to put at the heart of these aims. An empowering City Council can do so much to help make a reality of these values."

Key feedback on the aims included:

- While ambition is good, the process will rapidly lose momentum if there are not the resources and investment needed which is commensurate with achieving the aims.
- The need to be realistic about how big the challenges are and how long it takes to make changes on the scale needed.
- Highlight the importance of monitoring and measuring impact
- Recognising the importance of national and international food businesses in this area
- The importance of co-designing plans and resources with communities not to communities
- Clarifying that it is good to build stronger and more resilient communities, but people shouldn't have to rely on their communities for support
- Mentioning growing/allotments and education in aims

Big Bold City Approach

Taking action…

- Across people and communities
- Across the life course
- Across the city
- Across settings – food businesses, supply chain, third sector & not-for-profits, community & faith settings, education settings, further education settings. Birmingham City Council, public services, research and innovation, workplace and employers, industry networks, home.

92% of BeHeard respondents agreed with this statement

Overall, the feedback to this approach was positive, for example:

- “Be fabulous if everyone got on board.”
- “It is certainly Big and Bold. This makes it essential that the City Council makes a reality of the collaboration and empowerment and partnerships that will be needed to make a reality of the vision.”
- “We agree with this approach as it cannot be just the City Council's responsibility to bring about change.”
- “There is a lot we can link together here, and will take a lot of dedicated resource and management to do this, but if done effectively, it will be very powerful and impactful.”
- “Yes, this cannot work in at the absence of collective effort”
- “The Bold City approach correctly recognises that to achieve a revolution in attitudes then active engagement with the citizens of Birmingham is essential to ensuring the proposed actions are accepted and acted on.”

There was some useful feedback, for example:

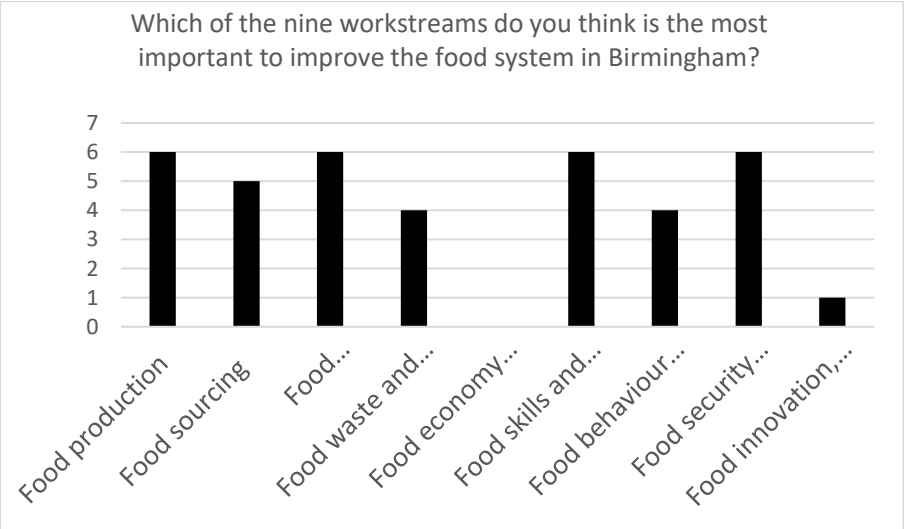
- There was consensus that health should be listed as a separate partner - health visitors, community & school nurses, dietitians, nutritionist, dentistry and other therapists could be key in encouraging and supporting change.
- That this was a comprehensive approach but a respondent queried would it be wiser to focus on a few settings and do them well.
- The need to clarify the what role citizens will pray
- Give a greater emphasis on the food cycle as well as the human lifecourse
- More details on childcare settings – childminders, holiday clubs, after-school clubs, leisure centres
- Include: homeless shelters, refuges, care homes, food banks, slaughter houses, factories, incinerator

Framework for action:

- Food production – empower citizens and local producers to grow and preserve food and connect to the city's food system
- Food sourcing – increase sourcing of local, environmentally sustainable, ethical and nutritious foods across the food system
- Food transformation – transform diets to contain more diverse and nutritious ingredients, and less fat, salt and sugar
- Food waste and recycling – maximise the repurposing and distribution of surplus food and minimise waste and unsustainable packaging
- Food economy and employment – create a thriving local food economy for all and maximise training and employment opportunities
- Food skills and knowledge – empower citizens with knowledge and skills in relation to the food system from farm to fork
- Food behaviour change – ensure the capability, opportunity and motivation for key behaviours that will enable long term change
- Food security and resilience – ensure all citizens in every community, at every age, have access to sufficient affordable, nutritious and safe food.
- Food innovation, partnerships and research – gather insights and facilitate innovation, collaboration, learning and research across the food system.

93% of BeHeard respondents agreed with this statement

We also asked respondents which of the 9 workstreams they thought was the most important to improve the food system in Birmingham. While not all respondents responded, overall there was a good spread across the workstreams, with the exception of food economy and employment. This may represent the values of people taking part In the consultation rather than the importance of the workstream itself (e.g. despite attempts to get BID managers to fill in the consultation, we did not receive any responses from them).



Generally, the framework for action was well received, for example:

- "The 9 workstreams complement each other and hopefully there will be cross-workstream collaboration too. I would choose food skills and knowledge as the key underpinning basis for making progress across all 9 workstreams."
- "I strongly support the 9 workstreams proposed."
- "I think it's really comprehensive."
- "Outstanding list. Valuable guide to concerted local community action. people are passionate about grow and their environment. How can we best build from that."

Key feedback included:

- That nine was perhaps too many workstreams and may hinder making strategic choices and prioritising.
- Some workstreams framed as outcomes, some as actions; be clearer with language (e.g. all vision statements starting with "-ing"
- The importance of more explicitly linking the framework of action to the vision, ambitions, aims etc.
- Two additional workstreams were suggested
    1. **Preparedness for food shortages and scarcities** – early warning system for supply disruption and reference to local resilience forum (*could go under workstream 8*)
    2. **Food safety, assurance and integrity** – promote FHRS scheme, tackle food crime, monitor data submitted to the Local Authority Enforcement Monitoring System

We then gave people the opportunity to give feedback on each of the workstreams. The number of response to each varied as some only gave feedback to workstreams that they perceived to be relevant to them, for example, the Urban Agriculture Consortium only gave feedback on the Food Production and Food Sourcing workstreams.

Food production

Food production – empower citizens and local producers to grow and preserve food and connect to the city's food system

95% of BeHeard respondents who answered the question agreed with this statement

Key feedback on this workstream included:

- Highlighting the importance of food growing in improving lifestyles generally, including learning where food comes from, and considering initiatives to empower people to grow food.
- Consider addressing the spraying of pesticides and herbicides by council, especially on allotments. Also, considering soil quality solutions within growing spaces.
- The importance of protecting allotment sites and improving the BCC allotment service
- The need to identify space that can be used for growing and enable use of that land by making the process and procedures easier to engage with. Also, the allocation of additional land for growing and protect its use long term.
- Share and promote pathways for people to get into farming and agriculture (e.g. apprenticeships, colleges).
- Build more into the workstream to have a more specific focus on fruit and vegetables.

Food sourcing

Food sourcing – increase sourcing of local, environmentally sustainable, ethical and nutritious foods across the food system

98% of BeHeard respondents who answered the question agreed with this statement

Key feedback included:

- The need to be more explicit it what we are trying to achieve within the workstream and be more proactive with engaging with the Shires around Birmingham.
- The importance of using hyperlocal partners to help people access good food (including community centres for youth).
- Birmingham to bring back local food and produce markets and a suggestion to use empty lots to home the local food and produce markets.
- A potential intervention of allowing people with allotments to sell their produce to the public or encourage people to donate their produce to food projects within the city.
- The importance of using procurement strategies, techniques, and actions to enable local suppliers within the city/region.
- Highlighting the role the food and farming has on the climate and its connection to the climate emergency.
- Consider developing visitor actions that directly benefit the food offer of Birmingham, building a positive impact for our food industry.

Food transformation

Food transformation – transform diets to contain more diverse and nutritious ingredients, and less fat, salt and sugar

99% of BeHeard respondents who answered the question agreed with this statement

Key feedback included:

- There is a need to define what healthy eating means and what it is by focusing on both the positives, as well as negatives.
- Restrict development of cheap fast food outlets and promote healthy food offers across Birmingham.
- Greater publicity of local, good food around consumers within Birmingham (e.g. where is my nearest greengrocer?).
- Building local protocols and legislation that tackles local “High in Fat, Salt, Sugar” HFSS advertising through direct and clear restrictions.
- Working with Birmingham based businesses and in public settings, in using a range of strategies to help these companies more towards a better health profile of their food sales, e.g., healthy catering commitment, implementation of school food standards, creating incentives and support packages for small retail settings).
- Within this workstream, you must recognise the importance of central government in this area of the food system.
- Food transformation to a healthier, more sustainable food system, needs to be focus on solutions and by making them the easiest option or change won’t happen.

Food Waste and Recycling

Food waste and recycling – maximise the repurposing and distribution of surplus food and minimise waste and unsustainable packaging

99% of BeHeard respondents who answered the question agreed with this statement

Key feedback included:

- The creation of redistribution pathways and systems for surplus food. Organisation such as BCC, businesses, volunteer schemes, food pantries, and others could lead in this area.
- More needs to be done in educating people about sustainability and how not to waste food.
- The strategy needs to facilitate composting and household food waste collection for all of Birmingham.
- Consider the entire food system process by promoting energy saving in food preparation, not just in food waste.
- A wider focus on how we can address the issue of single use plastics and packaging within our food system.
- For this workstream to be a success, it needs buy-in from communities and needs to represent major shift in habits.
- Create process and support that helps zero waste food businesses to thrive within Birmingham.
- Embed zero waste throughout food's lifecycle (not just when utilised by consumers), this will require the consideration of secondary markets and others.

Food Economy and Employment

Food economy and employment – create a thriving local food economy for all and maximise training and employment opportunities

98% of BeHeard respondents who answered the question agreed with this statement

Key feedback included:

- Consideration of funding for positive food businesses and CICs within Birmingham.
- Making it clear the need for Living wage across our entire food system, including apprenticeships and other training routes into work.
- Embedding how we can change the narrative around farming and agriculture, so it is seen and understood as skilled work.
- Development of sustainable food systems can help boost social employment by offering training and creating jobs at restaurants and with producers. Access to start-up support could enable new enterprises to develop and innovate, increasing the number of food-related jobs and training opportunities.
- Considering how we can take an entrepreneurial approach to branding, building on cultural and tourist brands like the Balti Triangle
- Building greater links between the food industry and education settings, such as universities and colleges.
- Exploring how we can ensure we celebrate businesses that are doing well in areas of sustainability, diversity, health, and more.

Food Skills and Knowledge

Food skills and knowledge – empower citizens with knowledge and skills in relation to the food system from farm to fork

96% of BeHeard respondents who answered the question agreed with this statement

Key feedback included:

- Consider an approach to making the workstream clearer, such as including how it will be implemented, and what it could be measured against to show success.
- The focus seems to be primarily on citizens and there is a risk of adopting victim blaming and individualistic behaviour change approaches that may be marginally effective and widen inequalities. Thinking more upstream suggests that a greater focus is needed on upskilling food professionals in food skills to better support human and planetary health and ensures addressing systemic barriers which frame & dictate behaviour
- Many respondents simply stated school settings and children's education, as a need for the future of the food system.
- Considering interventions such as cooking lessons for Birmingham citizens (online and in person).
- Consumers' knowledge and skills will underpin the achievement of a great deal of the ambition set out in the consultation document.
- Embedding a positive narrative, such as building emphasis on the enjoyment of learning new skills & keeping it fun for learners.
- Taking a life course approach by establishing positive food relationships from birth.
- Treading a careful balance between providing enjoyable, non-patronising opportunities for skills development without assuming all the problems we face regarding our food choices and consumption are due to poor awareness and a lack of skills.

Food Behaviour Change

Food behaviour change – ensure the capability, opportunity and motivation for key behaviours that will enable long term change

94% of BeHeard respondents who answered the question agreed with this statement

Key feedback included:

- When considering this workstream, the Social determinants of health are key to ensure it is effective.
- Looking further than just short-term change. For behaviour change to make a real impact once it has been achieved, needs to be supported to maintain the changed behaviour and become a normalised habit.
- Should this workstream be a crosscutting theme? For example, education and behaviour change, go hand in hand (e.g. schools play important role in children's behaviour).
- Social prescribing is a good idea, however is their evidence of it being effective in action?
- Robust planning is important in behaviour change and in ensuring that it is effective.
- Build stronger communication strategies and plan such as social campaigns.

Food Security and Resilience

Food security and resilience – ensure all citizens in every community, at every age, have access to sufficient affordable, nutritious and safe food.

98% of BeHeard respondents who answered the question agreed with this statement

Key feedback included:

- There needs to be a focus on the long term and future, such as a need to mention the negative direction of travel that currently exists. Our aim has to be reducing reliance on foodbanks and not allowing them to become the norm.
- One way to tackle food security and resilience, is to integrate the workstream with key poverty tackling initiatives such as Real Living Wage.
- Building real support for people on the fringes of society, such as those who don't qualify for Healthy Start vouchers, those experiencing in-work poverty, and others.
- We need to consider and be aware of the importance of income, benefits, wider determinants, that effect people's food security and resilience.
- Going further than just tackling the symptoms, such as building in clear approaches to reducing stigma and shame.
- Ensuring that we invest in community initiatives at every opportunity.
- Food security and resilience is more than just poverty, it needs to connect to the climate emergency and how that influences food insecurity and shortages.
- A clear acknowledgement of where, and how, this strategy interacts and intersect with other strategies and workstreams would be hugely beneficial.

Food Innovation, Partnerships and Research

Food innovation, partnerships and research – gather insights and facilitate innovation, collaboration, learning and research across the food system.

100% of BeHeard respondents who answered the question agreed with this statement

Key feedback included:

- As this workstream explores innovation, there needs to be an explicit mention of technology and its role in the food system.
- The workstream needs to look at all areas of the food system, such as the hospitality industry, who are key innovators and partners but are often overlooked in the food system.
- “has previously all been said” & “this workstream seems to be primarily about learning rather than innovation. I would suggest that this doesn't warrant being a standalone workstream, but rather learning should be built into the whole strategy “– *cross cutting theme?*
- Right to focus on research as a key driver of understanding, innovation and seizing future opportunities to achieve the strategy's goals and go further.

We also asked some overall questions relating to partnership:

"To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities?"

99% of BeHeard respondents who answered the question agreed with this statement

Key feedback:

- Be clear how people can engage
- Transparency of decision-making
- Don't use alienating language
- Specify funding attached
- Top down – needs to be bottom up

We also asked who else we should be communicating with. The answers included:

- Charities that offer food
- BDAC
- PAN-UK
- Soil Association, Bee-friendly Brum, Wildlife trusts, allotment owners, & BCC allotment department
- School food suppliers (including Cityserve)
- Food businesses including Digbeth Dining Club
- Planning and Transport
- Children & Young People's Services

We also asked if we had missed any key priorities.

- Reference to Net Zero action plan
- Aligning to grass roots approaches already happening
- Consult PAN-UK re. other cities moving towards organic food growing
- Transparent key performance indicators
- Strong links with government departments, including lobbying for change
- Keep scientific literature under constant review
- Black, Asian, and other ethnic minority owned businesses
- Eating disorders

Food Action Decision-Making and Prioritisation (FADMaP) tool

Food Action Decision-Making and Prioritisation (FADMaP) tool in order to aid decision-making and prioritising actions. This will ensure actions are:

- Citizen-first
- Celebrating diversity
- Addressing poverty and inequalities
- Healthy and safe
- Environmentally sustainable
- Economically sustainable
- Empowering
- Evidence-based
- Cost-effective
- Scaled and paced
- Learning and improving
- Risk-aware and resilient.

91% of BeHeard respondents who answered the question agreed with this statement

Key feedback included:

- Need to be more precise about who FADMAP is for and what it is – some people struggled to understand what the tool is, who it's for, what it's for etc.
- Very wordy & lots of considerations – may not help prioritise!
- Need to be clearer about order – is there a hierarchy? Are they equally weighted? People disagree with order. Eg. top 3: 1. Cost effective; 2. Environmentally sustainable; 3. Evidence based
- This initiative is built around a top-down approach that claims looking at benefitting individuals with centralised decision-making. Change to a bottom-up approach.
- Need to focus on long term achievable initiatives.
- Quantitative and qualitative assessment of success – how will you know which aspects have been effective?
- Prioritise effectiveness over minimising spending

Appendix A: Demographic Profile of BeHeard Respondents

Chart 1: Respondents by Age

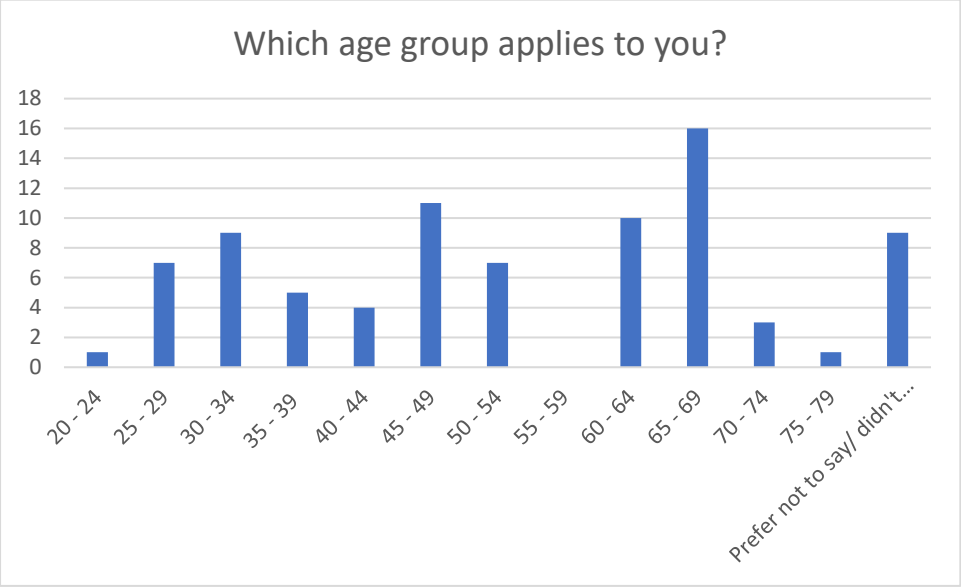


Chart 2: Respondents by Gender

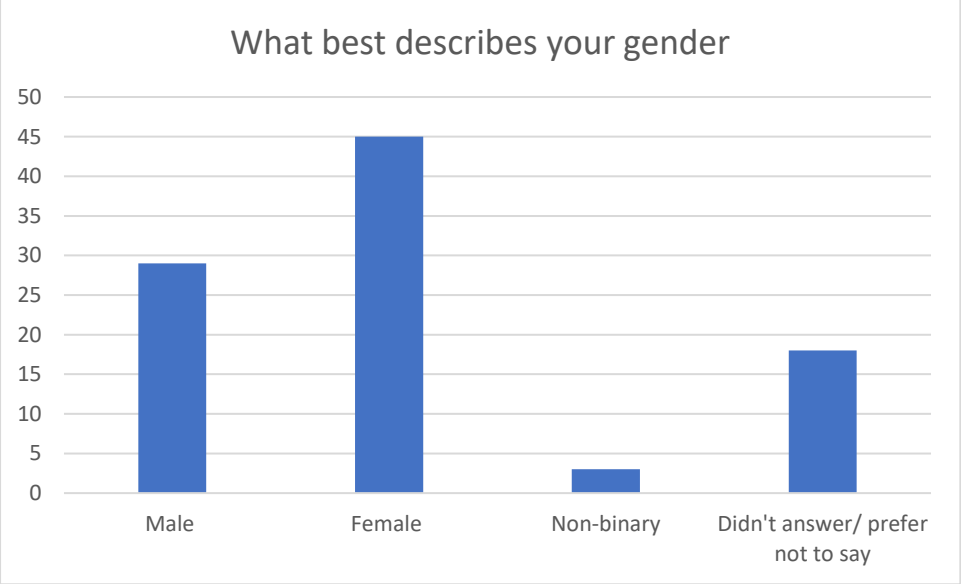


Chart 3: Respondents by Disability

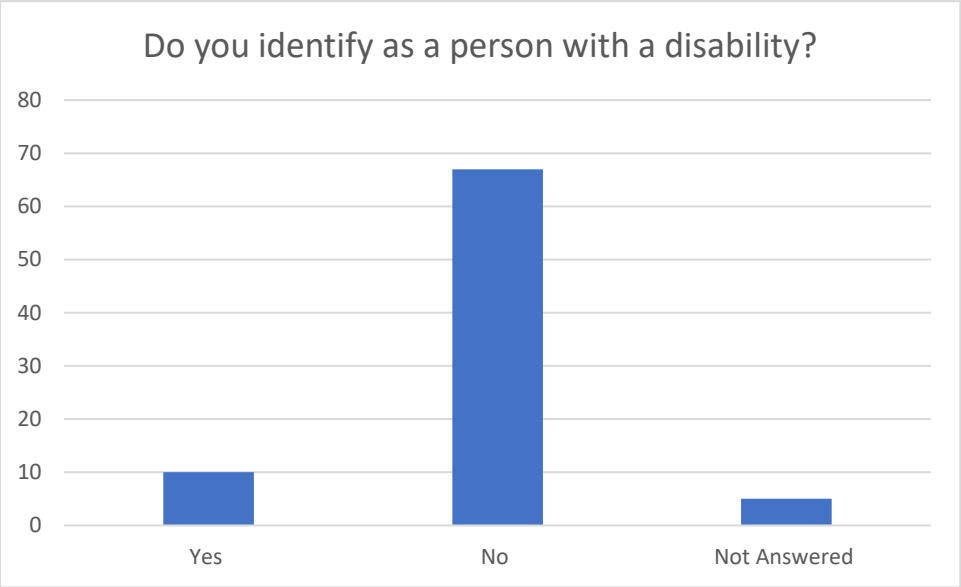


Chart 4: Respondents by Ethnicity

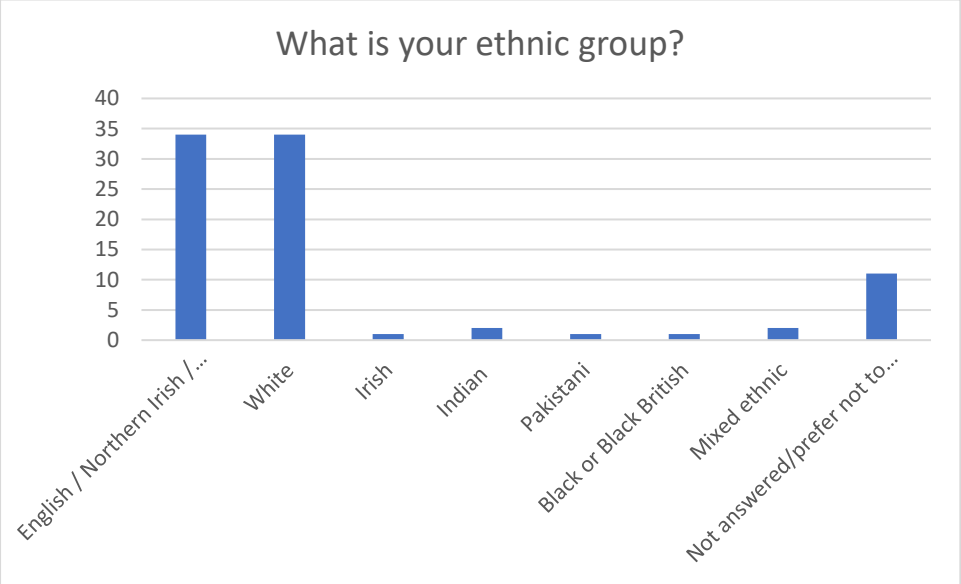
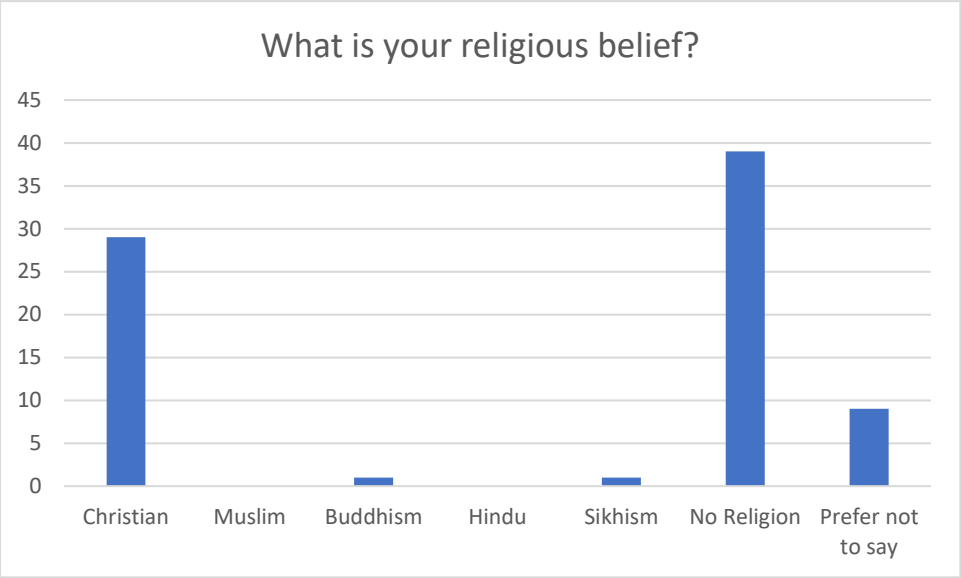


Chart 5: Respondents by Religion



	To what extent do you agree or disagree with the vision statement? - Vision statement- radio button	To what extent do you agree or disagree with the vision statement? - If you agree with the vision statement, use the box below for comments you wish to make	To what extent do you agree or disagree with the vision statement? - If you disagree with the vision statement, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with these principles? - Principles- radio button	To what extent do you agree or disagree with these principles? - If you agree with the principles, use the box below for comments you wish to make	To what extent do you agree or disagree with these principles? - If you disagree with the principles, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with this ambition? - Ambition- radio button	To what extent do you agree or disagree with this ambition? - If you agree with the ambition, use the box below for comments you wish to make	To what extent do you agree or disagree with this ambition? - If you disagree with the ambition, tell us why and explain how you think this could be improved
1	Strongly agree			Strongly agree			Strongly agree		
2	Strongly agree	I thinks this really important for anyone in marginalised communities - I work in Mental Health and food is an important part of managing their health. Getting the message out that it cooking your own food can be cheaper and better for you than relying on ready meals		Strongly agree			Strongly agree		
3	Strongly agree			Strongly agree	This may come later but if you want to remove barriers then start by freeing up land for growing . This should include gash land which has lain dormant for years and needs to be "greened" The council should accelerate their plans to identify all potential land in the city that could be grown on and if the owner is not known they declare a 3 month amnesty period at the end of which if nobody has claimed to own the space it should be made available to the local community for leisure or growing		Strongly agree		
4	Strongly agree			Strongly agree			Strongly agree		
5	Strongly agree			Agree	I think ideally the principles might be able to go a little further, for example, expressing an aim to collaborate with groups that are often unheard. However, this is obviously difficult to do while keeping the number of words as low as possible.		Agree	"and those who need it most are supported" - Isn't the aim to give support to everyone that needs it not just those in greatest need? "Fair salary" is very subjective. It might be useful to give some details about how BCC defines this. Is it a living wage?	
6	Strongly agree			Strongly agree			Strongly agree		

To what extent do you agree or disagree with the aims? - Aims- radio button	To what extent do you agree or disagree with the aims? - If you agree with the aims, use the box below for comments you wish to make	To what extent do you agree or disagree with the aims? - If you disagree with the aims, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the aims? - Are there any key aims that we have missed or changes that should be made?	To what extent do you agree or disagree with the Big Bold City approach? - Big Bold City Approach- radio button	To what extent do you agree or disagree with the Big Bold City approach? - If you agree with the Big Bold City approach, use the box below for comments you wish to make	To what extent do you agree or disagree with the Big Bold City approach? - If you disagree with the Big Bold City approach, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Big Bold City approach? - Are there any key settings that we have missed or changes that should be made?	To what extent do you agree or disagree with the overall Framework for Action? - Framework for Action- radio button	To what extent do you agree or disagree with the overall Framework for Action? - If you agree with the Framework for Action, use the box below for comments you wish to make
Strongly agree				Strongly agree				Strongly agree	
Strongly agree				Strongly agree				Strongly agree	
Strongly agree				Strongly agree	You will need to fundamentally change how the city looks and feels. There will be no significant change in the health of Birmingham's population(which for the poorest is dire) without a significant change to the way people move about the city. Firstly make it possible to do the majority of things near to where you live- work,play,educate and socialise a.k.a 15 minute city and if you have to travel then rapidly create a city that doesn't need cars by reclaiming road space for public transport cycling and walking. You MUST get to the point , and very quickly where owning a car seems pointless			Strongly agree	Lots of wonderful words but will be interested to see what actions come later in the document
Strongly agree				Strongly agree				Strongly agree	
Strongly agree				Agree			Potentially, work could also be done with the advertising industry to work towards promoting healthier choices.	Strongly agree	
Agree	Many people find charity humiliating. Also vouchers and FSMs. Plan needs to be integrated with living wage.			Agree			You could treat class as a protected characteristic	Strongly agree	

To what extent do you agree or disagree with the overall Framework for Action? - If you disagree with the Framework for Action, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the overall Framework for Action? - Are there any key aspects that we have missed or changes that should be made?	To what extent do you agree or disagree with the overall Framework for Action? - Which of the nine workstreams do you think is the most important to improve the food system in Birmingham?	To what extent do you agree or disagree with the Food Production workstream? - 1. Food Production- radio button	To what extent do you agree or disagree with the Food Production workstream? - If you agree with the Food Production workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Production workstream? - If you disagree with the Food Production workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Production workstream? - Are there any key aspects of Food Production that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Production workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Sourcing workstream? - 2. Food Sourcing- radio button	To what extent do you agree or disagree with the Food Sourcing workstream? - If you agree with the Food Sourcing workstream, use the box below for comments you wish to make
		Food waste and recycling	Strongly agree				Enable people to identify ownership of unused land and empower them to use it for growing	Strongly agree	
		No answer	Strongly agree	Growing produce is always going to benefit the mental health of citizens which is why this project is so important - to be able to see the process from ground to plate is so important				Strongly agree	
		No answer	Strongly agree	All good but you need to quickly allocate existing green space for growing and identify other potential areas- see comments earlier You also need to share a vision of growing with your population and get them to imagine what their part of the city would look and feel like if say 10% of parks and verges were allocated for growing				Strongly agree	I would start with schools.Using them as a model for sourcing local food If you haven't already contact Matthew Knight the head chef at Hillstone Primary who is doing this already
		No answer	Agree			I would like to see more focus on local initiatives to produce affordable organic food		Strongly agree	
		Food security and resilience	Strongly agree	I particularly like the plan to "Empower communities to utilise unused public spaces for temporary growing co-operatives".			Is there an assessment of what public space is available for growing and which groups already exist that may be prepared to make use of it?	Agree	Similarly to before, I think a few words could be spent defining "ethical" sourcing. Does this mean promoting food sourced with well paid workers? Does it include animal welfare?
		No answer	Strongly agree					Strongly agree	

To what extent do you agree or disagree with the Food Sourcing workstream? - If you disagree with the Food Sourcing workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Sourcing workstream? - Are there any key aspects of Food Sourcing that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Sourcing workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Transformation workstream? - 3. Food Transformation- radio button	To what extent do you agree or disagree with the Food Transformation workstream? - If you agree with the Food Transformation workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Transformation workstream? - If you disagree with the Food Transformation workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Transformation workstream? - Are there any key aspects of Food Transformation that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Transformation workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Waste and Recycling workstream? - 4. Food Waste and Recycling	To what extent do you agree or disagree with the Food Waste and Recycling workstream? - If you agree with the Food Waste and Recycling workstream, use the box below for comments you wish to make
			Strongly agree					Strongly agree	
			Strongly agree	I think workshops a to be held and also packs of herbs/spices that people may not be able to afford i.e cinnamon to make the apple pie tastier would be a good incentive				Strongly agree	We have started redistributing food that is past its best to people that are in need and are accessing food banks
			Agree			In the mix you need to I think define what healthy eating is! Carbs are cheap and the crazy Eat Well guidelines still tell us to " Base your meals on higher fibre starchy carbohydrates" Fine if you are fit and active but if you are not and still believe good food is rice pasta potatoes and bread are what you should eat then you will store the carbs as fat - become obese and get Type 2 Diabetes		Agree	Definitely need to waste more and becoming vegan/vegetarian makes food easier to store for longer Speak to people who know about urban gardening and composting like Chris Blythe and Caroline Hutton
			Agree	A focus on less processed food				Agree	
		Similarly to the map on page 30, it would be useful to look at the distribution of local markets across the city.	Strongly agree					Agree	
			Strongly agree					Strongly agree	

To what extent do you agree or disagree with the Food Waste and Recycling workstream? - If you disagree with the Food Waste and Recycling workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Waste and Recycling workstream? - Are there any key aspects of Food Waste and Recycling that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Waste and Recycling workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Economy and Employment workstream? - 5. Food Economy and Employment- radio button	To what extent do you agree or disagree with the Food Economy and Employment workstream? - If you agree with the Food Economy and Employment workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Economy and Employment workstream? - If you disagree with the Food Economy and Employment workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Economy and Employment workstream? - Are there any key aspects of Food Economy and Employment that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Economy and Employment workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - 6.Food Skills and Knowledge- radio button
	Provision of food waste collection services eg separate household bins so that food waste doesn't end up in land fill when it could be composted		Strongly agree					Strongly agree
			Strongly agree					Strongly agree
			Agree				All sounds good but the key will be to create local communities that are varied and with some history of growing and being a bit different e.g Stirchley/Balsall Heath and expand the business links- growing, restaurants,Clean Kilo type stuff, bread making, recycling and repairing All stuff with high social impact and low carbon footprint	Strongly agree
			Agree					Strongly agree
	It would be useful to mention something around studies that suggest that more affluent consumers tend to produce more food waste: https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0228369. I would also reconsider the sentence that "an average family of four can save £60 per month by reducing food waste". The average number of children per family in the UK is 1.7 so this number is likely inflated compared to the true average family. I also think, in the context of the current cost of living crisis, this could be used as another way to blame the poorest families (for whom this statistic is probably not reflective) for their current situation.		Strongly agree			I would like to see SME's being put first before big chains.		Strongly agree
			Strongly agree					Strongly agree

To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - If you agree with the Food Skills and Knowledge workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - If you disagree with the Food Skills and Knowledge workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - Are there any key aspects of Food Skills and Knowledge that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Behaviour Change workstream? - 7.Food Behaviour Change- radio button	To what extent do you agree or disagree with the Food Behaviour Change workstream? - If you agree with the Food Behaviour Change workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Behaviour Change workstream? - If you disagree with the Food Behaviour Change workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Behaviour Change workstream? - Are there any key aspects of Food Behaviour Change that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Behaviour Change workstream? - What do you think are the key actions we will need to undertake for this workstream?
				Strongly agree				
It is important for people to understand how things can be made cheaply and that are nutritious - our group are using produce to make soups which we make as a group and eat together as a group and focussing conversations around sustainability				Strongly agree				
			The city needs to employ 2 or 3 horticulturalists who can support and mentor local growing	Disagree		Dont get too excited or optimistic that you can do' behaviour change' to somebody I behave well because I am educated and have an income and lifestyle that allows it If you are in debt/unemployed/abused/isolated then you will behave badly as a coping mechanism a.k.a drugs,booze,fags,crime,poor diet, inactivity etc. If you want people to change then society needs to address the social determinants of health.		
				Agree				
				Strongly agree				
				Strongly agree				

To what extent do you agree or disagree with the Food Security & Resilience workstream? - Food Security and Resilience	To what extent do you agree or disagree with the Food Security & Resilience workstream? - If you agree with the Food Security & Resilience workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Security & Resilience workstream? - If you disagree with the Food Security & Resilience workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Security & Resilience workstream? - Are there any key aspects of Food Security & Resilience that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Security & Resilience workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - Food Innovation, Partnerships and Research- Radio Buttons	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - If you agree with the Food Innovation, Partnerships and Research workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - If you disagree with the Food Innovation, Partnerships and Research workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - Are there any key aspects of Food Innovation, Partnerships and Research that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - What do you think are the key actions we will need to undertake for this workstream?
Strongly agree					Strongly agree				
Strongly agree					Strongly agree				
Not Answered					Don't know	What is the evidence for the introductory statement "Birmingham is a thriving hub of innovation and best practice and is a centre for urban food system innovation"			
Strongly agree					Agree				
Strongly agree				The PHM would be very interested in helping to analyse data relating uptake of healthy start vouchers. This would also feed in nicely with our project on maternity outcomes.	Agree				
Strongly agree					Strongly agree				

To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - Food System Partners and Other Priorities and Strategies- radio button	To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - If you agree with our approach to involving food system partners and aligning to other strategies and priorities, use the box below for comments you wish to make	To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - If you disagree with our approach to involving food system partners and aligning to other strategies and priorities, tell us why and explain how you think it could be improved	To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - Are there any organisations, networks, groups or people we should be communicating with and involving when creating the Food System Strategy Action Plan?	To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - Are there any key priorities, strategies or best-practice guidance documents that we should align with when creating the Food System Strategy Action Plan that we may have missed?	To what extent do you agree or disagree with the Food Action Decision-Making and Prioritisation tool? - Food Action Decision-Making and Prioritisation tool- radio button	To what extent do you agree or disagree with the Food Action Decision-Making and Prioritisation tool? - If you agree with the Food Action Decision-Making and Prioritisation tool, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Action Decision-Making and Prioritisation tool? - If you disagree with the Food Action Decision-Making and Prioritisation tool, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Action Decision-Making and Prioritisation tool? - Are there any key priorities that we have missed or changes that should be made?
Strongly agree					Strongly agree			
Strongly agree	Partnership working helps bridge the gaps and can bring groups together to share best practice				Strongly agree			
Don't know	I worry about all the words I have lived in Birmingham for 35 years and despite endless rearrangement of deckchairs the city to me has gone backwards Ultimately the city needs to communicate a vision to its citizens and one that they can all buy into I would have thought that we all want a city that is safe clean and green Currently there are 500KSI's per year, violent crime, air and noise pollution and a city that looks like a building site- so not safe clean and green!!				Don't know	all a bit wordy		
Agree					Strongly agree			
Strongly agree					Strongly agree			
Strongly agree					Strongly agree			

	To what extent do you agree or disagree with the vision statement? - Vision statement- radio button	To what extent do you agree or disagree with the vision statement? - If you agree with the vision statement, use the box below for comments you wish to make	To what extent do you agree or disagree with the vision statement? - If you disagree with the vision statement, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with these principles? - Principles- radio button	To what extent do you agree or disagree with these principles? - If you agree with the principles, use the box below for comments you wish to make	To what extent do you agree or disagree with these principles? - If you disagree with the principles, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with this ambition? - Ambition- radio button	To what extent do you agree or disagree with this ambition? - If you agree with the ambition, use the box below for comments you wish to make	To what extent do you agree or disagree with this ambition? - If you disagree with the ambition, tell us why and explain how you think this could be improved
7	Strongly agree	The idea that it facilitates individual choices which are healthy and it is framed to in a positive way with respect to the economy of the city		Agree	This does not have a hierarchical approach it is building food communities		Strongly agree	It focuses on rebuilding and growth of people and planet to achieve its goals.	
8	Agree	A very admirable ambition but it has the danger for encouraging the dependency culture which is growing and detrimental to the local and national economies		Agree	Wherever supposed inequalities are a key pillar of any strategy it is unfortunately doomed to failure. Full commit from all parts of society is essential to success. Separating certain groups for additional help without them contributing only exacerbates inequality		Strongly agree	As stated all groups in the community need to participate proactively. However I cannot see this happening as cultural and other differences will prevent this. For example will it be halal meat which many object to as it is most definitely animal cruelty and the fact that more and more of our meat is now killed this way without the consent of the majority is not just undemonstrative but also an affront to British culture of tolerance. Maybe it should be pointed out that in a democracy the majority hold sway.	
9	Strongly agree			Strongly agree			Strongly agree		
10	Strongly agree			Strongly agree			Strongly agree	This should also include rolling our food waste collection services like other councils do	
11	Strongly agree	We all need to work together to enable a more sustainable food environment. There's lots of surplus food - supermarkets need to be more efficient too		Strongly agree	There's currently too many barriers		Strongly agree	Reeducation is key.	
12	Agree	You have covered a lot in a concise manner		Strongly agree	Very understandable points		Strongly agree	It is in the right direction	
13	Strongly disagree		You are promoting fascism. People have the right to eat whatever they choose. There is no need for your intervention. You do not have the right.	Strongly disagree		Your plan should be to educate young people about cooking from scratch. Not dome convoluted plan to control the food system with wishy washy language.	Strongly agree		At a tome when the councils are actively trying to get rid of allotments your plan sounds stupid. Why not encourage gardening skills, propagation. Imprive mental health with aquaponics. You need to go back to basics.

To what extent do you agree or disagree with the aims? - Aims- radio button	To what extent do you agree or disagree with the aims? - If you agree with the aims, use the box below for comments you wish to make	To what extent do you agree or disagree with the aims? - If you disagree with the aims, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the aims? - Are there any key aims that we have missed or changes that should be made?	To what extent do you agree or disagree with the Big Bold City approach? - Big Bold City Approach- radio button	To what extent do you agree or disagree with the Big Bold City approach? - If you agree with the Big Bold City approach, use the box below for comments you wish to make	To what extent do you agree or disagree with the Big Bold City approach? - If you disagree with the Big Bold City approach, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Big Bold City approach? - Are there any key settings that we have missed or changes that should be made?	To what extent do you agree or disagree with the overall Framework for Action? - Framework for Action- radio button	To what extent do you agree or disagree with the overall Framework for Action? - If you agree with the Framework for Action, use the box below for comments you wish to make
Strongly agree				Strongly agree				Agree	
Agree	The cultural and cuisine diversity with the City is a benefit economically to many. However some of the demographic changes happening are definitely detrimental to the city's future. Just take a look at parts of Warwick road, it is filthy and many there totally ignore the laws of this country. Double and even triple parking reducing the road to single file with blockages. This part of the community that does not integrate but imposes it's culture and ways. Many feel like this but it is deemed offensive, what about these migrants unlike any experienced in the past.			Agree	Be interesting to see how this is implemented. Personally I feel minority groups will be the only beneficiaries			Strongly agree	Very admiral aims with a lot of challenges to overcome. Many will be supportive of these aims but I can see it failing due to political correctness and the growing dependency culture which is currently being encouraged by most political parties.
Strongly agree				Strongly agree				Strongly agree	
Strongly agree				Strongly agree				Strongly agree	
Strongly agree			Surplus food. Access to free food for all. Anyone can struggle especially with price hikes !	Strongly agree				Strongly agree	
Strongly agree				Strongly agree			no	Strongly agree	
Strongly disagree		You need to discuss the circular economy and idea of people keeping their own hens and composting and taking personal responsibility to be involved in the food chain.	you need to get back to basics. Help people convert their gardens into veg plots. Support them by hiving out free seeds. Educate people on propagation, on keeping hens, on personal responsibility for health. Your content is not s strategy - you have neglected your key demographic group. Descendents from commonwealth countries who like exotic foods - chillies, okra, bitter gourds, lentils, rice, sweet potato. Teach people to grow, to propagate, to cook. A message like Grow, propagate, cook. will get through. Your material is nonsense business speak	Don't know		makes no sense. Silly in fact. Lamb comes from Wales. Beef from Scotland. As a country we work together. Brum is not an island!		Strongly disagree	

To what extent do you agree or disagree with the overall Framework for Action? - If you disagree with the Framework for Action, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the overall Framework for Action? - Are there any key aspects that we have missed or changes that should be made?	To what extent do you agree or disagree with the overall Framework for Action? - Which of the nine workstreams do you think is the most important to improve the food system in Birmingham?	To what extent do you agree or disagree with the Food Production workstream? - 1. Food Production- radio button	To what extent do you agree or disagree with the Food Production workstream? - If you agree with the Food Production workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Production workstream? - If you disagree with the Food Production workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Production workstream? - Are there any key aspects of Food Production that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Production workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Sourcing workstream? - 2. Food Sourcing- radio button	To what extent do you agree or disagree with the Food Sourcing workstream? - If you agree with the Food Sourcing workstream, use the box below for comments you wish to make
		No answer	Agree				Look at the engagement versus the food provision element of growing. Often it can have more of a community and educational value rather than adding significant amounts of food into the local system	Agree	
		No answer	Strongly agree	This certainly a great objective but history tells us that so called levelling up repeatedly fails.				Disagree	
		Food sourcing	Strongly agree					Strongly agree	
	Work with allotments to encourage residentd to grow food howber lack of available spaces in allotments is a problem. Food waste and recycling should include food waste collection from households.	Food waste and recycling	Strongly agree	Allotments have limited or to plots available, this does need to be addressed.		Allotments have limited or to plots available, this does need to be addressed.	Wide promotion and behaviour change especially with all the takeaways and food delivery services available	Strongly agree	
		No answer	Strongly agree					Strongly agree	
	no	Food sourcing	Strongly agree					Strongly agree	
22 questions in this survey! too many. There is no need for the framework you describe.		No answer	Strongly agree					Strongly agree	

To what extent do you agree or disagree with the Food Sourcing workstream? - If you disagree with the Food Sourcing workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Sourcing workstream? - Are there any key aspects of Food Sourcing that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Sourcing workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Transformation workstream? - 3. Food Transformation- radio button	To what extent do you agree or disagree with the Food Transformation workstream? - If you agree with the Food Transformation workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Transformation workstream? - If you disagree with the Food Transformation workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Transformation workstream? - Are there any key aspects of Food Transformation that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Transformation workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Waste and Recycling workstream? - 4. Food Waste and Recycling	To what extent do you agree or disagree with the Food Waste and Recycling workstream? - If you agree with the Food Waste and Recycling workstream, use the box below for comments you wish to make
		Consider local alongside energy and inputs needed to grow and store. This can be complex to do in a fully holistic way.	Strongly agree	Good that food should be enjoyed.				Strongly agree	
There's many reasons why this is bad for the city and society in general, suffice to say nothing in this strategy really addresses dependency culture and unfortunately will encourage dubious practices. Encourage people to integrate, work and pay their taxes.			Disagree		This should be a nationwide initiative as it cannot work if regional			Strongly disagree	
			Strongly agree					Strongly agree	
	Food sources especially for shops ok Coventry Road that sell fruit are seasonal howeber all use plastic bags to plastic fruit in and this behaviour needs to change		Strongly agree					Strongly agree	Food recycling for households is a must
			Strongly agree					Strongly agree	
	no	working with grass roots community projects to fulfil this	Strongly agree			no		Not Answered	
			Strongly disagree		Fat is good for people - you need it to absorb nutrients. Salt - sodium - is good for mental health. Why dont you start by looking at water - and the fluoride being added detrimental to health - that is worse for gealth thsn sugar. your priorities are wrong			Don't know	

To what extent do you agree or disagree with the Food Waste and Recycling workstream? - If you disagree with the Food Waste and Recycling workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Waste and Recycling workstream? - Are there any key aspects of Food Waste and Recycling that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Waste and Recycling workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Economy and Employment workstream? - 5. Food Economy and Employment- radio button	To what extent do you agree or disagree with the Food Economy and Employment workstream? - If you agree with the Food Economy and Employment workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Economy and Employment workstream? - If you disagree with the Food Economy and Employment workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Economy and Employment workstream? - Are there any key aspects of Food Economy and Employment that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Economy and Employment workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - 6.Food Skills and Knowledge- radio button
		It may help to develop community sharing schemes which could help share offers on fresh produce and use up excess when available	Strongly agree	Good to see the approach to engage all in the food economy as there is potential in the food sector to give people new opportunities			Build on schemes such as the Villa Catering club	Agree
	Admiral aspiration but doomed to failure. It needs the buy in from all communities and a major shift in lifestyle which many from all sections will just ignore. Market forces are the only real tool to achieve these aims and supported by something similar		Agree	Birmingham is cut one of the most diverse eat out cities and training more local people to support this aim will benefit long term				Agree
			Strongly agree					Strongly agree
	Good waste bins/collections for households should be implemented		Strongly agree					Strongly agree
			Strongly agree					Strongly agree
	no	work with local community groups whom already do some of this work	Strongly agree			no		Strongly agree
i dont waste food I have no idea where your stats on waste come from - they are unrealistic and fabricated. Not true re waste.			Strongly agree					Strongly agree

To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - If you agree with the Food Skills and Knowledge workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - If you disagree with the Food Skills and Knowledge workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - Are there any key aspects of Food Skills and Knowledge that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Behaviour Change workstream? - 7.Food Behaviour Change- radio button	To what extent do you agree or disagree with the Food Behaviour Change workstream? - If you agree with the Food Behaviour Change workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Behaviour Change workstream? - If you disagree with the Food Behaviour Change workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Behaviour Change workstream? - Are there any key aspects of Food Behaviour Change that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Behaviour Change workstream? - What do you think are the key actions we will need to undertake for this workstream?
			Develop taster schemes Perhaps look to develop schemes to moderate prices (levies and subsidies)	Strongly agree	Excellent to see this is built on co-creation			
Good. Needs real cultural integration and that includes certain groups within the city and must include traditional British and not just the recent migrant groups who are failing to integrate.				Agree	Good luck with this			
				Strongly agree				
				Strongly agree				
				Strongly agree				
		no	offer online and in person courses to residents	Strongly agree			no	
				Strongly agree	You need to retrain parents. No chance of cultural change in food without parental education			

To what extent do you agree or disagree with the Food Security & Resilience workstream? - Food Security and Resilience	To what extent do you agree or disagree with the Food Security & Resilience workstream? - If you agree with the Food Security & Resilience workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Security & Resilience workstream? - If you disagree with the Food Security & Resilience workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Security & Resilience workstream? - Are there any key aspects of Food Security & Resilience that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Security & Resilience workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - Food Innovation, Partnerships and Research- Radio Buttons	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - If you agree with the Food Innovation, Partnerships and Research workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - If you disagree with the Food Innovation, Partnerships and Research workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - Are there any key aspects of Food Innovation, Partnerships and Research that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - What do you think are the key actions we will need to undertake for this workstream?
Agree			It would be useful to consider about aspects of stigma linked to weight - both people living with higher body weight and those struggling to maintain their body weight. This could include imagery relating to these issues and food in general - limiting or removing stigmatising food imagery and images of individuals.		Strongly agree				
Disagree	Don't focus on inequality focus on encouraging work				Agree	Auditing this will be a challenge			
Strongly agree					Strongly agree				
Strongly agree					Strongly agree				
Agree					Agree				
Strongly agree			no	remove more barriers to people accessing food assistance	Strongly agree			no	work with universities around the region
Don't know					Don't know			The Royal navy is looking at rations. There is a huge initiative towards hydroponics You havent mentioned technology. You havent included seasonal fruit pickers snd shortage of manual labour	

To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - Food System Partners and Other Priorities and Strategies- radio button	To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - If you agree with our approach to involving food system partners and aligning to other strategies and priorities, use the box below for comments you wish to make	To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - If you disagree with our approach to involving food system partners and aligning to other strategies and priorities, tell us why and explain how you think it could be improved	To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - Are there any organisations, networks, groups or people we should be communicating with and involving when creating the Food System Strategy Action Plan?	To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - Are there any key priorities, strategies or best-practice guidance documents that we should align with when creating the Food System Strategy Action Plan that we may have missed?	To what extent do you agree or disagree with the Food Action Decision-Making and Prioritisation tool? - Food Action Decision-Making and Prioritisation tool- radio button	To what extent do you agree or disagree with the Food Action Decision-Making and Prioritisation tool? - If you agree with the Food Action Decision-Making and Prioritisation tool, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Action Decision-Making and Prioritisation tool? - If you disagree with the Food Action Decision-Making and Prioritisation tool, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Action Decision-Making and Prioritisation tool? - Are there any key priorities that we have missed or changes that should be made?
Strongly agree					Strongly agree			When considering diversity - a learning and inclusive approach may be helpful as it could help people to explore their food heritage to rediscover healthier foods and ways of eating
Agree	Would be good to genuinely hear the voices of those who always pay their taxes.				Strongly disagree		Seeing diversity always means looking after those that fail to integrate and are now demanding the local community accept their ways. Look at the areas now dominated by recent migrants. Unkempt and dirty. These people need to be actively encouraged to not only integrate but to tolerate others and genuinely contribute	
Strongly agree					Strongly agree			
Strongly agree					Strongly agree			
Agree					Agree			
Strongly agree				no	Strongly agree			
Don't know					Strongly disagree		Why are you describing us as citizens? We are free people and the number one priority is to maintain the right to choose what to eat regardless of your fascist ideals.	freedom of choice

	To what extent do you agree or disagree with the vision statement? - Vision statement- radio button	To what extent do you agree or disagree with the vision statement? - If you agree with the vision statement, use the box below for comments you wish to make	To what extent do you agree or disagree with the vision statement? - If you disagree with the vision statement, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with these principles? - Principles- radio button	To what extent do you agree or disagree with these principles? - If you agree with the principles, use the box below for comments you wish to make	To what extent do you agree or disagree with these principles? - If you disagree with the principles, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with this ambition? - Ambition- radio button	To what extent do you agree or disagree with this ambition? - If you agree with the ambition, use the box below for comments you wish to make	To what extent do you agree or disagree with this ambition? - If you disagree with the ambition, tell us why and explain how you think this could be improved
14	Strongly agree			Strongly agree			Strongly agree		
15	Strongly agree	would like to see more emphasis on better quality children's school meals		Agree	would like examples of how you see these principles in action		Strongly agree		
16	Strongly agree	I would like to see a system where all people have access to healthy and nutritious food. That people who are overweight are not judged negatively but are able to access advice and support and counselling. That all children and seniors are offered one free meal per day as we all know that the salary parents earn is not always what is spent on the children. That there are recipes that show how to cook a cheap meal in libraries and other public places.		Strongly agree	We need proper community involvement. Groups given grants should be subject to scrutiny to ensure best vale and community involvement.		Strongly agree	I absolutely agree that we should consider climate change. Work should be undertaken with take out businesses to reduce the packaging and encouraging people to bring their containers. Only use big sauce bottles in the shop and not give out small portions in plastic and not give out napkins (One per person is sufficient). Not all Communities are lucky enough to have Community Centres and it is not appropriate for local Churches to be allowed to dominate because they have a building. We should use the leisure centres or other community buildings that all Communities members feel comfortable to use. Absolutely agree that local businesses should be supported we have excellent local food. In Stechford we have an excellent Bangladeshi/Indian restaurant who are a huge part of the community.	
17	Agree	Access to nutritious and healthy food should be a basic human right		Agree	This should already be happening		Agree		

To what extent do you agree or disagree with the aims? - Aims- radio button	To what extent do you agree or disagree with the aims? - If you agree with the aims, use the box below for comments you wish to make	To what extent do you agree or disagree with the aims? - If you disagree with the aims, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the aims? - Are there any key aims that we have missed or changes that should be made?	To what extent do you agree or disagree with the Big Bold City approach? - Big Bold City Approach- radio button	To what extent do you agree or disagree with the Big Bold City approach? - If you agree with the Big Bold City approach, use the box below for comments you wish to make	To what extent do you agree or disagree with the Big Bold City approach? - If you disagree with the Big Bold City approach, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Big Bold City approach? - Are there any key settings that we have missed or changes that should be made?	To what extent do you agree or disagree with the overall Framework for Action? - Framework for Action- radio button	To what extent do you agree or disagree with the overall Framework for Action? - If you agree with the Framework for Action, use the box below for comments you wish to make
Strongly agree				Strongly agree				Strongly agree	
Strongly agree	How about investigating all the chicken shops -- where they source their chicken (could be Thailand, for example) and how the chickens are treated. Make this a school educational project and perhas the children will make different informed choices.			Strongly agree			food waste recycling	Strongly agree	
Strongly agree	If people are able to access good healthy local food and receive support the quality of life in Birmingham will be even better than it is now.		No	Strongly agree	Education will be the key. No one should be denied access to good food no matter what their social status. Good nutritious food should be a right for all.		No	Strongly agree	
Agree				Agree	Not sure what impact the council will have or can have on businesses and charities working practices? The focus needs to be on choices that people on or below the poverty line face and supporting people who have little choice so that the choices they are faced with are not detrimental to their health		Homeless shelters, refuges, care homes, food banks	Strongly agree	

To what extent do you agree or disagree with the overall Framework for Action? - If you disagree with the Framework for Action, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the overall Framework for Action? - Are there any key aspects that we have missed or changes that should be made?	To what extent do you agree or disagree with the overall Framework for Action? - Which of the nine workstreams do you think is the most important to improve the food system in Birmingham?	To what extent do you agree or disagree with the Food Production workstream? - 1. Food Production- radio button	To what extent do you agree or disagree with the Food Production workstream? - If you agree with the Food Production workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Production workstream? - If you disagree with the Food Production workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Production workstream? - Are there any key aspects of Food Production that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Production workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Sourcing workstream? - 2. Food Sourcing- radio button	To what extent do you agree or disagree with the Food Sourcing workstream? - If you agree with the Food Sourcing workstream, use the box below for comments you wish to make
		Food production	Strongly agree				Make better use of allotment spaces.	Strongly agree	
		Food transformation	Agree			ACCESS TO ALLOTMENTS ... long waiting list too many golf courses where public have no right of way -- too much land used for few people ANIMALS -- their diet needs to be considered -- it is possible to have VEGAN animals -- and feed them insects etc. We need to consider setting up dog toilets in parks as I am put off any community gardening in parks by the likelihood that soil is infected with toxicara canis. SOIL is also polluted by too many cars and vehicles and poor air quality in Birmingham	working with local Enterprise partnerships to set up urban farms	Agree	
		No answer	Strongly agree	I really like the idea of using spaces in the city for food this can involve all community members.				Strongly agree	
		Food waste and recycling	Agree	If communities get use of public spaces to grow food this produce should be available easily within the community at a competitive price that replaces supermarket offerings that carry lots of miles in the supply chain			Free access to areas that are ready to be grown. The council should clear and make ready areas that are overgrown	Strongly agree	

To what extent do you agree or disagree with the Food Sourcing workstream? - If you disagree with the Food Sourcing workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Sourcing workstream? - Are there any key aspects of Food Sourcing that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Sourcing workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Transformation workstream? - 3. Food Transformation- radio button	To what extent do you agree or disagree with the Food Transformation workstream? - If you agree with the Food Transformation workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Transformation workstream? - If you disagree with the Food Transformation workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Transformation workstream? - Are there any key aspects of Food Transformation that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Transformation workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Waste and Recycling workstream? - 4. Food Waste and Recycling	To what extent do you agree or disagree with the Food Waste and Recycling workstream? - If you agree with the Food Waste and Recycling workstream, use the box below for comments you wish to make
		Encourage all groups to discuss what's needed, available locally and viable alternatives.	Strongly agree				Get chefs involved. They are advocates of adding extra salt, excess butter and fat and sugar to recipes.	Strongly agree	
		Understanding local food would love to see initiatives in schools around food sourcing and options and what they mean -- consequences for the envirmonment of flying in food out of season. School gardens... and better everyday cooking classes for all students. Educational visits to farm to understand where our food comes from.	Strongly agree			food additives and their link to poor health and obesity		Strongly agree	
			Strongly agree					Strongly agree	Families will save money if they are help and advised about how to waste less food thus putting them under less stress particularly if there is a recession. Businesses could be encouraged to donate any waste to community food projects.
			Strongly agree	Making people more aware of what is in their food is vital to deliver healthier diets. A great way of achieving this is by teaching them to prepare their own food. I wanted to teach people to cook when I left my teaching job but there is no facility for this. I ended up volunteering with FoodCycle as it was the closest I could find			Create facilities where people who have not got the basic kitchen skills needed to develop their own meals can learn to cook. Many years ago schools had these but this long ago disappeared from the curriculum. It could be run as a charity but the council would need to support the set up. I have looked into this and was on the verge of creating Sutton Coldfield Community Kitchen pre-pandemic but there were many obstacles. A council backed project would be more sustainable	Strongly agree	Some of this is linked to previous comments about having the skills to create meals. Not knowing what to do with leftovers is part of the problem. Supermarkets are still the biggest creators of waste - this too should be a focus

To what extent do you agree or disagree with the Food Waste and Recycling workstream? - If you disagree with the Food Waste and Recycling workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Waste and Recycling workstream? - Are there any key aspects of Food Waste and Recycling that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Waste and Recycling workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Economy and Employment workstream? - 5. Food Economy and Employment- radio button	To what extent do you agree or disagree with the Food Economy and Employment workstream? - If you agree with the Food Economy and Employment workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Economy and Employment workstream? - If you disagree with the Food Economy and Employment workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Economy and Employment workstream? - Are there any key aspects of Food Economy and Employment that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Economy and Employment workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - 6.Food Skills and Knowledge- radio button
		Review what happens to food not sold at the end of the day, close to sell by/ best before dates, can this be donated to those in need.	Agree					Strongly agree
	food composting I lived in area where food waste is collected in separate bins -- we need to think about doing this. Explain benefits of home compositing where this is possible		Agree				dedicated catering colleges where public can eat (they do this in France). This is not just for "disadvantaged" groups -- but food industry jobs and training should be option for every one. Real Living Wage is very important	Strongly agree
			Strongly agree					Strongly agree
	Key aspects - giving people the life skills to create and explore food in their own kitchens	See previous comments regarding council backed facilities to enable cookery skills development	Agree					Strongly agree

To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - If you agree with the Food Skills and Knowledge workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - If you disagree with the Food Skills and Knowledge workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - Are there any key aspects of Food Skills and Knowledge that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Behaviour Change workstream? - 7.Food Behaviour Change- radio button	To what extent do you agree or disagree with the Food Behaviour Change workstream? - If you agree with the Food Behaviour Change workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Behaviour Change workstream? - If you disagree with the Food Behaviour Change workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Behaviour Change workstream? - Are there any key aspects of Food Behaviour Change that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Behaviour Change workstream? - What do you think are the key actions we will need to undertake for this workstream?
			Make this part of the education programme for all pupils.	Don't know				
excellent				Agree				everything should start with education in schools and nurseries and colleges
				Strongly agree				
Jamie Oliver has had a number of programs aimed at achieving a lot of what is in this work stream. I'm sure there are lessons learnt in his work that would benefit this?			Council enabled charity work throughout the area (not just town centre) to facilitate cookery lessons	Agree	Social prescribing is a good idea but has yet to deliver. I have met with a local social prescriber as a FoodCycle ambassador but she was spread so thinly across so many practices that she could not be drawn down to the level of food/community meals			More social prescribers

To what extent do you agree or disagree with the Food Security & Resilience workstream? - Food Security and Resilience	To what extent do you agree or disagree with the Food Security & Resilience workstream? - If you agree with the Food Security & Resilience workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Security & Resilience workstream? - If you disagree with the Food Security & Resilience workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Security & Resilience workstream? - Are there any key aspects of Food Security & Resilience that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Security & Resilience workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - Food Innovation, Partnerships and Research- Radio Buttons	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - If you agree with the Food Innovation, Partnerships and Research workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - If you disagree with the Food Innovation, Partnerships and Research workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - Are there any key aspects of Food Innovation, Partnerships and Research that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - What do you think are the key actions we will need to undertake for this workstream?
Agree	This will need collaboration of a lot of areas of business and the government as the cost of growing, producing, distributing, marketing all have an impact on the cost to the consumer.				Agree				Engage every element of the community and wider Midlands area.
Agree					Agree				
Strongly agree					Strongly agree				
Strongly agree	FoodCycle offer community meals across Birmingham which anyone can come and eat a hot three course meal with other people. No one should be hungry or lonely			Engage more with the projects that are happening. Let people know they can come and eat ... or come and volunteer	Agree				

To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - Food System Partners and Other Priorities and Strategies- radio button	To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - If you agree with our approach to involving food system partners and aligning to other strategies and priorities, use the box below for comments you wish to make	To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - If you disagree with our approach to involving food system partners and aligning to other strategies and priorities, tell us why and explain how you think it could be improved	To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - Are there any organisations, networks, groups or people we should be communicating with and involving when creating the Food System Strategy Action Plan?	To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - Are there any key priorities, strategies or best-practice guidance documents that we should align with when creating the Food System Strategy Action Plan that we may have missed?	To what extent do you agree or disagree with the Food Action Decision-Making and Prioritisation tool? - Food Action Decision-Making and Prioritisation tool- radio button	To what extent do you agree or disagree with the Food Action Decision-Making and Prioritisation tool? - If you agree with the Food Action Decision-Making and Prioritisation tool, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Action Decision-Making and Prioritisation tool? - If you disagree with the Food Action Decision-Making and Prioritisation tool, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Action Decision-Making and Prioritisation tool? - Are there any key priorities that we have missed or changes that should be made?
Agree					Strongly agree			
Agree					Agree			i disagree with the order of the priorities -- unless you give them all equal weight?
Strongly agree					Strongly agree			
Agree			Charities that offer food		Strongly agree			

	To what extent do you agree or disagree with the vision statement? - Vision statement- radio button	To what extent do you agree or disagree with the vision statement? - If you agree with the vision statement, use the box below for comments you wish to make	To what extent do you agree or disagree with the vision statement? - If you disagree with the vision statement, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with these principles? - Principles- radio button	To what extent do you agree or disagree with these principles? - If you agree with the principles, use the box below for comments you wish to make	To what extent do you agree or disagree with these principles? - If you disagree with the principles, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with this ambition? - Ambition- radio button	To what extent do you agree or disagree with this ambition? - If you agree with the ambition, use the box below for comments you wish to make	To what extent do you agree or disagree with this ambition? - If you disagree with the ambition, tell us why and explain how you think this could be improved
18	Strongly agree			Strongly agree			Strongly agree		
19	Strongly agree			Strongly agree			Strongly agree		
20	Strongly agree	It is ambitious, inclusive and will require choices about how we use land in the city that won't be universally liked but are necessary - everything comes down to the use of land and planning - so seeking to address this is the start of much wider societal change that could improve transport, reduce air pollution and car dependence, house more people in differing typologies, increase accessibility of jobs and green spaces etc. It all comes down to how land is used.		Strongly agree	I would add two more that focus more explicitly on decentralisation and looking at the bigger picture. BCC as an organisation are control freaks and their ways of operating constitute a significant barrier to progress sometimes. It's good to see on page 61 interdepartmental working is identified but it's not clear what this will involve. Birmingham Property Services for example are driven by maintaining a bottom line and have no vision for the city - this has led to lost opportunities in the past and BCC must be more willing to give power and funding to local communities who are more than willing to create lasting and far reaching change that might not be reflected in BPS's balance sheet. BCC's land holdings should be leveraged to create that changed and not flogged to developers.		Strongly agree	The ambition realises the scale of change that can be brought through food systems but needs to more explicitly demonstrate the importance of planning policy in delivering it.	
21	Strongly agree			Agree	Definitely make the most of existing good practice.		Strongly agree	Many of these issues need central government action to ensure any initiatives become permanent, not just based on short term projects and short term contracts and fixed funding from the third sector.	
22	Disagree		I would suggest the following revision: Our shared vision is a fair, sustainable and prosperous food system and economy, in which food choices are nutritious, affordable and desirable, to encourage all citizens to fulfil their potential for a happy, healthy life.	Agree			Disagree		I think the first paragraph is largely meaningless and could helpfully be replaced by a sentence explaining how the ambition relates to the vision.

To what extent do you agree or disagree with the aims? - Aims- radio button	To what extent do you agree or disagree with the aims? - If you agree with the aims, use the box below for comments you wish to make	To what extent do you agree or disagree with the aims? - If you disagree with the aims, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the aims? - Are there any key aims that we have missed or changes that should be made?	To what extent do you agree or disagree with the Big Bold City approach? - Big Bold City Approach- radio button	To what extent do you agree or disagree with the Big Bold City approach? - If you agree with the Big Bold City approach, use the box below for comments you wish to make	To what extent do you agree or disagree with the Big Bold City approach? - If you disagree with the Big Bold City approach, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Big Bold City approach? - Are there any key settings that we have missed or changes that should be made?	To what extent do you agree or disagree with the overall Framework for Action? - Framework for Action- radio button	To what extent do you agree or disagree with the overall Framework for Action? - If you agree with the Framework for Action, use the box below for comments you wish to make
Strongly agree				Agree				Strongly agree	
Strongly agree				Strongly agree				Strongly agree	Under the Environment Act 2021 the Council has to collect food waste weekly from households from 2025.
Strongly agree	Generally the aims highlights the main areas of the city's food system that need improving from production to waste/reuse, education and greater involvement in it.			Strongly agree			Across the lifecycle of produce - from production, to packaging, to marketing to waste and reuse needs adding in as well as how this can be decentralised and managed locally to minimise carbon intensive travel.	Agree	
Agree				Strongly agree	Schools remaining within City budgets needs to take action about food buying. Hospitals (outside City control) need to do the same-plenty of models of how to do it properly are present elsewhere.			Strongly agree	The City needs to use the existing legislation to protect allotment sites from being taken over for building works. What about the Commonwealth Games site and the allotments? Not a very good advert for long term strategic thinking.
Disagree		I'd remove the first sentence and include one as to how these relate to the vision and ambition.		Agree				Agree	

To what extent do you agree or disagree with the overall Framework for Action? - If you disagree with the Framework for Action, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the overall Framework for Action? - Are there any key aspects that we have missed or changes that should be made?	To what extent do you agree or disagree with the overall Framework for Action? - Which of the nine workstreams do you think is the most important to improve the food system in Birmingham?	To what extent do you agree or disagree with the Food Production workstream? - 1. Food Production- radio button	To what extent do you agree or disagree with the Food Production workstream? - If you agree with the Food Production workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Production workstream? - If you disagree with the Food Production workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Production workstream? - Are there any key aspects of Food Production that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Production workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Sourcing workstream? - 2. Food Sourcing- radio button	To what extent do you agree or disagree with the Food Sourcing workstream? - If you agree with the Food Sourcing workstream, use the box below for comments you wish to make
		No answer	Strongly agree					Strongly agree	
		No answer	Strongly agree	use of hydroponics - Birmingham has a lot of hydroponic experts who could be growing lettuces and tomatoes instead of their usual crops. The police have lots of seized hydroponics equipment.				Strongly agree	
	How the private sector can and should incorporate these activities in development and ensuring that they do.	No answer	Strongly agree			Birmingham pioneered the allotment system in the Victorian era and reaching back to that history can connect current policy with past success and create a sense of continuity and longevity that is a hallmark of sustainability - something which is sustainable, lasts. Recognition of this history is absent from the strategy at the moment. Again planning policy should mandate community growing spaces in new residential developments rather than ornamental planting or easy to maintain plastic grass that undermines aims to increase biodiversity. The provision of this green space in apartment buildings may encourage more families to live in them. Common in Europe but rare in the UK and America, mid-density development is a more sustainable and sociable built form than suburban housing and will enable more much needed homes to be built without sacrificing green	Enshrining the need for growing space on rooftops of new residential developments to maximise accessibility and efficient use of space - this will also improve mental and physical wellbeing and foster community in new neighbourhoods. Birmingham's Smithfield development should be the epicentre of a circular food system centred on the 900 year old markets. Food is at the core of Smithfield's identity and the Food Systems Strategy team must ensure this remains the case instead of allowing Lendlease to remove urban farming roof spaces for over-site development and viability. New initiatives can give individuals the power to green the city. Perhaps Birmingham could pioneer a system whereby residents in areas that require resident's parking permits to park cars in on street bays can replace that permit with one which grants them the right to adopt an on	Strongly agree	
		No answer	Strongly agree	Capacity to grow large amounts of food within the City is limited. Support for free classes about food growing and supporting allotments?				Strongly agree	Links to Open Farm Sunday and Nature Friendly Farming Network? Does the City have a City Farm?
		Food waste and recycling	Agree				good question!!!	Agree	

To what extent do you agree or disagree with the Food Sourcing workstream? - If you disagree with the Food Sourcing workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Sourcing workstream? - Are there any key aspects of Food Sourcing that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Sourcing workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Transformation workstream? - 3. Food Transformation- radio button	To what extent do you agree or disagree with the Food Transformation workstream? - If you agree with the Food Transformation workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Transformation workstream? - If you disagree with the Food Transformation workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Transformation workstream? - Are there any key aspects of Food Transformation that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Transformation workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Waste and Recycling workstream? - 4. Food Waste and Recycling	To what extent do you agree or disagree with the Food Waste and Recycling workstream? - If you agree with the Food Waste and Recycling workstream, use the box below for comments you wish to make
			Agree					Strongly agree	
			Strongly agree	will probably need government regulation to support food is more than just food - would need to address reasons why people eat sugar and high fat foods - mental health, emotional eating ,sexual abuse etc				Strongly agree	will need to sort household food waste collections by 2025 - local anaerobic digestors? composting in parks etc
		BCC should leverage extensive landholdings to offer preferential rates to sustainable food businesses to ensure that every local centre and high street has a small shop, akin to something like the clean kilo, that is accessible on foot, by bike or by public transport, reducing the distance people have to travel to access their weekly shop and perhaps change their habits. This will provide an alternative to the car-focused mode of consumption that currently predominates that exists apart from the food system itself but is an example of how consumption is still nonetheless unsustainable. Establishing this network of zero waste supermarkets will allow the formation of local circular systems centred around the supermarket that becomes a community asset. Food brings people together and recreating a more 'traditional' mode of purchasing groceries will appeal to the nostalgic older generation as well as the climate conscious younger	Strongly agree				Planning policy should also prevent the new takeaways, particularly drive throughs, which again encourage unsustainable travel habits and unhealthy lifestyles. Education is crucial and initiatives like the one I proposed for Aston Hall in response to the previous page and ensuring people understand where food comes from and changing the demand for certain types of food through education about what alternatives are available and desirable.	Strongly agree	
			Strongly agree	Central government needs to have the guts to take on the industry and impose sugar, fat and salt tax on junk food. Is the Council using it existing powers to stop the opening of take away shops and other junk food outlets?			Has the Council removed all junk food dispensing machines from all sites over which it has control? Eg swimming baths? Council offices, public spaces?	Strongly agree	Food recycling boxes to put with rubbish and recycling for regular collection?
			Disagree		diverse' in this context isn't a good thing. The aim should be to REDUCE the number of ingredients - see https://michaelpollan.com/reviews/how-to-eat/ - I would strongly suggest that 'more diverse and nutritious' be replaced with 'fewer and more nutritious' and 'diverse ingredients' with 'fewer ingredients'	see above		Agree	this is a great opportunity to work with and develop Incredible Surplus

To what extent do you agree or disagree with the Food Waste and Recycling workstream? - If you disagree with the Food Waste and Recycling workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Waste and Recycling workstream? - Are there any key aspects of Food Waste and Recycling that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Waste and Recycling workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Economy and Employment workstream? - 5. Food Economy and Employment- radio button	To what extent do you agree or disagree with the Food Economy and Employment workstream? - If you agree with the Food Economy and Employment workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Economy and Employment workstream? - If you disagree with the Food Economy and Employment workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Economy and Employment workstream? - Are there any key aspects of Food Economy and Employment that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Economy and Employment workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - 6.Food Skills and Knowledge- radio button
			Strongly agree					Strongly agree
			Strongly agree					Strongly agree
	Waste not only involves physical items like packaging but wasteful behaviour. Waste is also a result of that behaviour. Robust planning policy needs adopting which explicitly outlines that retail park type supermarkets, with their inefficient low rise form, unattractive architecture, copious parking and high street destroying potential will no longer be supported anywhere in the city. The mode of consumption for many is driving to a large supermarket far away once a week. This practice increases food waste, congestion, air pollution and is the opposite of living more locally. To this end BCC should leverage extensive landholdings to offer preferential rates to sustainable food businesses to ensure that every local centre and high street has a small shop, akin to something like the clean kilo, that is accessible on foot, by bike or by public transport, reducing the distance people have to	- Ban retail parks and takeaways - Invest in zero waste businesses and education - Promote more sustainable travel and logistics - Create circular, local food systems where food waste can be returned to community gardens For when you're eating out, Ghent introduced a local version of a doggy bag called the Restorestje Box which has since been widely replicated across Belgium since its introduction in 2015. 100 restaurants in the city distributed 11,000 boxes to their customers to take home their leftovers. If you're struggling to finish that pizza there is no need for embarrassment; you're saving the planet, reducing food waste and you can enjoy your delicious leftovers at home. Keepcups are available across the city too and offer a greener alternative to disposable coffee cups. Many cafes also offer discounts on your take away purchase if you bring one in too.	Not Answered				A sustainable food plan must ensure that everyone has access to it and can get involved. Food should be an inherently social activity, eating lunch at your desk is a modern phenomenon that has been stripped of the joy of sharing a meal together. Food brings people together regardless of age, sex, background or income and as such can be an agent of social cohesion as well as a source of employment. The development of sustainable food systems can help boost social employment by offering training and creating jobs at restaurants and with producers. Access to start-up support could enable new enterprises to develop and innovate, increasing the number of food-related jobs and training opportunities. The Severn Project, a Community Interest Company founded in Bristol in 2010, produces 300kg of organic salad leaves a week to sell commercially and provides education	Agree
			Strongly agree	Does the Council ensure that all staff who produce food for Council use are paid above the national living wage? Catering staff need better status and support for education about basic nutrition.				Strongly agree
	this is a great opportunity to work with and develop Incredible Surplus	this is a great opportunity to work with and develop Incredible Surplus	Agree					Disagree

To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - If you agree with the Food Skills and Knowledge workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - If you disagree with the Food Skills and Knowledge workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - Are there any key aspects of Food Skills and Knowledge that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Behaviour Change workstream? - 7.Food Behaviour Change- radio button	To what extent do you agree or disagree with the Food Behaviour Change workstream? - If you agree with the Food Behaviour Change workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Behaviour Change workstream? - If you disagree with the Food Behaviour Change workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Behaviour Change workstream? - Are there any key aspects of Food Behaviour Change that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Behaviour Change workstream? - What do you think are the key actions we will need to undertake for this workstream?
				Strongly agree				
				Strongly agree	behaviour change is hard with food as it's so loaded with values that are non food related. This is a big task.			
			We have numerous outstanding Brummie chefs who could produce a new online cookbook, creating exciting yet easy recipes to cook at home and collaborating with businesses where you can buy the ingredients in meal kits. Education is also key and cookery schools across the city need to be promoted and made more accessible. Making food growing and cooking lessons as well as farm visits part of every child's education will familiarise future generations with where their food comes from. Since 2014, over 42 schools in Ghent have received training in how to develop community garden beds on their campus, with other 240 parents and teachers having participated in these workshops. The Kitchen Food School in Digbeth began as a pop up and the school	Strongly agree				As mentioned previously, robust planning policy needs adopting which explicitly outlines that retail park type supermarkets, with their inefficient low rise form, unattractive architecture, copious parking and high street destroying potential will no longer be supported anywhere in the city. The mode of consumption for many is driving to a large supermarket far away once a week. This practice increases food waste, congestion, air pollution and is the opposite of living more locally. As with modal shift, a carrot and stick approach is needed - people need to be given attractive alternatives while the damaging status quo is made less convenient. To this end BCC should leverage extensive landholdings to offer preferential rates to sustainable food businesses to ensure that every local centre and high street has a small shop, akin to something like the clean kilo, that is accessible on foot, by bike or by public transport,
Adult Education services should have cookery classes available across the City offering courses in the evening and Saturdays.				Don't know				Remove easy access to junk food.
	I'd lose the first para which is largely meaningless.			Agree				

To what extent do you agree or disagree with the Food Security & Resilience workstream? - Food Security and Resilience	To what extent do you agree or disagree with the Food Security & Resilience workstream? - If you agree with the Food Security & Resilience workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Security & Resilience workstream? - If you disagree with the Food Security & Resilience workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Security & Resilience workstream? - Are there any key aspects of Food Security & Resilience that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Security & Resilience workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - Food Innovation, Partnerships and Research- Radio Buttons	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - If you agree with the Food Innovation, Partnerships and Research workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - If you disagree with the Food Innovation, Partnerships and Research workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - Are there any key aspects of Food Innovation, Partnerships and Research that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - What do you think are the key actions we will need to undertake for this workstream?
Strongly agree					Strongly agree				
Strongly agree	free school meal vouchers for every holiday for eligible children?				Strongly agree				
Strongly agree					Strongly agree				
Agree					Don't know				
Agree					Agree				

To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - Food System Partners and Other Priorities and Strategies- radio button	To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - If you agree with our approach to involving food system partners and aligning to other strategies and priorities, use the box below for comments you wish to make	To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - If you disagree with our approach to involving food system partners and aligning to other strategies and priorities, tell us why and explain how you think it could be improved	To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - Are there any organisations, networks, groups or people we should be communicating with and involving when creating the Food System Strategy Action Plan?	To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - Are there any key priorities, strategies or best-practice guidance documents that we should align with when creating the Food System Strategy Action Plan that we may have missed?	To what extent do you agree or disagree with the Food Action Decision-Making and Prioritisation tool? - Food Action Decision-Making and Prioritisation tool- radio button	To what extent do you agree or disagree with the Food Action Decision-Making and Prioritisation tool? - If you agree with the Food Action Decision-Making and Prioritisation tool, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Action Decision-Making and Prioritisation tool? - If you disagree with the Food Action Decision-Making and Prioritisation tool, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Action Decision-Making and Prioritisation tool? - Are there any key priorities that we have missed or changes that should be made?
Strongly agree					Strongly agree			
Strongly agree	need to embed Net Zero Carbon within this in terms of food miles, food waste, energy used to produce food, move away from gas cooking etc				Strongly agree			
Strongly agree			Planning and Transport need incorporating into a holistic vision and spatial strategy for the city.		Agree			
Not Answered					Agree	Need to focus on long term achievable initiatives.		
Agree	I don't know what 'cross-matrix' means and find that alienating				Disagree		I find this largely incomprehensible. What are you trying to say? What is the actual tool, what does it consist of?	

	To what extent do you agree or disagree with the vision statement? - Vision statement- radio button	To what extent do you agree or disagree with the vision statement? - If you agree with the vision statement, use the box below for comments you wish to make	To what extent do you agree or disagree with the vision statement? - If you disagree with the vision statement, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with these principles? - Principles- radio button	To what extent do you agree or disagree with these principles? - If you agree with the principles, use the box below for comments you wish to make	To what extent do you agree or disagree with these principles? - If you disagree with the principles, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with this ambition? - Ambition- radio button	To what extent do you agree or disagree with this ambition? - If you agree with the ambition, use the box below for comments you wish to make	To what extent do you agree or disagree with this ambition? - If you disagree with the ambition, tell us why and explain how you think this could be improved
23	Strongly agree			Strongly agree			Strongly agree		
24	Strongly agree	Nutrition is important for our students		Not Answered			Strongly agree	It does concern me that we use single use plastics , what message does this send about the environment!	
25	Strongly agree	The vision ties in well with the Net Zero action plan		Strongly agree	There is good practice in which healthy food supply contributes directly to Net Zero - for example, the Fruit and Nut Villages - carbon sequestration in the trees and organic, healthy food for local people - and this can certainly be built upon. Maybe with particular focus on the environmental justice wards.		Strongly agree	The Environment Act 2021 will support with this - it introduces deposit schemes for bottles/cans, charges for single use items and weekly collection of household food waste which will feed into the Regenerate our Environment strand.	
26	Strongly agree	So Roundup should not be sprayed anywhere, and especially not on allotments!		Disagree		You didn't mention sustainability	Strongly agree	Healthy has to mean pesticide-free. Stop spraying toxic chemicals or accepting food that has been sprayed.	
27	Strongly agree			Strongly agree			Strongly agree		
28	Agree			Agree			Agree		
29	Strongly agree	I think that there should be more emphasis on independently run restaurants and takeaways that provide healthier food (preferably more sustainable alternatives such as vegetarian or vegan) that has a lower carbon footprint.		Strongly agree	Also restrict the development of more cheap fast food outlets. Allow preference to more independent healthier takeaways.		Strongly agree	Agree 100%	
30	Agree			Don't know			Agree	I agree with the ambition but think it will be very difficult to achieve	
31	Strongly agree			Strongly agree			Strongly agree	I am particularly keen to look at the impact of food production and distribution on the environment. We need to focus on sustainable and ethical food production and ensure that our food does not cost the earth - literally!	

To what extent do you agree or disagree with the aims? - Aims- radio button	To what extent do you agree or disagree with the aims? - If you agree with the aims, use the box below for comments you wish to make	To what extent do you agree or disagree with the aims? - If you disagree with the aims, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the aims? - Are there any key aims that we have missed or changes that should be made?	To what extent do you agree or disagree with the Big Bold City approach? - Big Bold City Approach- radio button	To what extent do you agree or disagree with the Big Bold City approach? - If you agree with the Big Bold City approach, use the box below for comments you wish to make	To what extent do you agree or disagree with the Big Bold City approach? - If you disagree with the Big Bold City approach, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Big Bold City approach? - Are there any key settings that we have missed or changes that should be made?	To what extent do you agree or disagree with the overall Framework for Action? - Framework for Action- radio button	To what extent do you agree or disagree with the overall Framework for Action? - If you agree with the Framework for Action, use the box below for comments you wish to make
Strongly agree				Strongly agree				Strongly agree	
Strongly agree				Agree				Strongly agree	Children still don't understand enough about nutrition and issues surrounding waste so this is important
Strongly agree			It's important to link the Food System to the Net Zero agenda as many of the aims overlap	Strongly agree			just to say - a few typos - page 27 - there's an unfinished sentence at the top and it should be 'fewer' rather than 'less' I think page 30 - the map is difficult to read page 32 - the map is blocking out some of the text	Strongly agree	
Strongly agree	Safe food = pesticide and herbicide free		Get rid of Roundup, Resolva and other toxic chemicals from the whole city. Many other councils have already banned them. There is no way they should be used where fruit and veg are growing, and especially not on allotments!	Agree	Make a start by not spraying toxic chemicals on allotments! There are alternative ways to control weeds, and they don't kill 96% of bumblebees or make earthworms infertile. Make allotment plot holders responsible for weed control and save the Council loads of money.		Allotments!!	Agree	That includes allotment plot holders. Help us by stopping using toxic chemicals. We know what to do.
Strongly agree				Strongly agree				Strongly agree	
Agree				Agree				Agree	
Strongly agree	Agree 100%			Strongly agree				Strongly agree	Agree 100%
Agree				Agree				Agree	
Strongly agree	It is really important that food retailers are on-board with this. People need to be able to access high quality, sustainably produced food in their immediate locality. Supermarkets and smaller retailers have a big part to play in this. At the moment food production is driven purely by profit and most people are ignorant of where and how their food is produced. To quote Wendell Berry; 'The consumer, that is to say, must be kept from discovering that, in the food industry – as in any other industry – the overriding concerns are not quality and health, but volume and price. '			Strongly agree				Strongly agree	Definitely need to look at food sourcing - 'increase sourcing of local, environmentally sustainable, ethical and nutritious foods across the food system'. Also reducing plastic packaging!! This contributes to wastage as portions in pre-packaged food are often too large, especially for smaller households. What did we do before plastic??? Bought loose fruit and veg. Virtually impossible in local food retailers now e.g. Co-op and Tesco. So frustrating!

To what extent do you agree or disagree with the overall Framework for Action? - If you disagree with the Framework for Action, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the overall Framework for Action? - Are there any key aspects that we have missed or changes that should be made?	To what extent do you agree or disagree with the overall Framework for Action? - Which of the nine workstreams do you think is the most important to improve the food system in Birmingham?	To what extent do you agree or disagree with the Food Production workstream? - 1. Food Production- radio button	To what extent do you agree or disagree with the Food Production workstream? - If you agree with the Food Production workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Production workstream? - If you disagree with the Food Production workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Production workstream? - Are there any key aspects of Food Production that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Production workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Sourcing workstream? - 2. Food Sourcing- radio button	To what extent do you agree or disagree with the Food Sourcing workstream? - If you agree with the Food Sourcing workstream, use the box below for comments you wish to make
		No answer	Strongly agree					Strongly agree	
		No answer	Strongly agree	Seems complicated to introduce, but a great principle to work towards				Strongly agree	
		Food behaviour change	Strongly agree	From a net zero perspective, we would encourage people to consume more plants and less meat and so would reduce meat production.			There is a network of community gardens and this could be grown - maybe to include the pocket parks. To allow some plots on allotments to become small market gardeners. My understanding is that although not allowed, some produce grown on allotments is sold and maybe this could be regularised and with support could become SME incubators. There have also been more animal-human virus interactions recently (eg swine flu) and so a reduction in meat production would reduce this possibility.	Strongly agree	
		No answer	Disagree		You missed out allotments! We are experts and a huge resource.	Involve allotment plot holders e.g. BDAC and eco charities and bodies. Involve people who are actually experts in food growing. And get councillors out visiting allotments to learn how we respect pollinators and the soil!	Involve allotment plot holders.	Strongly agree	Allotment plot holders are among the local food growers. Give us more support, listen to us, and don't use toxic chemicals on our sites.
		No answer	Strongly agree					Strongly agree	
		No answer	Agree					Agree	
		No answer	Strongly agree				Empowering communities and engaging with them.	Strongly agree	
		Food behaviour change	Agree				Financial support if we are to help people grow their own food. Most people don't have time. They are busy working.	Agree	
		Food sourcing	Strongly agree	Definitely need to 'Use the levers of procurement to support environmentally sustainable and ethical food production as a fundamental part of the food system of the city.' Supermarkets need to change				Strongly agree	Really important - 'Increase demand and expectation of seasonal, local, sustainable food sourcing with ethical supply chains' and 'Support more rural-urban connection, especially through local markets that help connect independent and small producers with local communities.' To quote Wendell Berry again: 'Most people are now fed, clothed and sheltered from sources, in nature and in the work of other people, toward which they feel no gratitude and exercise no responsibility.

To what extent do you agree or disagree with the Food Sourcing workstream? - If you disagree with the Food Sourcing workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Sourcing workstream? - Are there any key aspects of Food Sourcing that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Sourcing workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Transformation workstream? - 3. Food Transformation- radio button	To what extent do you agree or disagree with the Food Transformation workstream? - If you agree with the Food Transformation workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Transformation workstream? - If you disagree with the Food Transformation workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Transformation workstream? - Are there any key aspects of Food Transformation that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Transformation workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Waste and Recycling workstream? - 4. Food Waste and Recycling	To what extent do you agree or disagree with the Food Waste and Recycling workstream? - If you agree with the Food Waste and Recycling workstream, use the box below for comments you wish to make
			Strongly agree					Strongly agree	
			Strongly agree					Strongly agree	I agree that the future must involve reducing food waste
	role of allotments as incubators for food growing businesses	The understand local food may be the easiest to start. Many schools still use Citiserve as caterers and so the Council could work with them. An issue will always be cost as a primary school meal is £2.40 a day to cover staff, overheads and food and most of the food is frozen from Brakes. Any change from this would be a major training exercise for school cooks. Certainly education providers could re-introduce home economics in some form to educate pupils.	Strongly agree					Strongly agree	
		Begin 'at home' with allotment groups. We have a wealth of knowledge and experience.	Strongly agree					Strongly agree	
			Strongly agree					Strongly agree	
			Agree					Agree	
		All of them.	Strongly agree					Strongly agree	
			Agree					Agree	
			Strongly agree					Strongly agree	Absolutely - 'Reducing food waste and packaging conserves energy and resources, and reduces waste in landfill, it is better for our pockets as well as for our planet.' We need to convert retailers!!!

To what extent do you agree or disagree with the Food Waste and Recycling workstream? - If you disagree with the Food Waste and Recycling workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Waste and Recycling workstream? - Are there any key aspects of Food Waste and Recycling that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Waste and Recycling workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Economy and Employment workstream? - 5. Food Economy and Employment- radio button	To what extent do you agree or disagree with the Food Economy and Employment workstream? - If you agree with the Food Economy and Employment workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Economy and Employment workstream? - If you disagree with the Food Economy and Employment workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Economy and Employment workstream? - Are there any key aspects of Food Economy and Employment that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Economy and Employment workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - 6.Food Skills and Knowledge- radio button
			Strongly agree					Strongly agree
			Strongly agree					Not Answered
	The Environment Act introduces weekly food waste collection from 2025 and this needs to be factored in. The Act also covers waste licensing and so there may be scope for doing something for commercial food waste disposal that incentivises passing the waste to fareshare or other community distribution organisations. There is also the opportunity to reduce single use items and to do more on reducing packaging.	Avoiding waste is the primary goal, but any food waste can be used for renewable energy in anaerobic digesters and the electricity can be sold. This gives some scope for community energy businesses.	Strongly agree					Strongly agree
			Agree		Reduce packaging waste and improve recycling collections to large buildings such as high rise blocks.			Strongly agree
			Not Answered					Strongly agree
			Agree					Agree
		Talking with all providers of waste to find a solution to reduce waste.	Strongly agree			Set up a recognized award system for businesses and employees.		Strongly agree
			Agree				Apprenticeships are a great ideas but they don't pay enough. Many people cannot afford to do them.	Don't know
			Strongly agree					Strongly agree

To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - If you agree with the Food Skills and Knowledge workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - If you disagree with the Food Skills and Knowledge workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - Are there any key aspects of Food Skills and Knowledge that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Behaviour Change workstream? - 7.Food Behaviour Change- radio button	To what extent do you agree or disagree with the Food Behaviour Change workstream? - If you agree with the Food Behaviour Change workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Behaviour Change workstream? - If you disagree with the Food Behaviour Change workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Behaviour Change workstream? - Are there any key aspects of Food Behaviour Change that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Behaviour Change workstream? - What do you think are the key actions we will need to undertake for this workstream?
				Strongly agree				
		Price of food may be an issue which limits choices		Strongly agree				
			Grow smart - agriculture has still a long way to go to meet net zero and any action is this area would need to take into account farming methods, the move away from meat production to vegetables and fruit, mixed land use to increase biodiversity and tree planting on non-productive land.	Strongly agree	The Net Zero team may be looking to appoint a Behaviour Change worker in the future and there would certainly be areas of overlap.			The difficult bit is always making the right thing to do, the easy thing to do.
			Use local tv news programmes to highlight good practice.	Don't know				
				Strongly agree				
				Agree				
				Strongly agree				Bring people along by understanding the benefits .
				Agree				Getting humans to change their behaviour and act differently to other humans around them is incredibly difficult. This is an entire culture change. Most people do what they see others around them doing. Teaching young people to be willing to be different ito others is key.
Stop advertising for fast food outlets such as Macdonalds and Burger King!				Strongly agree	The whole culture around food needs to change. Why are youngsters attracted to Macdonalds from an early age? Advertising! We need to make fast-food outlets socially unacceptable.			

To what extent do you agree or disagree with the Food Security & Resilience workstream? - Food Security and Resilience	To what extent do you agree or disagree with the Food Security & Resilience workstream? - If you agree with the Food Security & Resilience workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Security & Resilience workstream? - If you disagree with the Food Security & Resilience workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Security & Resilience workstream? - Are there any key aspects of Food Security & Resilience that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Security & Resilience workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - Food Innovation, Partnerships and Research- Radio Buttons	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - If you agree with the Food Innovation, Partnerships and Research workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - If you disagree with the Food Innovation, Partnerships and Research workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - Are there any key aspects of Food Innovation, Partnerships and Research that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - What do you think are the key actions we will need to undertake for this workstream?
Strongly agree					Strongly agree				
Strongly agree	I think there will be issues based around the cost of food				Agree				
Strongly agree	Two of the areas of Net Zero are adaptation (living with the impacts of climate crisis eg warmer temperatures) and resilience (reducing the impacts of the climate crisis eg flood mitigation). Food production will need to adapt to hotter summers and warmer winters with increased rainfall in winter and so this may mean different crops or farming methods. The Netherlands are an exporter of salad items despite small farming areas due to their use of hydroponics. This system isn't impacted as much by climate and so is more resilient.		Impact of climate crisis on farming methods.		Strongly agree				
Strongly agree			Encourage people who live from one food treat to the next to share more via food collections and to eat more simply themselves.		Don't know			The allotment plot holders!!	
Strongly agree					Strongly agree				
Agree					Agree				
Strongly agree					Strongly agree			Restrict or limit the advertising or promotion of fast foods.	
Don't know					Don't know				
Strongly agree	Bring in Universal Basic Income!				Strongly agree				

To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - Food System Partners and Other Priorities and Strategies- radio button	To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - If you agree with our approach to involving food system partners and aligning to other strategies and priorities, use the box below for comments you wish to make	To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - If you disagree with our approach to involving food system partners and aligning to other strategies and priorities, tell us why and explain how you think it could be improved	To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - Are there any organisations, networks, groups or people we should be communicating with and involving when creating the Food System Strategy Action Plan?	To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - Are there any key priorities, strategies or best-practice guidance documents that we should align with when creating the Food System Strategy Action Plan that we may have missed?	To what extent do you agree or disagree with the Food Action Decision-Making and Prioritisation tool? - Food Action Decision-Making and Prioritisation tool- radio button	To what extent do you agree or disagree with the Food Action Decision-Making and Prioritisation tool? - If you agree with the Food Action Decision-Making and Prioritisation tool, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Action Decision-Making and Prioritisation tool? - If you disagree with the Food Action Decision-Making and Prioritisation tool, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Action Decision-Making and Prioritisation tool? - Are there any key priorities that we have missed or changes that should be made?
Strongly agree					Strongly agree			
Strongly agree					Agree			
Strongly agree	Important to link with Net Zero agenda		Citiserve, BCC Route to Net Zero team	Net Zero Action Plan	Strongly agree			
Agree	I think you need a focus group in every one of the city's 'villages' i.e. everywhere there's a small, locally recognised, centre of population. And you need to listen to conservationists, especially those who are already growing food on a small scale at home and on allotments. The experts aren't necessarily wearing suits!		BDAC. PAN-UK, Soil Association, Bee Friendly Brum, Wildlife Trusts, FOE... It has to be respectful to the environment.		Don't know			Start small. Get going where you already can, easily. Ban glyphosate-based pesticides and herbicides from food growing areas!
Strongly agree					Strongly agree			
Agree					Agree			
Strongly agree					Strongly agree			
Don't know					Agree			
Strongly agree	I am encouraged that 'The Food System Strategy will be overseen by the Health and Wellbeing Board'				Strongly agree			

	To what extent do you agree or disagree with the vision statement? - Vision statement- radio button	To what extent do you agree or disagree with the vision statement? - If you agree with the vision statement, use the box below for comments you wish to make	To what extent do you agree or disagree with the vision statement? - If you disagree with the vision statement, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with these principles? - Principles- radio button	To what extent do you agree or disagree with these principles? - If you agree with the principles, use the box below for comments you wish to make	To what extent do you agree or disagree with these principles? - If you disagree with the principles, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with this ambition? - Ambition- radio button	To what extent do you agree or disagree with this ambition? - If you agree with the ambition, use the box below for comments you wish to make	To what extent do you agree or disagree with this ambition? - If you disagree with the ambition, tell us why and explain how you think this could be improved
32	Agree	I agree that it is important that we don't just remain neutral, but actively focus on regeneration and actively focus on offsetting carbon emissions, for example.		Strongly agree	I strongly agree that reducing inequalities is essential, but it is not enough to make access equal for all, it is necessary to make access easier for those most in need.		Agree	innovation and regeneration should be central to the ambition, to ensure that it is a sustainable system which can continue without further funding	
33	Strongly agree	Bold needs to be about engaging, encouraging, genuinely involving citizens as equal partners in development, review and implementation of strategies agreed with them. Less top down, but a real meeting in the middle so all views are captured.		Strongly agree	Great list ... let's make it real in the mind of every decision maker, officers and elected. Really get out and engage with citizens and groups. BCC can be very conservative. Be bold!		Strongly agree		
34	Strongly agree	An excellent goal, articulates all key elements necessary for change and for success.		Strongly agree	Building on existing good practice and evidence are essential. We dont need to reinvent the wheel when things are working. We need to recognise barriers - because these changes are challenging. And of course, inequalities are at the heart of this.		Agree	I agree with the ambition - but 8 years is no time at all for effect these changes.	
35	Strongly agree	Food is an essential part of our lives but also a complex system without our economy and health. It is critical to master this system for widespread benefits to the population.		Strongly agree	We need to collaborate with other businesses and organisations who can provide the products and logistics required to implement the desired strategy. Utilising partnerships and alike will ensure the strategy is robust and feasible.		Strongly agree		
36	Don't know			Don't know			Don't know		
37	Agree			Strongly agree			Agree		
38	Agree			Agree			Agree		
39	Agree	Healthy food promoted city wide would be fantastic		Agree			Agree		

To what extent do you agree or disagree with the aims? - Aims- radio button	To what extent do you agree or disagree with the aims? - If you agree with the aims, use the box below for comments you wish to make	To what extent do you agree or disagree with the aims? - If you disagree with the aims, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the aims? - Are there any key aims that we have missed or changes that should be made?	To what extent do you agree or disagree with the Big Bold City approach? - Big Bold City Approach- radio button	To what extent do you agree or disagree with the Big Bold City approach? - If you agree with the Big Bold City approach, use the box below for comments you wish to make	To what extent do you agree or disagree with the Big Bold City approach? - If you disagree with the Big Bold City approach, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Big Bold City approach? - Are there any key settings that we have missed or changes that should be made?	To what extent do you agree or disagree with the overall Framework for Action? - Framework for Action- radio button	To what extent do you agree or disagree with the overall Framework for Action? - If you agree with the Framework for Action, use the box below for comments you wish to make
Strongly agree	it is of utmost importance to identify the barriers that prevent people from accessing healthy food provision from the most in need members of society. i.e. English as an additional language being a barrier, lack of access to supermarkets/bulk buying stores, etc			Strongly agree	I feel most environments have been covered, but would add in childcare settings also, such as childminding services, holiday clubs, breakfast/after school clubs, youth groups, and leisure centres.			Agree	
Strongly agree	Default for resources should be co-design with key community allies. Resources should go to communities and allies to facilitate what we need on the ground. Programmes designed in house and dropped on communities should be replaced. We need to stop the 'pleasing the boss' and 'we have our agreed plan' - too often remote and unconnected to the community level work they should be impacting.			Agree	Yes, but only if we can shift beyond a strap line and make it real			Strongly agree	Outstanding list. Valuable guide to concerted local community action. people are passionate about grow and their environment. How can we best build from that.
Strongly agree	All excellent aims- glad to see life course emphasis - from birth onwards.			Strongly agree	yes, this cannot work in at the absence of collective effort			Strongly agree	All key components are included at some level I think
Strongly agree	All great points, the link to both diet and a healthy lifestyle including exercise is such a critical link which can support nutrition in itself.			Strongly agree			Consideration to be made of how to support business in delivering to this strategy. Whether this be to do with subsistence with facilities or staff to financial aids to encourage more business to get involved.	Strongly agree	
Don't know				Don't know				Don't know	
Agree			Food growing & the role of the cities rich allotment sites	Agree				Agree	
Agree			Encompass the wide variety of dietary restrictions	Don't know				Don't know	
Agree			Reduce chains and corporate fast food businesses across the city and replace it with locally owned and run businesses.	Agree	It has to be all encompassing and city wide !		Producers and food processing is missed. There are a number of slaughter houses and food factories etc in Birmingham that are not included here!	Agree	I agree overall but I do not agree that ethical meat production can include Halal slaughter for example as the practice is unethical and harms animals for the sake of a belief system.

To what extent do you agree or disagree with the overall Framework for Action? - If you disagree with the Framework for Action, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the overall Framework for Action? - Are there any key aspects that we have missed or changes that should be made?	To what extent do you agree or disagree with the overall Framework for Action? - Which of the nine workstreams do you think is the most important to improve the food system in Birmingham?	To what extent do you agree or disagree with the Food Production workstream? - 1. Food Production- radio button	To what extent do you agree or disagree with the Food Production workstream? - If you agree with the Food Production workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Production workstream? - If you disagree with the Food Production workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Production workstream? - Are there any key aspects of Food Production that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Production workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Sourcing workstream? - 2. Food Sourcing- radio button	To what extent do you agree or disagree with the Food Sourcing workstream? - If you agree with the Food Sourcing workstream, use the box below for comments you wish to make
	I would add that food education is important beyond school years and school age, should be a lifelong process, particularly for families who are newly arrived in the UK/Birmingham.	Food transformation	Strongly agree			Focus on production of plant-based food and discourage meat production, as it is too resource heavy	Get children and young people excited about and interested in growing their own food at school and at home.	Strongly agree	
		No answer	Strongly agree	Very good. We love parks but I think they have a strong lobby that needs to be noted, but not make other aspirations secondary. Any citizen with passion and an idea to grow should be able to access space easily, be supported as needed, with minimal fuss.			Open up access to green spaces. Understanding how processes and systems are seen by local citizens. Change them to suit. Stop justifying things as they are.	Strongly agree	How to use hyperlocal partners to create access to good quality food. Some will need to be fed. Some will want to grow their own. Others will want to support thropuigh cooking classes, running community supermarkets and cafes, and so on. Use these people. Local coordination is all.
		Food behaviour change	Agree	Great ideas at the whole food production/system level (though I worry that some of this may be interpreted as individual level 'growing your own' as a solution to food insecurity - it clearly is not and is not available to many of our population who experience greatest inequalities).				Strongly agree	Essential activity not just for reliable food access but for the planet.
		Food transformation	Strongly agree					Strongly agree	
		No answer	Don't know					Don't know	
		No answer	Agree			Role of allotments across Birmingham in community growing and individual food production	Improve maintenance and security across allotment sites. Improve awareness of allotment sites & support associations to make sure plots are cultivated. Provide training and support to growers.	Agree	
		No answer	Don't know					Agree	
	Food safety should be more prominent as a key aspect as well as food standards which seems to have been missed?	Food security and resilience	Agree	People need to know how to grow food it's not hard!			Fair trade and organic gets no mention for foods not grown or produced in the city.	Agree	

To what extent do you agree or disagree with the Food Sourcing workstream? - If you disagree with the Food Sourcing workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Sourcing workstream? - Are there any key aspects of Food Sourcing that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Sourcing workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Transformation workstream? - 3. Food Transformation- radio button	To what extent do you agree or disagree with the Food Transformation workstream? - If you agree with the Food Transformation workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Transformation workstream? - If you disagree with the Food Transformation workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Transformation workstream? - Are there any key aspects of Food Transformation that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Transformation workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Waste and Recycling workstream? - 4. Food Waste and Recycling	To what extent do you agree or disagree with the Food Waste and Recycling workstream? - If you agree with the Food Waste and Recycling workstream, use the box below for comments you wish to make
	Focus on plant-based diets which are far more sustainable that those which are heavy in animal products.	Inspire with creative, make at home recipes for seasonal food, as often families are not aware of how to cook and eat certain local seasonal foods they have never seen before e.g. chard/asparagus/etc	Strongly agree			Focus on convenience, as often families may not have access to high-tech, well stocked kitchens to cook meals from scratch, hence the reliance on fast-foods which don't require home cooking.	Life-long education that is not just focused on what children learn in school, and parents of school aged children. e.g. how are we targeting the elderly, who may not have internet access, and may be quite isolated from the community?	Strongly agree	
			Strongly agree	Digging below the low hanging fruit is essential. How to empower local people/groups to access street by street and support neighbours. It's not harder to reach, it's we haven't tried hard enough to reach.				Strongly agree	Composting needs to be city wide with full support for training and advice around equipment and methods. Community partners are doing this work already. We need much more. Community Gardens can be catalysts.
			Agree	Important to work with industry in this way - people dont continue to purchase foods that are not enjoyable. Finding the balance between manufacturing for enjoyment vs. health is tricky - but must be done via communication.			open honest dialogue development between food industry and our community	Strongly agree	Another great goal that addresses local and planetary need.
		Create platforms to ensure quality ingredients can be procured easily and are traceable.	Strongly agree	This is exactly what Clean Cuisine Co strongly believe in and base our business concept on.			Suggest a meeting with Clean Cuisine Co to discuss further	Strongly agree	
			Don't know					Don't know	
			Agree					Strongly agree	
			Agree					Agree	
	Organic and fair trade not mentioned	Collaborating with producers and traders to understand what the market needs	Agree					Strongly agree	

To what extent do you agree or disagree with the Food Waste and Recycling workstream? - If you disagree with the Food Waste and Recycling workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Waste and Recycling workstream? - Are there any key aspects of Food Waste and Recycling that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Waste and Recycling workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Economy and Employment workstream? - 5. Food Economy and Employment- radio button	To what extent do you agree or disagree with the Food Economy and Employment workstream? - If you agree with the Food Economy and Employment workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Economy and Employment workstream? - If you disagree with the Food Economy and Employment workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Economy and Employment workstream? - Are there any key aspects of Food Economy and Employment that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Economy and Employment workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - 6.Food Skills and Knowledge- radio button
	Although 70% of UK food waste (post farm gate) comes from households, I think it is important to embed reduction of waste throughout the whole of the food's lifecycle.	actively engaging working age adults who don't have school aged children, and the elderly who may be isolated from traditional educational methods such as online or through connections with community.	Strongly agree			How will those who are not of working or training age be engaged? E.g. young people and the retired? How will those who are NEET be engaged and supported into gainful employment and training?	Engage the wider community	Strongly agree
			Strongly agree					Strongly agree
		reduce stigma. facilitate access to fridge/freezer/food prep opportunities for those living without such access.	Agree					Strongly agree
			Strongly agree				Branding is essential, once Birmingham begins to recognise its self as a food destination, it should make it know across the UK.	Strongly agree
Why are Birmingham families/companies etc not recycling food in their kitchens with recycling bins? Other authorities do.			Don't know					Don't know
		Household composting scheme to turn food waste into compost for growing sites (e.g. allotments) to reduce need for fertilisers and chemical applications.	Agree					Agree
			Agree					Don't know
			Agree	It already is a good destination with lots of great innovative restaurants etc just needs to be realised		Ensure hospitality workers are payed enough!		Agree

To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - If you agree with the Food Skills and Knowledge workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - If you disagree with the Food Skills and Knowledge workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - Are there any key aspects of Food Skills and Knowledge that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Behaviour Change workstream? - 7.Food Behaviour Change- radio button	To what extent do you agree or disagree with the Food Behaviour Change workstream? - If you agree with the Food Behaviour Change workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Behaviour Change workstream? - If you disagree with the Food Behaviour Change workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Behaviour Change workstream? - Are there any key aspects of Food Behaviour Change that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Behaviour Change workstream? - What do you think are the key actions we will need to undertake for this workstream?
		It is important to educate people on where their food actually comes from, especially if we want to encourage ethical consumption. Education about the horrific conditions farm animals are subjected to would mean more ethically informed food decisions. There is no ethical consumption of animal products, and 3,272,215,692 animals have been killed this year for food in the UK, which could impact the way we think about where our food really comes from.	education in schools, cooking masterclasses, awareness of barriers to healthy food preparation and cooking, education of where our food actually comes from.	Don't know	I am not familiar with evidence-based behaviour change methods, so am not sure what exactly this entails.		Consider "peer pressure" - this can have a positive or negative influence. For example, could encourage children and young people to try different foods if their friends are doing it, but also could isolate people if their friends/co-workers are eating differently to them.	creating various "curriculums" for the individual, the community, and the city as a whole, with suggested actions
				Strongly agree	How do we reach deeply into communities. Need street by street initiatives and genuine use of partners.			
Particularly glad to see family & child focus. Good habits start at the start of life.			Treading careful balance between providing enjoyable, non-patronising opportunities for skills development without assuming all of the problems we face regarding our food choices and consumption are due to poor awareness/lack of skills related to cooking .	Strongly agree	I think this iOS one of the most important aspects of our work.			Don't underestimate the time and person-power that will be required to synthesise, adapt and integrate behaviour change evidence into co-designed interventions and programs.
				Strongly agree				
				Don't know				
				Agree				
				Agree				
				Agree				

To what extent do you agree or disagree with the Food Security & Resilience workstream? - Food Security and Resilience	To what extent do you agree or disagree with the Food Security & Resilience workstream? - If you agree with the Food Security & Resilience workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Security & Resilience workstream? - If you disagree with the Food Security & Resilience workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Security & Resilience workstream? - Are there any key aspects of Food Security & Resilience that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Security & Resilience workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - Food Innovation, Partnerships and Research- Radio Buttons	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - If you agree with the Food Innovation, Partnerships and Research workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - If you disagree with the Food Innovation, Partnerships and Research workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - Are there any key aspects of Food Innovation, Partnerships and Research that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - What do you think are the key actions we will need to undertake for this workstream?
Strongly agree			Consider the additional factors that contribute to overall poverty, which in turn leads to food poverty. E.g. the ever-increasing cost of housing, gas and electricity prices soaring, increase to national insurance, wages not increasing in line with inflation, etc	Understanding how much money citizens have in their budget to spend on food after essentials are paid for, to inform the affordability of food	Strongly agree	Birmingham is a very diverse city, and that can be investigated and utilised in the food strategy.			investigating food supply in Birmingham, speaking to citizens about their diets and the foods they are able to cook
Strongly agree					Agree	Has to be real and touch people who are not already engaged.			
Strongly agree	Reducing stigma really key here. Clearly, food insecurity is only going to rise in upcoming months given cost of living crisis, so a focus on this is exceptionally important.				Agree				
Strongly agree					Strongly agree				
Don't know					Don't know				
Agree					Agree				
Agree					Don't know				
Agree					Agree				

To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - Food System Partners and Other Priorities and Strategies- radio button	To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - If you agree with our approach to involving food system partners and aligning to other strategies and priorities, use the box below for comments you wish to make	To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - If you disagree with our approach to involving food system partners and aligning to other strategies and priorities, tell us why and explain how you think it could be improved	To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - Are there any organisations, networks, groups or people we should be communicating with and involving when creating the Food System Strategy Action Plan?	To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - Are there any key priorities, strategies or best-practice guidance documents that we should align with when creating the Food System Strategy Action Plan that we may have missed?	To what extent do you agree or disagree with the Food Action Decision-Making and Prioritisation tool? - Food Action Decision-Making and Prioritisation tool- radio button	To what extent do you agree or disagree with the Food Action Decision-Making and Prioritisation tool? - If you agree with the Food Action Decision-Making and Prioritisation tool, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Action Decision-Making and Prioritisation tool? - If you disagree with the Food Action Decision-Making and Prioritisation tool, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Action Decision-Making and Prioritisation tool? - Are there any key priorities that we have missed or changes that should be made?
Strongly agree	Silo working is a problem which needs to be tackled strategically, joined up working is of utmost importance.		Public Health, Feeing Britain, schools food suppliers, Fareshare, Digbeth Dining Club	HAF guidance on food education and provision: https://www.gov.uk/government/publications/holiday-activities-and-food-programme/holiday-activities-and-food-programme-2021#aims-of-the-programme	Strongly agree			
Strongly agree					Strongly agree			
Agree					Strongly agree	Great to see this tool - are all elements equally weighted? there are some which may need to carry extra weight (e.g. evidence base).		
Strongly agree					Strongly agree			
Don't know					Don't know			Have put DON'T KNOW for all of this survey...far too much to read. Commented once we need food recycling bins .
Agree					Agree			
Agree					Agree			
Agree					Agree			

	To what extent do you agree or disagree with the vision statement? - Vision statement- radio button	To what extent do you agree or disagree with the vision statement? - If you agree with the vision statement, use the box below for comments you wish to make	To what extent do you agree or disagree with the vision statement? - If you disagree with the vision statement, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with these principles? - Principles- radio button	To what extent do you agree or disagree with these principles? - If you agree with the principles, use the box below for comments you wish to make	To what extent do you agree or disagree with these principles? - If you disagree with the principles, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with this ambition? - Ambition- radio button	To what extent do you agree or disagree with this ambition? - If you agree with the ambition, use the box below for comments you wish to make	To what extent do you agree or disagree with this ambition? - If you disagree with the ambition, tell us why and explain how you think this could be improved
40	Strongly agree	a better education to healthy food is really needed - as a mum of primary school aged children, it was heart-breaking to see so many more overweight/obese children coming back to school after lockdown. Being French, I really see the gap and huge improvement potential to better educate food habits in early years.		Agree			Strongly agree	this policy should also include planting more fruit and nuts trees in urban settings. I am also often shocked at the lack of knowledge about edible food (e.g. when BB date has passed). With all this there should also be stricter rules about takeaway planning permissions and their distance to schools/bus stops. Opening a shop that sells only sweets and snacks in Cotteridge centre where all the kids from secondary schools take their bus does not seem to promote healthy diets really...	
41	Strongly agree			Agree	I feel education is an important one as well.		Agree		
42	Strongly agree	It is very important for everyone to be able to afford a healthy diet whether their diet is a choice, for religious reasons and due to allergies/diet and we should be able to trust that our food has come come from the right source and been treated correctly.		Strongly agree	Training and knowledge is key to be able to provide this strategy. Proof of all training and communication must be documented.		Strongly agree	I can envisage local markets everyday in different areas of the city for communities to sell their produce and local businesses supporting the communities.	
43	Strongly agree	If all people eat well, they are less likely to need medical help so there is a knock-on effect across the education and health services.		Strongly agree	Most people's response to being told what is 'good for us' is to either ignore, or rebel. If all people are encouraged to be a part of the decision making, more of us are likely to cooperate.		Strongly agree	If it works then this strategy is a win-win for everyone and the environment.	
44	Strongly agree	The more we promote healthy and nutritious food the better it will be. This will also ease the pressure on other agencies such as the, NHS. Many of the pre-war properties in Birmingham, have large rear gardens, and a, Help Grow Your Own, promotion could be put in place for schools, warden controlled groups, and streets, supported by the Council.	As long as it has support there are no negatives	Strongly agree	The success of this strategy or any other can only be achieved with the support of all the parties concerned.		Strongly agree	We have taken a lot from this planet of ours, now we need to do whatever we can to protect its future. Climate Change, is real, we caused it, and now we all need to what we can to put it right. Programs like this can start to repair some of the damage not for us, not even for are children, but for there children.	
45	Strongly agree	Why has BCC left food production out of its route to zero (climate emergency strategy)?		Strongly agree	I agree, but BCC actively refusing to develop systems to give access to communities to unused BCC land		Strongly agree	Is this proposal understood by Councillors and BCC officers, who is going to hold them accountable ?	

To what extent do you agree or disagree with the aims? - Aims- radio button	To what extent do you agree or disagree with the aims? - If you agree with the aims, use the box below for comments you wish to make	To what extent do you agree or disagree with the aims? - If you disagree with the aims, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the aims? - Are there any key aims that we have missed or changes that should be made?	To what extent do you agree or disagree with the Big Bold City approach? - Big Bold City Approach- radio button	To what extent do you agree or disagree with the Big Bold City approach? - If you agree with the Big Bold City approach, use the box below for comments you wish to make	To what extent do you agree or disagree with the Big Bold City approach? - If you disagree with the Big Bold City approach, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Big Bold City approach? - Are there any key settings that we have missed or changes that should be made?	To what extent do you agree or disagree with the overall Framework for Action? - Framework for Action- radio button	To what extent do you agree or disagree with the overall Framework for Action? - If you agree with the Framework for Action, use the box below for comments you wish to make
Agree				Agree			I think there should be an honest look at the current food offers per area, and really review their 'healthy factor' - if there is no option to get cheap unhealthy food, there should be some targeted support to business that promotes more healthy options. Of note, takeaways also generate a lot of garbage thrown on the streets around them - so they should be taxed / not allowed.	Agree	
Agree			Education. I see a lot of people in my neighbourhood making quick and easy choices. Instead of going to the supermarket, they go to small local shops where the price, variety and quality is often lower.	Strongly agree				Strongly agree	
Strongly agree	How great it would be for children to see where food comes from. People taking pride in where they live and the work they do. Ensuring protection of our planet at the same time.		Security must be addressed. From vandalism to protests the communities must feel safe and secure or what's it all for? Protesters put ground glass in baby milk powder what would stop them contaminating the soil and vandals have no respect of anything.	Agree	Be fabulous if everyone got on board.		I can't help thinking that there may be turf wars. Like areas / families involved with drugs could we possibly get the same with this food initiative.	Agree	How will the right people for the Framework for Action be chosen? Who pays for all the training?
Strongly agree	With everyone on-board, a win-win situation will be created.			Strongly agree	With everyone involved, a win-win situation will be created.			Strongly agree	See my comments in previous sections.
Strongly agree	This could be the beginning of a new way people look at the way we eat and how healthy it is. We must change the thinking of the old, and teach a new way to the young. No more shopping trollies overflowing with plastic cartons, but to look at what we eat, where it's grown. Fresh health food is the aim.		This is a start, and a good one but we must at the same time look to other ways to make Birmingham the Green City we all would like. Make our housing stock accessible for electric cars, this alone would be a massive boost to making us the greenest City in the UK, this should be our aim.	Strongly agree	Changing the way shop for and cook food will not be easy, but we must try and try again to make people aware of the benefits. Schools could be challenged to grow a market garden so they eat what they grow. There are many other groups this could be aimed at. It is not going to be easy but we must try		The change of mentality of the more middle age and the just get it from the supermarket. We have to get them asking, is it fresh, where it grown, and is it local.	Strongly agree	Asking people to change the way they shop is not going to be easy. It is all going to down to Education at all levels. Get the child going home and asking where was this grown and is that local, telling how they are growing veg at school. Get the grown ups thinking
Strongly agree	BCC currently allows 70 tons of edible food to go to landfill on a weekly basis - is this going to addressed?			Don't know			Why is Birmingham waste services not mentioned here? Is BCC going to get rid of the incinerator ?	Don't know	

To what extent do you agree or disagree with the overall Framework for Action? - If you disagree with the Framework for Action, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the overall Framework for Action? - Are there any key aspects that we have missed or changes that should be made?	To what extent do you agree or disagree with the overall Framework for Action? - Which of the nine workstreams do you think is the most important to improve the food system in Birmingham?	To what extent do you agree or disagree with the Food Production workstream? - 1. Food Production- radio button	To what extent do you agree or disagree with the Food Production workstream? - If you agree with the Food Production workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Production workstream? - If you disagree with the Food Production workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Production workstream? - Are there any key aspects of Food Production that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Production workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Sourcing workstream? - 2. Food Sourcing- radio button	To what extent do you agree or disagree with the Food Sourcing workstream? - If you agree with the Food Sourcing workstream, use the box below for comments you wish to make
	Yes - nowhere in the report do we see that BCC will also promote healthy access to local food and vegs through bringing back local markets. City parks could be used for pop up markets with truly affordable fruits and vegs (with prices similar to the Bullring) rather than elitist/expensive products.	Food sourcing	Strongly agree	plant more fruit trees on the streets /encourage them in gardens - follow what the Cadbury brothers did for Bournville - they were true visionaries!				Agree	
		No answer	Strongly agree					Strongly agree	
		Food security and resilience	Strongly agree	I think getting people into farming is crucial since we left the EU... Apprenticeships are an excellent way to start the growth. We should also evolve our children more to see and experience pride in something they have achieved including farm visit and farming focused on as part of their curriculum.			Getting people on board, how to sell the idea to communities and keeping enthusiasm in the communities in making it work and grow.	Strongly agree	Knowledge is key to making this happen.
		Food security and resilience	Strongly agree					Strongly agree	
		Food skills and knowledge	Strongly agree	This is where the education will come to the fore. From early school years and even at nursery right through to the pensioners we must get the thinking, how, when, and where there food has come from and how good is it		Supermarkets most be made to show local products more and not put premium price on then		Strongly agree	My Mother would only buy certain things at certain times of the year or in season as they call it. So it is down to the sellers to stock local produce and not just what makes the most money
	how to you plan to dispose of waste that cannot be repurposed?	No answer	Strongly agree			community access to land (not allotments) unused sites		Strongly agree	

To what extent do you agree or disagree with the Food Sourcing workstream? - If you disagree with the Food Sourcing workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Sourcing workstream? - Are there any key aspects of Food Sourcing that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Sourcing workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Transformation workstream? - 3. Food Transformation- radio button	To what extent do you agree or disagree with the Food Transformation workstream? - If you agree with the Food Transformation workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Transformation workstream? - If you disagree with the Food Transformation workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Transformation workstream? - Are there any key aspects of Food Transformation that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Transformation workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Waste and Recycling workstream? - 4. Food Waste and Recycling	To what extent do you agree or disagree with the Food Waste and Recycling workstream? - If you agree with the Food Waste and Recycling workstream, use the box below for comments you wish to make
			Agree					Strongly agree	
			Strongly agree					Strongly agree	
		Firstly an understanding of where our food comes from...a lot of children just don't know...which begs the question what are they being taught at home and school?	Strongly agree	This must have a regular checking system in place to prevent bleached foods that are unfit or substituted foods being used for general consumption.			Regular inspections and people being held accountable for those who fail to fully execute the correct policies and procedures	Strongly agree	I live on my own yet I have to spend minimum of £40 to get groceries delivered as I am Registered Blind... Its too much... I throw away a lot of fresh produce as it goes out of date in a couple of days... Couldn't the £40 shop be split in to 2x£20 shops in one week so my produce is fresh?
			Strongly agree					Strongly agree	
	The Who, What, Where and price		Agree	But the quality must not suffer just to get a lower price		You will be asking the food industry change a lot. But at the end they will still be driven by PROFIT		Strongly agree	But people don't think about waste it's to easy to get it anyway EDUCATION and showing them what they could buy with the savings.
		creation of urban farms	Don't know					Don't know	

To what extent do you agree or disagree with the Food Waste and Recycling workstream? - If you disagree with the Food Waste and Recycling workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Waste and Recycling workstream? - Are there any key aspects of Food Waste and Recycling that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Waste and Recycling workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Economy and Employment workstream? - 5. Food Economy and Employment- radio button	To what extent do you agree or disagree with the Food Economy and Employment workstream? - If you agree with the Food Economy and Employment workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Economy and Employment workstream? - If you disagree with the Food Economy and Employment workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Economy and Employment workstream? - Are there any key aspects of Food Economy and Employment that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Economy and Employment workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - 6.Food Skills and Knowledge- radio button
			Agree					Agree
		Make people aware on food packaging about waste cost to them.	Strongly agree					Strongly agree
	Food waste and recycling has certainly got better but what about people in flats? I would love to have access to a compost bin or even a part of our gardens to grow vegetables.		Strongly agree	I really feel farming should be looked upon with it being skilled work. Climate change, price hikes, fuel prices are all aspects of farming and should be taught in schools to gain flourishing farming again.			From children to people who want to be retrained in a respectable trade who will gain pride in what they do.	Strongly agree
			Strongly agree					Strongly agree
	This has to be tightened up at all sorceries		Strongly agree	Not Much to add here you have said it all. Doing it is a different thing				Strongly agree
		Composting waste	Agree			development of enterprises to grow food		Don't know

To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - If you agree with the Food Skills and Knowledge workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - If you disagree with the Food Skills and Knowledge workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - Are there any key aspects of Food Skills and Knowledge that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Behaviour Change workstream? - 7.Food Behaviour Change- radio button	To what extent do you agree or disagree with the Food Behaviour Change workstream? - If you agree with the Food Behaviour Change workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Behaviour Change workstream? - If you disagree with the Food Behaviour Change workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Behaviour Change workstream? - Are there any key aspects of Food Behaviour Change that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Behaviour Change workstream? - What do you think are the key actions we will need to undertake for this workstream?
		how about giving each Birmingham citizen vouchers for free cooking lessons (e.g. 3 per yr?) a bit like the Wellbeing initiative but for food skills and knowledge. Also start food prep learning in Early yrs settings and primary school. Things like discovering 1 fruit/veg/herb per week (i.e. 1 child has to bring it to the class and explain what they like/explain a recipe/dish with it, how/where it grows and people can taste it) - as this city is so diverse, this can be really fun. Other activities with KS1/early yrs could be to make a birthday cake/dessert 1x/ month for all those born on that month - with kids having a copy of their recipe book. We had that in France when my daughter was 4 and she loved it so much she still refers to those easy recipes 8 years later.	possibly also review the meal deals in secondary schools - the quality of food and available options seem to be much worse than in primary schools settings whereas this is really where you would like to help students make the best choices. e.g. why do meal deals include a drink (which is a plastic bottle/cup and will likely contain sugar)? why is the money not spent on tastier fruits/vegs/recipes instead? also why give the choice between cake and fruit to children when they are in primary schools? and why is there so frequently chips on the menu? again, France has a lower obesity rate and does not allow chips more than 1x/month in early yrs/primary schools and there is a set menu (only options are related to diet/faith). I understand food culture is different but studies also show that if you give the choice between a sweet and a fruit to a child, they are not able to resist temptation until a	Agree			again children should be a lot more targeted - school food menus should be checked to offer more nutritious and tasty meals, especially where children can make their own choice. There should be less options to sweet stuff (i.e. either no cakes on certain days or only coupons for 1-2 cakes /week if child is eating every day at school). Schools are were children are 'captive' for 6h 5d/week (i.e. not submitted to family eating habits and not tempted by cheap unhealthy food) so why not make the most of it?? another place/setting that is not mentioned at all are hospitals/healthcare settings: why not encourage cheap and tasty fruits / healthy meals there? which usually what people need the most.	
Maybe teaching the favourite 5 - Five recipes that are quick and easy, the ingredients and cheap and readily available + often can be stored for a long time.		People's values and motivation to make changes. The subconscious aspect rather than the logical part.		Strongly agree			Using group behaviour to persuade people. Making people aware that "others in your community do X". Using this example: https://www.sciencedaily.com/releases/2014/03/140324104426.htm	
Totally agree... How many people get food poisoning for defrosting a turkey at Christmas in hot water. Before any cultures are crossed the basics must be taught.			Start in the schools... Make it homework to take the basic knowledge into their own homes to educate their families.	Strongly agree	I think marketing and pricing are key here. Maybe a grocery store in areas of Birmingham that only sell healthy produce and receipe cards telling customers how to store it, cook it, serve it offered at low prices. Have feedback text number or email to ask how it helped the customer then sending a voucher for their next shop to encourage customers to use the cards.			
				Strongly agree				
This is all down to that magic word EDUCATION. It will be difficult to change mindset of the older person but we should target schools at all levels after all these are our future. Allow allotments to sell there extra produce to local schools at a fare price and let the growers into the schools to tell the children about growing your own food				Strongly agree	The generation we have now are the fast food generation and will be hard to change. So we must start the education a early as posable.			
		develop paid work for people to grow food, not just sell it in restaurants		Strongly agree			schools - all children and young people to maintain growing food hubs onsite	

To what extent do you agree or disagree with the Food Security & Resilience workstream? - Food Security and Resilience	To what extent do you agree or disagree with the Food Security & Resilience workstream? - If you agree with the Food Security & Resilience workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Security & Resilience workstream? - If you disagree with the Food Security & Resilience workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Security & Resilience workstream? - Are there any key aspects of Food Security & Resilience that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Security & Resilience workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - Food Innovation, Partnerships and Research- Radio Buttons	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - If you agree with the Food Innovation, Partnerships and Research workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - If you disagree with the Food Innovation, Partnerships and Research workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - Are there any key aspects of Food Innovation, Partnerships and Research that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - What do you think are the key actions we will need to undertake for this workstream?
Agree			again, can BCC bring back some farmers markets (similarly to the Bullring offer in terms of price) to deprived areas? this would bring social links for communities too.		Don't know				
Strongly agree					Strongly agree				
Strongly agree	All children should have an optition of a hot meal a school, summer clubs etc as it may be the only hot meal they get.		People don't accept charity well on the whole but marketing it with feedback for future projects may be a way forward.	Make more allotments available at cheaper rates would get the whole family envolved in growing, preparing, cooking and eating their own produce. Have trainers at the allotments to help people with how/what to grow.	Strongly agree	OK yes to the university but what about key people in the hospility industry? I had a class of children from a school come to my place of work when they were doing GCSE's to learn and in return I went to their school. Chefs, trainers, managers who could advise people in practical ways with everyday produce would be invaluable.			More field trips with schools to working kitchens or food factories, open day for families to learn new skills without the need to spend more than their weekly budget.
Strongly agree					Strongly agree				
Strongly agree	It will not be easy to change how people view food and what's good for them.				Agree	But not sure how your going to get this across to the general public.			
Agree			increase planting of edibles in areas where people have less access to gardens		Agree			where is the partnership with schools	

To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - Food System Partners and Other Priorities and Strategies- radio button	To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - If you agree with our approach to involving food system partners and aligning to other strategies and priorities, use the box below for comments you wish to make	To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - If you disagree with our approach to involving food system partners and aligning to other strategies and priorities, tell us why and explain how you think it could be improved	To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - Are there any organisations, networks, groups or people we should be communicating with and involving when creating the Food System Strategy Action Plan?	To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - Are there any key priorities, strategies or best-practice guidance documents that we should align with when creating the Food System Strategy Action Plan that we may have missed?	To what extent do you agree or disagree with the Food Action Decision-Making and Prioritisation tool? - Food Action Decision-Making and Prioritisation tool- radio button	To what extent do you agree or disagree with the Food Action Decision-Making and Prioritisation tool? - If you agree with the Food Action Decision-Making and Prioritisation tool, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Action Decision-Making and Prioritisation tool? - If you disagree with the Food Action Decision-Making and Prioritisation tool, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Action Decision-Making and Prioritisation tool? - Are there any key priorities that we have missed or changes that should be made?
Don't know					Agree			
Strongly agree					Strongly agree			
Strongly agree	Access to all? Elderly, disabled, working, unemployed?		Restaurants, cafes, street food venders. What's trending that people can't afford to eat out but can make at home... Signature dishes at low prices with simplicity.	I think a folder with cards on temperatures, storage, defrosting, preparation, and cooking are so very important for every house hold.	Strongly agree	Making us self sufficient is a huge task but how many people couldn't get fresh food at the start of the pandemic? I for one... In fact I couldn't get food deliveries and I had to rely on one friend who went shopping for me.		Everyone is entitled to fresh food not just who the Government tell supermarkets are priority. Everyone should be treated on their own situation, some people have no one to help them. My friends all have families and jobs... I can go months without seeing anyone.
Strongly agree					Strongly agree			
Agree	You must be carful not to alienate to many groups early				Agree	all covered there		
Agree					Strongly agree			

	To what extent do you agree or disagree with the vision statement? - Vision statement- radio button	To what extent do you agree or disagree with the vision statement? - If you agree with the vision statement, use the box below for comments you wish to make	To what extent do you agree or disagree with the vision statement? - If you disagree with the vision statement, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with these principles? - Principles- radio button	To what extent do you agree or disagree with these principles? - If you agree with the principles, use the box below for comments you wish to make	To what extent do you agree or disagree with these principles? - If you disagree with the principles, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with this ambition? - Ambition- radio button	To what extent do you agree or disagree with this ambition? - If you agree with the ambition, use the box below for comments you wish to make	To what extent do you agree or disagree with this ambition? - If you disagree with the ambition, tell us why and explain how you think this could be improved
46	Agree			Agree			Strongly agree		
47	Don't know			Don't know			Agree		
48	Disagree		I don't think it needs to be particularly bold - what I took from reading the summary document is that it needs to be fair and effective, available to all and empowering. e.g. It's not just about the eating of food, it is about the growing too. Where land is available for citizens to be empowered and able to contribute to the food system.?	Strongly agree	More of these principles could be in the vision statement perhaps (as per my earlier comment)		Strongly agree		
49	Agree	Healthy and nutritious would be better. There are too many toxins in a lot of our food, such as pesticide.		Disagree		Strengthening partnerships and building on good practice suggests you believe you already have in place the people and systems you need. You will need to be more radical or you risk missing out on other ideas and approaches.	Disagree		How can you state this when you are spraying glyphosate based pesticide/herbicide on public spaces such as schools, allotments and parks?
50	Strongly agree			Strongly agree			Strongly agree		
51	Agree			Agree			Agree		Central government also has a key role to play in ensuring people have the resources through the welfare system or via employment (living wage.) Local communities cannot solve this problem no matter how well they collaborate. The more local people and communities do in this area the more it masks the real problem.
52	Strongly agree			Strongly agree			Strongly agree		

To what extent do you agree or disagree with the aims? - Aims- radio button	To what extent do you agree or disagree with the aims? - If you agree with the aims, use the box below for comments you wish to make	To what extent do you agree or disagree with the aims? - If you disagree with the aims, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the aims? - Are there any key aims that we have missed or changes that should be made?	To what extent do you agree or disagree with the Big Bold City approach? - Big Bold City Approach- radio button	To what extent do you agree or disagree with the Big Bold City approach? - If you agree with the Big Bold City approach, use the box below for comments you wish to make	To what extent do you agree or disagree with the Big Bold City approach? - If you disagree with the Big Bold City approach, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Big Bold City approach? - Are there any key settings that we have missed or changes that should be made?	To what extent do you agree or disagree with the overall Framework for Action? - Framework for Action- radio button	To what extent do you agree or disagree with the overall Framework for Action? - If you agree with the Framework for Action, use the box below for comments you wish to make
Strongly agree				Strongly agree				Strongly agree	
Agree				Agree				Agree	
Agree				Agree				Agree	
Strongly agree	Yes - start by banning Roundup, Resolva, Weedol etc. they are causing drastic environmental damage.		Go pesticide free	Agree	Remember: allotmenteers are food growers - and tenants of the Council - so don't send the Parks teams to spray glyphosate on our fruit and veg and kill our pollinators. Allotments are not Parks.			Disagree	
Strongly agree				Strongly agree				Strongly agree	
Agree				Agree		Lobbying central government should feature more prominently.		Agree	
Strongly agree				Strongly agree				Agree	

To what extent do you agree or disagree with the overall Framework for Action? - If you disagree with the Framework for Action, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the overall Framework for Action? - Are there any key aspects that we have missed or changes that should be made?	To what extent do you agree or disagree with the overall Framework for Action? - Which of the nine workstreams do you think is the most important to improve the food system in Birmingham?	To what extent do you agree or disagree with the Food Production workstream? - 1. Food Production- radio button	To what extent do you agree or disagree with the Food Production workstream? - If you agree with the Food Production workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Production workstream? - If you disagree with the Food Production workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Production workstream? - Are there any key aspects of Food Production that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Production workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Sourcing workstream? - 2. Food Sourcing- radio button	To what extent do you agree or disagree with the Food Sourcing workstream? - If you agree with the Food Sourcing workstream, use the box below for comments you wish to make
		Food transformation	Strongly agree					Strongly agree	I think that creating food hubs to distribute surpluses to those in need is an excellent idea
		No answer	Agree					Agree	
		Food production	Strongly agree	Absolutely. There is a derelict piece of land near my house (in one of the most deprived areas in the the uk). It's been like it since the 1990s. I want to take it on with the local community to turn it into a shared growing space and community garden. So many other benefits will come of this - wellbeing, better social connections, stronger and more resilient communities etc. We can't supply food for everyone, but being in the heart of communities where there is need is so important.			Council to be PRODUCTIVE and identify land it has no use for and make it EASY for communities to take the lead. It needs to be quick.	Agree	This worked in the 80s when i was growing up - the clean kilo isn't revolutionary today - it was the norm back then. Just rewind!
Not everyone can grow food or wants to get involved, but you can better support allotments and gardens, and create more. You can also make them organic, as other countries and UK councils have done.		No answer	Strongly disagree		Birmingham needs a clean-up first. Soil and air are heavily polluted in many areas. Widespread and badly executed spraying with herbicide is a liability. On our over-55s housing estate raspberries growing along a fence were sprayed and rendered inedible. As for temporary growing areas, people will be upset when they are taken away, just as they are beginning to enjoy them. Commitments should be long term.		Make Birmingham a clean city, safe for food growing.	Don't know	
		Food innovation, partnerships and research	Strongly agree				To link with and learn from individuals and groups that are already implementing this strategy	Strongly agree	
		No answer	Don't know					Don't know	
	No reference to food processing. Although high salt and sugar is indicative of processing, they are not the only issues	No answer	Agree				Identify viable foods which can be grown effectively on a small scale to provide balanced nutrition. Too much of what can easily be grown is of limited nutritional value	Strongly agree	

To what extent do you agree or disagree with the Food Sourcing workstream? - If you disagree with the Food Sourcing workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Sourcing workstream? - Are there any key aspects of Food Sourcing that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Sourcing workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Transformation workstream? - 3. Food Transformation- radio button	To what extent do you agree or disagree with the Food Transformation workstream? - If you agree with the Food Transformation workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Transformation workstream? - If you disagree with the Food Transformation workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Transformation workstream? - Are there any key aspects of Food Transformation that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Transformation workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Waste and Recycling workstream? - 4. Food Waste and Recycling	To what extent do you agree or disagree with the Food Waste and Recycling workstream? - If you agree with the Food Waste and Recycling workstream, use the box below for comments you wish to make
			Strongly agree	I think it is the most important elemet of this strategy. I also think we should use preservastives as far as is environmentally sound as I think people would like to have their favourite food all year round				Strongly agree	
			Agree					Agree	
		Council should look at its empty portfolio of shops around the city (there is a parade of shops in Yarningale Road in Brandwood which are just derelict and sit empty. Spend some money on them and turn them into these food share shops - they are in the heart of communities. Council need to invest in its own retail stock and make decisions about how these should be run. We don't need more take aways and nail bars. Offer them to CICs and social enterprises to run these food share places so there will always be people before profit - prop them up with very low rents so they are sustainable.	Agree				Stop granting licences to take aways.	Strongly agree	
			Disagree		I don't think this is the role of the Council. Citizens listen to each other about these issues, not people in power. People nowadays are distrustful of politicians and suspect a hidden agenda.			Don't know	
		Again i think forging string partnerships will enable sucess	Strongly agree				Education	Strongly agree	
			Disagree		I don't disagree with the overall direction of travel toward healthier options. But i certainly do not believe we should eliminate unhealthier options. 'Treats' need to be available still and not removed from our shelves but education needs to be strengthened so individuals are making informed choices.			Agree	
		Education on how to use the raw food surpluses is an essential link in the process. It needs to be a very high priority.	Strongly agree					Agree	

To what extent do you agree or disagree with the Food Waste and Recycling workstream? - If you disagree with the Food Waste and Recycling workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Waste and Recycling workstream? - Are there any key aspects of Food Waste and Recycling that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Waste and Recycling workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Economy and Employment workstream? - 5. Food Economy and Employment- radio button	To what extent do you agree or disagree with the Food Economy and Employment workstream? - If you agree with the Food Economy and Employment workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Economy and Employment workstream? - If you disagree with the Food Economy and Employment workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Economy and Employment workstream? - Are there any key aspects of Food Economy and Employment that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Economy and Employment workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - 6.Food Skills and Knowledge- radio button
		We would need to lobby for changes to employment patterns to enable people to cook meals from fresh ingredients. The opening of community restaurants and cafes open in the evenings would be useful.	Strongly agree				Lead a campaign to abolish zero hours contracts in hospitslity to produce an environment that is conducive to staff retention and skills accumulation	Strongly agree
			Agree					Agree
		Have you seen sharewaste? https://sharewaste.com/ I take all my veggie peelings to a man who has a compost pile as I don't need one at home. I love the fact they are being reused and i'm helping him grow veg to feed his family. Wouldn't it be wonderful if everyone did this? In my parent's village in somerset the council collects the food waste. I know it is a massive undertaking in a city the size as Brum, but ideally this would be useful.	Agree			I would add more to the education element - schools could have growing veggies for the schools canteens as part of their enrichment programmes - bring back Home Economics, but include a growing element too. Every school will have some growing space, even if in planters. start them really young.		Agree
			Disagree		I think you have enough to do with the previous streams. The danger in taking on too much is that you achieve very little.			Strongly disagree
		Make it less expensive and easier for food business to access more ecological waste solutions	Strongly agree				Better funding for small businesses and support for them to help with this strategy	Strongly agree
			Agree					Strongly agree
			Strongly agree					Strongly agree

To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - If you agree with the Food Skills and Knowledge workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - If you disagree with the Food Skills and Knowledge workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - Are there any key aspects of Food Skills and Knowledge that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Behaviour Change workstream? - 7.Food Behaviour Change- radio button	To what extent do you agree or disagree with the Food Behaviour Change workstream? - If you agree with the Food Behaviour Change workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Behaviour Change workstream? - If you disagree with the Food Behaviour Change workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Behaviour Change workstream? - Are there any key aspects of Food Behaviour Change that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Behaviour Change workstream? - What do you think are the key actions we will need to undertake for this workstream?
				Strongly agree				
				Agree				
				Agree	But, actions are better than research.			
	People will not look to the Council for these skills and knowledge. They watch TV or go online. Don't take on the role of educators.			Agree				I can tell you one barrier to our health: you still think it is ok to spray pesticide all over the city, and even your Parks teams and allotments officers think it is ok.
			Making this information easy to access	Strongly agree				Working with small business
				Strongly agree				
				Strongly agree				

To what extent do you agree or disagree with the Food Security & Resilience workstream? - Food Security and Resilience	To what extent do you agree or disagree with the Food Security & Resilience workstream? - If you agree with the Food Security & Resilience workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Security & Resilience workstream? - If you disagree with the Food Security & Resilience workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Security & Resilience workstream? - Are there any key aspects of Food Security & Resilience that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Security & Resilience workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - Food Innovation, Partnerships and Research- Radio Buttons	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - If you agree with the Food Innovation, Partnerships and Research workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - If you disagree with the Food Innovation, Partnerships and Research workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - Are there any key aspects of Food Innovation, Partnerships and Research that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - What do you think are the key actions we will need to undertake for this workstream?
Strongly agree				Food poverty is in large part caused by the high cost of housng. Birmingham should lead the way to taking the heat out of the housing market by ther mass building of social housing to begin to reduce demand and shortages of private handling.	Strongly agree				
Agree					Agree				
Agree				Invest in community initiatives which are best placed to provide opportunities for people to grow for themselves, rather than rely on foodbanks. PROVIDE land for people to grow on.	Don't know				
Don't know					Agree	The danger is that all the above is way too unwieldy a mission. Start by talking to people who already grow food within the city limits and work outwards from there.			Break it down into small steps. It all sounds very grand, but you risk spending too much time talking, discussing and visiting.
Strongly agree				Living wage, education in schools on cooking and house hold economics	Strongly agree				Make it easier for small business who want to help to get involved and be supported
Strongly agree	Lobby and influence central government is key. Stop 'sticking plaster' financial support to those in hardship such as Household Support Fund which are expensive and time consuming to administer and are not guaranteed to reach those most in need.				Agree				
Strongly agree					Strongly agree				

To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - Food System Partners and Other Priorities and Strategies- radio button	To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - If you agree with our approach to involving food system partners and aligning to other strategies and priorities, use the box below for comments you wish to make	To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - If you disagree with our approach to involving food system partners and aligning to other strategies and priorities, tell us why and explain how you think it could be improved	To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - Are there any organisations, networks, groups or people we should be communicating with and involving when creating the Food System Strategy Action Plan?	To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - Are there any key priorities, strategies or best-practice guidance documents that we should align with when creating the Food System Strategy Action Plan that we may have missed?	To what extent do you agree or disagree with the Food Action Decision-Making and Prioritisation tool? - Food Action Decision-Making and Prioritisation tool- radio button	To what extent do you agree or disagree with the Food Action Decision-Making and Prioritisation tool? - If you agree with the Food Action Decision-Making and Prioritisation tool, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Action Decision-Making and Prioritisation tool? - If you disagree with the Food Action Decision-Making and Prioritisation tool, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Action Decision-Making and Prioritisation tool? - Are there any key priorities that we have missed or changes that should be made?
Not Answered					Strongly agree			I thkink we should priortitise effectiveness over minimising spending
Agree					Agree			
Agree				Yes to aligning to all the wonderful initiative and grass roots approaches already happening. I think the hardest thing is going to be to influence and align to all the other council strategies because different departments hold the key to whether or not some of the workstreams can be achieved. Thinking about housing portfolio of land, empty retail shops which could become food share places etc...	Agree			
Don't know			Allotment holders. Not allotments officers, but the actual tenants with rented plots. Sit with my husband and me. I invite you.	You should consult PAN-UK and learn how other towns and cities have moved towards organic food growing.	Agree			We need to grow healthy food that does not make us sick, and I don't mean fat and sugar. There are other enemies Did you know that potatoes may have been sprayed with chemicals up to 30 times before they appear in our supermarkets? And that glyphosate, which is in Roundup and Resolva, was first use to descale heating pipes? And that glyphosate has been linked to the rise in several autoimmune diseases, including Alzheimer's?
Strongly agree			Refugee Action		Strongly agree			
Agree					Don't know			
Strongly agree					Agree			No mention of actual nutrition, which should be at the heart of the strategy. What constitutes good nutrition is subject to huge debate. At some point the strategy must determine what good nutrition looks like.

	To what extent do you agree or disagree with the vision statement? - Vision statement- radio button	To what extent do you agree or disagree with the vision statement? - If you agree with the vision statement, use the box below for comments you wish to make	To what extent do you agree or disagree with the vision statement? - If you disagree with the vision statement, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with these principles? - Principles- radio button	To what extent do you agree or disagree with these principles? - If you agree with the principles, use the box below for comments you wish to make	To what extent do you agree or disagree with these principles? - If you disagree with the principles, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with this ambition? - Ambition- radio button	To what extent do you agree or disagree with this ambition? - If you agree with the ambition, use the box below for comments you wish to make	To what extent do you agree or disagree with this ambition? - If you disagree with the ambition, tell us why and explain how you think this could be improved
53	Strongly agree	Yes it would be good to allow people that have allotments the license to sell their produce as a reasonable rate to the public and therefore give them platform where they can do this, this will help the community in many ways. Helping people to make more money if they wish to and encourages healthier foods at a reasonable price.		Strongly agree			Agree		
54	Strongly agree		I do agree but could with minimum waste be added or is that part of sustainable?	Strongly agree	Definitely- the system is fragmented evidenced by Glean for Brum's inability to even contact farmers to enquire about gleaning - and Feedback were unable to help!		Agree	What are SMEs? Birmingham has to bring food in from the shires around it - the strategy should extend to include food production in the near counties. Relationships developed with those producing in these areas.	
55	Strongly agree	There is a need to be bold. To fundamentally step in and drive positive change... at an individual level it is a struggle for people to support themselves.		Agree	Not everything needs to be built from the ground up... there isn't time or resource. Tap into (collaborate with) what already exists and license that. As for empower... 100%... give the ability to the citizens by teaching/showcasing.		Agree	To focus on communities by making sure the environment they live and work in is designed to make the healthier option the easier option. By eliminating food waste we can reduce the pressures on the food systems, alleviate some of people's financial struggles (1/3 of food is wasted... so 1/3 of household grocery budgets can be saved), and in doing so promote a healthier way.	

To what extent do you agree or disagree with the aims? - Aims- radio button	To what extent do you agree or disagree with the aims? - If you agree with the aims, use the box below for comments you wish to make	To what extent do you agree or disagree with the aims? - If you disagree with the aims, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the aims? - Are there any key aims that we have missed or changes that should be made?	To what extent do you agree or disagree with the Big Bold City approach? - Big Bold City Approach- radio button	To what extent do you agree or disagree with the Big Bold City approach? - If you agree with the Big Bold City approach, use the box below for comments you wish to make	To what extent do you agree or disagree with the Big Bold City approach? - If you disagree with the Big Bold City approach, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Big Bold City approach? - Are there any key settings that we have missed or changes that should be made?	To what extent do you agree or disagree with the overall Framework for Action? - Framework for Action- radio button	To what extent do you agree or disagree with the overall Framework for Action? - If you agree with the Framework for Action, use the box below for comments you wish to make
Agree			Encouraging those that are unemployed to work at farms to enable produce to be picked and sold, as payment they receive some of the crop for their family, this will help their cost of living and encourage healthier eating styles amongst those that are in the lower income bracket.	Not Answered	I agree with getting an understanding how the food system is impacting the community and the trends but it has to be maintained that the food remains healthy for all and how this can be/will be implemented. Healthy foods are the operative words, as food is accessible to most it's just that it's the unhealthy kind and it's shortening lives.		How can we inject healthier foods to those on low incomes at a price they can afford. We can make sure that schools are regulated on the kinds of food they give to the children, is it fresh healthy foods rather than packaged GM foods, there should be some form of ofsted for the food they provide, which they get scored on. As part of the benefits scheme people should be given weekly food vouchers for selected farm shops in their area. Setting up farm shops in urban area's with contracts with farmers to sell at a reasonable price, this will give them a good reputation and a steady income whilst providing wholesome food for those struggling financially.	Agree	
Agree			See previous - local shire counties need to be included - Birmingham needs to buy food from them. There is lots of over production. A system needs developing which largely involves logistics. Moving people to pick them moving produce to those who eat it. Quickly!!	Agree			1.Food preservation strategies. Food banks often won't take fresh produce - freezing / canning/ bottling could help but how do groups access this? 2. Getting in contact with farmers in the shire counties-'Glean For Brum' have tried to access the farming community to glean left over/unwanted produce but cannot access these as we are not known by the farming community - we need help to gain access. There are plenty of people who want to volunteer to do the picking. But logistics moving people and produce is a problem. Time is if the essence - food banks won't generally take fresh produce which is a pity.	Agree	
Agree	Our behaviours have shifted hugely over generations... we need to identify where the barriers currently sit in order to help. But these barrier (or challenges) will be different for most people... so understanding our current relationship with food is key. If we can reconnect people to wholesome and healthful food (and understand where and how it's grown/produced) then we can rekindle the passion for a better way. Whilst the likes of an allotment won't necessarily be sustainable all year round and probably can't entirely fill the diet of even one person, let alone a city... learning an appreciation for how food is grown means ALL food is better respected.			Agree	There won't be one silver bullet that solves it all... it will only be by addressing all the above (and genuinely, not in order to tick a box) that we'll make progress.		Whilst instilling good habits and learnings in places of work, education institutes and formal settings... it's also key to inspire through moments that will capture citizens in their private and social lives... including social media.	Strongly agree	Overall, a wide spread of initiatives to cover the end-to-end approach will help shape results.

To what extent do you agree or disagree with the overall Framework for Action? - If you disagree with the Framework for Action, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the overall Framework for Action? - Are there any key aspects that we have missed or changes that should be made?	To what extent do you agree or disagree with the overall Framework for Action? - Which of the nine workstreams do you think is the most important to improve the food system in Birmingham?	To what extent do you agree or disagree with the Food Production workstream? - 1. Food Production- radio button	To what extent do you agree or disagree with the Food Production workstream? - If you agree with the Food Production workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Production workstream? - If you disagree with the Food Production workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Production workstream? - Are there any key aspects of Food Production that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Production workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Sourcing workstream? - 2. Food Sourcing- radio button	To what extent do you agree or disagree with the Food Sourcing workstream? - If you agree with the Food Sourcing workstream, use the box below for comments you wish to make
		No answer	Strongly agree					Strongly agree	
	Specific mention of food produce left in fields and allotments.	Food production	Disagree	Birmingham will NEVER grow enough food in the city to feed itself unless a 'Dig forEngland' campaign uprooting gardens takes place. This strategy must engage with the shire counties around it and arrange to get the surplus's they grow often deliberately to ensure quotas and perceived quality of produce. Gleaning definitely engages and benefits community. Mental well-being and happiness are real benefits to be had. RefuJuice production is a case in point which very well illustrates this. Pickin Gloucestershire/press at Pershore college/bottlest Pershore college/sell locally- all by volunteers proceeds to the poorest in society - refugees!			Expand your notion of local to include a realistic number of producers in the shires to satisfy the demand in Birmingham	Strongly agree	
		Food behaviour change	Strongly agree	Whilst I don't believe this will be sustainable in it's own right... a window box can't feed a family and even an allotment space or borders in parks will struggle to keep up with demand for a high-rise block of flats... it is crucial! People who better understand, first hand, the effort and resource required to grow food respect it more. They are also inspired to be more adventurous with food and take pride in its preparation. This effects ALL ages... but can also encourage inter-generational mixing and socialising. Kids learning from elders and elders learning how to use technology to improve or celebrate the successes.			Opening up spaces to allow for communal growing is one part, but it also then needs protecting. Similarly, tools and expertise are also required. Moving forward make sure all city green spaces are planted with fruit/nut providing trees/bushes rather than ornamental ones.	Agree	Sharing the messaging and stories of our farmers and the struggles they face due to the food systems thrust upon them. Then, open up opportunities for direct to consumer markets, cutting out the middle processes where rules and requirements for yield, shape, size and minimal tolerances often prevent much food making it to our plates.

To what extent do you agree or disagree with the Food Sourcing workstream? - If you disagree with the Food Sourcing workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Sourcing workstream? - Are there any key aspects of Food Sourcing that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Sourcing workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Transformation workstream? - 3. Food Transformation- radio button	To what extent do you agree or disagree with the Food Transformation workstream? - If you agree with the Food Transformation workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Transformation workstream? - If you disagree with the Food Transformation workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Transformation workstream? - Are there any key aspects of Food Transformation that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Transformation workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Waste and Recycling workstream? - 4. Food Waste and Recycling	To what extent do you agree or disagree with the Food Waste and Recycling workstream? - If you agree with the Food Waste and Recycling workstream, use the box below for comments you wish to make
			Strongly agree			have the reverse affect economically, making unhealthy foods expensive and healthy foods cheaper.		Strongly agree	definitely agree with the idea of making food services more informed about being waste wise, some food services refuse to give their food to the homeless and prefer to throw it away. This isn't community based behaviour, I am not sure what can be done regarding this a possible highlighting to the community which food services does this, therefore it would make the services think about what they are doing. Again there could be some form of inspection or rating award for being waste wise.
	The whole thing is not weighted correctly. Rural urban connection is front and centre of the issue but only gets a paragraph? You are 'fiddling around the edges' unless you engage with the professional big producers on the shires- urban production is lovely for folks but it's not going to give you plenty of produce at low cost. This is a big but hard issue that needs the most attention.	Alert centre for farmers with over production Groups with logistics made available identified and able to respond. Facilities with capacity to preserve these foodstuffs and/or food banks enabled to distribute and/or groups able to produce meals for distribution/freezing identified and able to respond	Not Answered			Don't bang on about the obvious - everyone know about apples. We want less meat eaten for health and food sustainability issues so let's teach about pulses and other high protein foodstuffs. I don't pretend to appreciate the versatility of the pulse family sand I am an educated and comfortably off person who likes to cook from scratch!	Get it mainstream - national television cooking competition - like bake off but using vegetable in cooking - mark for taste/calories/balance of food groups. Make it fun and get oriole interested and talking about it. This is the way society is altered.	Agree	
	Whilst centralised food ordering can keep costs down... it often means food travels up and down the country regardless of whether there is a perfectly good supply in the local area. Shaking this up won't be easy... the largest manufacturers, grocers and distribution outlets have the buying power at present.		Strongly agree	Couldn't agree more! However, just telling people to do it and leaving it up to them to drive change won't work. Make the solution an absolute no-brainer. People are busy... they don't have time to invest in improvement when all they want to do is get dinner on the table. So provide the tools (digital) to take all the heavy lifting in terms of thinking away from them... leaving just the fun, inspiring and tasty results to be enjoyed.		In parallel, not stigmatising HFSS. There is no such thing as a guilty pleasure... it shouldn't be 'guilty'. Food and the cooking and sharing of it must remain fun, engaging and force for positivity. Whilst more balanced food formulation might be part of the answer... overall we should move away from Ultra Processed Foods. Nutrition alone is only one factor for consideration. The resources (energy and materials) required to create them is crippling the system. Instead reward industry and small businesses who put the raw whole foods back at the forefront.		Strongly agree	It's one of our biggest opportunities to drive change.

To what extent do you agree or disagree with the Food Waste and Recycling workstream? - If you disagree with the Food Waste and Recycling workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Waste and Recycling workstream? - Are there any key aspects of Food Waste and Recycling that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Waste and Recycling workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Economy and Employment workstream? - 5. Food Economy and Employment- radio button	To what extent do you agree or disagree with the Food Economy and Employment workstream? - If you agree with the Food Economy and Employment workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Economy and Employment workstream? - If you disagree with the Food Economy and Employment workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Economy and Employment workstream? - Are there any key aspects of Food Economy and Employment that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Economy and Employment workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - 6.Food Skills and Knowledge- radio button
			Agree					Strongly agree
	Campaign to teach people how to preserve through using a freezer for foodstuffs they are unlikely to eat before it perishes.	Wrapping by shops unnecessarily stopped Ensure ability to buy a single item. Price per item the same no matter how many purchased.	Agree			Good education needs to be more practical in primary and secondary schools. Equipment in primary schools is non existent and the model of Food Technology in secondary schools undervalues cooking as a life skill for all children having far reaching effects for future generations. These needs addressing.		Agree
		Empower people to better plan, shop and cook so that household food waste can be managed. Everyone keeps track (through bills, receipts at the till and the handing over of money) of what is spent on food... but nobody considers the monetary value of the food that's put in the bin in their kitchens each week/month. Digital tools (like Sidekick, Sorted Food) can assist here hugely. It's a no-brainer because he product pays for itself several times over every month... and in doing so reduced the pressures on the community and environment.	Agree	I do agree... but it shouldn't be limited to providing those in the sector with good food skills. Everyone needs them and can benefit from them. All employers in the city that encourage or allow 'work from home' should also assist in supporting people with what they are eating at home during the the working day. In place of canteen provisions in the workplace, grab 'n' go lunches from shops/cafés near the workplace or takeaway delivery apps... scratch cooking in the home can be more nutritious and cost effective. But it won't be easy for many who haven't been provided the kills and knowledge through their education to date.		As above... support 'work from home' culture with the tools that enable a healthful relationship with food.		Strongly agree

To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - If you agree with the Food Skills and Knowledge workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - If you disagree with the Food Skills and Knowledge workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - Are there any key aspects of Food Skills and Knowledge that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Behaviour Change workstream? - 7.Food Behaviour Change- radio button	To what extent do you agree or disagree with the Food Behaviour Change workstream? - If you agree with the Food Behaviour Change workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Behaviour Change workstream? - If you disagree with the Food Behaviour Change workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Behaviour Change workstream? - Are there any key aspects of Food Behaviour Change that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Behaviour Change workstream? - What do you think are the key actions we will need to undertake for this workstream?
				Agree				
			I think you need to make it fun. People don't like to be reminded that they are deficient with a nanny state model. Be creative - maybe children's after school /holiday clubs focussing on healthy lifestyles with exercise/healthy cooking and eating at their heart. Collect a bag of cheap and easy to obtain ingredients with a simple nutritious recipe to try- I think a group already does this.	Don't know		I think this is going around the same track that has been trodden so many times before - and the issue is getting worse not better. Nudging makes people feel stupid and smacks of nanny state. As in previous replies - make it fun with a big statement like a Tv show		
Yes yes yes! We see it a lot... when people begin to learn and give themselves the armoury to do so... they become hugely passionate about the results. This is especially true when if focusses on the pride of cuisine/culture.			Provide better and more transparent access (safely) for people to see what goes on in our food industry. Perhaps this is digitally through content, rather than physical open doors. From farms, to factories, abattoirs to hospitality kitchens.	Agree			Interventions are required... but they need to be on the side of the citizens and not delivered in a preachy 'we know best' kind of way. Show the benefits through story-telling and allow people to amend their own routines to adapt and try it out. Social campaigns are key... but they have to remain "social" with friends and family at the heart of them. Peer to peer.	Ensure there are personality/people led campaigns and that everyone in the city has somebody that they can relate to within them.

To what extent do you agree or disagree with the Food Security & Resilience workstream? - Food Security and Resilience	To what extent do you agree or disagree with the Food Security & Resilience workstream? - If you agree with the Food Security & Resilience workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Security & Resilience workstream? - If you disagree with the Food Security & Resilience workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Security & Resilience workstream? - Are there any key aspects of Food Security & Resilience that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Security & Resilience workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - Food Innovation, Partnerships and Research- Radio Buttons	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - If you agree with the Food Innovation, Partnerships and Research workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - If you disagree with the Food Innovation, Partnerships and Research workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - Are there any key aspects of Food Innovation, Partnerships and Research that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - What do you think are the key actions we will need to undertake for this workstream?
Agree					Agree				
Agree			Ensure unwanted/spare produce gets to vulnerable groups promptly and in good condition either raw with cooking instructions or in a meal.		Don't know		Hadn't all this previously been said it am I missing something??		
Agree					Strongly agree				Provide funds to scale the activity and experience that already exists from startups and innovative business who are breaking the previous framework and doing what's right, rather than just what went before.

To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - Food System Partners and Other Priorities and Strategies- radio button	To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - If you agree with our approach to involving food system partners and aligning to other strategies and priorities, use the box below for comments you wish to make	To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - If you disagree with our approach to involving food system partners and aligning to other strategies and priorities, tell us why and explain how you think it could be improved	To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - Are there any organisations, networks, groups or people we should be communicating with and involving when creating the Food System Strategy Action Plan?	To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - Are there any key priorities, strategies or best-practice guidance documents that we should align with when creating the Food System Strategy Action Plan that we may have missed?	To what extent do you agree or disagree with the Food Action Decision-Making and Prioritisation tool? - Food Action Decision-Making and Prioritisation tool- radio button	To what extent do you agree or disagree with the Food Action Decision-Making and Prioritisation tool? - If you agree with the Food Action Decision-Making and Prioritisation tool, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Action Decision-Making and Prioritisation tool? - If you disagree with the Food Action Decision-Making and Prioritisation tool, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Action Decision-Making and Prioritisation tool? - Are there any key priorities that we have missed or changes that should be made?
Strongly agree					Strongly agree			
Agree					Agree	The first thing it needs to be is effective.		Quantitative and qualitative assessment of success?? How will you know which aspects have been effective - maybe that's coming in the next bit?
Agree	The ability to think strategically rather than seeking immediate wins will be paramount. This will come from the advice of experts across many fields as well as listening to the citizens on the ground.		We can also learn from online communities around the globe. What is being done elsewhere that Birmingham could adopt.		Agree			Prioritise digital solutions that have the potential to scale exponentially unlike 'on the ground' interventions that scale in scale as they roll out. Albeit, the physical activations are often the best approach to fuel the digital roll-out.

	To what extent do you agree or disagree with the vision statement? - Vision statement- radio button	To what extent do you agree or disagree with the vision statement? - If you agree with the vision statement, use the box below for comments you wish to make	To what extent do you agree or disagree with the vision statement? - If you disagree with the vision statement, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with these principles? - Principles- radio button	To what extent do you agree or disagree with these principles? - If you agree with the principles, use the box below for comments you wish to make	To what extent do you agree or disagree with these principles? - If you disagree with the principles, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with this ambition? - Ambition- radio button	To what extent do you agree or disagree with this ambition? - If you agree with the ambition, use the box below for comments you wish to make	To what extent do you agree or disagree with this ambition? - If you disagree with the ambition, tell us why and explain how you think this could be improved
56	Strongly agree	I strongly support the vision for a bold, regenerative, diverse food system for Birmingham City, there is mention of the rural and farming hinterland and I strongly support including this surrounding area in the vision. I agree that partnership working is the way to go, that the approach to inclusivity and co-production is right and that food security (as well as affordability) is a critical consideration.		Strongly agree	As in so many other walks of life, collaboration is key to effective planning, including action planning. Empowerment applies in so many ways - from farmers' access to markets on fair terms to communities' understanding of nutrition, healthy diet, physical activity and the handling, preparation and, where appropriate, cooking of food. For me, reducing inequalities in our communities is a moral imperative.		Strongly agree	Regenerate is so powerful. We are not going to let climate change rip, we are no going to manage decline, we are going to work positively, together, to improve our environment, our communities and our economy.	
57	Strongly agree			Agree			Strongly agree		
58	Strongly agree			Strongly agree			Disagree		Add terminology to align to the R20 agenda. "Following the declaration of the climate emergency, the council set a target to become net zero by 2030, or as soon after as a just transition permits."
59	Strongly agree			Strongly agree			Agree		
60	Strongly agree			Strongly agree			Strongly agree	Need to look at learning to cook heathy, tasty meals that look visually stunning and are nutritionally balanced in all schools and people gain an interest in foods from all cultures. Look to ensure that Food and Food Technology is more highly prioritised and taught in all schools to ensure that people get a full understanding of what a healthy balanced diet can do. It is currently not. Students do not currently have to study what goes into their body to make it healthy but have to study a foreign language or history / geography	
61	Agree	Bite Back 2030 is a youth-led movement campaigning to transform the food system to put child health first. That means healthy schools, healthy screens and healthy streets for every child, no matter where they live. We exist to make sure everyone growing up in the UK has equal access to good food and good health. Our mission is to halve childhood obesity by 2030, and to close the inequality gap. Over the past few years, Bite Back's young people have been actively campaigning to end junk food advertising online and on TV - and since January 2022, on the streets in Birmingham. The Birmingham Youth Board of Bite Back 2030 is made up of passionate young campaigners aged from 15 to 18 with 3 of them currently sitting their A-levels. Their campaign has been to end junk food advertising on all West Midlands transport.		Agree	We agree with the principles of empower, collaborate and equalise. We believe that it is incredibly important for the Council to find meaningful ways of engaging young people more into its work. As Yumna Hussen, our Chair, says: "Whilst I have had the opportunity to be part of the many public health and food forums in Birmingham City Council, I recognise that more young people need to take up these spaces of power to create tangible change. For example, I attended the brilliant Food Futures Forum a few weeks ago and was given the chance to speak to experts in the food industry and hear from communities across the world, however, I would have loved to see more young people from Birmingham here. With delegates flown in from across the world, we need to showcase and platform the voices of young people more. Therefore, I recommend that the city council has a streamlined mechanism and outlet for young people to contribute to the incredible food		Agree	We agree with these ambitions, particularly a future where every citizen, no matter their circumstances, can eat an affordable, healthy, and sustainable diet. This is not currently the case. Rates of childhood obesity in this country are already at dangerous levels, and are increasing at an alarming rate. In the year up to 2020/21, the number of children in reception living with obesity increased from 9.9% to 14.4%; and in Year 6, increased from 21% to 25.5%.4 In the West Midlands, 37% of ten and eleven year olds are living with overweight or obesity.5 An unhealthy diet is linked to many negative outcomes in life. It can lead to a higher risk of preventable conditions like type 2 diabetes and tooth decay; like heart and liver disease, and cancer. For young people, it can result in poor performance at school, bullying and mental health problems. And the impacts aren't shared evenly across	

To what extent do you agree or disagree with the aims? - Aims- radio button	To what extent do you agree or disagree with the aims? - If you agree with the aims, use the box below for comments you wish to make	To what extent do you agree or disagree with the aims? - If you disagree with the aims, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the aims? - Are there any key aims that we have missed or changes that should be made?	To what extent do you agree or disagree with the Big Bold City approach? - Big Bold City Approach- radio button	To what extent do you agree or disagree with the Big Bold City approach? - If you agree with the Big Bold City approach, use the box below for comments you wish to make	To what extent do you agree or disagree with the Big Bold City approach? - If you disagree with the Big Bold City approach, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Big Bold City approach? - Are there any key settings that we have missed or changes that should be made?	To what extent do you agree or disagree with the overall Framework for Action? - Framework for Action- radio button	To what extent do you agree or disagree with the overall Framework for Action? - If you agree with the Framework for Action, use the box below for comments you wish to make
Strongly agree	Yes, sustainable, ethical and nutritious are the right values to put at the heart of these aims. An empowering City Council can do so much to help make a reality of these values.		Thinking laterally, the City Council also has a great approach to active travel and the opportunity should not be lost to link healthy diet with physical activity as these are two sides of the same coin in achieving a "Healthy Mind in a Healthy Body". Similarly, the City Council's land use policies will need to support the ambition to "grow more".	Strongly agree	It is certainly Big and Bold. This makes it essential that the City Council makes a reality of the collaboration and empowerment and partnerships that will be needed to make a reality of the vision.			Strongly agree	I strongly support the 9 workstreams proposed. Within the food sourcing workstream please ensure that farmers are involved. Within the food production workstream please ensure there is a commitment to develop more community allotments and community orchards.
Don't know				Strongly agree				Strongly agree	
Strongly agree				Strongly agree				Strongly agree	
Agree				Strongly agree				Strongly agree	
Strongly agree	Need to work with national and international food companies too. Foods that are healthier and more nutritious are often more expensive than unhealthy options. Offers linked to supermarket loyalty schemes are often unhealthy like cakes or sweets rather highly nutritious. Offers in fast food outlets are cheaper too leading to poor choices			Strongly agree			Where I grew up there were no take - aways open until 5.30pm in the evening (So you couldn't go to them after school) and I was taught food and nutrition at both primary and secondary school. Not all schools teach it in Birmingham. This is highly concerning. Prioritising what goes into your body should be looked at. Maybe it should be a core subject like English & Maths? It's what I believe	Strongly agree	
Agree	We agree with these aims, however, they will not be achieved if the Council continues to allow the advertisement of food and drink products high in fat, sugar and/or salt (HFSS) on any advertising sites it has control over, or makes revenue from. Advertising works and it impacts young people's health. Food and drink companies spend millions of pounds a year on advertising their products. A report published by Cancer Research UK in 2018 found that young people seeing just one additional junk food advert per week would lead to an estimated increase in intake of ~350 calories per week.7 Another study found that the higher the percentage of advertisements for food and drink in a certain area, the greater the odds of its residents having obesity.8 It is clear that adverts for unhealthy food lead to higher levels of consumption of unhealthy food. "It's everywhere; you can't escape it.			Agree			We agree with this approach and particularly welcome opportunities under 4 and 7. In relation to "4. Community and faith settings e.g. community centres, allotments, churches, mosques, temples, shared spaces" For young people, the world is hyperlocal. It's the high street, the walk home from school, the local park. And they crave spaces that fulfil their social needs, to hang out in a warm safe place with friends and wifi, where you can stay as long as you like and only spend £1.50. Sadly, there is a dearth of public spaces that appeal to a teen audience. Reduced funding to local authorities have caused many youth spaces to close. And the ones that do open are not co-designed with young people which make them unattractive. And finally, they are not always safe. This is most acute in our	Not Answered	

To what extent do you agree or disagree with the overall Framework for Action? - If you disagree with the Framework for Action, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the overall Framework for Action? - Are there any key aspects that we have missed or changes that should be made?	To what extent do you agree or disagree with the overall Framework for Action? - Which of the nine workstreams do you think is the most important to improve the food system in Birmingham?	To what extent do you agree or disagree with the Food Production workstream? - 1. Food Production- radio button	To what extent do you agree or disagree with the Food Production workstream? - If you agree with the Food Production workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Production workstream? - If you disagree with the Food Production workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Production workstream? - Are there any key aspects of Food Production that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Production workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Sourcing workstream? - 2. Food Sourcing- radio button	To what extent do you agree or disagree with the Food Sourcing workstream? - If you agree with the Food Sourcing workstream, use the box below for comments you wish to make
		Food skills and knowledge	Strongly agree	I agree with community empowerment, co-operatives and urban farming. Please also support farmers in the City's surrounding areas to be part of Birmingham's Bold approach.			Understand the current food production economy and work to transform it to support the aspirations.	Strongly agree	Really good opportunity to connect consumers with farmers.
		No answer	Strongly agree					Agree	
		No answer	Strongly agree					Strongly agree	
		No answer	Agree					Agree	
	Education on healthy eating throughout your lifetime	Food security and resilience	Strongly agree			Developing land that currently nothing is grown on or in public spaces.	Working with schools and community groups to clear land and grow produce there	Strongly agree	
		No answer	Not Answered					Not Answered	

To what extent do you agree or disagree with the Food Sourcing workstream? - If you disagree with the Food Sourcing workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Sourcing workstream? - Are there any key aspects of Food Sourcing that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Sourcing workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Transformation workstream? - 3. Food Transformation- radio button	To what extent do you agree or disagree with the Food Transformation workstream? - If you agree with the Food Transformation workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Transformation workstream? - If you disagree with the Food Transformation workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Transformation workstream? - Are there any key aspects of Food Transformation that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Transformation workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Waste and Recycling workstream? - 4. Food Waste and Recycling	To what extent do you agree or disagree with the Food Waste and Recycling workstream? - If you agree with the Food Waste and Recycling workstream, use the box below for comments you wish to make
		Terms of procurement contracts, education of schoolchildren and their families and other adults, work with farmers in areas surrounding Birmingham.	Strongly agree	Food manufacturers and retailers need to be supported to make the necessary changes.			Engage constructively with food manufacturers and retailers.	Strongly agree	It is right to focus most effort on consumer education - we do tend to over-buy food and then throw some of it away. Of course, advertising by food manufacturers and especially retailers has a bearing on this behaviour. There are some great examples in the consultation document of charitable groups helping retailers to donate surplus stock for repurposing.
			Strongly agree					Not Answered	I would like to see more recyclable packaging.
			Strongly agree					Strongly agree	
			Strongly agree					Strongly agree	
			Strongly agree				Food and nutrition education more highly prioritised	Strongly agree	
			Not Answered					Not Answered	

To what extent do you agree or disagree with the Food Waste and Recycling workstream? - If you disagree with the Food Waste and Recycling workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Waste and Recycling workstream? - Are there any key aspects of Food Waste and Recycling that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Waste and Recycling workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Economy and Employment workstream? - 5. Food Economy and Employment- radio button	To what extent do you agree or disagree with the Food Economy and Employment workstream? - If you agree with the Food Economy and Employment workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Economy and Employment workstream? - If you disagree with the Food Economy and Employment workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Economy and Employment workstream? - Are there any key aspects of Food Economy and Employment that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Economy and Employment workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - 6.Food Skills and Knowledge- radio button
		Education for consumers, support for retailers to change their practices, including their advertising.	Strongly agree	It is great to see highlighted the jobs on offer in the food industry and we have something to work with here in offering training, apprenticeships, careers and good quality jobs.			How to create the pipeline of skills and talent for a stronger, more vibrant and more diverse food sector	Strongly agree
			Strongly agree	Teach children about food and nutrition at school.				Strongly agree
			Strongly agree					Strongly agree
			Agree					Agree
		Weekly food and garden waste recycling should be offered in Birmingham as part of the council tax every week and general waste bin collection once a fortnight; like it is in other areas of the country I have lived in and not charged extra on your council tax - People can't afford it. It works elsewhere and is a no brainer. Why don't you do it?	Strongly agree					Strongly agree
			Not Answered					Not Answered

To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - If you agree with the Food Skills and Knowledge workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - If you disagree with the Food Skills and Knowledge workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - Are there any key aspects of Food Skills and Knowledge that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Behaviour Change workstream? - 7.Food Behaviour Change- radio button	To what extent do you agree or disagree with the Food Behaviour Change workstream? - If you agree with the Food Behaviour Change workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Behaviour Change workstream? - If you disagree with the Food Behaviour Change workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Behaviour Change workstream? - Are there any key aspects of Food Behaviour Change that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Behaviour Change workstream? - What do you think are the key actions we will need to undertake for this workstream?
Consumers' knowledge and skills will underpin the achievement of a great deal of the ambition set out in the consultation document. We think of schools as educators and yes, schools should help prepare all children for responsible citizenship but education reaches much wider - consider community learning and peer support for delivery, and we have UCB which can sit at the pinnacle of a pyramid of food education delivery system.			Building the networks capable of helping deliver the education and messaging envisaged.	Strongly agree	Advertising by the food businesses is well resourced and very impactful and currently tends to drive a lot of unhealthy practices. It will be an uphill task to recruit them to support these aspirations and the strategy is right to be thinking in terms of empowered community activity including harnessing social media and providing how to toolkits.			Building the community networks and engaging with the food sector about its advertising.
People also need to be taught how the food they eat affects their future health. There is nothing in the mainstream about gut health and the benefits that brings.				Don't know	People take a lot of time to persuade to change their habits.			
				Strongly agree				
				Strongly agree				
			Get national and international food producers, wholesalers and supermarkets on board to sponsor, promote and help you deliver this. Also let Birmingham citizens know what healthy eating programmes are available to them and reach out for volunteers via social media and local and news platforms	Strongly agree				
				Not Answered				

To what extent do you agree or disagree with the Food Security & Resilience workstream? - Food Security and Resilience	To what extent do you agree or disagree with the Food Security & Resilience workstream? - If you agree with the Food Security & Resilience workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Security & Resilience workstream? - If you disagree with the Food Security & Resilience workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Security & Resilience workstream? - Are there any key aspects of Food Security & Resilience that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Security & Resilience workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - Food Innovation, Partnerships and Research- Radio Buttons	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - If you agree with the Food Innovation, Partnerships and Research workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - If you disagree with the Food Innovation, Partnerships and Research workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - Are there any key aspects of Food Innovation, Partnerships and Research that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - What do you think are the key actions we will need to undertake for this workstream?
Strongly agree	It is essential to build the City's ability to produce food locally and to help us all source more of our food from farms surrounding the City. The draft strategy is right to focus on food poverty and inequality as drivers for improving food security and resilience.			Engage with food supply chains and make links between communities and producers.	Strongly agree	As knowledge is power, it is completely right to focus on research as a key driver of understanding, innovation and seizing future opportunities to achieve the strategy's goals and go further. I support the proposed central role for UCB.			Sustain good levels of R&D especially in a time of economic fragility.
Strongly agree					Don't know				
Strongly agree					Strongly agree				
Strongly agree					Strongly agree				
Strongly agree					Strongly agree				Think this is a key opportunity to develop peoples knowledge and interest of all different foods
Not Answered					Not Answered				

To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - Food System Partners and Other Priorities and Strategies- radio button	To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - If you agree with our approach to involving food system partners and aligning to other strategies and priorities, use the box below for comments you wish to make	To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - If you disagree with our approach to involving food system partners and aligning to other strategies and priorities, tell us why and explain how you think it could be improved	To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - Are there any organisations, networks, groups or people we should be communicating with and involving when creating the Food System Strategy Action Plan?	To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - Are there any key priorities, strategies or best-practice guidance documents that we should align with when creating the Food System Strategy Action Plan that we may have missed?	To what extent do you agree or disagree with the Food Action Decision-Making and Prioritisation tool? - Food Action Decision-Making and Prioritisation tool- radio button	To what extent do you agree or disagree with the Food Action Decision-Making and Prioritisation tool? - If you agree with the Food Action Decision-Making and Prioritisation tool, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Action Decision-Making and Prioritisation tool? - If you disagree with the Food Action Decision-Making and Prioritisation tool, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Action Decision-Making and Prioritisation tool? - Are there any key priorities that we have missed or changes that should be made?
Strongly agree					Strongly agree			
Agree					Strongly agree	What is going to be done long term about the people living in temporary accommodation with no or very little cooking facilities?		
Strongly agree					Strongly agree			
Agree					Agree			
Strongly agree					Don't know		Think addressing poverty and inequality should be top priorates ad healthy and safe	
Not Answered					Not Answered			

	To what extent do you agree or disagree with the vision statement? - Vision statement- radio button	To what extent do you agree or disagree with the vision statement? - If you agree with the vision statement, use the box below for comments you wish to make	To what extent do you agree or disagree with the vision statement? - If you disagree with the vision statement, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with these principles? - Principles- radio button	To what extent do you agree or disagree with these principles? - If you agree with the principles, use the box below for comments you wish to make	To what extent do you agree or disagree with these principles? - If you disagree with the principles, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with this ambition? - Ambition- radio button	To what extent do you agree or disagree with this ambition? - If you agree with the ambition, use the box below for comments you wish to make	To what extent do you agree or disagree with this ambition? - If you disagree with the ambition, tell us why and explain how you think this could be improved
62	Agree			Agree			Strongly agree		
63	Strongly agree	It's great to see the vision statement includes the need for a fair system and the focus on nutritious and affordable food. It's also great to see the reference to 'all citizens'. I dont think it needs to be explicitly said but of course we need to make sure food is culturally appropriate and meets any dietary requirements. Perhaps this is captured in 'desirable'?		Strongly agree			Agree	I wonder if we also need to capture, within communities, the accessibility element. In many communities, there simply are not any outlets where people can purchase affordable nutritious food.	
64	Strongly agree			Strongly agree			Strongly agree		
65	Strongly agree	Transparency of all decision making and performance is crucial		Strongly agree	Priority is affordable quality food		Strongly agree	Wemust engage with poorer and older people rather than just academics	
66	Agree	It's generally going in the right direction...Create a bold, fair, sustainable and prosperous food system and economy, where food choices are nutritious, affordable and desirable so all citizens can achieve their potential for a happy, healthy life.....how you make your citizens understand that nutritious means desirable when you've been letting them take their pick from a massive range of junk food outlets for the past umpteen years could be a bit of a challenge.		Don't know		The principles by themselves are too vague to be able to agree or disagree.	Agree	Two things re "culturally diverse food offer" supports a massive amount of bubble tea outlets using plastic. Far from "a strong culture of reduce, reuse, repurpose, recycle," these do not do any of those things. They should be actively discouraged and encouraged to use other ways of delivering their produce. There is a bubble tea shop in Pershore road which literally has thousands and thousands of plastic cups in boxes in plain sight, (if the blinds are open). This is absolutely unacceptable Plastic containers, even if they are recycled, should be strongly discouraged, if not banned.	

To what extent do you agree or disagree with the aims? - Aims- radio button	To what extent do you agree or disagree with the aims? - If you agree with the aims, use the box below for comments you wish to make	To what extent do you agree or disagree with the aims? - If you disagree with the aims, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the aims? - Are there any key aims that we have missed or changes that should be made?	To what extent do you agree or disagree with the Big Bold City approach? - Big Bold City Approach- radio button	To what extent do you agree or disagree with the Big Bold City approach? - If you agree with the Big Bold City approach, use the box below for comments you wish to make	To what extent do you agree or disagree with the Big Bold City approach? - If you disagree with the Big Bold City approach, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Big Bold City approach? - Are there any key settings that we have missed or changes that should be made?	To what extent do you agree or disagree with the overall Framework for Action? - Framework for Action- radio button	To what extent do you agree or disagree with the overall Framework for Action? - If you agree with the Framework for Action, use the box below for comments you wish to make
Strongly agree				Strongly agree				Strongly agree	Local issue with food recycling via compost. I compost garden waste but can't add food peelings etc due to rat problems. Not an issue I have had in the past before moving to Birmingham so pest control will need to play a part in this to encourage local composting initiatives
Agree			Within point 3, I wonder if reference should be made to the wider support systems that will be made available to support the most vulnerable households out of food insecurity. Reference could also be made, perhaps in point 4, to a move away from crisis / emergency food support into a more preventative approach with intermediate tiers of support - with an aim to support households before they fall into crisis, and to support people to get back on their feet quickly after crisis.	Not Answered				Agree	
Strongly agree				Strongly agree				Strongly agree	
Strongly agree	Reduce central government engagement and involve more citizens and sme and bame businesses		Measurement of performance and accountability	Strongly agree	Don't forget education for all we have lost so many skills over the last 3 generations Big bold city starts with the unborn and ends during end of life The eating experience must be valued We cannot have hypocritical leadership		Pre natal Only a big bold city if 100,000 people do the survey 1million citizensreap the benefits	Strongly agree	Get some big wins very quickly
Agree			I agree but I think there needs to be much more control over these things. There was a disgusting slaughterhouse near Bishop Street that I think you shut down or was shut down during COVID. These places are easily spotted as they throw their waste on the floor using the gulls as a cheap method of waster disposal. It is easy to hear when they do these, usually around 8pm or so Your aims are all very well, but if cannot inspect and investigate food outlets they are just words, not actions. Equally, many inspections of food outlets in the city have a resulted in a zero rating. They are NOT compelled to display this rating. If they did, half of the people coming out of the hippodrome wouldn't eat within a half mile radius of it.	Agree	I live in the city centre. I actually have to drive out to a supermarket. Sainsburys shut down. There is no Morrisons in town. There is no large supermarket in town. There's the Tesco on Caxton Street, with its ludicrously stupid layout, lack of choice and ridiculous escalators which are nearly always on the blink, or Marks and Spencer. There is nowhere in town that provides a decent large supermarket for families because they all target their stock toward the office lunch brigade. There is not one good central supermarket. Go outside and live in Uttoxeter, you'll find you are totally surrounded by clean, bright, well stocked supermarkets you can walk to.		Families live in central Birmingham It's not just air bnb and single people. Families need the same types of supermarket you can find in other Birmingham places that you to drive to if you want to bring a week's shop back. You have the bullring. You have spaces. You have dozens of empty retail units that could be knocked through to give us a decent choice. I will not believe you mean what you say until you reintroduce at least three different large supermarkets in town. The outside market is a total sham if you compare it to food markets in France, Germany or Poland where artisans and real farmers bring local produce. There is no comparable quality of choice, all the vegetables that you buy in those markets may fill your belly, but they are utterly tasteless. I cannot find a place to buy good fish, organic meat or fresh local produce (vale of Evesham) in the centre of town. The indoor market smells horrible most of the time and it caters to the cheapest and low end	Agree	"educating people on what food is seasonal" is very laudable. How about shutting down half of the fast food outlets in town before you do that? That's the quickest way to stop diabetes, heart disease, obesity and general poor health.

To what extent do you agree or disagree with the overall Framework for Action? - If you disagree with the Framework for Action, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the overall Framework for Action? - Are there any key aspects that we have missed or changes that should be made?	To what extent do you agree or disagree with the overall Framework for Action? - Which of the nine workstreams do you think is the most important to improve the food system in Birmingham?	To what extent do you agree or disagree with the Food Production workstream? - 1. Food Production- radio button	To what extent do you agree or disagree with the Food Production workstream? - If you agree with the Food Production workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Production workstream? - If you disagree with the Food Production workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Production workstream? - Are there any key aspects of Food Production that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Production workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Sourcing workstream? - 2. Food Sourcing- radio button	To what extent do you agree or disagree with the Food Sourcing workstream? - If you agree with the Food Sourcing workstream, use the box below for comments you wish to make
		No answer	Strongly agree					Strongly agree	Use volunteering to assist in harvesting
	I wonder, within these streams, if there is space to address the wider drivers of need that might push people into food insecurity? It feels important to be able to acknowledge and address poverty in a systemic way, rather than solely through a lens of hunger and food. For example, how might issues around benefits, welfare and debt fit into these workstreams?	No answer	Not Answered			Could include an aim to encourage groups to distribute produce from local growing (e.g. allotments and community farms) into food projects such as pantries, so this produce is reaching households who need it most.		Not Answered	
		No answer	Strongly agree					Strongly agree	
	Food apps forbirmingham citizens Where to buy now	Food transformation	Strongly agree	People must have sufficient space to grow food in their own garden and schools	We need to decrease meat and dairy production	Use of allland owned by the local churches, universities and council. Also adjacent to all railway lines which are receivers of energy from passing train. Redundant coal mines for deep farming Fish farming	Identify the key leaders to create anddeliver this strategy	Agree	At the same time recognise that local may not be good for global sustainability
		Food sourcing	Agree	It's brilliant to grow food, but even the flowers in your tubs get trashed, by being pulled out, uprooted, and used as dustbins for bottles and cigarette stubs, so I don't know how you will ensure people don't trash food growing spaces in public.				Agree	Very laudable.

To what extent do you agree or disagree with the Food Sourcing workstream? - If you disagree with the Food Sourcing workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Sourcing workstream? - Are there any key aspects of Food Sourcing that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Sourcing workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Transformation workstream? - 3. Food Transformation- radio button	To what extent do you agree or disagree with the Food Transformation workstream? - If you agree with the Food Transformation workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Transformation workstream? - If you disagree with the Food Transformation workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Transformation workstream? - Are there any key aspects of Food Transformation that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Transformation workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Waste and Recycling workstream? - 4. Food Waste and Recycling	To what extent do you agree or disagree with the Food Waste and Recycling workstream? - If you agree with the Food Waste and Recycling workstream, use the box below for comments you wish to make
			Strongly agree					Strongly agree	
			Not Answered					Not Answered	
			Strongly agree					Strongly agree	
Veryinsular approach We are world citizens including our recent commonwealth visitors	We don't want large methane production animals adjacent to schools Sourcing must consider what people want to eat now and that this will change over the next 50 years	Clear leadership that shares the road map with all citizens O behind closed door decisionmaking	Agree	Must be sold to all citizens carefully because people will rebel agai stnanny state thinking	Dictatorship Alcohol consumption must be reduced what are you doing about this	Alcohol Meat Dairy Cakes Chocolate	Communicate with kid gloves	Strongly agree	We need to share more andbe more community minded
			Strongly agree					Strongly agree	People should learn how not to waste food. Refried potato, for instance, is very doable. Leftover use should be encouraged.

To what extent do you agree or disagree with the Food Waste and Recycling workstream? - If you disagree with the Food Waste and Recycling workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Waste and Recycling workstream? - Are there any key aspects of Food Waste and Recycling that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Waste and Recycling workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Economy and Employment workstream? - 5. Food Economy and Employment- radio button	To what extent do you agree or disagree with the Food Economy and Employment workstream? - If you agree with the Food Economy and Employment workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Economy and Employment workstream? - If you disagree with the Food Economy and Employment workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Economy and Employment workstream? - Are there any key aspects of Food Economy and Employment that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Economy and Employment workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - 6.Food Skills and Knowledge- radio button
			Strongly agree	City Centre has predominance of chain restaurants rather than local offerings. Limited choice for quality food and menu is sourced centrally and uses food that is high in additives.				Strongly agree
			Not Answered			Might there be something to add in about building food education / good food skills into community food projects. So people accessing a pantry or food bank might also have the opportunity to join a cooking course and develop their skills and confidence.		Not Answered
			Strongly agree					Strongly agree
Priority is to get surplus food into hungry bellies every day	Share rather than bin Think socially rather than selfishly	Galvanise all public sector catering g establshments to lead fro the front everyday 247	Strongly agree	We must be more entrepreneurial a day create exiting brands here such as the balti triangle		Engage with all ages and include nostalgic cuisine	Get the right leadership team in place	Strongly agree
			Agree					Agree

To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - If you agree with the Food Skills and Knowledge workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - If you disagree with the Food Skills and Knowledge workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - Are there any key aspects of Food Skills and Knowledge that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Behaviour Change workstream? - 7.Food Behaviour Change- radio button	To what extent do you agree or disagree with the Food Behaviour Change workstream? - If you agree with the Food Behaviour Change workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Behaviour Change workstream? - If you disagree with the Food Behaviour Change workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Behaviour Change workstream? - Are there any key aspects of Food Behaviour Change that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Behaviour Change workstream? - What do you think are the key actions we will need to undertake for this workstream?
				Strongly agree				
				Not Answered				
				Strongly agree				
Challenge is people lead very busy and dynamic lives now	Food is a chore Who wants to cook Waste time and energy I can buy better	Domestic cooking and eating is very expensive andtime consuming I have better Thrings to do	Understand that we are not living in the 1950's Get our young people into agricultural colleges like harper Adams and pershore	Strongly disagree	All common sense so why isn't the councilalready doing it	Academic nonsense wasting money that could be spent on food We already know the answers	Get rid of life poverty Eating g cheap junk food is a drug fix for many andiscomfort	Understand the reality not theories and thesis already well documented Talk to fat people and measure their happiness Who wants to live forever Hypocrisy of the higher cost to the NHS of obesity. If people die earlier they cost work and pensions less longterm
Cooksmart sounds fun.			Public information re the proposed schemes should be widely available on posters and advertisements.	Don't know				

To what extent do you agree or disagree with the Food Security & Resilience workstream? - Food Security and Resilience	To what extent do you agree or disagree with the Food Security & Resilience workstream? - If you agree with the Food Security & Resilience workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Security & Resilience workstream? - If you disagree with the Food Security & Resilience workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Security & Resilience workstream? - Are there any key aspects of Food Security & Resilience that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Security & Resilience workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - Food Innovation, Partnerships and Research- Radio Buttons	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - If you agree with the Food Innovation, Partnerships and Research workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - If you disagree with the Food Innovation, Partnerships and Research workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - Are there any key aspects of Food Innovation, Partnerships and Research that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - What do you think are the key actions we will need to undertake for this workstream?
Strongly agree					Strongly agree				
Not Answered			It's great to see reference to welfare and employment practices that can be a driver of food insecurity. You might also want to reference other drivers e.g. debt, addiction, housing issues.		Not Answered			Feeding Britain would be delighted to welcome Birmingham into our national network as another way for you to share and learn from best practice on tackling food insecurity and hunger. This would also provide an avenue for Birmingham to feed into our policy and influencing work, to address the wider drivers of hunger.	
Strongly agree					Strongly agree				
Strongly agree	We need more support in the local community 24/7	Affordability every day every meal times is food security regardless of where it is from	Food variety available365daystheyear	Appoint the right leadership team	Strongly agree	Now get on with it and don't blame any government for local failure		To involve all of our citizens commicatig regularly with transparentaccountability and expenditure	The right leadershipteam
Agree				Get those conversations going soon.	Agree				It's a good aim, but I fear the culture of deep fat frying in many restaurants is entrenched and you won't be able to impact on that. Our very large student population are also dependent on pot noodles.

To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - Food System Partners and Other Priorities and Strategies- radio button	To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - If you agree with our approach to involving food system partners and aligning to other strategies and priorities, use the box below for comments you wish to make	To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - If you disagree with our approach to involving food system partners and aligning to other strategies and priorities, tell us why and explain how you think it could be improved	To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - Are there any organisations, networks, groups or people we should be communicating with and involving when creating the Food System Strategy Action Plan?	To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - Are there any key priorities, strategies or best-practice guidance documents that we should align with when creating the Food System Strategy Action Plan that we may have missed?	To what extent do you agree or disagree with the Food Action Decision-Making and Prioritisation tool? - Food Action Decision-Making and Prioritisation tool- radio button	To what extent do you agree or disagree with the Food Action Decision-Making and Prioritisation tool? - If you agree with the Food Action Decision-Making and Prioritisation tool, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Action Decision-Making and Prioritisation tool? - If you disagree with the Food Action Decision-Making and Prioritisation tool, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Action Decision-Making and Prioritisation tool? - Are there any key priorities that we have missed or changes that should be made?
Strongly agree					Strongly agree			
Not Answered					Not Answered			
Strongly agree					Strongly agree			
Strongly agree	All meetings and actions should be available on line	Talk is cheap now deliver because Birmingham deserves success	The armed forces, help the aged, weight watchers, professional athletes, volunteer groups, allotmentowners,	Transparent key performance indicators Reduce food waste immediately by giving git to theneedy 24/7	Agree	No 6 and 9 are critical	Falling eating disorders	Obesity Eating g disorders Black and Asian Minority businesses Local farming of ethnical produce Kids from poorer backgrounds get into agricultural colleges Use ofthe NEC land to produce food Wider business use ofthewholesalemarket
Don't know					Disagree		Healthy and safe should be the second highest priority.	

	To what extent do you agree or disagree with the vision statement? - Vision statement- radio button	To what extent do you agree or disagree with the vision statement? - If you agree with the vision statement, use the box below for comments you wish to make	To what extent do you agree or disagree with the vision statement? - If you disagree with the vision statement, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with these principles? - Principles- radio button	To what extent do you agree or disagree with these principles? - If you agree with the principles, use the box below for comments you wish to make	To what extent do you agree or disagree with these principles? - If you disagree with the principles, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with this ambition? - Ambition- radio button	To what extent do you agree or disagree with this ambition? - If you agree with the ambition, use the box below for comments you wish to make	To what extent do you agree or disagree with this ambition? - If you disagree with the ambition, tell us why and explain how you think this could be improved
67	Strongly agree			Strongly agree			Agree		
68	Agree			Agree			Agree		
69	Strongly agree	Providing all Birminghams people with affordable food is a lovely aspiration		Strongly agree	It is essential that sustainability should be built into all systems, but especially food.		Strongly agree	Building healthy communities is essential for everyones well being. Allotments are already practising this. We are mini communities many of which have links to their wider communities donating to food banks and local neighbours.	
70	Strongly agree	It is of great importance to the NFU that the food that the country produces, is served to the citizens of the UK at every opportunity. We believe it is in both the public and the producer's interest that our public sector utilises our world-leading food and farming industry to deliver safe, traceable, affordable, nutritious food. We are proud of the range of food we produce in the West Midlands and believe a Birmingham Food strategy can utilise such produce.		Agree	Alongside food being utilised to support a healthy society, at a time of acute economic insecurity, procurement policies create an opportunity to utilise public spending to invest in the economy, the environment and the communities who produce the country's food. By investing in the regions food production system, Birmingham can capitalise on the benefits which our agri-food economy delivers, whether in terms of food safety and production standards, environmental protection, or animal welfare. The NFU welcomes the ambitions within the strategy to create a bolder healthier city. We believe that part of this journey is to encourage greater collaboration between local food producers and the communities of Birmingham. By engaging with local food production, you are enabling the regeneration of the environment, communities and economy.		Agree		

To what extent do you agree or disagree with the aims? - Aims- radio button	To what extent do you agree or disagree with the aims? - If you agree with the aims, use the box below for comments you wish to make	To what extent do you agree or disagree with the aims? - If you disagree with the aims, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the aims? - Are there any key aims that we have missed or changes that should be made?	To what extent do you agree or disagree with the Big Bold City approach? - Big Bold City Approach- radio button	To what extent do you agree or disagree with the Big Bold City approach? - If you agree with the Big Bold City approach, use the box below for comments you wish to make	To what extent do you agree or disagree with the Big Bold City approach? - If you disagree with the Big Bold City approach, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Big Bold City approach? - Are there any key settings that we have missed or changes that should be made?	To what extent do you agree or disagree with the overall Framework for Action? - Framework for Action- radio button	To what extent do you agree or disagree with the overall Framework for Action? - If you agree with the Framework for Action, use the box below for comments you wish to make
Agree				Agree				Agree	
Agree				Agree				Agree	
Strongly agree	The main emphasis seems to be to enable businesses to become more sustainable in the production and selling of food. I hope that high on the agenda is enabling communities to grow their own food, the Allotment movement and Community Gardens should not be overlooked and should be central to you ambitions as we are already embedded in our communities and doing the work.		For the Council to realise that Birmingham Allotments are an important asset in achieving the aspirations. I note that they are not mentioned as a partner in the strategy. I hope that Allotment voices have not been forgotten.	Strongly agree	Yeah, I actually saw the word Allotments mentioned well done. There are a lot of good work being done across the city but in pockets by individuals and organisations. If a joined up approach can be created it will enable much more impact.			Strongly agree	Totally agree. Allotments could have impacts on all of your streams from skills and knowledge to sustainability to working with school to promote healthy diets. Many Allotments already have links and work with schools.
Strongly agree				Agree				Agree	

To what extent do you agree or disagree with the overall Framework for Action? - If you disagree with the Framework for Action, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the overall Framework for Action? - Are there any key aspects that we have missed or changes that should be made?	To what extent do you agree or disagree with the overall Framework for Action? - Which of the nine workstreams do you think is the most important to improve the food system in Birmingham?	To what extent do you agree or disagree with the Food Production workstream? - 1. Food Production- radio button	To what extent do you agree or disagree with the Food Production workstream? - If you agree with the Food Production workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Production workstream? - If you disagree with the Food Production workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Production workstream? - Are there any key aspects of Food Production that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Production workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Sourcing workstream? - 2. Food Sourcing- radio button	To what extent do you agree or disagree with the Food Sourcing workstream? - If you agree with the Food Sourcing workstream, use the box below for comments you wish to make
		No answer	Agree					Agree	
		Food security and resilience	Agree					Agree	
		Food production	Strongly agree			There is no mention of Allotments in this page. Allotments are at this time producing food for individuals, wider communities and food banks. We totally understand seasonality, sustainability and the very real impact on well being. There are close to 7000 allotment plots so there are literally thousands of experience growers all across the city at this present time producing nutrious food.	Allotments are in full cost recovery. That means our budget covers basic provision only. There is a need for more allotment space whilst there is overgrown space on allotments sites but no budget to clear them. One of our Executive has managed to clear two sites and re open them up, using volunteers, but we haven't got enough support to open up all of the land available. Pembroke Croft site has just recently closed to renting, but could be let several times over. It's a real struggle. Supporting Allotments in this way would create more opportunities to grow food in the communtiy.	Strongly agree	There is a lot of food waste. On my site we collect surplus veg and donate to a local food bank, helping our local community.
		No answer	Agree	The NFU's ambition to reach net zero by 2040 The NFU has launched an ambition for English and Welsh Farming to be net zero by 2040. Therefore, by engaging with our members, you are engaging with food producers who are The NFU believes that the agricultural sector is very much part of the solution to decarbonising the UK economy and achieving net zero. We are committed to Net Zero by 2040 with an interim target in 2030. But we will only be able to achieve our carbon neutral goal with concerted support from government, industry, and other key groups to help deliver this challenging, but achievable, ambition. We understand that many contracting authorities have similar commitments and are working to reduce their impact on the supply chain.				Strongly agree	its not just what you buy it is how you buy it. •Public sector food provision is fragmented, with procurement conducted by a wide range of contracting authorities. With different government departments at a national and regional level, it is imperative that a Birmingham food strategy addresses the ability for local food producers to access public sector contracts. •The NFU would welcome simplicity within the tendering processes to address the ability for local suppliers, SMEs to enter the food system. •As stated, the current tendering and buying process for food and drink is complex and differs across public sector bodies as products can be purchased through various mechanisms. A food strategy that looks at how more healthy sustainable local food should be procured should also look at

To what extent do you agree or disagree with the Food Sourcing workstream? - If you disagree with the Food Sourcing workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Sourcing workstream? - Are there any key aspects of Food Sourcing that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Sourcing workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Transformation workstream? - 3. Food Transformation- radio button	To what extent do you agree or disagree with the Food Transformation workstream? - If you agree with the Food Transformation workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Transformation workstream? - If you disagree with the Food Transformation workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Transformation workstream? - Are there any key aspects of Food Transformation that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Transformation workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Waste and Recycling workstream? - 4. Food Waste and Recycling	To what extent do you agree or disagree with the Food Waste and Recycling workstream? - If you agree with the Food Waste and Recycling workstream, use the box below for comments you wish to make
			Agree					Agree	
	Allotments often have surplus. There should be a simple and effective way to plug this into the system. Allotment holders are often happy to give away surplus as long as someone collects it.		Agree				Give fewer licenses to fast food outlets to encourage more people to cook from scratch rather than buying food that they have no control over salt and fat content.	Agree	
		Identify communities most in need and enable organisations such as allotment to have contacts and links to organisations trying to help.	Strongly agree	Totally agree. Education is paramount , but also education of adults as well as children. However all the education in the world will not make a difference if changes result in time consuming activities that are difficult to manage in a busy household.			Work with communities making sure that actions are sustainable and affordable for busy households	Strongly agree	In the present climate it is very easy to see that waste food means wasted money.
			Agree					Strongly agree	

To what extent do you agree or disagree with the Food Waste and Recycling workstream? - If you disagree with the Food Waste and Recycling workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Waste and Recycling workstream? - Are there any key aspects of Food Waste and Recycling that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Waste and Recycling workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Economy and Employment workstream? - 5. Food Economy and Employment- radio button	To what extent do you agree or disagree with the Food Economy and Employment workstream? - If you agree with the Food Economy and Employment workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Economy and Employment workstream? - If you disagree with the Food Economy and Employment workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Economy and Employment workstream? - Are there any key aspects of Food Economy and Employment that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Economy and Employment workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - 6.Food Skills and Knowledge- radio button
	I think there should be more options for individual citizens to compost at home		Agree					Agree
			Agree					Agree
	Back to harping on about Allotments	Make firms and individuals understand there. important of waste, to know what they can usefully do with their waste including composting Create links between those that potentially have surplus food (Allotments) and those who need food donations.	Strongly agree	Sadly producing food is not valued as a career despite it being fundamental to everyone. .		Raise the status of the food producers.		Strongly agree
			Strongly agree	Food and farming is part of the fabric of the West Midlands region – delivering great tasting, high quality, nutritious food and drink. NFU members' businesses are vital for the economy, jobs, the environment and our communities. Farm businesses in the West Midlands, Herefordshire, Shropshire, Staffordshire, Warwickshire and Worcestershire contribute more than £800 million to the economy. Our farmers and growers manage more than 930,000 hectares of land, an area around 34 times the size of Birmingham. The small minority does this for the many, to deliver the traceable and affordable ingredients and produce for our tables that shoppers demand. Farms and associated industry businesses, within the West Midlands, help the UK food and drink sector contribute more than £122 billion to the economy and provide nearly four million jobs. Competitive, progressive and profitable farms need to play a				Strongly agree

To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - If you agree with the Food Skills and Knowledge workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - If you disagree with the Food Skills and Knowledge workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - Are there any key aspects of Food Skills and Knowledge that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Behaviour Change workstream? - 7.Food Behaviour Change- radio button	To what extent do you agree or disagree with the Food Behaviour Change workstream? - If you agree with the Food Behaviour Change workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Behaviour Change workstream? - If you disagree with the Food Behaviour Change workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Behaviour Change workstream? - Are there any key aspects of Food Behaviour Change that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Behaviour Change workstream? - What do you think are the key actions we will need to undertake for this workstream?
				Agree				
				Agree	This is going to be difficult as most high streets are populated overwhelmingly with fast food outlets. Given the choice between buying something and going home after work to prepare food a lot will choose the former. It is too easy. Whilst I understand that it is better to have retail outlets populated than empty, more scrutiny needs to be applied before granting licenses where existing outlets are already too many.			
First hand experience in growing especially in a supportive community is wonderfully creative on a number of levels. So important for well being. When I took on my allotment it was so that I had space to grow veggies with my children, what I didn't realise was that even more valuable is becoming part of an old fashioned type of community, something like living in a village. Its just brilliant.		Allotment communities are really good at supporting new plot holders and sharing skills and knowledge. Many allotment sites have community plots where children and various charities learn about the skills and resilience need to grow food. They can become a healing place for those will needs.	Work with communities and build relationships.	Strongly agree			People under stress or with emotional problem or mental health issues will often seek out 'comfort food' rich in sugar and carbohydrates. So it would be difficult to make changes in habits in vulnerable people. They would need extra support in meeting their needs.	Working with communities and directly with those in the family responsible for the food choices. Also not forgetting social media influences amongst the young. Why do adults insist on teaching young children that vegetables are not something that they will want to eat? They are not naturally against veg, they learn this from adults, older children and various medias. This needs to change. Left alone young children are happy to eat veg.
Educating children on where and how their food is produced is a key priority for the NFU, as understanding food can enable children to eat a healthier, more balanced diet. The NFU welcomes the ambition to use the food strategy to drive greater connection between children and food and we would like to signpost Birmingham City Council to free resources the NFU can offer. Our team of former teachers create curriculum-linked educational resources to help children learn about British food and farming. We are proud to bring the farm to the classroom through our projects which include Farmvention, Farming STEMterprise, Farmers for Schools and Science Farm LIVE lessons. Find out more on our dedicated NFU Education website. The NFU has also launched its "Farmers for Schools" programme.As part of our Farmers for Schools programme, we're asking NFU				Don't know				

To what extent do you agree or disagree with the Food Security & Resilience workstream? - Food Security and Resilience	To what extent do you agree or disagree with the Food Security & Resilience workstream? - If you agree with the Food Security & Resilience workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Security & Resilience workstream? - If you disagree with the Food Security & Resilience workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Security & Resilience workstream? - Are there any key aspects of Food Security & Resilience that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Security & Resilience workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - Food Innovation, Partnerships and Research- Radio Buttons	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - If you agree with the Food Innovation, Partnerships and Research workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - If you disagree with the Food Innovation, Partnerships and Research workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - Are there any key aspects of Food Innovation, Partnerships and Research that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - What do you think are the key actions we will need to undertake for this workstream?
Agree					Agree				
Agree					Don't know				
Strongly agree	Absolutely. everyone should be food secure.			Enable the 115Allotment sites and 7000 plot holders to have links with areas that would welcome our surplus produce. Work with Allotments, that have the knowledge and skills to create and support new growers, ensure that Allotments do not become a place for the middle-class to grow but are still accessible for those on lower incomes or benefits.	Strongly agree	Agree that more research could lead to a better understanding and more efficient systems		One Allotment Association in the country worked with a University to put a value on Allotments. Councils often undervalue or ignore the benefits. The outcome of the research stated that the financial benefits to the Council of Allotments outstrips any expenditure that the Council spends on them several times over. In terms of a healthier population needing less care and support both mentally, physically and medically. Allotment holders have less draw on the public purse they exercise and eat healthily. At this present time the rents taken cover all expenses including staffing costs so Allotments do not cost the Council anything but save the Council a fortune!	To enable the Council to properly understand the very real importance of Allotments and other growing areas. I sometime feel that they pay" lip service" to us.
Agree			Just like the climate crisis, global feeding presents us with a challenge which every nation needs to play its part in solving. Recent global events have highlighted the importance of food production in the UK and the West Midlands. If we don't place importance on the production of food at home, then we import more food from the rest of the world. This would worsen the global situation. Therefore, this element of the strategy should also look at how producers and the supply chain can work together to secure food supplies for the people of Birmingham and across the West Midlands more widely. The report should also acknowledge that like many others, British farmers are facing dramatic cost increases, exacerbated by the war in Ukraine, which threatens our ability to produce food. West Midlands farmers are all affected by the increasing costs of fertiliser, fuel,		Agree				

To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - Food System Partners and Other Priorities and Strategies- radio button	To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - If you agree with our approach to involving food system partners and aligning to other strategies and priorities, use the box below for comments you wish to make	To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - If you disagree with our approach to involving food system partners and aligning to other strategies and priorities, tell us why and explain how you think it could be improved	To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - Are there any organisations, networks, groups or people we should be communicating with and involving when creating the Food System Strategy Action Plan?	To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - Are there any key priorities, strategies or best-practice guidance documents that we should align with when creating the Food System Strategy Action Plan that we may have missed?	To what extent do you agree or disagree with the Food Action Decision-Making and Prioritisation tool? - Food Action Decision-Making and Prioritisation tool- radio button	To what extent do you agree or disagree with the Food Action Decision-Making and Prioritisation tool? - If you agree with the Food Action Decision-Making and Prioritisation tool, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Action Decision-Making and Prioritisation tool? - If you disagree with the Food Action Decision-Making and Prioritisation tool, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Action Decision-Making and Prioritisation tool? - Are there any key priorities that we have missed or changes that should be made?
Agree					Agree			
Agree					Agree			
Strongly agree	It is really important to listen to people involved. Really listen not just go through the process to action various targets. Please let this be a real consultation with real benefits and outcomes and not another talking shop.		BCC Allotment Department- this is one officer who works part time. Also the Birmingham and District Allotment Confederation. We are a voluntary body that supports the Council in the management of the 115 Allotments sites across the city and represents the 7000 plot holders.	The Council should see Allotments as a priority in this strategy. In the whole document I have only noticed them being mention once. We are passionate about growing, enthusiastic about sharing our skills.	Strongly agree	Looks brilliant, but incredibly hard to achieve. You will deserve great praise if at the end of this all is achieved.		
Agree					Agree			

	To what extent do you agree or disagree with the vision statement? - Vision statement- radio button	To what extent do you agree or disagree with the vision statement? - If you agree with the vision statement, use the box below for comments you wish to make	To what extent do you agree or disagree with the vision statement? - If you disagree with the vision statement, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with these principles? - Principles- radio button	To what extent do you agree or disagree with these principles? - If you agree with the principles, use the box below for comments you wish to make	To what extent do you agree or disagree with these principles? - If you disagree with the principles, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with this ambition? - Ambition- radio button	To what extent do you agree or disagree with this ambition? - If you agree with the ambition, use the box below for comments you wish to make	To what extent do you agree or disagree with this ambition? - If you disagree with the ambition, tell us why and explain how you think this could be improved
71	Strongly agree			Strongly agree			Agree		
72	Strongly agree	I completely agree with the statement. I think the delivery of the vision is the complicated part how to balance the need for affordable food and nutritious food to consumers.		Agree	All important principles, especially 'equalise' which is around clear objective measureable benefits. I would also highlight within collaboration the consumer engagement with food as this will further promote positive externalities.		Strongly agree		
73	Strongly agree	People have the right to live without food insecurity especially in a first world nation like Britain. Therefore by developing this sustainable food chain, will be setting an example for many around.		Strongly agree			Strongly agree		
74	Strongly agree			Don't know	seems vague		Strongly agree		
75	Strongly agree			Agree	Birmingham has approximately 7000 opportunities for people to be involved in producing their own food. Yet it ignores and underfunds this sector.		Strongly agree	All fine words but where is the support for individuals who would like to grow organic food with no air miles. Poor people are excluded by some of the most expensive allotments in the country.	
76	Strongly agree	Let's make it happen!		Strongly agree			Strongly agree	Fantastic - this should be a UK wide objective with the investment, leadership & partners to deliver.	

To what extent do you agree or disagree with the aims? - Aims- radio button	To what extent do you agree or disagree with the aims? - If you agree with the aims, use the box below for comments you wish to make	To what extent do you agree or disagree with the aims? - If you disagree with the aims, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the aims? - Are there any key aims that we have missed or changes that should be made?	To what extent do you agree or disagree with the Big Bold City approach? - Big Bold City Approach- radio button	To what extent do you agree or disagree with the Big Bold City approach? - If you agree with the Big Bold City approach, use the box below for comments you wish to make	To what extent do you agree or disagree with the Big Bold City approach? - If you disagree with the Big Bold City approach, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Big Bold City approach? - Are there any key settings that we have missed or changes that should be made?	To what extent do you agree or disagree with the overall Framework for Action? - Framework for Action- radio button	To what extent do you agree or disagree with the overall Framework for Action? - If you agree with the Framework for Action, use the box below for comments you wish to make
Agree	Learning is missing - learning is key to building more powerful communities and empowering citizens.		See above	Agree	We like this and the ambition of it. But is is achievable? Maybe the City could be broken down into North, South, East and West with a central hub. The areas of the City are so different geographically and demographically.			Agree	
Strongly agree				Strongly agree				Strongly agree	
Strongly agree				Strongly agree				Strongly agree	
Strongly agree				Agree				Strongly agree	
Not Answered		I cannot identify a shift. Your allotment service is run by a part-time clerk and associations get little support.	Allotments should be promoted and valued.	Not Answered			Still no mention of community allotments and the role they have in education and sustainability.	Agree	
Strongly agree				Strongly agree	For all, everywhere, all the time - I agree. Suggest needs to be achieved at a commercial grade so it becomes self funding and not subsidy reliant.			Disagree	

To what extent do you agree or disagree with the overall Framework for Action? - If you disagree with the Framework for Action, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the overall Framework for Action? - Are there any key aspects that we have missed or changes that should be made?	To what extent do you agree or disagree with the overall Framework for Action? - Which of the nine workstreams do you think is the most important to improve the food system in Birmingham?	To what extent do you agree or disagree with the Food Production workstream? - 1. Food Production- radio button	To what extent do you agree or disagree with the Food Production workstream? - If you agree with the Food Production workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Production workstream? - If you disagree with the Food Production workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Production workstream? - Are there any key aspects of Food Production that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Production workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Sourcing workstream? - 2. Food Sourcing- radio button	To what extent do you agree or disagree with the Food Sourcing workstream? - If you agree with the Food Sourcing workstream, use the box below for comments you wish to make
		Food skills and knowledge	Agree			Links with food producers on the boarders of Birmingham - north, south, east west What about allotments? What about increasing food production in deprived/disadvantaged areas	Choose one mini project at a time and roll it our City Wide- i.e growing in parks..	Don't know	Like the idea in essence
		No answer	Strongly agree				To promote agricultural training in lesser affluent city areas, there is limited opportunities. Vertical farms can bridge this gap as they can be located here.	Strongly agree	
		No answer	Strongly agree					Strongly agree	
		No answer	Strongly agree				free courses that are held outside normal work hours	Strongly agree	
		Food production	Agree				Let's get local! Fund associations that want to support this change.	Not Answered	
Overall good, but there may be too many to be effective. Suggest folding into the 3-5 most important with clear measures, with the remainder being sub-streams.		Food sourcing	Disagree		I'm on the fence on this one as I believe society at large are so used to being consumers only that it may be a struggle to scale this aim beyond a minority. However the economic and environmental conditions such as they are may inspire an effort similar to the nationwide domestic growing achieved throughout WW2.			Strongly agree	

To what extent do you agree or disagree with the Food Sourcing workstream? - If you disagree with the Food Sourcing workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Sourcing workstream? - Are there any key aspects of Food Sourcing that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Sourcing workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Transformation workstream? - 3. Food Transformation- radio button	To what extent do you agree or disagree with the Food Transformation workstream? - If you agree with the Food Transformation workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Transformation workstream? - If you disagree with the Food Transformation workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Transformation workstream? - Are there any key aspects of Food Transformation that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Transformation workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Waste and Recycling workstream? - 4. Food Waste and Recycling	To what extent do you agree or disagree with the Food Waste and Recycling workstream? - If you agree with the Food Waste and Recycling workstream, use the box below for comments you wish to make
	Procurement processes - organisations like us have clear rules around procurement and are a barrier when trying to purchase from small independent suppliers	Geography - think about how local is local? For example, as an organisation in South Birmingham I would buy from Worcestershire, not Staffs	Strongly agree	As a College we have excelled in this, we have transformed our menu's to mainly vegan and vegetarian, bringing our students with us. Nothing on the menu is fried. We have educated them about the benefits of eating this type of food and their positive impact on the environment.			We would be happy to lead on this and be used as a model for other Colleges/Secondary Schools to follow. We are finalists in the Campus Food and Drink Category of the Green Gown Awards.	Strongly agree	We are leaders in this area: Students/Staff pre order their food to avoid waste. Students and staff bring their own cups. Our food packaging is compostable and recyclable and we compost on site. Catering staff are trained on how to reduce food waste.
	All food produced locally should show the CO2 emissions versus what they were without the food strategy changes.		Strongly agree				Educational courses training people to cook properly and overall eat healthier.	Strongly agree	
		Incentivising people for growing more local produce. And keeping local produce sale at community levels rather than only at supermarkets	Not Answered					Strongly agree	
			Don't know					Agree	
	Support schools and adult education providers to work with local food producers to help citizens understand the food journey and be more aware of the farmers and producers in the Midlands. ALLOTMENTS!!!!!		Agree					Agree	Local compost systems
		Vertical farming is a perfect solution to achieve this - no seasons, multiple harvests and can be located close to end consumers eliminating almost all food miles.	Agree	We have sufficient food tonnage produced in the world, but poorly distributed and of the wrong quality and proportions - we are at the same time overfed and undernourished in rich countries and underfed and unnourished in poor countries. We have the ability to do better and we must - 732 millions go to bed hungry every night already, never mind expected population growth throughout the 21st century.				Strongly agree	

To what extent do you agree or disagree with the Food Waste and Recycling workstream? - If you disagree with the Food Waste and Recycling workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Waste and Recycling workstream? - Are there any key aspects of Food Waste and Recycling that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Waste and Recycling workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Economy and Employment workstream? - 5. Food Economy and Employment- radio button	To what extent do you agree or disagree with the Food Economy and Employment workstream? - If you agree with the Food Economy and Employment workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Economy and Employment workstream? - If you disagree with the Food Economy and Employment workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Economy and Employment workstream? - Are there any key aspects of Food Economy and Employment that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Economy and Employment workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - 6.Food Skills and Knowledge- radio button
	We need to educate people more on food packaging, for example do they need to put fruit and veg in plastic bags at supermarkets? I wonder how many citizens in Birmingham know that you can take your spare egg boxes to some supermarkets and refill them. Compostable food packaging is not as good for the environment as the companies that make it say it is!	Happy to take a lead on this.	Don't know	This workstream needs to explain how to educate people on what is a thriving local food economy. Engage with them. We do this with our students regularly in a variety of ways.		As above	Training the citizens, planting, growing, cooking, eating, understanding.	Disagree
	Promote Waste to energy generators so any waste is used to power local grids.		Strongly agree					Strongly agree
			Strongly agree					Strongly agree
		free food pantries at a local level could help minimise waste	Agree					Agree
			Agree			Support innovation opportunities in the food sector. Utilise the tools for planning and licensing, including the Healthy City Planning Toolkit, to maximise the potential to create healthy food retail environments. Where are the allotments?		Not Answered
	Inflation will also help consumers waste less - as is already being seen. Far more should be done with major grocers and food businesses to improve demand planning so more accurate volumes are produced in the first place and more of the waste supplies food banks. There's enough waste in the system to feed the poorest in society for free without the need for food banks - it could become and embedded commitment by retailers to supply food a day or two prior two becoming waste to be sent to/ collected by mean-tested members of the public.		Agree					Agree

To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - If you agree with the Food Skills and Knowledge workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - If you disagree with the Food Skills and Knowledge workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - Are there any key aspects of Food Skills and Knowledge that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Behaviour Change workstream? - 7.Food Behaviour Change- radio button	To what extent do you agree or disagree with the Food Behaviour Change workstream? - If you agree with the Food Behaviour Change workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Behaviour Change workstream? - If you disagree with the Food Behaviour Change workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Behaviour Change workstream? - Are there any key aspects of Food Behaviour Change that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Behaviour Change workstream? - What do you think are the key actions we will need to undertake for this workstream?
	We are a 'Meat to Wheat' College as we are a 'Green' College'. There is a big gap in this workstream; the impact of current food production and consumption on the environment. People need to be encouraged to eat less meat and dairy. Sustainable food practices need to be promoted.	As above People need to change their approach to food - ethics and morals		Agree	Students/staff pre order their food, so they make conscious decisions about what they eat			Advertising and promoting why people need to change their behaviour Green Week - cooking demos Ingredients on food
				Strongly agree				
				Strongly agree				
		home food preservation. i know people who are very unsure what they are 'allowed' to freeze which leads to waste		Don't know				
		Support citizens and communities to grow local, individually and collaboratively. Really? What support are you offering to the poor and unemployed to grow food on vacant plots		Not Answered			Enable community led behaviour change programmes that use peer support and culturally competent approaches, and are embedded into communities, including those of identity and experience. based at allotments?	
This one is perhaps more subjective but is very valuable to our society.				Disagree		Nudge theory may be flawed - see https://www.economist.com/science-and-technology/2022/07/27/evidence-for-behavioural-interventions-looks-increasingly-shaky.		

To what extent do you agree or disagree with the Food Security & Resilience workstream? - Food Security and Resilience	To what extent do you agree or disagree with the Food Security & Resilience workstream? - If you agree with the Food Security & Resilience workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Security & Resilience workstream? - If you disagree with the Food Security & Resilience workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Security & Resilience workstream? - Are there any key aspects of Food Security & Resilience that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Security & Resilience workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - Food Innovation, Partnerships and Research- Radio Buttons	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - If you agree with the Food Innovation, Partnerships and Research workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - If you disagree with the Food Innovation, Partnerships and Research workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - Are there any key aspects of Food Innovation, Partnerships and Research that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - What do you think are the key actions we will need to undertake for this workstream?
Don't know		I don't disagree with this work stream, but wonder where reducing reliance on food banks fits within the strategy.			Agree			We need to market the diversity of our food culture at a national and international level - we don't shout about it enough! It could be a real attraction for tourists.	
Strongly agree					Agree		To promote food security a few selected companies could be selected to build vertical farms. Innovative businesses can already lead the way on this. Too many cross sector collaborations will slow progress when solutions already exist.		
Strongly agree					Strongly agree				
Agree			free food should be available to anyone as needed on a casual non means tested basis. ideally hot meals also provided in a safe pleasant environment		Don't know				
Agree					Not Answered			Yes but where is the local initiative and how is that funded.	
Don't know		Not sure I fully understand how the aspirations would be delivered. Good to discuss.			Strongly agree	Agree and keen to determine if a new JFC vertical farm can contribute to Food City.			

To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - Food System Partners and Other Priorities and Strategies- radio button	To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - If you agree with our approach to involving food system partners and aligning to other strategies and priorities, use the box below for comments you wish to make	To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - If you disagree with our approach to involving food system partners and aligning to other strategies and priorities, tell us why and explain how you think it could be improved	To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - Are there any organisations, networks, groups or people we should be communicating with and involving when creating the Food System Strategy Action Plan?	To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - Are there any key priorities, strategies or best-practice guidance documents that we should align with when creating the Food System Strategy Action Plan that we may have missed?	To what extent do you agree or disagree with the Food Action Decision-Making and Prioritisation tool? - Food Action Decision-Making and Prioritisation tool- radio button	To what extent do you agree or disagree with the Food Action Decision-Making and Prioritisation tool? - If you agree with the Food Action Decision-Making and Prioritisation tool, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Action Decision-Making and Prioritisation tool? - If you disagree with the Food Action Decision-Making and Prioritisation tool, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Action Decision-Making and Prioritisation tool? - Are there any key priorities that we have missed or changes that should be made?
Agree			How will Children and Young People's Services be involved in implementing the strategy? Food is a key part of safeguarding our children and young people.		Agree			
Strongly agree					Disagree		1. Cost effective 2. Environmentally sustainable 3. Evidence based These should be the top 3 and will ultimately benefit the citizens, inequality etc.	
Strongly agree					Strongly agree			
Don't know					Strongly agree			
Agree			We will continue to grow and develop the Creating a Healthy Food City Forum to ensure that we are able to establish a cross-matrix working approach to levering change in Birmingham's food system. Have you read about the Health benefits of Allotments. If not read it and put away your prejudice of thinking they are places where old men get together to plant a few cabbages.	Have you read about the Health benefits of Allotments. If not read it and put away your prejudice of thinking they are places where old men get together to plant a few cabbages. The beneficial physical and mental health effects are well documented.	Not Answered			Still looking for recognition of allotments.
Don't know		Need to discuss to understand more clearly how the organizations work together and the roadmap/ program plan for the next say 5 years vs. measurable objectives.			Strongly agree			Good general objectives and good to understand the metrics used for each.

	To what extent do you agree or disagree with the vision statement? - Vision statement- radio button	To what extent do you agree or disagree with the vision statement? - If you agree with the vision statement, use the box below for comments you wish to make	To what extent do you agree or disagree with the vision statement? - If you disagree with the vision statement, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with these principles? - Principles- radio button	To what extent do you agree or disagree with these principles? - If you agree with the principles, use the box below for comments you wish to make	To what extent do you agree or disagree with these principles? - If you disagree with the principles, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with this ambition? - Ambition- radio button	To what extent do you agree or disagree with this ambition? - If you agree with the ambition, use the box below for comments you wish to make	To what extent do you agree or disagree with this ambition? - If you disagree with the ambition, tell us why and explain how you think this could be improved
77	Agree	In order to achieve success it is important that we are guided by this vision statement.		Agree	It gives an idea of what we are working towards.		Agree	It is a plan that is intended to benefit everyone.	
78	Strongly agree	With the breadth of cultural diversity across the city, there needs to be multi agency commitment to ensuring equal accessibility of these factors in the long term. Good quality education is fundamental at every level of society and this is an area we are developing further with HAF families.		Strongly agree	Embedding a 'can-do' approach at all levels of society is fundamental in achieving success. Collaboration in the delivery of messaging and information sharing with partners across the city is a key part of our approach.		Agree	There needs to be real commitment from a multi agency approach to challenge existing conceptions and myths around nutrition and providing a healthy, balanced, sustainable and affordable diet for every family aross the city, in particular alongside cultural beliefs.	
79	Agree	We welcome the opportunity to contribute to this consultation into the Birmingham Food Strategy. Food banks in our network have been responding to unprecedented challenges over the past decades, yet we have seen resilience, generosity, and collaboration in the face of adversity. The Trussell Trust wants to see an end to the need for food banks in the UK. From our research, we know that people turn to the food banks in the Trussell Trust network because they do not have enough income to afford the essentials, including food. Whilst the volunteers and employees across the Trussell Trust network provide practical support to people who can't afford the things we all need in life; it is not right that people need to turn to food banks to get by. When we move to a society without the need for food banks, people will have the ability to afford to buy the		Agree	Food banks across the Trussell Trust network in Birmingham work to collaborate, empower, and equalise in their day-to-day practice. They work in collaboration with their partners to build better referral pathways, so that people across the city do not have to turn to a food bank as their first port of call, without any other form of advice or support. They empower people who have lived experience of using a food bank to use their voice to build a movement for change. Finally, they also understand what needs to be done at both the local and the national level to end the need for food banks. Empowering people with lived experience to help drive the strategy forward and ensuring it is rooted and relevant to their lives, should be the first step towards developing the action plan.		Agree	Having a "regenerative" food system, to ensure our environment, communities, and economies thrive, is important. We would like to focus in on the ambition to regenerate our communities. Currently, too many people have to turn to food banks, and other forms of food aid, as their first port of call. Communities have always tried to help each other when there isn't enough money to put food on the table, but the huge number of people needing support right now is new. The ambitions of the Birmingham Food Strategy go hand in hand with the ambition to end the need for food banks. A system where people are one short-term shock away from facing the difficult decision to turn to a food bank for support can not be characterised as one where communities are empowered. It is right that people who are most in need are supported, but this should	Therefore, we would recommend that the Strategy pays close attention to the need (root cause) for emergency food aid in Birmingham and takes concrete action to ensure that people do not have to turn to a food bank as their first port of call. This is compatible with the broader Food Strategy.

To what extent do you agree or disagree with the aims? - Aims- radio button	To what extent do you agree or disagree with the aims? - If you agree with the aims, use the box below for comments you wish to make	To what extent do you agree or disagree with the aims? - If you disagree with the aims, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the aims? - Are there any key aims that we have missed or changes that should be made?	To what extent do you agree or disagree with the Big Bold City approach? - Big Bold City Approach- radio button	To what extent do you agree or disagree with the Big Bold City approach? - If you agree with the Big Bold City approach, use the box below for comments you wish to make	To what extent do you agree or disagree with the Big Bold City approach? - If you disagree with the Big Bold City approach, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Big Bold City approach? - Are there any key settings that we have missed or changes that should be made?	To what extent do you agree or disagree with the overall Framework for Action? - Framework for Action- radio button	To what extent do you agree or disagree with the overall Framework for Action? - If you agree with the Framework for Action, use the box below for comments you wish to make
Agree	It is important to have a healthy population.			Agree	By taking these measures this will ensure the success of the plan.			Agree	
Strongly agree	Empowerment by the Birmingham people is key, and their commitment to the aims of the strategy are key to being successful. I believe the work programme and initiatives need to be both 'bottom-up' and 'top-down' in order to be effective and importantly successful and sustainable long term.		Education and knowledge sharing will be fundamental across all levels of engagement, along with practical opportunities and examples.	Strongly agree	100% agree with the vision and commitment to achieving these goals for ALL sectors of society. It is imperitative to promote consistent messaging of a small number of key concepts across the breadth of agencies and the community to effect these changes and have buy in from all sectors.			Strongly agree	Making postive statements around food choices eg promote eating 'healthy fat' rather than labelling all foods high in fat as 'bad'. Encouraging a balanced approach to food choices and an increased knowledge base of basic nutrition and importantly energy balance from a weight management and healthy body perspective. Eg increasing portions of 5 a day will help you feel more energised; eating fibrous foods helps you stay 'regular'; and so on. Through the family engagement workshops remit of the HAF project we are committed to developing areas around food transformation, food behaviour change and food skills and knowledge and practically making a difference to communities across Birmingham.
Agree	It is right that there is an aim to build stronger and resilient communities, but it should not be right that those in need have to rely solely on their communities for support. The provision of emergency food aid should never be the first port of call, or as a substitute for not having a sufficient income to afford the essentials. We also know first-hand the role that food banks in our network play in supporting people when they are unable to afford the essentials. They are examples of communities stepping up to support those most in need, but they shouldn't be the first port of call when people face a crisis. When people find themselves up against difficult life events or financial hardship, it is their local place where they turn to for support. Without effective formal support at the local level, people on low incomes find their only option is to turn to the informal networks of		The role of the council: To build a resilient food system where people do not have to turn to a food bank as their first port of call requires action at all levels, from the third sector to national government. It also requires targeted action from local government at all levels, including Birmingham City Council. When people face a financial crisis, they deserve to have access to well-run, effective, accessible, and dignified local services. Local decision makers are much closer to the ground. They can easily identify communities in need of further support. Therefore, one of the aims the strategy should consider is the role of the council in building a local system which prevents people from having to turn to a food bank as their first port of call in a crisis. This should include identifying changes to support the council	Not Answered				Agree	

To what extent do you agree or disagree with the overall Framework for Action? - If you disagree with the Framework for Action, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the overall Framework for Action? - Are there any key aspects that we have missed or changes that should be made?	To what extent do you agree or disagree with the overall Framework for Action? - Which of the nine workstreams do you think is the most important to improve the food system in Birmingham?	To what extent do you agree or disagree with the Food Production workstream? - 1. Food Production- radio button	To what extent do you agree or disagree with the Food Production workstream? - If you agree with the Food Production workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Production workstream? - If you disagree with the Food Production workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Production workstream? - Are there any key aspects of Food Production that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Production workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Sourcing workstream? - 2. Food Sourcing- radio button	To what extent do you agree or disagree with the Food Sourcing workstream? - If you agree with the Food Sourcing workstream, use the box below for comments you wish to make
		No answer	Agree			Locally grown food has little or no packaging, transport and litter associated. It is not "more expensive", when everything is taken into account. It is satisfying to grow It will be essential to protect existing areas of land used for food growing in the city and allocate additional areas for this, especially where there are no allotment sites. BCC has the power as planning authority to ensure that growing food is included its Birmingham Development Plan 2031. Food plants need pollination. Organise growing methods should be preferred and the city council set an example by phasing out chemicals damaging to bees and pollinators in its grounds management; see our Save Our Soils campaign. Food growing is a skill that people have to learn. Community gardens and allotments should be supported to teach people, for example pairing every school with an allotment site. Or growing area in school grounds.		Agree	Matching locally available food with demand could be a very cost effective and rapid way to make a difference, i.e. an information platform
		Food skills and knowledge	Agree					Agree	
		No answer	Not Answered					Not Answered	

To what extent do you agree or disagree with the Food Sourcing workstream? - If you disagree with the Food Sourcing workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Sourcing workstream? - Are there any key aspects of Food Sourcing that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Sourcing workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Transformation workstream? - 3. Food Transformation- radio button	To what extent do you agree or disagree with the Food Transformation workstream? - If you agree with the Food Transformation workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Transformation workstream? - If you disagree with the Food Transformation workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Transformation workstream? - Are there any key aspects of Food Transformation that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Transformation workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Waste and Recycling workstream? - 4. Food Waste and Recycling	To what extent do you agree or disagree with the Food Waste and Recycling workstream? - If you agree with the Food Waste and Recycling workstream, use the box below for comments you wish to make
		BFOE strongly supports all of the suggested initiatives. There should be food exchange which may mean information systems, where is food and who needs it?. Existing farmers markets need to be publicised and celebrated.	Not Answered					Don't know	
			Strongly agree	It is fantastic that calorie information is now available in a lot of food outlets. There is an opportunity to challenge orgagnisations and providers in the calories within meals served. For example in a standard outlet a main meal is often around 1000kcal - a very large % of daily intake and with the commonality of eating out across society this is a huge factor to be considered. There needs to be increased education across all parts of society to support and help individuals make decisions that directly impact themselves, their families and the communities. Within the city council, challenging the number of fast food, high in saturated fat outlets within a radius needs to be considered, plus a sustainable and more economical way of local communities accessing good quality food at affordable prices.			An agreed consistent message to the community that all agencies buy into for what it looks like in 10 years time.	Agree	
			Not Answered					Not Answered	

To what extent do you agree or disagree with the Food Waste and Recycling workstream? - If you disagree with the Food Waste and Recycling workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Waste and Recycling workstream? - Are there any key aspects of Food Waste and Recycling that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Waste and Recycling workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Economy and Employment workstream? - 5. Food Economy and Employment- radio button	To what extent do you agree or disagree with the Food Economy and Employment workstream? - If you agree with the Food Economy and Employment workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Economy and Employment workstream? - If you disagree with the Food Economy and Employment workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Economy and Employment workstream? - Are there any key aspects of Food Economy and Employment that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Economy and Employment workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - 6.Food Skills and Knowledge- radio button
	The Food Hierarchy links to the Waste Hierarchy, with burning as the worst option. Birmingham is the waste collection and disposal authority. It is wrong to collect, then burn food waste in the Tyseley incinerator, owned by BCC, which we want to see phased out. About 130,000 tonnes per year of compostable material, mostly food waste, is burned there from the household and business collections. This cuts the cycle of fertility, by not returning nutrients to the soil. Healthy people need healthy soil requiring return of nutrients in waste so it is a public health issue. Composting is the vital link between eating and growing. Soon it will be illegal to sell peat from peatbogs, so there will be strong demand for made composts. The Environment Act requires that there shall be separate food waste collection from all households and appropriate utilisation of it. This collection and processing should link to food growing. To feed people, you must		Not Answered					Strongly agree
			Strongly agree	This is a key part of achieving outcomes. For example the budget for school meals is relatively very low to ensure high quality produce can be sourced and offered to children every day.		Is there an opportunity for more collaboration with colleges and university food and nutrition courses on offer in the city to enable students to do work experience or placement years within local industry which will help support local businesses to source staff, as well as adding value to skill sets of those working in Birmingham.		Strongly agree
			Not Answered					Agree

To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - If you agree with the Food Skills and Knowledge workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - If you disagree with the Food Skills and Knowledge workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - Are there any key aspects of Food Skills and Knowledge that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Behaviour Change workstream? - 7.Food Behaviour Change- radio button	To what extent do you agree or disagree with the Food Behaviour Change workstream? - If you agree with the Food Behaviour Change workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Behaviour Change workstream? - If you disagree with the Food Behaviour Change workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Behaviour Change workstream? - Are there any key aspects of Food Behaviour Change that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Behaviour Change workstream? - What do you think are the key actions we will need to undertake for this workstream?
			Although 'children' are mentioned, more emphasis in all sections should be on 'schools'; also on adult education and community groups. Leisure centres etc could be used as the sites where equipment is available and foods, nutrition, cooking skills can be shared. There would be a benefit to people's health and to their environmental impact from eating less meat and substituting plant based meals. People can be familiarised with meat free meals by initiatives such as Meat Free Monday.	Not Answered				
This is a key part of StreetGames and HAF delivery over the next 3 years and we are already developing ways to approach and challenge this through the programme delivery. A key fundamental concept is to establish positive relationships with food from birth and to educate families to reinforce positive messages. eg reduce the association of rewards with food, especially high sugar/saturated fat items We are already putting together a programme of workshops to deliver to local communities for providers to run sessions with children and also directly with families in community, welcoming facilities.				Strongly agree	As mentioned this is fundamental to change and is part of the work I am doing and putting together to share knowledge and information with communities through the HAF project in the coming years. The principles shared from research and evidence based projects need to be replicated by agencies across the city to enable the concepts to become embedded.			innovative ways to engage communities and families and young people which a wide variety of options
		Skill and knowledge building is of course important and welcomed, however we must be careful to frame conversations correctly. The rhetoric attached to these agendas often place too much emphasis on the individual, and not the systemic barriers that frame and dictate behaviour. This particularly the case with regard to issues relating to limited resource i.e. no amount of smart cooking can help if you cannot afford to turn the oven on.		Not Answered				

To what extent do you agree or disagree with the Food Security & Resilience workstream? - Food Security and Resilience	To what extent do you agree or disagree with the Food Security & Resilience workstream? - If you agree with the Food Security & Resilience workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Security & Resilience workstream? - If you disagree with the Food Security & Resilience workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Security & Resilience workstream? - Are there any key aspects of Food Security & Resilience that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Security & Resilience workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - Food Innovation, Partnerships and Research- Radio Buttons	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - If you agree with the Food Innovation, Partnerships and Research workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - If you disagree with the Food Innovation, Partnerships and Research workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - Are there any key aspects of Food Innovation, Partnerships and Research that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - What do you think are the key actions we will need to undertake for this workstream?
Strongly agree			You haven't mentioned the Climate Emergency! This must be mentioned as a major aspect in terms of increasing food insecurity. Also climate change will impinge on traditional growing methods - from farms to allotments. Food banks should be the main focus of ALL food donations obtained from ALL sources (you list elsewhere). Information on these and all initiatives should be made prominent.		Not Answered				
Agree					Agree	We are keen to proactively support and work with all partners to progress this aspect of the strategy in a practical delivery model.			
Agree			Food insecurity is a symptom of a wider problem and that is the fact that too many people have not got a sufficient income to be able to afford the essentials. The Trussell Trust is clear form our research that this is also a key driver of the need for food banks nationally and locally. Predominantly, as is recognised by the Strategy, this is because of the national social security system. People do not receive a sufficient income to afford the essentials, and there are specific features of it which can make people's situations worse, such as the five week wait for Universal Credit Payments, the use of benefit sanctions, and long waiting times for Personal Independence Payments. Additionally, being on a low income puts people on an unstable foundation – when people face a difficult life event, or an unexpected bill, it's their local community they turn to first.	We would recommend that this workstream also has a specific focus on the role the council can play in co-ordinating and integrating existing local support, so that no one is left without help when they face a crisis. This should focus on how existing local support, such as the Local Welfare Provision, Council Tax Support, and help with arrears and debt, can be better targeted and communicated to communities in greater need. Having a local system where people do not have to turn to emergency food aid as a first port of call when they face a short-term shock will help move towards a resilient and compassionate food system in Birmingham. A clear acknowledgement of where, and how, this strategy interacts and intersect with other strategies and workstreams would be hugely beneficial. Increasing food security and resilience is about much more	Not Answered				

To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - Food System Partners and Other Priorities and Strategies- radio button	To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - If you agree with our approach to involving food system partners and aligning to other strategies and priorities, use the box below for comments you wish to make	To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - If you disagree with our approach to involving food system partners and aligning to other strategies and priorities, tell us why and explain how you think it could be improved	To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - Are there any organisations, networks, groups or people we should be communicating with and involving when creating the Food System Strategy Action Plan?	To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - Are there any key priorities, strategies or best-practice guidance documents that we should align with when creating the Food System Strategy Action Plan that we may have missed?	To what extent do you agree or disagree with the Food Action Decision-Making and Prioritisation tool? - Food Action Decision-Making and Prioritisation tool- radio button	To what extent do you agree or disagree with the Food Action Decision-Making and Prioritisation tool? - If you agree with the Food Action Decision-Making and Prioritisation tool, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Action Decision-Making and Prioritisation tool? - If you disagree with the Food Action Decision-Making and Prioritisation tool, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Action Decision-Making and Prioritisation tool? - Are there any key priorities that we have missed or changes that should be made?
Not Answered					Not Answered			
Agree	An ongoing commitment to consultation and communication with the public to ensure the direction of travel is appropriate, beneficial and effecting desired change would be useful.				Agree			
Not Answered				Again, a clear acknowledgement of where, and how, this strategy interacts and intersect with other strategies and workstreams would be hugely beneficial.	Don't know	It is to be commended that the Food Action Decision-Making and Prioritisation Tool has a it's first three actions to prioritise as Citizen-first, celebrating diversity, and addressing poverty and inequalities.		We would stress that any citizen-first action should take the lived experience of people who have had to attended food banks, or experienced poverty, at its heart, ensuring that they their views are taken into account when co-producing an action plan. Furthermore, on the "address poverty and inequalities" action, we would prefer the emphasis to be shifted away from access to food, and towards ensuring that people have an income which enables them to afford food in the first place. Any proposed action should consider whether it helps people afford the essentials and move towards building a stable foundation. The aspiration should be to reduce the need for emergency food aid provision, and clearly acknowledge this as a 'last resort' action.

	To what extent do you agree or disagree with the vision statement? - Vision statement- radio button	To what extent do you agree or disagree with the vision statement? - If you agree with the vision statement, use the box below for comments you wish to make	To what extent do you agree or disagree with the vision statement? - If you disagree with the vision statement, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with these principles? - Principles- radio button	To what extent do you agree or disagree with these principles? - If you agree with the principles, use the box below for comments you wish to make	To what extent do you agree or disagree with these principles? - If you disagree with the principles, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with this ambition? - Ambition- radio button	To what extent do you agree or disagree with this ambition? - If you agree with the ambition, use the box below for comments you wish to make	To what extent do you agree or disagree with this ambition? - If you disagree with the ambition, tell us why and explain how you think this could be improved
80	Agree	It is an ambitious and positive vision. However, the idea of "creating" implies a process of construction that forgets the most difficult part of systems design, how to maintain a system operating effective and efficiently over time.		Agree	Collaborate adds variety in resources and abilities. This tends to help maintaining systems operating adequately. The idea of empowering seems to forget who will be empowered. This is dangerously vague, as it doesn't indicate who (people) will have how much power. To equalise implies that some people are very well positioned within the food system, and others don't. This might be the case in economic terms, but this doesn't necessarily match with the quality of food accessed. For instance, cooking skills are important too.		Agree	The difficulty lies on who has the power to implement and maintain this operating. Some of these come from the central government at number 10.	
81	Agree	It would be good to replace "food choices" with "food options". Choices puts the onus on the individual, options put the onus on the system. This language shift is an important aspect of getting the right framing on food environments.		Agree	It seems a little strange to have principles for developing the strategy when the strategy has been developed. It might be better to make it clear that the principles are for the action plan development only.		Strongly agree	I agree with the ambition but in its current form it seems extremely aspirational. This might be a useful way of helping people to understand the scale of ambition but it's not very helpful for knowing if the strategy has been successful.	
82	Strongly agree			Agree	These principles are a good start and it would be great if they could be considered as part of a whole systems approach that considers the broader determinants of unhealthy diets (e.g. poverty, housing, employment). So the partnerships to be formed can think about how food fits into the system in the broadest sense.		Agree	There is an emphasis throughout the strategy on local being better. This is true but important to recognise that WHAT you eat is far more impactful on the environment. This means that we need to diversify what we grow so that we are less vulnerable to food crises. Meat (beef) is the major contributor to greenhouse gas emissions, if we can implement strategies that promote less beef in the diet then that will lead to more effective outcomes than focuses purely on the 'local'. We need to work with beef farmers to explore alternative diets to lower GHG emissions see https://research.wur.nl/en/publications/literature-review-of-beef-production-systems-in-europe We appreciate that this is not an action plan but it remains unclear on how these ambitions will be achieved. The obesity plan has been widely criticised for relying on voluntary measures - we need to ensure that there are incentives for people and businesses to get on	

To what extent do you agree or disagree with the aims? - Aims- radio button	To what extent do you agree or disagree with the aims? - If you agree with the aims, use the box below for comments you wish to make	To what extent do you agree or disagree with the aims? - If you disagree with the aims, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the aims? - Are there any key aims that we have missed or changes that should be made?	To what extent do you agree or disagree with the Big Bold City approach? - Big Bold City Approach- radio button	To what extent do you agree or disagree with the Big Bold City approach? - If you agree with the Big Bold City approach, use the box below for comments you wish to make	To what extent do you agree or disagree with the Big Bold City approach? - If you disagree with the Big Bold City approach, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Big Bold City approach? - Are there any key settings that we have missed or changes that should be made?	To what extent do you agree or disagree with the overall Framework for Action? - Framework for Action- radio button	To what extent do you agree or disagree with the overall Framework for Action? - If you agree with the Framework for Action, use the box below for comments you wish to make
Agree	Evidence-based methods imply the use of top-down externally design solutions. This might help to characterise issues concerning Bham Food Systems, but it doesn't solve other behavioural issues, such as: cultural/personal preferences. Externally imposed solutions, no matter how good they are, will always find resistance to change.			Agree	What does not seem is who will run this Big Bold City approach. Which is the role that citizens will play?		Citizen science approach might be considered.	Agree	
Agree		I think the 4th aim, last para fails to recognise that the commercial incentives within the system need to shift in order for food environments to improve. You can only get so far through nudging. Unhealthy calories are 3 times cheaper than healthy calories and selling junk food is the easiest way to make money. This is at the heart of the problem and this is something which it is very hard to deal with at the local level. As with the comments on the ambition, these aims feel very aspirational. Achieving these aims in a city as large as Birmingham will be impossible in 8 years. While ambition is good, the process will rapidly lose momentum if there are not the resources and investment needed which is commensurate with achieving the aims. I think it is also wise to be realistic about how big the challenges are and how long it takes to make changes on the scale needed.		Agree	Again, this is a very comprehensive approach but would it be wiser to focus on a few settings and do them well e.g. are libraries as important as nurseries?			Disagree	
Agree	Overall the strategy shows evidence of positive steps towards improving population eating habits however it is vital that there is a commitment to monitoring and measuring impact - as it stands, little of the strategy is measurable or enforceable. It all sounds good but it is the 'how' that is the important step. It is also broad ranging, with multiple objectives and while this is a good thing, this runs the risk of resources being diluted - might it be better to do one or two things really well - at least in the first few stages and then broaden it out to other areas/sectors?			Agree	We agree with this approach as it cannot be just the City Council's responsibility to bring about change. What about having a food taskforce similar to the Child Obesity Taskforce in London chaired by the Mayor. This could have a really positive impact if they were to explore the determinants of unhealthy eating and have power/authority to make meaningful actions/recommendations.			Agree	Linked to our earlier comment - are each of these work streams equally weighted? We would recommend consideration if there are workstreams which should be prioritised given the specific challenges that Birmingham faces and the limited resources available. The metrics to track progress should also consider likely timescales to impact.

To what extent do you agree or disagree with the overall Framework for Action? - If you disagree with the Framework for Action, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the overall Framework for Action? - Are there any key aspects that we have missed or changes that should be made?	To what extent do you agree or disagree with the overall Framework for Action? - Which of the nine workstreams do you think is the most important to improve the food system in Birmingham?	To what extent do you agree or disagree with the Food Production workstream? - 1. Food Production- radio button	To what extent do you agree or disagree with the Food Production workstream? - If you agree with the Food Production workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Production workstream? - If you disagree with the Food Production workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Production workstream? - Are there any key aspects of Food Production that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Production workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Sourcing workstream? - 2. Food Sourcing- radio button	To what extent do you agree or disagree with the Food Sourcing workstream? - If you agree with the Food Sourcing workstream, use the box below for comments you wish to make
	What about refocusing education towards problems around food systems? Students must prepare for exams and final assignments, so why not to use "food systems" as the central topic? This might increase citizens' awareness.	Food behaviour change	Agree					Agree	
I think 9 is too many and you're not making any real strategic choices. What will you not do in the next 8 years? How will you prioritise resources? What is a first order action and what can follow? Or perhaps these choices will be made within the workstream development? The workstreams seem to be a mixture of outcomes (such as number 3) and actions (e.g. numbers 1&2). Number 1 do you mean preserve food? is that the right term? Number 3 is too broad and unspecific. What about Transforming the food offer in Birmingham based businesses and public settings to make them support healthy eating? Number 7 seems broad and very far reaching. Whose behaviours are we talking about?		Food production	Strongly agree			I really like how this one is worded but I think we also need to be realistic that food produced in the city is only ever going to be a tiny proportion of what its citizens eat. I would like to see this workstream have a more specific focus on fruit and veg and improving access to local fruit and veg - as perishable products which require carbon intensive transport and packaging. Plus we are eating far too little fruit and veg and by offering tasty local options you might increase opportunities for consumption.	In addition to producing more within the city, you need to think about how this produce can get to market and what mechanisms you will use to achieve this - from online buying platforms to box schemes to street markets.	Strongly agree	
		No answer	Agree	We recommend consideration of the economies of scale with local growing projects – how realistic is it that growing food in a public space will produce the quantities required to feed a local community? Is this the most cost-effective use of limited resources (time, effort)? Would be interested in the evidence review of how effective these interventions are in relation to other uses of time/resource?				Agree	Agree but see earlier comment about what you eat as well as where you source.

To what extent do you agree or disagree with the Food Sourcing workstream? - If you disagree with the Food Sourcing workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Sourcing workstream? - Are there any key aspects of Food Sourcing that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Sourcing workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Transformation workstream? - 3. Food Transformation- radio button	To what extent do you agree or disagree with the Food Transformation workstream? - If you agree with the Food Transformation workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Transformation workstream? - If you disagree with the Food Transformation workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Transformation workstream? - Are there any key aspects of Food Transformation that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Transformation workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Waste and Recycling workstream? - 4. Food Waste and Recycling	To what extent do you agree or disagree with the Food Waste and Recycling workstream? - If you agree with the Food Waste and Recycling workstream, use the box below for comments you wish to make
			Strongly disagree		Just encourage industry to create more affordable nutrient dense healt won't work. A stronger position must be taken on this. Implement a legal framework with strong sanctions to stop the excessive use of colour additives, fat, salt, sugar, etc.			Agree	
		I think you should consider building on the Bath and North East Somerset Council experience of developing a dynamic purchasing system. They introduced a web platform that allowed 60 schools serving 30,000 meals per week to buy from more than 20 local SME food producers and suppliers. The council evaluation found that the carbon emissions of their supply chain had been reduced and costs had fallen by 6%. This will require investment.	Disagree		As noted above, I think this workstream as presented is not based on a clear analysis of the reasons why our food system is so dominated by junk food. Breaking the commercial incentives for junk food can probably only be achieved by national policy action and so this workstream needs very clear thinking on what can be achieved at the city level. I think it would make more sense to focus this workstream on working with Birmingham based businesses and in public settings in using a range of strategies to help these companies more towards a better health profile of their food sales, whether its through healthy catering commitment, implementation of school food standards, creating incentives and support packages for small retail settings (convenience stores etc - building on the work of the Good Food Retail project: https://www.sustainweb.org/gffl/goodfoodretail/. It could also include implementing some food			Agree	
			Agree	Would be keen to consider how this will fit within our current economic climate. See: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)01348-4/fulltext				Agree	

To what extent do you agree or disagree with the Food Waste and Recycling workstream? - If you disagree with the Food Waste and Recycling workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Waste and Recycling workstream? - Are there any key aspects of Food Waste and Recycling that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Waste and Recycling workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Economy and Employment workstream? - 5. Food Economy and Employment- radio button	To what extent do you agree or disagree with the Food Economy and Employment workstream? - If you agree with the Food Economy and Employment workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Economy and Employment workstream? - If you disagree with the Food Economy and Employment workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Economy and Employment workstream? - Are there any key aspects of Food Economy and Employment that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Economy and Employment workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - 6.Food Skills and Knowledge- radio button
			Agree					Strongly agree
The problem described above focuses only on household waste but there are big opportunities to create secondary markets with waste from the food industry supply chain as you allude to in the actions.			Strongly agree					Agree
			Agree	We think we could champion higher standards e.g. celebrate high standards in our public sector settings. I think it is important to encourage businesses to price food that is accessible to everyone. How do we create a market whereby smaller food businesses can compete - celebrate and encourage social enterprise and ethical trading. See as a good example: http://www.clintonhealth.org/pdf%20files/ClintonCountyFoodActionPlan.pdf					Agree

To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - If you agree with the Food Skills and Knowledge workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - If you disagree with the Food Skills and Knowledge workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - Are there any key aspects of Food Skills and Knowledge that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Behaviour Change workstream? - 7.Food Behaviour Change- radio button	To what extent do you agree or disagree with the Food Behaviour Change workstream? - If you agree with the Food Behaviour Change workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Behaviour Change workstream? - If you disagree with the Food Behaviour Change workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Behaviour Change workstream? - Are there any key aspects of Food Behaviour Change that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Behaviour Change workstream? - What do you think are the key actions we will need to undertake for this workstream?
		Not very clear how this will be implemented. Even if this document is at a strategic level, more detail is expected.		Agree			Citizens' science must be included in this package.	
I don't think this should be a priority workstream as I don't think it is as important as many of the others.				Not Answered	I would join this with workstream 6.	As stated earlier, I think we need to be clearer about what and whose behaviours we're focusing on.		
				Agree	We think this will have to be carefully managed in light of current economic conditions that many people are facing. See https://agrifoodecon.springeropen.com/articles/10.1186/s40100-022-00230-x for a recent review of potential policy actions for food behaviour change.			

To what extent do you agree or disagree with the Food Security & Resilience workstream? - Food Security and Resilience	To what extent do you agree or disagree with the Food Security & Resilience workstream? - If you agree with the Food Security & Resilience workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Security & Resilience workstream? - If you disagree with the Food Security & Resilience workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Security & Resilience workstream? - Are there any key aspects of Food Security & Resilience that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Security & Resilience workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - Food Innovation, Partnerships and Research- Radio Buttons	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - If you agree with the Food Innovation, Partnerships and Research workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - If you disagree with the Food Innovation, Partnerships and Research workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - Are there any key aspects of Food Innovation, Partnerships and Research that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - What do you think are the key actions we will need to undertake for this workstream?
Agree			Knowledge & skills may have a relevant impact on this.		Don't know			How can individuals actively participate in this initiative and become partners in the innovation/research? How can individuals organise in groups? It is not very clear if citizens may be part of this initiative.	The level of citizens engagement in collective actions is very low. Activities aimed at increasing their engagement are key for success.
Strongly agree		I think this point is worded wrongly: Identify what drives unaffordable food across the city, and develop evidence-based solutions to bring about change that will create more affordable food businesses, and increase healthy affordable options on offer to citizens. The problem isn't the absolute price of food. The problem is the relative price of healthy and unhealthy food which can only really be tackled by fiscal intervention; and the problem of purchasing power which results from low income.	In the last section, the best way to tackle food insecurity in Birmingham is for there to be a less punitive benefit system. I would suggest that the work which Birmingham does at the national level is focused on this, rather than on supply chain resilience.	I would include in this the harnessing of food surplus to create secondary markets of low cost fruit and veg for low income communities and link to the waste objective.	Agree	This workstream seems to be primarily about learning rather than innovation. I would suggest that this doesn't warrant being a standalone workstream, but rather learning should be built into the whole strategy - thinking about how we draw ideas in from elsewhere.			We could start by creating a national network for ideas to be shared between major UK cities. We could also think about some kind of newsletter for the movement which brings in the best ideas from elsewhere as well as facilitating study tours to other places etc
Agree					Agree	Completely agree with this but it might be worth considering what type of partnership model you want to pursue as there is not right or wrong approach but some models might be more appropriate: https://www.sciencedirect.com/science/article/pii/S0308521X22001081			

To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - Food System Partners and Other Priorities and Strategies- radio button	To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - If you agree with our approach to involving food system partners and aligning to other strategies and priorities, use the box below for comments you wish to make	To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - If you disagree with our approach to involving food system partners and aligning to other strategies and priorities, tell us why and explain how you think it could be improved	To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - Are there any organisations, networks, groups or people we should be communicating with and involving when creating the Food System Strategy Action Plan?	To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - Are there any key priorities, strategies or best-practice guidance documents that we should align with when creating the Food System Strategy Action Plan that we may have missed?	To what extent do you agree or disagree with the Food Action Decision-Making and Prioritisation tool? - Food Action Decision-Making and Prioritisation tool- radio button	To what extent do you agree or disagree with the Food Action Decision-Making and Prioritisation tool? - If you agree with the Food Action Decision-Making and Prioritisation tool, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Action Decision-Making and Prioritisation tool? - If you disagree with the Food Action Decision-Making and Prioritisation tool, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Action Decision-Making and Prioritisation tool? - Are there any key priorities that we have missed or changes that should be made?
Disagree		The narrative doesn't support the claim of "Citizen Focused and Citizen Led". Citizens are limited to feed with answers on what an external authority considers relevant. This is a top-down approach that will limit the impact of this initiative. Some ephemeral success might be achieved, but no behavioural changes can be expected with this approach.	I have the impression it should be the other way around. Who could a citizen (or group) contact to find support in her(their) food initiative?	Well celebrated small success projects will trigger further participation. A bottom-up strategy would work better.	Disagree		I'm surprised that learning and improving at almost at the end. If the expectation is to produce behavioural changes, it must move way above. Probably, first. The problem is that this initiative is built around a top-down approach that claims looking at benefitting individuals with centralised decision-making. This will not cover the needs of all the citizens involved.	Change the strategy to a bottom-up approach.
Don't know	On Page 7 you talk about a city wide partnership. I'm not really sure if this is referring to the Forum or something else. A partnership would typically be co-chaired by the local authority and civil society and create a broader space for people to get involved. We would urge a little more consideration goes into the governance arrangements for the implementation of the next phase.			This would be useful to read: https://ipes-food.org/_img/upload/files/Cities_full.pdf	Don't know	Given there are so many considerations to factor in I'm not clear on how this will help with prioritisation.		
Strongly agree					Agree	Agree but note that not all 'interventions' will move all of these in a positive direction e.g. might have to trade off cost effectiveness to achieve equity.		

	To what extent do you agree or disagree with the vision statement? - Vision statement- radio button	To what extent do you agree or disagree with the vision statement? - If you agree with the vision statement, use the box below for comments you wish to make	To what extent do you agree or disagree with the vision statement? - If you disagree with the vision statement, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with these principles? - Principles- radio button	To what extent do you agree or disagree with these principles? - If you agree with the principles, use the box below for comments you wish to make	To what extent do you agree or disagree with these principles? - If you disagree with the principles, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with this ambition? - Ambition- radio button	To what extent do you agree or disagree with this ambition? - If you agree with the ambition, use the box below for comments you wish to make	To what extent do you agree or disagree with this ambition? - If you disagree with the ambition, tell us why and explain how you think this could be improved
83	Agree	I would like to see the word ethical in there too if I am honest :-)		Strongly agree	Three very well chosen principles, especially empower, which will be key moving forwards		Strongly agree	Environment and communities are key, then the economy will follow	

To what extent do you agree or disagree with the aims? - Aims- radio button	To what extent do you agree or disagree with the aims? - If you agree with the aims, use the box below for comments you wish to make	To what extent do you agree or disagree with the aims? - If you disagree with the aims, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the aims? - Are there any key aims that we have missed or changes that should be made?	To what extent do you agree or disagree with the Big Bold City approach? - Big Bold City Approach- radio button	To what extent do you agree or disagree with the Big Bold City approach? - If you agree with the Big Bold City approach, use the box below for comments you wish to make	To what extent do you agree or disagree with the Big Bold City approach? - If you disagree with the Big Bold City approach, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Big Bold City approach? - Are there any key settings that we have missed or changes that should be made?	To what extent do you agree or disagree with the overall Framework for Action? - Framework for Action- radio button	To what extent do you agree or disagree with the overall Framework for Action? - If you agree with the Framework for Action, use the box below for comments you wish to make
Strongly agree	Very good to see the words ethical in here a lot, and i hope we will be evaluating that consistenly as the strategy unfolds.			Strongly agree	There is a lot we can link together here, and will take a lot of dedicated resource and management to do this, but if done effectively, it will be very powerful and impactful.			Strongly agree	Definitely all the right areas to focus on here, linking them all back to the everyday resident of Birmingham will be key

To what extent do you agree or disagree with the overall Framework for Action? - If you disagree with the Framework for Action, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the overall Framework for Action? - Are there any key aspects that we have missed or changes that should be made?	To what extent do you agree or disagree with the overall Framework for Action? - Which of the nine workstreams do you think is the most important to improve the food system in Birmingham?	To what extent do you agree or disagree with the Food Production workstream? - 1. Food Production- radio button	To what extent do you agree or disagree with the Food Production workstream? - If you agree with the Food Production workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Production workstream? - If you disagree with the Food Production workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Production workstream? - Are there any key aspects of Food Production that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Production workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Sourcing workstream? - 2. Food Sourcing- radio button	To what extent do you agree or disagree with the Food Sourcing workstream? - If you agree with the Food Sourcing workstream, use the box below for comments you wish to make
	I don't think missed, but I think that how each of these work streams links back to the residents of Birmingham will be key. How it is communicated, involving the media to make everyone aware and get them involved as much as possible... Empowerment	Food Skills and knowledge	Strongly agree	This will be key, more community growing spaces all across the city will be so beneficial. Also fruit orchards if possible... and fruit trees around the city where people can just go and get fruit to eat like humans have always done.		More fruit trees, open orchards	Community growing, incentives to join these	Strongly agree	Definitely something that can be improved on

To what extent do you agree or disagree with the Food Sourcing workstream? - If you disagree with the Food Sourcing workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Sourcing workstream? - Are there any key aspects of Food Sourcing that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Sourcing workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Transformation workstream? - 3. Food Transformation- radio button	To what extent do you agree or disagree with the Food Transformation workstream? - If you agree with the Food Transformation workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Transformation workstream? - If you disagree with the Food Transformation workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Transformation workstream? - Are there any key aspects of Food Transformation that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Transformation workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Waste and Recycling workstream? - 4. Food Waste and Recycling	To what extent do you agree or disagree with the Food Waste and Recycling workstream? - If you agree with the Food Waste and Recycling workstream, use the box below for comments you wish to make
	Increasing availability of local food. Markets open at hours where all people can get food from here.	Incentivise the purchasing of local food, media campaigns	Strongly agree	Look forward to seeing what unfolds here		The Plant Based Treaty is something we should look at. Many other cities around the UK and world have signed this, to help improve the nutrition of their residents	reduce cost of fresh fruit/veg	Agree	Got the basics listed out there well :-)

To what extent do you agree or disagree with the Food Waste and Recycling workstream? - If you disagree with the Food Waste and Recycling workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Waste and Recycling workstream? - Are there any key aspects of Food Waste and Recycling that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Waste and Recycling workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Economy and Employment workstream? - 5. Food Economy and Employment- radio button	To what extent do you agree or disagree with the Food Economy and Employment workstream? - If you agree with the Food Economy and Employment workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Economy and Employment workstream? - If you disagree with the Food Economy and Employment workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Economy and Employment workstream? - Are there any key aspects of Food Economy and Employment that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Economy and Employment workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - 6.Food Skills and Knowledge- radio button
	Composting, incentivising this would be good.	Volunteer schemes in place to help surplus food organisations, and linking more food producers up with FareShare so they can send their surplus food there for it to be redistributed	Agree	Getting more people involved in food production can ony help :-)		No tthat i can think of	Education, skills improvement	Agree

To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - If you agree with the Food Skills and Knowledge workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - If you disagree with the Food Skills and Knowledge workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - Are there any key aspects of Food Skills and Knowledge that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Behaviour Change workstream? - 7.Food Behaviour Change- radio button	To what extent do you agree or disagree with the Food Behaviour Change workstream? - If you agree with the Food Behaviour Change workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Behaviour Change workstream? - If you disagree with the Food Behaviour Change workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Behaviour Change workstream? - Are there any key aspects of Food Behaviour Change that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Behaviour Change workstream? - What do you think are the key actions we will need to undertake for this workstream?
Good start, focusing on fresh produce and eating as many plants as possible will be key.		Eating as many plants as possible	Shop and cook smart. The most basic foods are normally the healthiest and most of the time are the cheapest too	Agree	A good start, cna go into more detail about the specific behaviours		Plant Based Treaty is definitely something that should be looked at with this work stream	Involving the media

To what extent do you agree or disagree with the Food Security & Resilience workstream? - Food Security and Resilience	To what extent do you agree or disagree with the Food Security & Resilience workstream? - If you agree with the Food Security & Resilience workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Security & Resilience workstream? - If you disagree with the Food Security & Resilience workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Security & Resilience workstream? - Are there any key aspects of Food Security & Resilience that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Security & Resilience workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - Food Innovation, Partnerships and Research- Radio Buttons	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - If you agree with the Food Innovation, Partnerships and Research workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - If you disagree with the Food Innovation, Partnerships and Research workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - Are there any key aspects of Food Innovation, Partnerships and Research that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - What do you think are the key actions we will need to undertake for this workstream?
Agree	Hopefully the first steps in Birmingham becoming a self sufficient city		Self sufficiency should be front and centre	community growing, driven by individuals and leaders everywhere	Agree	This all sounds great, innovation will be key to making sure Birmingham is resilient and leading the way on this.		Plant Based Treaty again applies to this	Ensuring sustainability, innovation and ethics are all the top priorities

To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - Food System Partners and Other Priorities and Strategies- radio button	To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - If you agree with our approach to involving food system partners and aligning to other strategies and priorities, use the box below for comments you wish to make	To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - If you disagree with our approach to involving food system partners and aligning to other strategies and priorities, tell us why and explain how you think it could be improved	To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - Are there any organisations, networks, groups or people we should be communicating with and involving when creating the Food System Strategy Action Plan?	To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - Are there any key priorities, strategies or best-practice guidance documents that we should align with when creating the Food System Strategy Action Plan that we may have missed?	To what extent do you agree or disagree with the Food Action Decision-Making and Prioritisation tool? - Food Action Decision-Making and Prioritisation tool- radio button	To what extent do you agree or disagree with the Food Action Decision-Making and Prioritisation tool? - If you agree with the Food Action Decision-Making and Prioritisation tool, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Action Decision-Making and Prioritisation tool? - If you disagree with the Food Action Decision-Making and Prioritisation tool, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Action Decision-Making and Prioritisation tool? - Are there any key priorities that we have missed or changes that should be made?
Agree	Partners may need some incentives to ensure they dedicate the time and resources required to keep driving this forwards		TAWS, FareShare, Your Local Pantry, Rackets Cubed,	Getting everyone using the same platform will be key	Agree	Looks good :-)		The diversity of those involved is most important

	To what extent do you agree or disagree with the vision statement? - Vision statement- radio button	To what extent do you agree or disagree with the vision statement? - If you agree with the vision statement, use the box below for comments you wish to make	To what extent do you agree or disagree with the vision statement? - If you disagree with the vision statement, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with these principles? - Principles- radio button	To what extent do you agree or disagree with these principles? - If you agree with the principles, use the box below for comments you wish to make	To what extent do you agree or disagree with these principles? - If you disagree with the principles, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with this ambition? - Ambition- radio button	To what extent do you agree or disagree with this ambition? - If you agree with the ambition, use the box below for comments you wish to make	To what extent do you agree or disagree with this ambition? - If you disagree with the ambition, tell us why and explain how you think this could be improved
84	Strongly agree	I would go further and suggest that food growing should ideally be part of a regenerative system, not only a sustainable one.		Agree			Strongly agree		
85	Agree	1. It is arguably unclear what 'bold' means in this context. 2. Although sustainability is mentioned in relation to the food system, perhaps the vision should also refer to achieving a healthier/more sustainable planet?		Agree	The principles are important for all sorts of reasons, although it is unclear (from evidence) whether they will help to achieve the vision, aims etc.		Agree	Surely an ambition in relation to environment, communities and economy should also be to reduce the adverse impacts of the commercial food system - for example, the dominance of unhealthy food offerings and unhealthy food marketing that shapes people's food choices. 'Big food' (the multinational food corporations that drive unhealthy consumption) is somewhat of an elephant in the room throughout the strategy and its influence arguably needs to be acknowledged and tackled head-on.	
86	Strongly agree	We welcome the opportunity to contribute to Birmingham City Council's food strategy, and we strongly agree with the vision statement.		Strongly agree			Strongly agree		
87	Strongly agree	Of particular importance following experience of Covid and interruption to the global supply chain		Strongly agree	In our experience working in a partnership and collaboration is significantly more effective than compaines working individually.		Strongly agree	This ambitious plan has the potential to showcase Birmingham as a great place to live and for companies to invest.	

To what extent do you agree or disagree with the aims? - Aims- radio button	To what extent do you agree or disagree with the aims? - If you agree with the aims, use the box below for comments you wish to make	To what extent do you agree or disagree with the aims? - If you disagree with the aims, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the aims? - Are there any key aims that we have missed or changes that should be made?	To what extent do you agree or disagree with the Big Bold City approach? - Big Bold City Approach- radio button	To what extent do you agree or disagree with the Big Bold City approach? - If you agree with the Big Bold City approach, use the box below for comments you wish to make	To what extent do you agree or disagree with the Big Bold City approach? - If you disagree with the Big Bold City approach, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Big Bold City approach? - Are there any key settings that we have missed or changes that should be made?	To what extent do you agree or disagree with the overall Framework for Action? - Framework for Action- radio button	To what extent do you agree or disagree with the overall Framework for Action? - If you agree with the Framework for Action, use the box below for comments you wish to make
Strongly agree				Strongly agree				Strongly agree	It would be great if composting could be specifically mentioned as part of point 4 - composted food waste should be a key part of making local food production regenerative, improving soil and increasing the nutrient availability in local soils.
Agree			See comments above about 'Big food' - also absent here. Surely a key aim needs to be to break the junk food cycle, which is referred to later in the strategy, as set out in the National Food Strategy Plan.	Agree				Agree	
Agree	We agree with Bite Back's response: We agree with these aims, however, they will not be achieved if the Council continues to allow the advertisement of food and drink products high in fat, sugar and/or salt (HFSS) on any advertising sites it has control over, or makes revenue from. Advertising works and it impacts young people's health. Food and drink companies spend millions of pounds a year on advertising their products. A report published by Cancer Research UK in 2018 found that young people seeing just one additional junk food advert per week would lead to an estimated increase in intake of ~350 calories per week.(1) Another study found that the higher the percentage of advertisements for food and drink in a certain area, the greater the odds of its residents having obesity. (2) It is clear that adverts for unhealthy food lead to higher levels of consumption of unhealthy food.			Agree	We agree with a settings-based approach as a way to ensure that actions are appropriate and targeted. We would direct you to the Sugar Smart campaign which has developed resources specific to many of these settings for improving the healthiness of the food offer. (3) Such broad ambition must be matched with appropriate resource to effectively engage with these different settings. If resources are limited, then those delivering this strategy need to be clear on whether to target specific settings which would have the most impact, and where the Council is best placed to have an impact. A public campaign to change attitudes to the food bought may fall flat, where it may look to prioritise the levers it has to hand such as planning, licensing, business rates, procurement and advertising. On this final point, we would agree with Bite back's response that highlights the high street environment and the role of advertising in different settings:			Agree	The breadth of the Framework is good and mirrors that used by local areas across the country, which has informed the Sustainable Food Places framework of six key issues or aims. We would direct those looking to implement the work in Birmingham to the resources linked to these aims, drawn from across the UK, which may aid Birmingham in the delivery of its strategy.(15) We believe that a couple of alterations to the nine workstreams may help with the implementation of the overall vision and aims. Firstly, workstream two needs to recognise the lack of infrastructure in place and what is needed to increase local supply. Across the UK producers are struggling to get their products sold into shorter and direct supply chains because of a lack of processing, wholesale and supply, abbatoirs, and alternative retail options. Increasing sourcing also needs to come with increasing demand for this produce. We detail below the specific actions that we believe would be required,
Strongly agree	There is nothing more difficult than achieving a change in the ingrained habits and culture of a community. The Food Revolution rightly recognises the importance of balancing the importance of achieving an immediate impact whilst working towards a fundamental change in habits and attitudes.			Strongly agree	The Bold City approach correctly recognises that to achieve a revolution in attitudes then active engagement with the citizens of Birmingham is essential to ensuring the proposed actions are accepted and acted on.			Strongly agree	It is important that the workstreams are coordinated to achieve the most successful outcome.

To what extent do you agree or disagree with the overall Framework for Action? - If you disagree with the Framework for Action, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the overall Framework for Action? - Are there any key aspects that we have missed or changes that should be made?	To what extent do you agree or disagree with the overall Framework for Action? - Which of the nine workstreams do you think is the most important to improve the food system in Birmingham?	To what extent do you agree or disagree with the Food Production workstream? - 1. Food Production- radio button	To what extent do you agree or disagree with the Food Production workstream? - If you agree with the Food Production workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Production workstream? - If you disagree with the Food Production workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Production workstream? - Are there any key aspects of Food Production that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Production workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Sourcing workstream? - 2. Food Sourcing- radio button	To what extent do you agree or disagree with the Food Sourcing workstream? - If you agree with the Food Sourcing workstream, use the box below for comments you wish to make
		No answer	Strongly agree				Supporting new producers, for example to be able to rent or purchase land at affordable prices.	Strongly agree	I strongly agree with this. We know a local farmer who tells us of neighbours where there are regularly gluts due to Supermarkets not taking food that is not the 'correct' size etc. There is huge scope for people from the city to link with these farms to make good use of this food that would otherwise go to waste, and so that farmers are still paid for their crops.
	The strategy might be more coherent if there were more explicit links between the vision, ambitions, actions (p15) and this framework - presently it is difficult to work out which actions address which aims etc. A table or diagram setting out exactly which actions will address each ambition and aim would make the strategy more coherent and evaluable.	Food transformation	Agree			This is important, but since over 80% of the population acquire all of their food from chain stores, intervening in this system and its supply chains represents the greatest chance to influence food production. Food production within the city is a good thing, but likely to have a relatively marginal impact.	This requires assessment of existing evidence and scoping of current innovation elsewhere.	Agree	
		No answer	Agree	We agree with the actions identified. We would suggest including fringe farming alongside urban farming as it offers similar opportunities for scaling up production, whilst allowing community involvement and a stepping stone towards larger enterprising and commercial ventures. Sustain has produced many resources supporting fringe farming ventures around the UK.(16) We would also question whether linking small scale urban growing to public sector procurement is a viable exercise due to the mismatch in scales and expectations. Urban and peri-urban growing can provide many useful services, as already documented above and through the work of Growing Health,(17) Capital Growth(18) and Good to Grow,(19) and growing in public sector settings can also be valuable for education, health and community cohesion, but is unlikely to provide the consistency and volumes required by most public sector settings, with the exception of some smaller schools and nurseries				Agree	We agree with the actions highlighted above. Evidence that we have pulled together with RSPB and other organisations shows that these actions can help keep money in the local economy, and if done well create benefits to society, nature and the environment.(20) It is worth the Strategy noting that to maximise these benefits, a preference should be given to agroecological producers e.g. certified sustainable, such as organic or those part of the Nature Friendly Farmers Network. Whilst short supply chains and direct sales can be a useful proxy for supporting smaller scale producers, which are more likely to be associated with certain environmental benefits, it is not infallible. To achieve the overarching aims we would also suggest a more explicit mention is needed of supporting local food infrastructure. Across most of the UK, the lack of this infrastructure is a major cause in the decline, or barrier to growth in this
		No answer	Not Answered	Recent events have shown us that local and better self sufficient sourcing is no longer an option but an essential strategy.				Strongly agree	Engagement with schools and adult education is essential to encourage the need to cook meals from fresh produce.

To what extent do you agree or disagree with the Food Sourcing workstream? - If you disagree with the Food Sourcing workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Sourcing workstream? - Are there any key aspects of Food Sourcing that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Sourcing workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Transformation workstream? - 3. Food Transformation- radio button	To what extent do you agree or disagree with the Food Transformation workstream? - If you agree with the Food Transformation workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Transformation workstream? - If you disagree with the Food Transformation workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Transformation workstream? - Are there any key aspects of Food Transformation that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Transformation workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Waste and Recycling workstream? - 4. Food Waste and Recycling	To what extent do you agree or disagree with the Food Waste and Recycling workstream? - If you agree with the Food Waste and Recycling workstream, use the box below for comments you wish to make
	Supporting young people (and anyone, actually) to go into agriculture through training and support in renting/buying land.		Strongly agree	I absolutely agree. I used to work within the NHS dietetic department and saw first hand the huge challenge of helping people to eat food that was better for them. Many times it simply comes down to economics, both at a family level where people could not afford better ingredients, and at school/community level, where more money needs to be pumped in to teach young people how to cook and eat well. There were many programme that were excellent, for example teaching parents how to cook, but due to limited funding these only had limited impact.			Perhaps there could be a city-wide ban on advertising these foods that are known to be addictive (highly/ultra processed foods)?	Strongly agree	
	A key challenge is that improving human and planetary health will require various trade-offs, some of which will be food-specific. Local sourcing, while a good general principle, might not be the most important issue in all cases. For example, reducing meat consumption is likely to have an immensely greater impact on the planet and health than local sourcing of beef and lamb.	This requires assessment of existing evidence and scoping of current innovation elsewhere.	Agree			While we need healthier and more sustainable processed foods, there is an inherent challenge in that evidence suggests that highly processed foods are bad for health, whatever their composition. We need to see an overall reduction in processed food consumption and a move towards more whole foods - this is missing from the strategy as an overall aim.	This requires assessment of existing evidence and scoping of current innovation elsewhere.	Agree	
			Agree	We would strongly urge those drafting the strategy to look at those other levers it has to help shift the food environment which works in tandem with the healthiness of the products available. There is much evidence that policy levers to make unhealthy food less affordable, attractive and available help to tip the scales and encourage businesses to reformulate their products or shift their emphasis onto healthier products in their range. The Sugary Drinks Industry Levy is one of the best examples of this which saw over half of manufacturers reformulate their drinks, with an 11% reduction of sugar levels across the market.(25) Local levers can play a role to encourage this shift to healthier products, notably by restricting unhealthy food advertising, which both takes the spotlight off the most unhealthy products, but shifts it onto those healthier products supporting the market for the Food Transformation that Birmingham wants to see. Maintaining				Agree	
			Strongly agree	Encourage citizens to use their buying power to deliver change,				Strongly agree	The reduction of the levels of Food Waste and increasing volumes of Recycling is best achieved by collaboration throughout the supply chain

To what extent do you agree or disagree with the Food Waste and Recycling workstream? - If you disagree with the Food Waste and Recycling workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Waste and Recycling workstream? - Are there any key aspects of Food Waste and Recycling that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Waste and Recycling workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Economy and Employment workstream? - 5. Food Economy and Employment- radio button	To what extent do you agree or disagree with the Food Economy and Employment workstream? - If you agree with the Food Economy and Employment workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Economy and Employment workstream? - If you disagree with the Food Economy and Employment workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Economy and Employment workstream? - Are there any key aspects of Food Economy and Employment that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Economy and Employment workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - 6.Food Skills and Knowledge- radio button
	Composting needs to be mentioned specifically. Food waste needs to be recycled locally, within communities (not be Veolia) to be used in regenerative food production. We are scrabbling around for small scraps of funding to help us to work in this area and set up pilot schemes, and have contacted the council several times, but have had no response. If we are not working locally in communities then large contractors can take this resource, that belongs to communities, and use it for their own profit. This is unacceptable and short sighted.	Work with key organisations across the city to create community composting sites, with support and guidance where required. We are currently supporting TAWS, Incredible Surplus, St Pauls Community Trust and local allotment sites to increase their composting capacity, and are keen to help with wider projects to activate more composting.	Strongly agree	I strongly agree with the statements here.			Perhaps there could be ways of supporting local businesses who have good practice (for example Loaf in Stirchley, that is a co-op) to share with others how they got started etc. But done in a way that if people are not in the local 'clique' (for want of a better word) that they can find out about these businesses who use ethical and sustainable models. I am thinking of something like the FUSE programme run by the Institute of Social Enterprise, which trains people up who would like to set up social enterprises. They link people up with mentors and training, and something like this would be great for people who are looking to get into the food sector.	Strongly agree
	Actions will need to focus on structural, population level solutions, since individual level behavioural solutions are likely to be less effective or equitable.	This requires assessment of existing evidence and scoping of current innovation elsewhere.	Agree				This requires assessment of existing evidence and scoping of current innovation elsewhere.	Agree
			Agree	We support the breadth of actions listed above. Local Authorities taking a concerted and holistic approach to supporting a good food economy is not yet well documented, and this is an area where Birmingham could become real leaders. Sustain has produced a record of some of the nascent efforts by London boroughs on this,(28) and is working with other cities across the UK to better understand what an impactful set of measures might look like.(29) We would welcome Birmingham's involvement in this. We would highlight a point made earlier, that alongside planning and licensing, the Council should look to other levers it can use to achieve this vision, notably adopting a Healthier Food Advertising policy. (28) https://www.sustainweb.org/publications/good-food-economy/ (29) https://www.sustainablefoodplaces.				Agree
			Strongly agree	We have the opportunity to create the brand "Birmingham the City of Food" If achieved a wide range of employment opportunities will appear.				Strongly agree

To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - If you agree with the Food Skills and Knowledge workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - If you disagree with the Food Skills and Knowledge workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - Are there any key aspects of Food Skills and Knowledge that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Skills and Knowledge workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Behaviour Change workstream? - 7.Food Behaviour Change- radio button	To what extent do you agree or disagree with the Food Behaviour Change workstream? - If you agree with the Food Behaviour Change workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Behaviour Change workstream? - If you disagree with the Food Behaviour Change workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Behaviour Change workstream? - Are there any key aspects of Food Behaviour Change that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Behaviour Change workstream? - What do you think are the key actions we will need to undertake for this workstream?
			More easily accessible pockets of funding for local organisations, allotments etc, to make an impact in their communities via education, training, cooking projects etc	Strongly agree	Often projects are funded without any reference to behavioural change, meaning that money is wasted due to trying to work in 'common sensical' ways rather than with evidence-based behavioural change methods. To make the most impact it is crucial that we do not use a scatter gun approach, but have an informed approach.			We need to have behavioural change embedded in our thinking in projects and when funding is given.
		The focus seems to be primarily on citizens and there is a risk of adopting victim blaming and individualistic behaviour change approaches that may be marginally effective and widen inequalities. Thinking more upstream suggests that a greater focus is needed on upskilling food professionals in food skills to better support human and planetary health.	This requires assessment of existing evidence and scoping of current innovation elsewhere.	Don't know			While some approaches (e.g. choice architecture approaches) may help to make the healthy and sustainable choices the easy choices, there is a risk that emphasis on individual behaviour change will divert attention away from what is needed to achieve system change. Obviously we want to change people's eating behaviours, but structural, population level interventions are going to be far more effective, efficient and equitable.	This requires assessment of existing evidence and scoping of current innovation elsewhere.
				Agree				
We should encourage schools and further education to include these skills as a core part of their curriculum.				Strongly agree	This is an opportunity for Birmingham Universities to gain recognition for their capability in big data analysis and behaviour change insight insight.			

To what extent do you agree or disagree with the Food Security & Resilience workstream? - Food Security and Resilience	To what extent do you agree or disagree with the Food Security & Resilience workstream? - If you agree with the Food Security & Resilience workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Security & Resilience workstream? - If you disagree with the Food Security & Resilience workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Security & Resilience workstream? - Are there any key aspects of Food Security & Resilience that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Security & Resilience workstream? - What do you think are the key actions we will need to undertake for this workstream?	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - Food Innovation, Partnerships and Research- Radio Buttons	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - If you agree with the Food Innovation, Partnerships and Research workstream, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - If you disagree with the Food Innovation, Partnerships and Research workstream, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - Are there any key aspects of Food Innovation, Partnerships and Research that we have missed or changes that should be made?	To what extent do you agree or disagree with the Food Innovation, Partnerships and Research workstream? - What do you think are the key actions we will need to undertake for this workstream?
Strongly agree					Strongly agree	I thoroughly agree.			
Strongly agree			It is right that there is a focus on reducing poverty, since this is the key driver of food poverty. It would be good to identify more ways to deal with the wide social inequalities in the city, since this is the root of the problem. Other approaches are time-limited mitigations.	This requires assessment of existing evidence and scoping of current innovation elsewhere.	Agree			It will be vital to ensure a strong focus on scientific rigour. This will demand regular recourse to the emerging evidence for interventions, as well as existing and emerging theory on system change and food system interventions. There is a danger than enthusiasm and a desire to innovate wil mean that approaches adopted may be too loosely based on the best evidence and theory - this would be a mistake, since many interventions are likely to have wide-ranging and long term effects, and ineffective interventions may delay progress, widen inequalities and waste valuable resources.	This requires assessment of existing evidence and scoping of current innovation elsewhere.
Agree					Agree				
Strongly agree	The current economic traumas underline the importance of this work				Strongly agree	We have all the resources in place to drive economic growth through partnership and collaboration			

To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - Food System Partners and Other Priorities and Strategies- radio button	To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - If you agree with our approach to involving food system partners and aligning to other strategies and priorities, use the box below for comments you wish to make	To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - If you disagree with our approach to involving food system partners and aligning to other strategies and priorities, tell us why and explain how you think it could be improved	To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - Are there any organisations, networks, groups or people we should be communicating with and involving when creating the Food System Strategy Action Plan?	To what extent do you agree or disagree with our approach to involving food system partners and aligning to other strategies and priorities? - Are there any key priorities, strategies or best-practice guidance documents that we should align with when creating the Food System Strategy Action Plan that we may have missed?	To what extent do you agree or disagree with the Food Action Decision-Making and Prioritisation tool? - Food Action Decision-Making and Prioritisation tool- radio button	To what extent do you agree or disagree with the Food Action Decision-Making and Prioritisation tool? - If you agree with the Food Action Decision-Making and Prioritisation tool, use the box below for comments you wish to make	To what extent do you agree or disagree with the Food Action Decision-Making and Prioritisation tool? - If you disagree with the Food Action Decision-Making and Prioritisation tool, tell us why and explain how you think this could be improved	To what extent do you agree or disagree with the Food Action Decision-Making and Prioritisation tool? - Are there any key priorities that we have missed or changes that should be made?
Strongly agree					Agree			
Agree			Developing strong partnerships with government departments, especially DEFRA and DHSC could enable Birmingham to more further and faster as a national examplar.	Keep the international scientific and policy literature under constant review - this is a rapidly emerging area.	Agree			It would be worth prioritising this list. For example, no point if there is no evidence for effectiveness - this should be a top priority
Agree					Don't know	We would be very interested in seeing how this tool works in practice and if it is effective, it would be something of interest to other cities and food partnerships in the Sustainable Food Places network. Sitting alongside this tool, we invite Birmingham to consider benchmarking its commitments and progress alongside those of other local authorities. Sustain is looking to adapt its Good Food for London report which does just this, with interest from other parts of the UK who see it as a useful framework for assessing progress and learning from other Councils.(30) (30) https://www.sustainweb.org/good-food-for-all-londoners/		
Strongly agree	It is important not only to involve food system partners but to demonstrate to them their contribution is valued and we should demonstrate an active response to their input				Strongly agree	Given recent economic and health threats it is also important to recognise how events can threaten the best plans. Therefore, consideration should also be given to planning for resilience and flexibility within the strategies.		

Environment and Sustainability Assessment

Birmingham City Council is required to assess any positive or negative impacts that any policy/strategy/decision/development proposal is likely to have on the environment. To complete the assessment, you should consider whether that policy/development/proposal will have a positive or a negative impact on each of the key themes by selecting whether the impact of the proposal is positive, negative or has no specific impact on the themes. Please only tick one of these, by deciding what the overall impact is. The assessment must be completed for all Cabinet reports. It is the responsibility of the Service Director signing off the report to ensure that the assessment is complete. The table below is for guidance only and should not be submitted as part of the report.

Theme	Example
Natural Resources - Impact on natural resources including water, soil, air.	Does the decision increase water use? Does the decision have an impact on air quality? Does the decision discourage the use of the most polluting vehicles (private and public) and promote sustainable modes of transport or working from home to reduce air pollution? Does the decision impact on soil? For example, development will typically use water for carrying out various operations and, once complete, water will be needed to service the development. Providing water to development and treating wastewater requires energy and contributes to climate change. Some of the activities including construction or disposal of waste may lead to soil pollution. The decisions may lead to more journeys thereby deteriorating air quality and thus contribution to climate change and greenhouse gases.
Energy use and CO_2 emissions.	Will the decision have an impact on energy use? Will the decision impact on carbon emissions? Most day-to-day activities use energy. The main environmental impact of producing and using energy such as electricity, gas, and fuel (unless it is from a renewable source) is the emission of carbon dioxide.
Impact on local green and open spaces and biodiversity	The proposal may lead to localised impacts on the local green and open spaces which may have an impact on local biodiversity, trees and other vegetation in the area. Will the proposal lead to loss (or creation) of green and blue infrastructure? For example, selling an open space may reduce access to open space within an area and lead to a loss of biodiversity. However, creating a new open space would have positive effects.
Use of environmentally sustainable products, equipment and packaging'	Will the decision present opportunities to incorporate the use of environmentally sustainable products (such as compostable bags, paper straws etc.), recycled materials (i.e. Forest Stewardship Council (FSC) Timber/wood), non-polluting vehicles, avoid the use of single use plastics and packaging.
Minimising waste	Will the decision minimise waste creation and the maximise recycling during the construction and operation of the development/programme/project? Will the decision provide opportunities to improve recycling?

	For example, if the proposal involves the demolition of a building or a structure, could some of the construction materials be reused in the new development or recycled back into the construction industry for use on another project?
Council plan priority: a city that takes a leading role in tackling climate change and deliver Route to Zero.	How does the proposal or decision contribute to tackling and showing leadership in tackling climate change and deliver Route to Zero aspirations?

Project Title: **Birmingham Food System Strategy**				
Department: Public Health Division	**Team:** Food System Team			**Person Responsible for assessment:** Sarah Pullen
Date of assessment: 17.01.23	**Is it a new or existing proposal?:** **New**			
Brief description of the proposal: We are seeking final endorsement and ratification of the Birmingham Food System Strategy. The Creating a Healthy Food City forum has created the Birmingham Food System Strategy: "A Bolder, Healthier and More Sustainable Birmingham". This is the first food system strategy for Birmingham. The strategy has been developed by the Food System Team in the Public Health Division, with input from stakeholder groups, and best practice from national and international organisations (e.g. the Milan Urban Food Policy Pact). The strategy sets out Birmingham's ambitions for the next 8 years (2022-2030). The vision of the strategy is to: Create a fair, sustainable and prosperous food system and economy, where food options are nutritious, affordable and desirable so everyone can thrive. The Birmingham Food System Strategy has already established our city as best in practice internationally, by receiving a Gourmand Award, with our strategy being showcased at the International Food Research Day at Umea Food Symposium, Sweden.				
Potential impacts of the policy/development decision/procedure/ on:	**Positive Impact**	**Negative Impact**	**No Specific Impact**	**What will the impact be? If the impact is negative, how can it be mitigated, what action will be taken?**
Natural Resources- Impact on natural resources including water, soil, air	X			See Key Features of the Birmingham Food Revolution (Page 6 and Page 7) We have reviewed, utilised, and embedded the key learning from WWF Basket, Sustainable Food Procurement WHO, Climate Change for Food Projects White Paper, Urban and Periurban Agriculture Sourcebook, Sustain Food for the Planet, WWF UK Roadmap to reducing Waste, and more (See references within Birmingham Food System Strategy Page 69 to 71). We have also addressed this in the Food Sourcing Workstream (Page 47). These strategic approaches aim to reduce the impact of the food system on natural resources.
Energy use and CO_2 emissions	X			See Key Features of the Birmingham Food Revolution (Page 6 and Page 7). We are striving for a city where seasonal and local produce is in high demand, and the carbon footprint and negative environmental impact from food miles, processing, plastics and unsustainable packaging is minimised. Aspirations and strategic approaches to achieve this are embedded into the Food Sourcing (Page 47) and Food Waste and Recycling (Page 51) Workstreams
Impact on local green and open spaces and biodiversity	X			We have embedded aspirations to positively impact on local green and open spaces and biodiversity within the Food Production Workstream (Page 45). We are striving to increase access to commercial, community and domestic growing opportunities across the city, and to remove barriers to growing projects. This could include

				within parks, shared spaces, allotments and disused land. How we produce food has an impact on the nutritional content of what we eat, the environment around us, and the price we pay for food. Growing food brings people together, helps people understand where their food comes from, reduces isolation, and supports lifelong physical and mental health and wellbeing (Genter et al, 2015).
Use of sustainable products and equipment	X			See Key Features of the Birmingham Food Revolution (Page 6 and Page 7) We are striving for a city where a nutritious, ethical, and sustainable food offer is an economically sustainable choice for individuals and businesses because these food options are accessible, available, and affordable. It is easy for locally sourced nutritious food and drink to enter the food system and our supply chains are transparent and traceable. This empowers decisions and means we are accountable for our choices. Environments and the food offer are arranged so these foods are the easiest and most convenient choice, as well as being tasty and desirable. Ongoing innovation and investment bring solutions to overcome barriers in our food system, including through technology. These aspirations are embedded into the Food Transformation (Page 49) and Food Research, Innovation and Data (Page 41) Workstreams.
Minimising waste	X			Food waste and unsustainable food packaging have a big impact on our city and our planet and create a huge financial and environmental burden across the food system. We feed over 1.1 million people every day in Birmingham, so we need to address the negative impact our city has on the food system and influence supply chain processes (ONS, 2021). Food waste and recycling is part of SDG 12.3, which focuses on reducing food waste and losses in production and supply chains (United Nations, 2023b). Ambitions and strategic approaches to minimise waste are embedded in the Food Waste and Recycling Workstream (page 51).
Council plan priority: a city that takes a leading role in tackling climate change	X			The Birmingham Food System Strategy is the first UK system wide food strategy, and is leading the way in system thinking on a urban city scale. Climate change, sustainability, and regeneration have been embedded into all elements of the strategy. The strategy has also incorporated the Glasgow Food and Climate Declaration, the UN Sustainability Development Goals, The Milan Urban Food Policy Pact, WHO, WWF, Sustain, and other guides/policies/pacts to steer our approach and ensure that we are seen as the leader in bringing all these major approaches together in one city. (See What's happening internationally page 28 to 31). Locally, a key part of our approach is increasing partnership working between teams within Birmingham City Council that can address food system challenges, which includes climate change. This includes the Food System Team, Route to Net Zero team and Procurement team within BCC working together to improve supply

				chains and food procurement to address climate change.
Overall conclusion on the environmental and sustainability impacts of the proposal	The Birmingham Food System Strategy is a strategic steering tool to inform, guide, and influence our city's food system towards a more sustainable, and ultimately a regenerative urban food system. Our ambition is for a city where our response to the climate emergency is visible through our collective urgent action to mitigate the impact our urban food system has on the environment. Seasonal and local produce is in high demand, and the carbon footprint and negative environmental impact from food miles, processing, plastics and unsustainable packaging is minimised. The food and drink we source do not damage the environment, including air, water and land and we use methods that preserve biodiversity and soil quality. We work to minimise the use of antibiotics and hormones in food production. We work across the system to reduce food loss and waste, and to repurpose and redistribute surplus food efficiently. There is a strong culture of reduce, reuse, repurpose, recycle, and regenerative farming and food production practices are supported. The Birmingham Food System Strategy sets out the strategic approach that will help us achieve this ambition.			

If you require assistance in completing this assessment, then please contact: ESAGuidance@birmingham.gov.uk

	Agenda Item: 15
Report to:	**Birmingham Health & Wellbeing Board**
Date:	**28 March 2023**
TITLE:	**CREATING A CITY WITHOUT INEQUALITY FORUM ANNUAL REPORT 2021-2022**
Organisation	**Birmingham City Council**
Presenting Officer	**Monika Rozanski – Inequalities Team Service Lead**

Report Type:	**Information**

1. Purpose:	
1.1.	The purpose of this report is to update the Birmingham Health & Wellbeing Board on the activity of the Creating a City Without Inequality Forum from 2021-2022 and any future activity planned for 2023.

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

3. Recommendation	
3.1.	The board is asked to note the content of the report.

4. Report Body

Background

4.1 The Creating a City without Inequality Forum (CCWIF) is a subcommittee of the Health and Wellbeing Board (HWB). The CCWIF is aligned with the priorities of the HWB and the Birmingham and Solihull Integrated Care System (ICS). The forum focuses on disparities in health between various population groups and seeks solutions that can help mitigate or tackle those disparities. The CCWIF and its partners work collaboratively to explore and address the health inequalities impacting different communities across Birmingham.

4.2 The CCWIF focuses on the 5 key areas of inequalities highlighted in the HWB's strategy *'Creating a Bolder, Healthier City 2022-2030'*. These are:

- Inequalities linked to deprivation
- Inequalities affecting disabled communities
- Inequalities affecting inclusion groups (e.g. people experiencing homelessness)
- Inequalities affecting different ethnic communities
- Inequalities of locality (i.e. variation/inequalities between wards)

4.3 The CCWIF functions under 3 broad themes:

- Programme delivery – to deliver and oversee inequalities projects for the HWB
- Shining the light – to shine a light on inequalities in Birmingham to encourage action across the system
- Enabling – to deliver enabling functions for the HWB to underpin the system's work on health inequalities

4.4 The CCWIF has previously provided reports to the HWB, and this annual report will provide an update to the board an overview of the work that took place in 2021-2022 and any future activity planned for 2023.

4.5 <u>Content</u>

The report covers the key areas of work overseen by the CCWIF under the functions of 'programme delivery' and 'shining the light' and 'enabling'. A brief summary is listed below.

4.5.1 <u>Programme Delivery</u>

4.5.2 <u>BLACHIR</u>

- The Birmingham and Lewisham African Caribbean Health Inequalities Review (BLACHIR) was launched in 2020. The review explored 8 themes in detail and

the review was completed in early January 2022, followed by the launch of the BLACHIR report in early June 2022.

- The implementation phase of BLACHIR was launched at a wider stakeholder and community event on 19 October 2022 and was introduced to MPs, relevant government departments' representatives and thinktanks at its parliamentary launch on the 20 October 2022. To ensure the BLACHIR findings are implemented successfully, 3 community engagement partners have been commissioned and a programme organisation has been developed.

4.5.2 Birmingham Poverty Truth Commission

- The Public Health Division at BCC commissioned Thrive Together to establish the Birmingham Poverty Truth Commission (BPTC), which is a citizen engagement approach that aims to highlight the local experiences of poverty to the Council and its strategic partners. It was launched on 19 May 2022 with 10 Community Commissioners and 8 Civic Commissioners.

- Commissioners have been involved in work regarding 4 themes: 'housing', 'poverty and health', 'children and families' and 'poverty and health – food'. The impact of the BPTC has extended beyond the Commission within Birmingham, but also nationally.

4.5.3 Gender Health Inequalities Project

- The Gender Health Inequalities Project aims to identify gaps and in turn possible solutions to gender related health inequalities that are impacting communities across Birmingham.

- Work is underway regarding a Sex Health Worker Health Needs Analysis and a period literacy training and toolkit for the homeless sector. A working group has also been formed to provide a narrow focus on the issues and themes impacting women in Birmingham.

4.5.4 Community Health Profiles

- Community Health Profiles are short evidence summaries which provide a deeper insight into the diverse communities across the city. There have been 14 Community Health Profiles completed.

- There are a further 4 Community Health Profiles being completed internally and 7 Community Health Profiles externally.

4.5.5 Empowering Young Adults with Learning Disabilities

- In May 2022, CCWIF members voted to deliver a health literacy information pack for young people with learning disabilities and a support pack for parents, carers, staff and professionals.

- These information packs will be co-produced with young people with learning disabilities and will allow them to manage their own health, know where to go

for help, foster healthy relationships with other people and support them to live independently.

4.6 Shining the light

- The CCWIF aims to influence partnerships to remain committed to addressing health inequalities impacting communities across Birmingham. In CCWIF meetings, this is achieved by 'shining a light' on key issues within the city. The Forum explores the inequality priority areas and makes recommendations to system partners.

4.6.1. Inequalities linked to deprivation

- The CCWIF has received updates from the Cost of Living Programme which aims to address the challenges the cost of living crisis will pose to communities across Birmingham.

- Forum members are collaborating with those leading on the response to the cost-of-living crisis to ensure that any opportunities to address health inequalities are intertwined within the Cost of Living Programme.

4.6.2 Inequalities affecting disabled communities

- Inequalities affecting disabled communities is another priority area that has been explored by the Forum with a specific focus on learning and sensory disabilities.

- Forum members are identifying solutions to address the health inequalities impacting disabled communities and are helping to shape key strategies.

4.6.3 Birmingham and Solihull Integrated Care System

- The update provided by Birmingham and Solihull ICS at Forum meetings informs Forum members on the work taking place to tackle health inequalities within Birmingham and Solihull.

- The Forum seeks to support and strengthen the delivery on the ICS priorities within Birmingham and acts as a catalyst for local more detailed exploration, identification and showcasing of best local practice and piloting of new approaches.

4.7 Enabling

- The Forum continues to explore and promote best toolkits and frameworks to enable whole system and asset-based approaches to tackling health inequalities.

Summary

As a subcommittee of the HWB, the CCWIF has oversight on the delivery of different projects and programmes. Since the restart of the CCWIF meetings, the work that has been going on across the system has been presented to Forum members. Coupled with effective partnership working between

Birmingham City Council, Birmingham and Solihull ICS and their partners, the CCWIF is improving projects and programmes to ensure that the aim of reducing health inequalities across Birmingham remains a key priority for all.

5. Compliance Issues

5.1. HWB Forum Responsibility and Board Update

5.1.1. The annual report will be circulated to board members.

5.2. Management Responsibility

Monika Rozanski – Inequalities, Service Lead – Public Health

6. Risk Analysis

Identified Risk	Likelihood	Impact	Actions to Manage Risk
Risk of duplication with the ICS Inequalities programme of work	Low	Medium	The CCWIF new Terms of Reference and Forward Plan have been developed to align with the Birmingham Health and Wellbeing Board's specific inequality priorities and outputs from the forum feed into the wider ICS strategies and work. The ICS Inequalities Programme Lead is a member of the CCWIF and have contributed to the development of the Forum's new plan and ToR. There is an ongoing dialogue and collaboration between the DPH, the PH Inequalities Team and the ICS to ensure the activity of the Forum adds value to the health inequalities agenda in the city and across the ICS. The risk is being monitored and the CCWIF Forward Plan and functions will be reviewed again in December 2023 once the existing plan comes to an end.

Appendices

Creating a City Without Inequality Forum Annual Report 2021-2022

Creating a City Without Inequality Forum Terms of Reference

Creating a City Without Inequality Forum Forward Plan 2022-2023

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

Monika Rozanski – Service Lead, Inequalities Team. Public Health, Birmingham City Council
Fahima Mohamed – National Management Trainee, Birmingham City Council

CREATING A CITY WITHOUT INEQUALITY FORUM ANNUAL REPORT 2021-2022

to the Birmingham Health and Wellbeing Board

March 2023

Inequalities Team – Birmingham Public Health

Contents

1. Introduction

The Birmingham Joint Health and Wellbeing Strategy *'Creating a Bolder, Healthier City 2022-2030'* recognises that many communities across Birmingham are impacted by health inequalities. The negative impacts of these health inequalities are widespread and have the ability to impact lifetime health from birth to death. The factors driving health inequalities are complex and therefore, the challenge of tackling health inequalities across our city requires effective partnership working between system partners, organisations and those with lived experience within our local communities[1].

There are various health inequalities impacting communities across Birmingham, in terms of both physical and mental health. A stark example of the health inequalities within the city is the life expectancy rates in Birmingham compared to regional and national values. Males born in Birmingham can expect to live 59.2 years which is lower than the West Midlands (61.9) and England (63.1)[2]. Females born in Birmingham can expect to live to 60.2 years which is also lower than the West Midlands (62.6) and England (63.9)[3]. There are also inequalities within Birmingham as a city as there are 10 year differences in life expectancy between some of the 69 wards across the city[4].

The COVID-19 pandemic impacted the most disadvantaged communities, in terms of life expectancy, employment rates, housing, deprivation and child poverty, and exacerbated the health inequalities already present within communities[5]. Solutions that can urgently address the health inequalities impacting different communities across the city need to be prioritised.

The Creating a City Without Inequality Forum (CCWIF) is a subcommittee of the Health and Wellbeing Board (HWB) that focuses on disparities in health between various population groups and seeks solutions that can help mitigate or tackle those disparities. The CCWIF and its partners work collaboratively to explore and address the health inequalities impacting different communities across Birmingham. This report describes the outputs of the Forum in 2021 and 2022 and any future activity planned for 2023.

1.1. Aligning the CCWIF with the Health and Wellbeing Board

Following a suspension of the CCWIF due to the emergency response to COVID-19, the Forum was restarted with an introductory Forum meeting which took place on 8th June 2021. The refreshed approach incorporated the national Marmot Review *'Fair Society, Healthy Lives'* policy areas for actions[6]. In March 2022, the Forum was restarted once again following another postponement due to COVID-19 and a workshop was held to align the CCWIF with the HWB's priorities and the

[1] Birmingham City Council (2020). *Birmingham Joint Health and Wellbeing Strategy: Creating a Bolder, Healthier City 2022-2030.*
[2] Fingertips (2018-2020). Public Health Outcomes Framework. Public Health Outcomes Framework
[3] Fingertips (2018-2020). Public Health Outcomes Framework. Public Health Outcomes Framework
[4] Birmingham City Council (2020). *Birmingham Joint Health and Wellbeing Strategy: Creating a Bolder, Healthier City 2022-2030.*
[5] Tinson, A. (2021). What geographic inequalities in COVID-19 mortality rates and health can tell us about levelling up. Accessed February 2023, 13. Geographic Inequalities in COVID-19 Mortality Rates
[6] Marmot, M. (2010). *Fair Society, Healthy Lives'* Fair Society, Healthy Lives: The Marmot Review

Birmingham and Solihull Integrated Care System's (ICS) work on clinical health inequalities. The new direction was outlined at the Forum's meeting in May 2022. The new Terms of Reference for the Forum (Appendix I) were approved by the Health and Wellbeing Board in November 2022.

Since September 2022, the CCWIF focuses discussions on the 5 key areas of inequalities highlighted in the HWB's *'Creating a Bolder, Healthier City (2022-2030)'* strategy, using the life course approach when identifying and recommending solutions. The 5 key areas of inequalities are:

- Inequalities linked to deprivation
- Inequalities affecting disabled communities
- Inequalities affecting inclusion groups (e.g., people experiencing homelessness)
- Inequalities affecting different ethnic communities
- Inequalities of locality (i.e., variation/inequalities between wards.

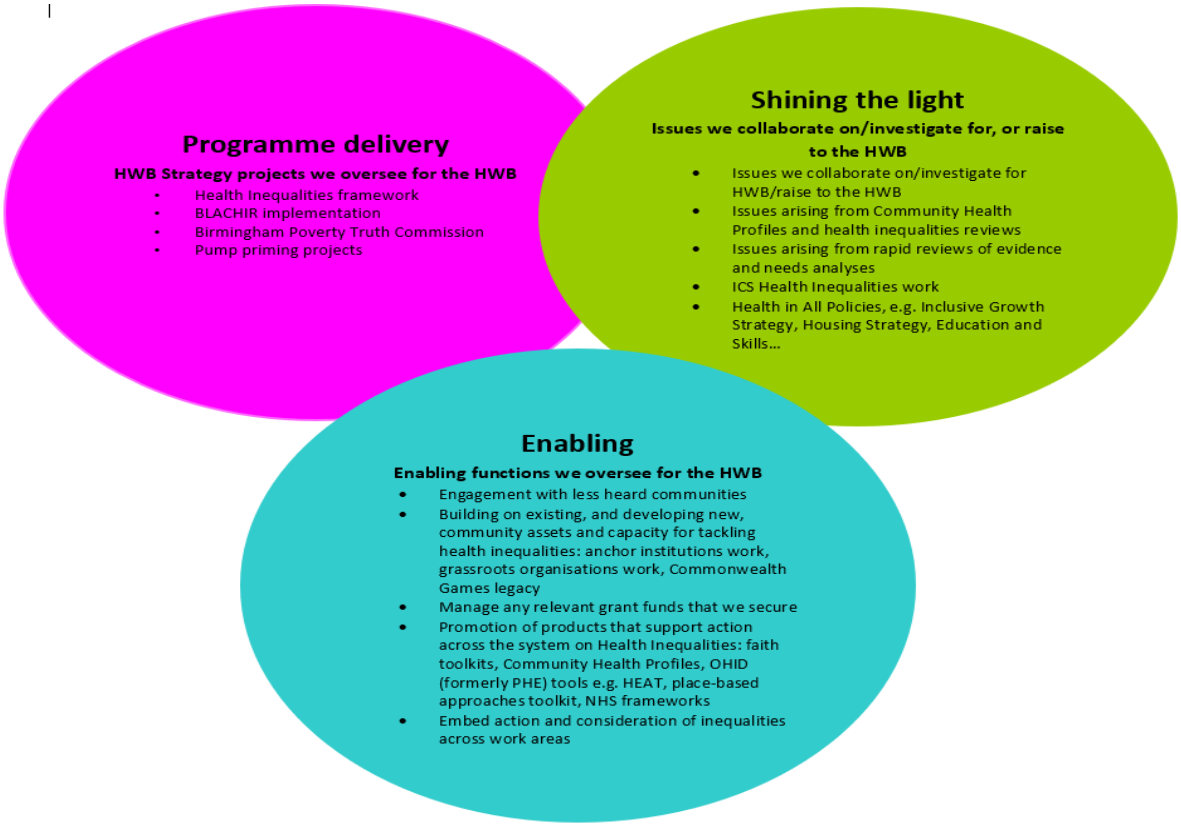
The new Forum's Forward Plan (Appendix II) provides a timetable for the Forum's activity against the above priorities.

1.2. Forum's Delivery Approach

The CCWIF sees its functions under three broad themes:

- Programme delivery - to deliver and oversee inequalities projects for the HWB
- Shining the light - to shine a light on inequalities in Birmingham to encourage action across the system
- Enabling – to deliver enabling functions for the HWB to underpin the system's work on health inequalities.

Figure 1: CCWIF functions



2. CCWIF Programme Delivery

The CCWIF oversees projects that address health inequalities on behalf of the HWB. This next section provides detail on these projects and the progress they have made in 2021 and 2022.

2.1 BLACHIR

In 2020, the Birmingham and Lewisham African Caribbean Health Inequalities Review (BLACHIR) was launched as a partnership between Birmingham City Council (BCC) and Lewisham Council. The Review aimed to explore the health inequalities affecting Black African and Black Caribbean communities in Birmingham and Lewisham in greater depth and to co-produce with the relevant communities to develop opportunities for actions that address the health inequalities. To achieve this, the Review used the methodology of working with an external community advisory board and an academic advisory board in partnership with the Public Health Teams to achieve systemic change.

Figure 2: BLACHIR review co-production model

Throughout the Review, the life-course model provided the foundations of the thematic approach that was taken in examining the health inequalities. Eight themes were explored in detail and for each theme, there was a rapid review undertaken by the Public Health teams, either directly or commissioned out. These rapid reviews were then presented to the Academic Advisory Board and the External Community Advisory Board for feedback and recommendations. The review was completed in early January 2022 and the report was launched in early June 2022. The Review findings were presented as 39 opportunities for action across the 8 themes.

Figure 3: BLACHIR thematic reviews

The Review also identified 7 cross-cutting themes that remain important when implementing the 39 opportunities for action. The 7 themes are:

1. Fairness, inclusion and respect
2. Trust and transparency
3. Better data
4. Early interventions
5. Health checks and campaigns
6. Healthier behaviours
7. Health literacy.

The implementation phase of BLACHIR was inaugurated at a wider stakeholder and community event on 19 October 2022. Approximately 60 delegates from the health and wellbeing partnership and community representatives attended. The event introduced the concept of the BLACHIR Implementation Board (BLACHIRIB) and also provided the space to co-produce key elements of the overarching implementation plan.

On 20 October 2022, the BLACHIR report was introduced to MPs, relevant government departments' representatives and thinktanks at its parliamentary launch. This event was led by Paulette Hamilton, MP (Birmingham) and Janet Daby, MP (Lewisham) and highlighted the BLACHIR Report findings at the national level.

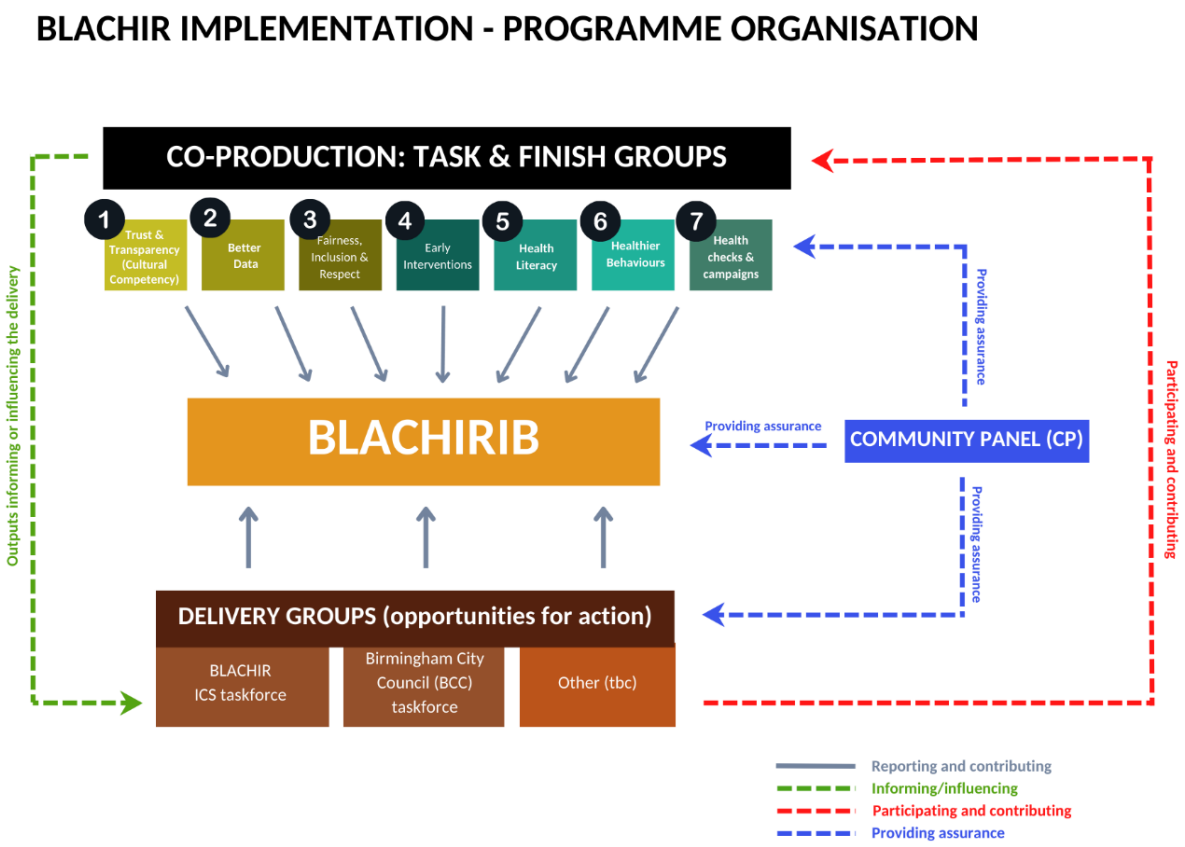
To maintain the community voice and the expertise provided by those with lived experience within the implementation phase, 3 local Black African and Black Caribbean community partner organisations have been commissioned. The Community Engagement Partners (CEPs) are:

1. Mindseye Development
2. Allies Network
3. Black Heritage Support Service.

The CEPs have been working in collaboration with other stakeholders and consulting with members from Black African and Black Caribbean communities in preparation for the development of proposals and frameworks for organisations to follow and embed within their systems.

Looking forward to 2023, the BLACHIR project team introduced a revised approach to implementing the opportunities for action and presented a new programme organisation.

Figure 4: BLACHIR Implementation Programme Organisation



Within this programme organisation, the community panel will consist of members from Black African and Black Caribbean communities in Birmingham who will assist the implementation programme, implementation board and delivery groups. Members of the BLACHIRIB will identify nominees for the 7 co-production task and finish groups which correspond with the 7 cross-cutting themes identified within the Review. The task and finish groups will co-produce together with community representatives costed proposals that will be presented to the BLACHIRIB. The outputs from the task and finish groups will inform the different taskforces and organisations on how they can implement the opportunities for action that are relevant to their sector.

The co-production process has already began with the initial focus on developing culturally competent organisations and services.

Alongside the implementation board's and co-production activities, there are a number of specific initiatives that have been progressed:

- Establishment of the BLACHIR Implementation Board and ICS BLACHIR Taskforce to progress the calls and opportunities for action in a coordinated manner across the whole system;
- Development of targeted weight management programmes tailored for African & Caribbean Communities (Birmingham) supported through the DHSC Adult Weight Management Funding;
- Development of community health profiles to look deeper into differences between communities of African heritage, starting with profiles for Somalia, Kenya and Nigeria;
- Piloting of removal of 'black' from African and Caribbean ethnicity terms in population surveys and piloting of free-text based ethnic self-identification for greater granularity and understanding of different characteristics and experiences of the diverse communities;
- Implementation of targeted mental health awareness and suicide prevention interventions tailored for Black African and Black Caribbean communities supported through the DHSC Mental Health Prevention Fund;
- Co-production of training and development frameworks/ packages for cultural compassion and intelligence at a leadership/ organisational level and cultural humility and safety at a front-line practice level through partnership with the Council, Birmingham and Solihull Integrated Care System, local higher education and the communities;
- Development of culturally intelligent health eating resources and through the opportunity of the Commonwealth Games - promotion of healthy eating with Caribbean and African communities co-delivered with CET, the Diverse Nutrition Association and WHISK platform.

2.2 <u>Birmingham Poverty Truth Commission</u>

The Public Health Division at BCC commissioned Thrive Together to establish the Birmingham Poverty Truth Commission (BPTC), which is a citizen engagement approach that aims to highlight the local experiences of poverty to the Council and its strategic partners. The BPTC was launched on 19 May 2022 with 10 Community Commissioners (people with lived experience of poverty) and 8 Civic Commissioners (those in positions of power and influence) meeting monthly to discuss how to tackle poverty and destitution.

Commissioners have been involved in a variety of work since the launch of the BPTC. The main themes that have been explored by the BPTC are 'Housing', 'Poverty and Health', 'Children and Families' and 'Poverty and Health – Food'. The assistance provided by Community Commissioners in the development of a new housing strategy for the city has been noted by Councillor Sharon Thompson, Cabinet Member for Housing and Homelessness. Community Commissioners have also contributed to the development of the Birmingham Food System Strategy 2022 to 2030 and were also involved in the recruitment of an Assistant Director of Public Health in 2022.

The impact of the BPTC has extended beyond the Commission. Facilitators have noticed that several Community Commissioners have undertaken the role of 'voluntary community champions' by attending events taking place across the city relating to the cost of living crisis and the impact

of poverty. Their contribution has been particularly valuable in defining the Warm Spaces programme, which is part of the Council led partnership response to the cost of living crisis affecting Birmingham citizens.

Several Community Commissioners are also contributing to national conversations about poverty through the National Poverty Truth Network. One Community Commissioner and one Civic Commissioner have been invited to join the Poverty Truth Network for a Parliamentary session with MPs around tackling poverty to take place in Spring 2023.

The BPTC are currently preparing for three listening events taking place on 20th April 2023, 18th May 2023, 15th June 2023, which will lead up to their final event on the 13th July 2023. Each of the listening events will relate to the main themes aforementioned. The BPTC have also agreed to take part in a national event later this year regarding children and health.

The BPTC project was initially scheduled to be concluded in September 2022, but since the pandemic disrupted the recruitment and induction of the Commission's participants and now, their contribution to the overall city's response to the cost of living crisis has been particularly valued, the contract with the Commission's host and the project itself have been extended until end of March 2024 with the final few months to be dedicated to creating the BPTC legacy and evaluation.

2.3 <u>Gender Health Inequalities Project</u>

The Gender Health Inequalities Project is being delivered by the Inequalities Team in BCC's Public Health Division. This project recognises that women, men, trans and non-binary communities are all impacted by gender related health inequalities in Birmingham. The aim of the Gender Health Inequalities Project is to influence and support the delivery of action that will reduce these health inequalities. There are 5 phases to the Gender Health Inequalities Project:

- Phase 1: Women's health
- Phase 2: Men's health
- Phase 3: Mid-way review
- Phase 4: Trans men, trans women, non-binary, intersex
- Phase 5: Final evaluation.

As part of phase 1 of this project, a mapping activity constructed a bigger picture of the organisations and system partners that are currently involved in different areas of work and the areas where there is a lot of activity (e.g., regarding inequalities in the maternity system) and areas where work could be strengthened (e.g., information, awareness and reduction of stigma regarding women's reproductive/ hormonal health). The project is aiming to raise awareness of the recently published National Women's Health Strategy (2022) across Birmingham and Solihull ICS and across Public Health's partners.

The objectives of the Gender Health Inequalities Project is to utilise the local evidence and data to progress local action and explore the needs and interventions to reduce health inequalities affecting marginalised groups. The Sex Worker Health Needs Analysis which will provide a comprehensive understanding of the health inequalities facing sex workers and the gaps in

services they face has been awarded to a provider and its delivery has just started. The Gender Health Inequalities Project will also oversee the delivery of a period literacy training and toolkit for the homeless sector. This project has already been commissioned and is about to start imminently.

Throughout the different workstreams, the Gender Health Inequalities Project aims to identify gaps and in turn possible solutions to gender related health inequalities that are impacting communities across Birmingham. The exploration of these issues and the development of solutions will be co-produced with stakeholders, including people with lived experience in regards to issues such as cardiovascular disease (CVD), cancer screening and period literacy.

There has also been the formation of a working group which aims to provide a narrow focus on the issues and themes impacting women in Birmingham in phase 1, and. Through themed workshops with women, this working group aims to guarantee women's voices and lived experiences remain in gender related workstreams but also impacts the health system in the long-term.

Similar approach will be taken for later phases of the project in relation to other gender groups.

2.4 <u>Community Health Profiles</u>

The Communities Team in BCC's Public Health Division have developed Community Health Profiles, which are short evidence summaries, to gain a deeper insight into the diverse communities across the city. This has increased the awareness of different communities and their needs. The Community Health Profiles for the following communities have been completed:

1. Bangladeshi
2. Caribbean Commonwealth
3. Indian
4. Kenyan
5. Muslim
6. Nigerian
7. Pacific Islands
8. Pakistani
9. Sikh
10. Somali
11. Deaf and Hearing Loss
12. Sight Loss
13. Lesbian
14. Trans communities.

The Communities' team has begun the work for a further four Community Health Profiles that are being developed internally by the Team. These will be completed by May 2023 and the profiles are in relation to the following communities:

1. Irish
2. Gypsy, Roma, and Traveller
3. Central and Eastern European

4. Chinese.

Alongside these Community Health Profiles, Scientific Editors will be involved within the process so that they can finalise and validate the profile content to ensure that the complex information within these profiles remains accessible for the public to read, without any distortion or misinterpretation of the facts.

There are also seven externally commissioned Community Health Profiles underway. These profiles have been awarded to the following organisations:

- Baywater Institute: Gay Men, Bisexual People and Arab communities
- Hawksmoth: South American and South African
- Birmingham City University: Student (16-24) and Central African communities.

These contracts start in November 2022 and will finish in March 2023. The Communities Team will commission a set of three Public Health academics and specialists to review each of these profiles from February 2023 until May 2023 for additional academic validation and recommendations.

2.5 <u>Empowering Young People with Learning Disabilities</u>

The Inequalities Team in BCC's Public Health Division is about to offer up to £60,000 to fund a pump-priming project related to one of the HWB's key five areas of inequalities. Based on the evidence presented to the CCWIF in May 2022, Forum members voted to focus the pump-priming project on addressing the inequalities impacting young people with learning disabilities.

People with learning disabilities have poorer health than the general population and experience significant barriers in accessing healthcare [7]. The failure of health services to meet their needs – and make reasonable adjustments to prevent them from being at a disadvantage – contributes to the health inequalities and inequities they experience [8]. The reasons for this are many and include health as well as social factors[9] but a major contributing factor is the difficulty they have in accessing timely, appropriate, and effective healthcare. Alongside this, two thirds (66%) of healthcare professionals want more learning disability training as evidenced in MenCap's Treat Me Well Campaign[10].

In Birmingham, 2.94 adults (aged 18+) per 1,000 population with learning disabilities receive long-term support from local authorities which is lower value for England (3.46)[11]. For those in receipt of long-term support for a learning disability, only 1.4% of the population are in paid employment (aged 16-64) which is worse than the regional value at 3.3% and far less than the England value of

[7] Bowness, B. (2014). *Improving general hospital care of patients who have a learning disability.*
[8] Hosking, F.J. et al. (2016). Mortality Among Adults With Intellectual Disability in England: Comparisons With The General Population. *Am J Public Health,* pp. 1483 - 1490
[9] Rickard, W & Donkin, A (2018). *A Fair, Supportive Society: Summary Report – A Social Determinants Health Approach to Improving the Lives and Health of People with Learning Disabilities in England.*
[10] Mencap (2017) *Treat me well: Simple adjustments make a big difference.*
[11] Fingertips (2019/20) – Public Health Outcomes Framework - Public Health Profiles

4.8%[12]. Within the city, there is also a disparity of 22 years life expectancy between people with and without learning disabilities[13].

The project, 'Empowering Young People with Learning Disabilities', will create, pilot and evaluate:

1. A health literacy information pack for young people living with learning disabilities (suggested age groups: 16-25 years)
2. A support pack for parents, carers and professionals to enable them to use the training pack effectively to improve their understanding of the young people's needs and best ways to support them to improve their health literacy, healthy relationships literacy and how and where to seek further accessible support.

The health literacy information pack will enable young people with learning disabilities to manage their own health, know where to go for help, foster healthy relationships with other people and support them to live independently.

The outputs of this project will be co-produced with young people with learning disabilities. There will also be a close collaboration with education settings and health care providers to ensure this health literacy information pack and the support pack create a lasting, sustainable legacy.

The commissioning process for this project is due to start in March 2023.

3. Shining the Light

In March 2022, Forum members agreed that the CCWIF should be used to influence partnerships to remain committed to addressing health inequalities impacting communities across Birmingham. One way to do this was by 'shining the light' on key issues within the city at Forum meetings identified as a priority within the 'Creating a Bolder Healthier City' strategy.

The Forum explores the inequality priority areas and makes recommendations to system partners as per the order outlined within the Forum's Forward Plan (see Appendix I).

The section below explains some important topics that have been discussed in Forum meetings since the Forward Plan has been introduced.

3.1 Inequalities linked to deprivation

Following the declaration of a 'cost of living emergency' by the Leader of the Council, the CCWIF has received updates from the Cost of Living Programme which aims to address the challenges the cost of living crisis will pose to communities across Birmingham. Health inequalities are impacted by wider determinants including but not limited to, housing, employment and unemployment rates and poverty rates. Forum members have been able to use these presentations to the Forum to collaborate with those leading on the response to the cost of living crisis and ensure that any opportunities to address health inequalities are intertwined within the Cost of Living Programme.

[12] Fingertips (2021/22) – Public Health Outcomes Framework Public Health Profiles
[13] Birmingham and Solihull ICB (2022) – *Learning from lives and deaths – People with a learning disability and autistic people (LeDeR) report 2021-2022*

The Forum spent a considerable amount of time exploring and discussing the potential and probable impacts of the current cost of living crisis on the health and wellbeing of the citizens of Birmingham as well as poor health and widening health inequalities contributing to the poverty crisis.

The Public Health's Inequalities Team prepared a briefing paper with a clear framework for the mitigation of the adverse impacts on health that poverty and current crisis can have. The paper also contained a series of recommendations that further informed the Council's and the City's response to the cost of living crisis.

A concept of 'poverty proofing' (mitigating impacts of poverty on life and daily activities; reducing stigma associated with poverty) has also been explored by the Forum and several partners are currently working to implement it within schools and local communities using a place-based approach.

3.2 Inequalities affecting disabled communities

Inequalities affecting disabled communities is the second priority area that has been explored by the Forum at the start of 2023 with a specific focus on learning and sensory disabilities.

The Forum members are helping to shape the city's autism and learning disability and difficulty strategies, the vision statements for which have recently been published for consultation by the ICS partners.

The Forum have considered the approaches for tackling health inequalities being experienced by the disabled communities pulled together by the Inequalities Team based on published evidence and recommendations by WHO, NICE and the King's Fund with an emphasis on the importance of co-production with disabled communities.

A clear lack of easy access to local data and evidence has been highlighted and the Forum will work with the City Observatory to address the issue for system partners to be able to use the specific data to inform their action.

The exploration of this priority area and solutions for addressing the disaprities will be explored further at the Forum's meeting in March 2023.

3.3 Birmingham and Solihull Integrated Care System

At every CCWIF meeting, there is an update provided by the Birmingham and Solihull ICS. This informs Forum members on the work that is being undertaken by the ICS to tackle health inequalities within Birmingham and Solihull an enables to strengthen both the ICS' and the place based action.
In July 2022, the ICS launched its Inception Framework outlining its vision for improving the lives of people in Birmingham and Solihull and how it will support providers of health and care to tackle health inequalities. Following on from this, the Integrated Care Board (ICB) approved a 5 year

Health Inequalities Strategy based on the guiding principles within the ICS Inception Plan. The Strategy has 6 main priorities focused on the populations who experience the greatest inequalities in Birmingham and Solihull. These are:

1. Maternity Care & Infant Mortality
2. Better Start for Our Children
3. Better Prevention, Detection & Treatment of Major Diseases
4. Better Outcomes for People with Mental Illness
5. Better Outcomes for People with Disabilities including Learning Disability
6. Improved Outcomes for Inclusion Health Groups.

The Forum seeks to support and strengthen the delivery on the ICS priorities within Birmingham and acts as a catalyst for local more detailed exploration, identification and showcasing of best local practice and piloting of new approaches.

4. Enabling

The Forum continues to explore and promote best toolkits and frameworks to enable whole system and asset-based approaches to tackling health inequalities.

The work to date includes:

- Publication, dissemination and promotion of the community health profiles and health toolkits for diverse faith organisations;
- Promotion of co-production with communities and grass roots organisations;
- Promotion of HEAT (Health Impact Assessment Tool) and other toolkits for ensuring that local policies and services contribute to reducing health inequalities and mitigating adverse health impacts – HEAT has been used to inform and improve the latest housing strategy for the city;
- Promotion of Health in All Policies approach across the whole system with the Forum members championing it within their organisations and services;
- Dissemination and promotion of Marmot, NICE and other key recommendations for relevant priority areas;
- Linking across, influencing and supporting thematic partnerships, specifically those for inclusion health groups such as the HealthNow Alliance, the Birmingham Homelessness Partnership Board, MEAM (Making Every Adult Matter); poverty - the Financial Inclusion Partnership; and other.

5. Conclusion

Since its re-start and re-fresh, the Creating a City Without Inequality Forum has been able to support and oversee the delivery of a number of projects on behalf of the health and wellbeing board, including BLACHIR, the Birmingham Poverty Truth Commission, the Community Health Profiles, the Gender Health Inequalities Project, health literacy work. The CCWIF meetings have provided the space for system partners to bring evidence together, create better understanding of

health inequalities and their drivers and suggest recommendations to those leading on other initiatives across the wider system.

Forum members have also been involved in designing prevention and early intervention or pump-priming initiatives that contribute to the reduction of health inequalities such as the 'Empowering Young People with Learning Disabilities' project or the 'poverty proofing' initiative, all of which support the delivery against at least one of the five key areas of tackling inequalities identified within the Birmingham Health and Wellbeing Board's strategy.

The Forum also aims to shine a light on key issues across the city that are relevant to discussions regarding health inequalities. Coupled with effective partnership working between Birmingham City Council, Birmingham and Solihull ICS and their partners, the CCWIF is improving projects and programmes to ensure that the aim of reducing health inequalities across Birmingham remains a key priority for all.

6. Glossary

Acronym	**Definition**
BCC	Birmingham City Council
BPTC	Birmingham Poverty Truth Commission
BLACHIR	Birmingham and Lewisham African and Caribbean Health Inequalities Review
BLACHIRIB	Birmingham and Lewisham African and Caribbean Health Inequalities Review Implementation Board
CCWIF	Creating a City Without Inequality Forum
CEP	Community Engagement Partners
HWB	Health and Wellbeing Board
ICB	Integrated Care Board
ICS	Integrated Care System

7. Authors

Monika Rozanski – Service Lead, Inequalities Team. Public Health, Birmingham City Council
Fahima Mohamed – National Management Trainee, Birmingham City Council

Appendix I

Creating a City without Inequality Forum

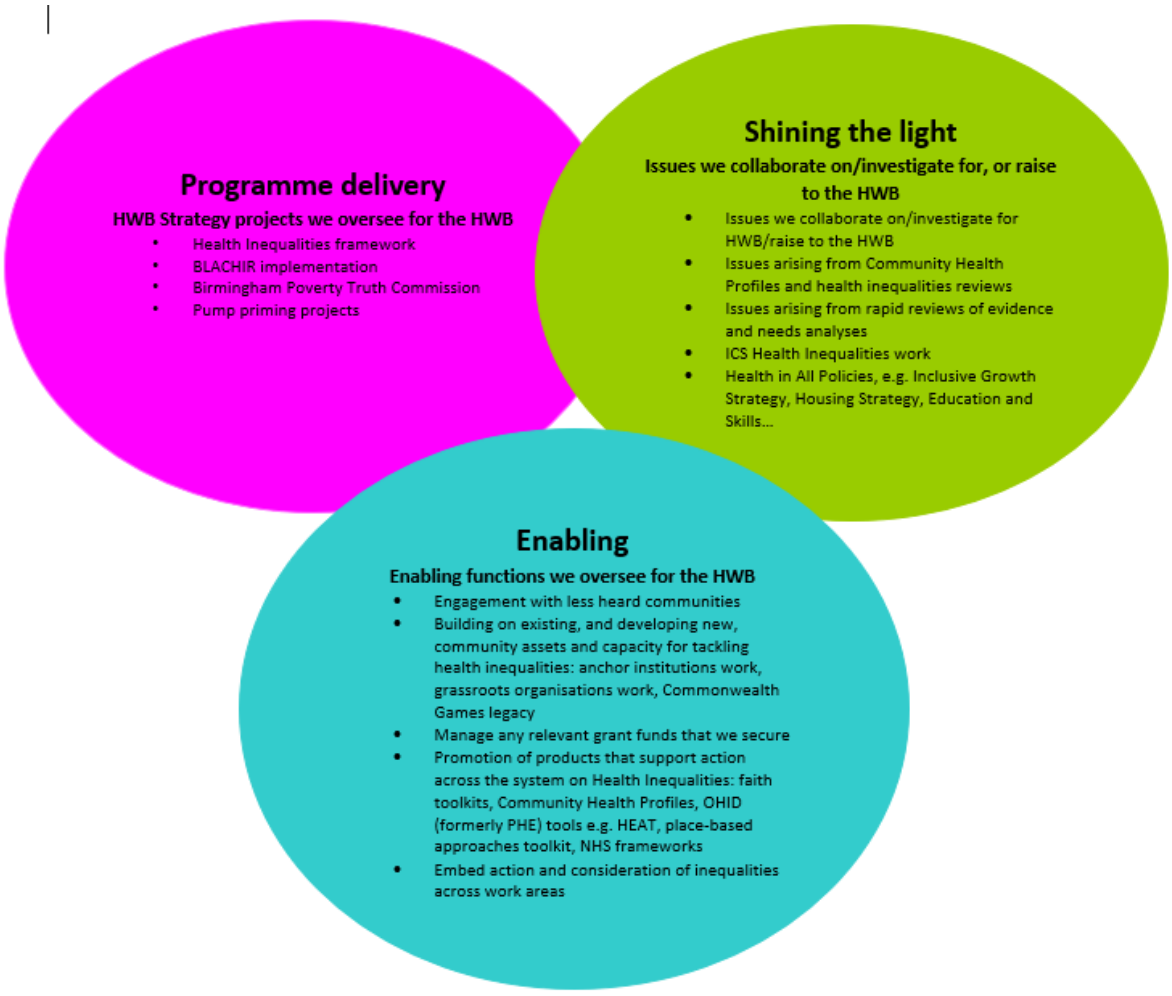
TERMS OF REFERENCE

1. PURPOSE

1.1 CCWIF is a subcommittee of the Health and Wellbeing Board (HWB). It operates within the framework of the HWB, and its priorities should be aligned with the priorities of the HWB and the local Integrated Care System (ICS).

1.2 The purpose of the forum is to refer opportunities for action to the two strategic boards, influence organisations to build tackling health inequalities into their everyday business, unlock barriers to addressing the health inequalities and to enable community engagement and coproduction. It has overall responsibility to reduce and prevent health inequalities across Birmingham.

1.3 CCWIF delivers its purpose through its three core functions.



1.4 The forum's delivery mode is a hybrid between operational and strategic management. It is both an influencer and an enabler. It has an oversight role, on behalf of the HWB.

2. OBJECTIVES

2.1 The Forum has the following overarching objectives:

(a) To work in collaboration with partners and communities to deliver on the HWB priorities relating to health inequalities, being guided by the Marmot's six areas of policy action as a framework for localised action[14].

(b) To oversee specific projects for addressing health inequalities in the city on behalf of the HWB and enable their successful delivery.

(c) To use evidence to raise issues to the HWB and relevant partnerships to inform policy and decision making.

(d) To review and develop mechanisms for monitoring and reviewing progress against the actions agreed by the Forum.

(e) To use opportunities to collaborate with and influence partner organisations/partnerships to ensure their commitment, shared responsibility and accountability towards the focus on inequalities through a system that is centred in prevention and early intervention.

(f) To provide strategic and operational direction for addressing health inequalities, to seek alignment with other relevant work programmes from the HWB and ICS boards, and to inform commissioning intentions (as deemed appropriate).

(g) To contribute to the implementation and update of organisational policies impacting on addressing or preventing the exacerbation of health inequalities (internally and externally).

(h) To contribute to the development of Public Health Birmingham's Joint Strategic Needs Assessment (JSNA).

(i) To promote community engagement, co-production and other tools and approaches that support action on health inequalities across the system.

3. PRINCIPLES

3.1 The Forum expects all partners to:

(a) Support the aims and objectives of the Forum.

(b) Consult and/or inform the Forum of organisational changes (including any changes in representation) that may impact on collective working.

(c) Follow and work within the agreed framework to review and monitor activity led by the Forum.

(d) Proactively manage risk and acknowledge the principle of shared risk in the context of partnership working.

(e) Drive the health inequalities agenda through promoting service transformation and improvement within their respective services and organisations.

(f) Report on progress on mutually agreed actions in a timely manner.

(g) Share relevant information and promote collaborative and innovative work.

[14] HEALTH EQUITY IN ENGLAND: THE MARMOT REVIEW 10 YEARS ON

4. MEMBERSHIP

4.1 The Forum has a core group of organisations that play a key role in its activity and are able to make joint decisions on behalf of their organisations. Co-opted membership will also considered to ensure relevant expertise and influence for specific subject areas.

4.2 The Forum requires its members to:

- have the sufficient authority to make decisions in relation to the inequalities' agenda on behalf of their organisation or be in a position to seek and secure them within timescales agreed by the Forum.

- attend the majority of meetings, or in exceptional circumstances, to arrange for a suitable named delegate to attend in his/her place. In case of delegating, the nominee should be appropriately briefed prior to attending the meeting and have sufficient authority to make decisions on behalf of their organisation.

- represent the views of their nominating organisation, to keep their nominating organisation informed about progress and to communicate the outcomes of the Forum meetings to their organisation.

- ensure that there is prompt progress and delivery by their nominating body on any actions and strategies agreed by the Forum.

- positive and constructive discussions between members in order to achieve workable solutions to common issues

4.3 Other persons may attend Forum meetings and or be invited in as expert advisors with the agreement of the Chair/ Deputy Chair.

4.4 The Chair of the Board will be the Birmingham City Council Cabinet Member with a portfolio for equalities. **(See appendix 1)**

5.0 MEETINGS

5.1 The Forum will meet every two months for 2 hours. Other special meetings may be held as deemed necessary at the discretion of the Chair/ Deputy Chair.

5.2 Partners will be requested to contribute to a forward plan which will be used to develop the agenda for meetings.

5.3 The agenda for meetings, agreed by the Chair, and all accompanying papers will be sent to members at least 5 working days before the meeting. Late agenda items and/or papers may be accepted in exceptional circumstances at the discretion of the Chair.

5.4 Minutes/action notes of all meetings of the Forum will be approved by the Chair/ Deputy Chair and circulated to attendees within 10 working days following the meeting. They will be approved by the forum at the next meeting.

5.5 The Forum's administrative support will be provided by Public Health Inequalities team, and they will be responsible for organising the meetings, taking minutes and or action notes and disseminating supporting information to Forum members. They will monitor accuracy of the membership records.

5.6 The Forum will be accountable to Health and Wellbeing Board through the agreed reporting arrangements.

6. DECISIONS AND INFORMATION SHARING

6.1 Recommendations and decisions will be arrived at by consensus and recorded in the minutes and a decision log. If a consensus cannot be reached the Chair will call for a vote. The Chair will have a (second) casting vote in the case of equality of votes.

6.2 Members will support work on appropriate data sharing and development of protocols where appropriate.

7. CONFLICTS OF INTEREST

7.1 Whenever a representative has a conflict of interest in a matter to be decided at a meeting of the Forum, the representative concerned shall declare such interest at or before discussions begin on the matter, the Chair shall record the interest in the minutes of the meeting and unless otherwise agreed by the Forum that representative shall take no part in the decision-making process.

8. REVIEW

8.1 These terms of reference will be reviewed annually, taking into account views expressed by relevant partner agencies.

Version 2.0

Date: 15.09.2022

Draft approved by Chair/ Deputy Chair: 15.9.2022
Version approved by CCWIF: 15.9.2022
Ratified by HWB: 17.11.2022
Review due: 30.9.2023

Appendix 1

Creating a City without Inequality Forum membership

Designated position/organisation/service	**Name**
Cabinet Member for Social Justice, Community Safety and Equalities (Chair)	Cllr John Cotton
Assistant Director of Public Health – Healthy Behaviours and Communities (Deputy Chair)	Modupe Omonijo (interim)
Director of Public Health	Dr Justin Varney
Public Health, Inequalities service lead (Lead Officer)	Monika Rozanski
Public Health Officer- Health inequalities (Support Officer)	tbc
Adult Social Care Commissioning leads	Louise Collett Kalvinder Kohli Marsela Hoxha
Equalities & Cohesion lead	Suwinder Hundal
Neighbourhoods/ Housing leads	Guy Chaundy Stephen Philpott
Economic Growth/ Levelling Up lead	Mark Gamble Greg Ward
Financial Inclusion Partnership lead	Helen Shervington
Birmingham Children's Trust	Graham Tilby
Education & Skills	Lisa Fraser
Environment and Transport	TBC
Integrated Care System – Inequalities lead	Salma Yaqoob Nicola Pugh
Local NHS commissioners/ providers	Patrick Nyarumbu Dr Okonkwo Onyinye Carol Herity Terence Read Sylvia Owusu-Nepaul
Office for Health Improvement and Disparities (OHID)	Sean Meehan
Voluntary & community sector leads	Ray Walker Janice Nichols Saidul Haque
Local academic representation	Lawrence Moulin
Department for Work & Pensions	Theresa O'Borne Emma McGuire Joanna Statham
Representation form the Youth City Board	Victor Agbontean

	Deshon Yard Bones Cunnington
Elected member from the opposition	Alex Yip
Criminal Justice System leads	Marj Rogers - HMPPS Paul Wood - HMPPS Jacqueline Ayee - HMPPS
Communications	TBC

Appendix II

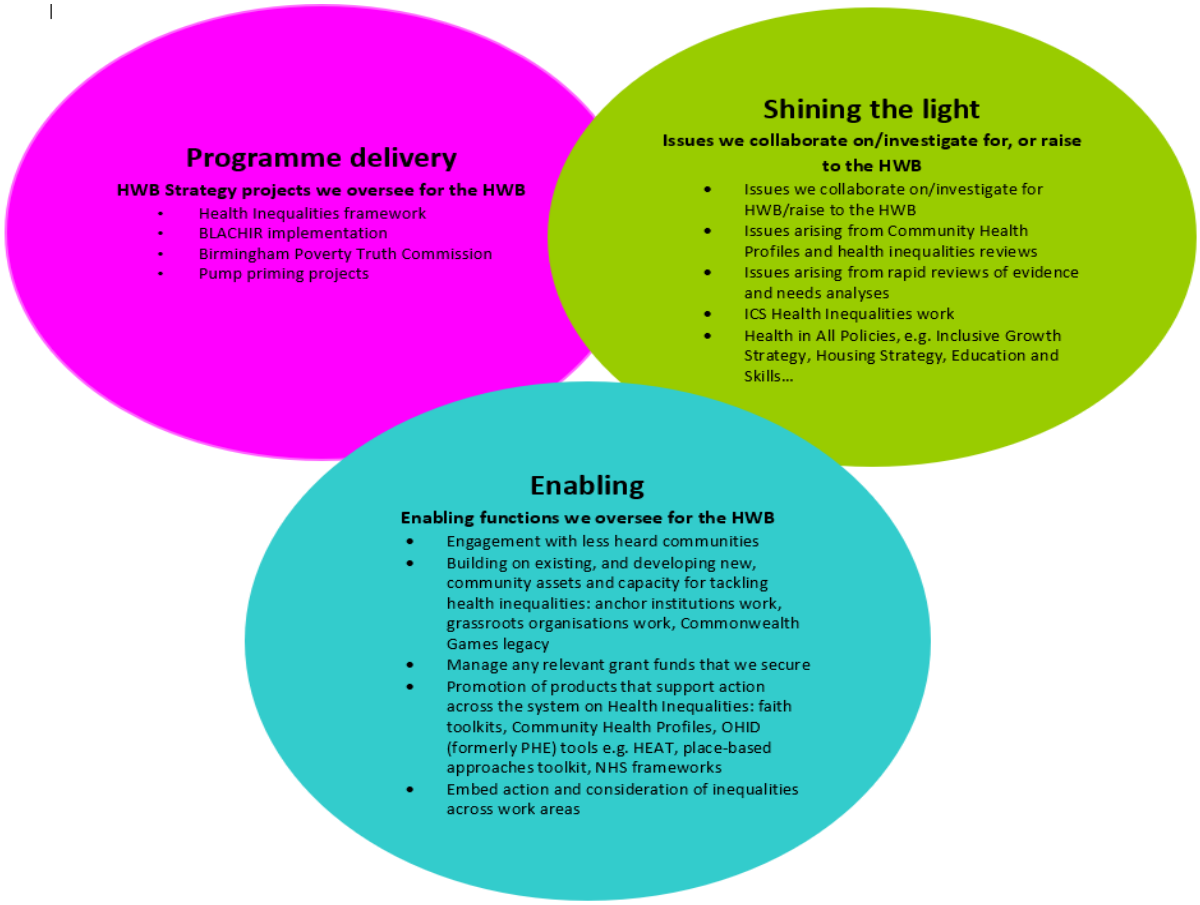
CREATING A CITY WITHOUT INEQUALITY FORUM (CCWIF)

FORWARD PLAN 2022 -2023

CCWIF aligns its work with the five key areas of inequalities identified within the Birmingham Health and Wellbeing Board's (HWB) strategy 'Creating a Bolder, Healthier City 2022-2030':

- Inequalities linked to deprivation
- Inequalities affecting disabled communities
- Inequalities affecting inclusion groups (e.g. people experiencing homelessness)
- Inequalities affecting different ethnic communities
- Inequalities of locality (i.e. variation/ inequalities between wards).

The CCWIF will deliver these HWB key areas of inequality using the following approach:



Forum meeting date	Key area of inequality from the HWB Strategy	Agenda items	HWB indicators	Actions and comments
15/09/2022 15:00-17:00	Inequalities linked to deprivation Governance and forward planning	**Programme delivery** • BLACHIR- Approve implementation board membership and ToR • BLACHIR progress (written update) • Birmingham Poverty Truth Commission (BPTC- written update) • Health literacy project (written update) **Shining the light** • Council's approach to the cost of living crisis • Work in progress in response to the cost of living in crisis, opportunities for collaboration to address health inequalities linked to deprivation • Review and agree CCWIF Forward Plan and Terms of reference (TOR) • Update from the Birmingham and Solihull Integrated Care System (ICS) **Enabling** • Actions arising from discussions • Community health profiles (written update) **Governance** • CCWIF Forward Plan • CCWIF ToR	Reduction in child poverty Increase in uptake of healthy start vouchers by eligible families Increase in employment rates of those with long term conditions and disabilities Reduction in the number of households in fuel poverty to the national average by 2030	
17/11/2022 10:30-12:30	Inequalities linked to deprivation – part 2	**Programme delivery** • BLACHIR implementation update • BPTC update • Pump-priming project for disabled communities (proposal for approval) **Shining the light** • Health inequalities linked to poor housing and fuel poverty (this has now moved to the CoLC programme led by Richard Brooks) • Poverty proofing – the whole system approach to mitigating health inequalities linked to poverty • Issues arising from rapid review of evidence and previous discussions • ICS update on inequalities linked to deprivation **Enabling** • Addressing health inequalities through the existing community assets (Retrofit Balsall Heath) – moved to CoLC programme & Housing	Reduction in child poverty Increase in uptake of healthy start vouchers by eligible families Increase in employment rates of those with long term conditions and disabilities Reduction in the number of households in fuel poverty to the national average by 2030	

		• Local strategies and work in progress (Birmingham Levelling Up Strategy, Housing Strategy)		
19/01/2023 15:00-17:00	Inequalities affecting disabled communities	**Programme delivery** • BLACHIR • BPTC • Disabled communities project • Health literacy project **Shining the light** • Health inequalities affecting disabled communities – issues arising from rapid review of evidence and data, community health profiles etc. • Impact of the cost of living crisis on disabled communities; disability and employment • Partners' work to address health inequalities affecting disabled communities and opportunities for collaboration (PURE project, DWP targeted support, CCWIF disabled communities pump-priming project) **Enabling** • Actions arising from evidence and discussions	Reduction in the inactivity gap between those living with disabilities and long-term health conditions and those without by 50% by 2030 Increase in the number of targeted health checks (e.g., for carers and people with learning disabilities and/or severe mental health issues) by 25% by 2027 Achieve 50% of all medium and large businesses in Birmingham becoming part of the Thrive at Work programme in 2030	
16/03/2023 15:00 -17:00	Inequalities affecting disabled communities	**Programme delivery** • BLACHIR • BPTC • Community health profiles • Gender HI project • Disabled communities project • Health literacy project **Shining the light** • Health inequalities affecting communities with learning and sensory disabilities– issues arising from rapid review of evidence and data, community health profiles etc. • Impact of the cost of living crisis on disabled communities; disability and employment – cont. • Partners' work to address health inequalities affecting disabled communities and opportunities for collaboration (PURE project, DWP targeted support, CCWIF disabled communities pump-priming project) **Enabling** • Actions arising from evidence and discussions		

18/05/2023	Inequalities affecting inclusion groups (e.g., people with multiple complex needs)	**Programme delivery** • BLACHIR • BPTC • Disabled communities project • Health inequalities framework • Sex worker health needs analysis **Shining the light** • Health inequalities affecting inclusion groups – issues arising from evidence, DPH Annual Report 2019-20 and sex worker health needs analysis (focus – multiple complex needs - MCN) • ICS perspective on inequalities affecting inclusion groups in Birmingham **Enabling** • Actions arising from evidence and discussions • Discuss and agree direction of interventions /approaches to be rolled out or reviewed	Reduction in the rate per 1000 of homeless young people (16-24 years) to the English average by 2030 Reduction in the rate of first-time entrants (10-17 years) to the youth justice system by 25% by 2030	
13/07/2023	Inequalities affecting inclusion groups (e.g. sex workers and migrants)			
Sep & Nov 2023	Inequalities affecting different ethnic communities	**Programme delivery** • BLACHIR • BPTC • Disabled communities project **Shining the light** • Health inequalities affecting migrant and BAME populations – issues arising from BLACHIR, community profiles, other evidence and data • Infant mortality in Black ethnic communities • ICS perspective on inequalities affecting different ethnic communities in Birmingham **Enabling** • Actions arising from evidence and discussions • Discuss and agree direction of interventions /projects /approaches to be rolled out or reviewed	Reduction in infant mortality in Birmingham by 25% by 2027 and by 50% by 2030 Reduction in the inactivity gap between different ethnic communities by 50% by 2030 Reduction in the percentage (%) of adults from ethnic communities with Type 2 diabetes to match the demographic profile of our city by 2030	
Jan 2024	Inequalities of locality (i.e., variation/ inequalities between wards)	**Programme delivery** • BLACHIR • BPTC • Disabled communities project **Shining the light** • Health inequalities of locality – issues arising from JSNA, other evidence and data (focus on specific localities) • Planning for healthy communities in Birmingham **Enabling** • Actions arising from evidence and discussions	Ensure that the Healthy City Planning Toolkit is utilised in 90% of developments in the city by 2030	

		• Place-based approaches and interventions – OHID toolkits • Discuss and agree direction of interventions /projects /approaches to be rolled out or reviewed		
Mar 2024	Stocktake and future planning	Review of outcomes and forum's activity		

	Agenda Item: 16
Report to:	**Birmingham Health & Wellbeing Board**
Date:	**28 March 2023**
TITLE:	**HEALTH AND WELLBEING FORUM UPDATES**
Organisation	**Birmingham City Council**
Presenting Officer	**Monika Rozanski, Service Lead – Inequalities, Public Health**

Report Type:	**Information**

1. Purpose:
The purpose of this report is to provide an update on the plans to implement the BLACHIR opportunities for action

2. Implications:		
BHWB Strategy Priorities	Childhood Obesity	
	Health Inequalities	X
Joint Strategic Needs Assessment		
Creating a Healthy Food City		
Creating a Mentally Healthy City		
Creating an Active City		
Creating a City without Inequality		X
Health Protection		

3. Recommendation
The Board are requested to note the progress being made to implement the BLACHIR opportunities for action and endorse the approach to co-production of costed solutions and plans to embed those solutions across the system.

4. Report Body
1 Background 1.1 The Birmingham and Lewisham African & Caribbean Health Inequalities Review (BLACHIR) was launched in 2020 as a partnership between Birmingham and Lewisham to explore and better understand the inequalities affecting African and Caribbean

communities in our areas and co-produce with communities opportunities for action to break structural inequalities.

1.2 The review used a new approach of mixed methodology working with an external community advisory board and an academic advisory board to examine findings and shape recommendations. It followed a thematic approach to considering health inequalities drawing on the life-course model and the wider determinants of health – see Figure 1.

Figure 1: BLACHIR themed reviews

1.3 The final report from the review was published in March 2022 and officially launched at a stakeholder event in June 2022. The report identified 39 specific opportunities for action and highlighted the following key overarching areas:

1) Fairness, inclusion and respect: The Review calls to explicitly recognise structural racism and discrimination as drivers of ill health, systematically identify and address discrimination within systems and practices, and ensure community voice is driving this work.

2) Trust and transparency: The Review calls for cultural awareness training of health and social care professionals that is trauma informed, values lived experiences and embeds and delivers inclusion in practices and policies.

3) Better data: The Review calls to strengthen granular culturally sensitive data collection and analysis.

4) Early interventions: The Review calls to develop a clear action plan to provide support at critical life stages to mitigate disadvantage and address the inequalities affecting Black African and Black Caribbean children and young people.

5) Health checks and campaigns: The Review calls to promote health checks through public campaigns to increase the uptake of 8 community-based health checks in easy to access locations.

6) Healthier behaviours: The Review calls to assess current service provision and health improvement campaigns through a cultural competency lens to improve support and access for Black African and Black Caribbean communities.

7) Health literacy: The Review calls to develop targeted programmes on health literacy for Black African and Black Caribbean communities.

2 Progress update

2.1 The implementation of the BLACHIR 39 opportunities for action has been ongoing within the Public Health Division and in other service areas since the launch of the BLACHIR Report in early June 2022. An overview of the initiatives taking place is attached in Appendix I.

2.2 The implementation phase has been inaugurated at a wider stakeholder and community event on 19 October 2022. The event was attended by approximately 60 delegates from across different parts of the health and wellbeing partnership and community representatives. It involved an introduction of the BLACHIR Implementation Board and the overall programme governance (see Appendix II for the Terms of Reference) as well as co-production of key elements of the overarching implementation plan.

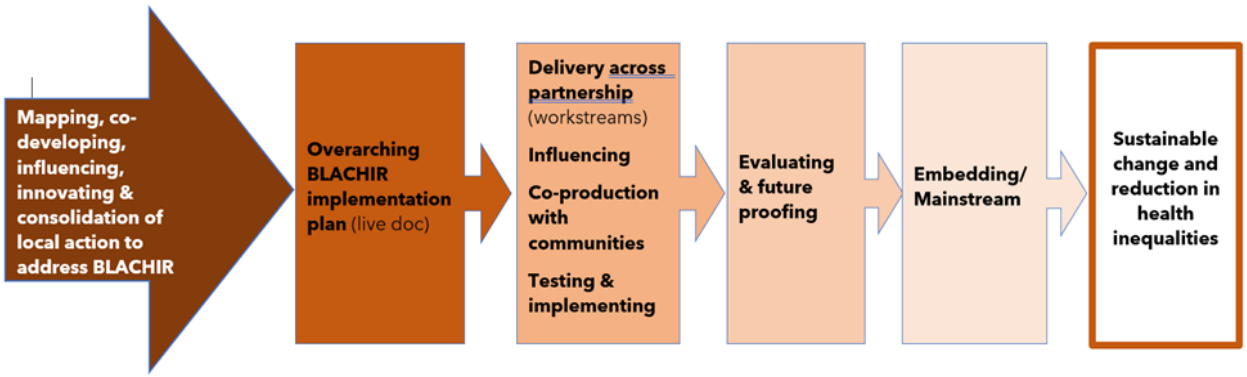
2.3 The mapping of the Council's and partners' action to implement the BLACHIR findings has been completed. This also includes mapping across the Integrated Care System by the ICS BLACHIR Taskforce. The mapping feeds into the implementation plans by each taskforce and progress against their delivery is being reported regularly to the BLACHIR Implementation Board (BLACHIRIB).

2.4 The first meeting of the BLACHIR Implementation Board took place on 8 November 2022 and involved discussions on the following:

- Terms of Reference for the group
- Board membership
- Progress to date
- The theory of change and our approach to implementation, including the implementation framework (see Appendix III).

See Figure 2 describing our approach to BLACHIR implementation.

Figure 2: Approach to BLACHIR implementation



2.5 The BLACHIRIB has a robust forward plan (see Appendix IV) that focuses on in-depth exploration of the seven thematic priority areas that cut across the opportunities for action and paves the way for co-production of shared set of standards and components for any products identified within the review and a costed plan/ proposal that can be used or adapted and used by all relevant system partners to implement and embed those standards and products (see Appendix V – the BLACHIR Implementation Co-production Framework).

2.6 At the same time, the community engagement partners have been active within the BLACHIR communities, disseminating the report and recruiting co-production partners, and have been working together to align their activities that underpin the implementation of the relevant opportunities for action and the co-production process.

2.7 The activity continues with the initial focus on developing a shared approach to ensuring cultural competency within services, starting from maternity and non-clinical setting to be confirmed. Improving health screening offer and take up by the Black African and Black Caribbean communities has been identified as the second most important priority that requires co-production across various system partners and the communities. ICS have also been accelerating their work within mental health and maternity services, the latter predominantly through the Local Maternity System's Infant Mortality Taskforce.

2.8 As part of the work on cultural competency, two co-production task and finish groups have been set up to produce costed proposals for developing 'culturally intelligent' organisations/ systems and 'culturally humble and safe' services to address the issues with homogenising and misunderstanding our communities as well as the conscious/ unconscious bias and lack of compassion in leadership as well as front-line practice, as identified by the review. These groups are planned to start their work end of February and beginning of March 2023.

2.9 As the implementation progresses in each locality of the review, we continue to share practice and learning with our colleagues in Lewisham.

2.10 The BLACHIR report was also introduced to MPs, relevant government departments' representatives and thinktanks at its parliamentary launch on 20 October 2022 led by Paulette Hamilton, MP (Birmingham) and Janet Daby, MP (Lewisham) and prepared by the review teams in both localities. The event put a spotlight on the review findings and the opportunities for action for changes at the national level. The recent visit to Birmingham by UN delegates working on tackling discrimination and racism against African communities provided an opportunity to put an international spotlight on issues identified by the review; and its methodology as well as our approach to implementation through community involvement and co-production were highly praised.

2.11 The project has also attracted attention through nominations for various awards. It has received an accolade from the Association of Directors of Public Health and has been shortlisted in the category of 'Diversity and Inclusion' by the LGC Awards 2023.

3 Next steps

3.1 The following activity is planned to take place in the coming months:

- Establishment of the BCC BLACHIR Taskforce to drive implementation specifically within the Council and across the Council's services that contribute to the wider determinants of health, e.g. housing, environment, transport.

- Consolidation of implementation plans from partners across the ICS BLACHIR Taskforce, identification of interdependencies and alignment with community co-production activity.
- Co-production of cultural competency outputs.
- Implementation of opportunities for action continuing.

3.2 The attached BLACHIRIB Forward Plan for 2023-24 (Appendix IV) outlines the partnership's activity, including co-production with communities.

4 Conclusion and Recommendation

4.1 The organisation for the BLACHIR implementation programme has been established and is contributing to a significant progress being made towards delivery across the system that is underpinned by co-production with the communities.

4.2 The Board are requested to note the progress being made to implement the BLACHIR opportunities for action and endorse the approach to co-production of costed solutions and plans to embed those solutions across the system.

5. Compliance Issues

5.1 HWBB Forum Responsibility and Board Update

5.1.1 As per the agreed governance structure, we will provide an update to the Health and Wellbeing Board every 6 months throughout the duration of the implementation project. The update will include information on progress and will highlight any issues or risks that may hinder required outputs and outcomes that the health and wellbeing board may be able to help to address.

5.2 Management Responsibility

Dr Justin Varney, Director of Public Health, Birmingham City Council
Dr Modupe Omonijo – Interim Assistant Director, Birmingham City Council
Monika Rozanski – Service Lead - Inequalities

6. Risk Analysis

Identified Risk	Likelihood	Impact	Actions to Manage Risk
Community engagement partners' engagement with the wider communities may be limited, their plans may not be fully aligned and they may not be able to	Medium	High	1. Ongoing monitoring of the risk through a dialogue with community engagement partners. 2. Engagement of other groups and organisations through the wider community panel for BLACHIR. 3. Close cooperation with the Birmingham Black Thrive

support all co-production activity			programme with an established wide community reach and involvement. 4. The project team are preparing a business case to establish a dedicated budget for BLACHIR that will enable us to boost co-production and engagement activity to ensure the level of quality and intensity required for the success of this project.

Appendices
1. Appendix I – BLACHIR implementation update 2. Appendix II – BLACHIR Implementation Board – Terms of Reference 3. Appendix III – BLACHIR Implementation Framework 4. Appendix IV – BLACHIR Implementation Board's Forward Plan 5. Appendix V – BLACHIR Co-production Framework

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

Monika Rozanski, Service Lead – Inequalities, Public Health

Appendix I

BLACHIR IMPLEMENTATION UPDATE FROM BIRMINGHAM

Local Context

Birmingham is home to 8% of the overall African and Caribbean population of England. Over 96,000 Birmingham citizens are from Black African, Black Caribbean and other Black communities. Local and national research shows significant health inequalities are affecting those communities, and Birmingham citizens are particularly vulnerable with 43% of the city population living in LSOAs in the 10% most deprived in England.

Implementation progress (since the launch of the report in June 2022)

- The Birmingham Health and Wellbeing Board endorsed the findings from the review and are actively promoting and driving their implementation across the local health and care system.
- An overarching BLACHIR implementation board has been established to lead on the implementation of all opportunities for action identified by the review. The board has a direct reporting line to the health and wellbeing board.
- The Birmingham and Solihull Integrated Care Board (ICB) established a specific taskforce to progress implementation of the opportunities for action relating specifically to NHS provision. BLACHIR recommendations have been incorporated into the Integrated Care System (ICS) inequalities strategy and action plans. The taskforce will report to the overarching implementation board.
- Three local Black African and Black Caribbean community partner organisations have been engaged to ensure implementation plans and solutions are co-produced with the communities affected by the review and the local voice of lived experience is driving this work. Detailed implementation plans are currently being co-developed and the implementation phase was formally initiated at a wider stakeholder engagement event on 19 October 2022.
- The following initiatives are taking place led by the local public health team:
    - Research to evaluate priority groups as part of targeting resources for tier 2 adult weight management is under way. This initiative is expected to provide evidence for the need to improve weight management literacy among ethnic minority groups and specifically the Black African and Black Caribbean communities.
    - Public health awareness campaigns promoting heath literacy around pregnancy, mental health, diabetes and musculoskeletal disease have taken place during the Commonwealth Games focussed on Black communities. These were delivered as part of commonwealth food events celebrating the 10 commonwealth member states cultures and heritage.
    - Culturally diverse healthy eating guides are being developed covering 7 specific regions including African and Caribbean diets. More resources will be created that tailor to specific health and dietary needs, particularly focusing on culturally prevalent health conditions, such as diabetes, high blood pressure.
    - Removal of 'Black' from African and Caribbean ethnicity terms and free text based ethnic self-identification are being piloted in population surveys.
    - Commissioned and published community health profiles for a number of African ethnicities and Caribbean island communities to deepen the system's understanding of the specific issues and drivers of health inequalities affecting those populations.
    - Pilots of targeted interventions to develop the understanding of what works for addressing health needs of African and Caribbean communities, specifically in relation to weight management, mental health awareness and suicide prevention training.

Further information

www.birmingham.gov.uk/blachir

Email: BLACHIR@birmingham.gov.uk

Appendix II

BLACHIR Implementation Board
Terms of Reference

Background

Birmingham City Council and Lewisham Council completed a review of health inequalities affecting the Black African and Black Caribbean communities in Birmingham and Lewisham. The Birmingham and Lewisham African and Caribbean Health Inequalities Review (BLACHIR) has been endorsed by both Lewisham and Birmingham's health and wellbeing boards. The report was published in March 2022. Both Councils are now working with partners in their localities to implement the opportunities for action identified by the review.

1. Purpose

1.1 The BLACHIR Implementation Board (BLACHIRIB) is a sub-group of the Creating a City Without Inequality Forum (CCWIF), which is a subcommittee of the Birmingham Health and Wellbeing Board (HWB).

1.2 The BLACHIRIB will oversee and lead on the implementation of the opportunities for action identified by the review and co-produce implementation plans, as required. It will mobilise, influence, and work collaboratively with partners and agencies.

2. Objectives

The Board has the following overarching objectives:

2.1 To work in collaboration with partners using the 39 opportunities for action from the BLACHIR Report as a framework for effecting the required change.

2.2 To develop an overarching implementation plan to progress the BLACHIR opportunities for action.

2.3 To review and develop mechanisms for monitoring and reviewing progress against the implementation plan.

2.4 To influence partner organisations/partnerships to ensure their commitment, shared responsibility, and accountability towards the focus on the opportunities for action through their policy and decision making, development and redesign of services, practice and working culture development.

2.5 To provide an operational direction and assurance for the BLACHIR implementation programme; seek alignment with other work programmes, boards and partnerships relevant to the work.

2.6 To ensure an effective engagement programme to support the BLACHIRIB work to co-produce and embed best practice within organisations and communities.

3. Principles

The Board expects all partners to:

3.1 Support the aims and objectives of the Board to progress work focused on achieving tangible outcomes relating to the implementation of the BLACHIR opportunities for action and prevention of further exacerbation of inequalities faced by Black African

and Black Caribbean people in Birmingham.

3.2 Consult and/or inform the Board of organisational changes (including any changes in representation) that may impact on collective working.

3.3 Follow and work within the performance management framework to review and monitor progress as agreed by CCWIF.

3.4 Proactively manage risk and acknowledge the principle of shared risk in the context of partnership working.

3.5 Drive the overall BLACHIR agenda through promoting service transformation and improvement within their respective services and organisations.

3.6 Report on progress on allocated/ agreed actions in a timely manner.

3.7 Share relevant information and promote collaborative and innovative work.

4. Membership

4.1 The Board will have a core group of organisations that will play a key role and will have the responsibility to oversee the implementation of the opportunities for action from the BLACHIR Report.

4.2 The membership of the BLACHIRIB is listed in appendix 1

4.3 The Forum requires its members to:

- Have Sufficient delegated authority to make decisions in relation to the BLACHIR implementation programme on behalf of their organization, as required, or be able to seek and secure them within timescales agreed by the Board.
- Attend most meetings, or in exceptional circumstances, to arrange for a suitable named delegate to attend in his/her place. In case of delegating, the nominee should be appropriately briefed prior to attending the meeting and have Sufficient delegated authority to make decisions on behalf of their organisation.
- Represent the views of their nominating organisation, to keep their nominating organisation informed about progress and to communicate the outcomes of the Board meetings to their organisations.

4.4 The membership of the Board may be reviewed as necessary. New members maybe invited provided that:

4.4.1 any new member can demonstrate to the satisfaction of the Board the contribution that they can make to the overriding aims and objectives; and

4.4.2 in deciding whether to admit any new member, the Board shall consider the resulting size and composition were the new member to be admitted.

4.5 Other persons may attend Board meetings and or be invited in as expert advisors with the agreement of the Chair/ Deputy Chair.

5 Meetings (Frequency and Support)

5.4 The Board will meet every two months for 2 hours. Other special meetings may be held as deemed necessary at the discretion of the Chair/ Deputy Chair.

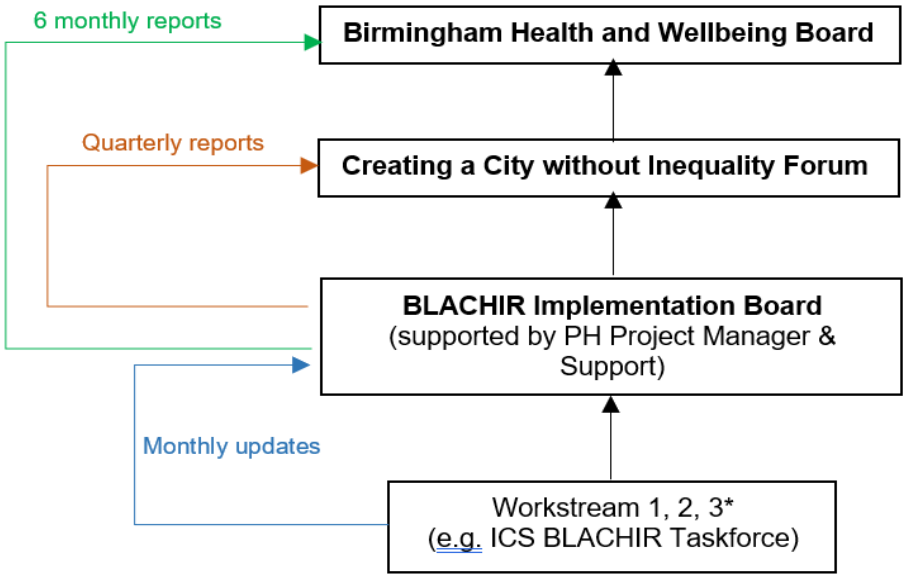
5.5 Partners will be requested to contribute agenda items in advance of the meetings.

5.6 The agenda for meetings, agreed by the Chair, and all accompanying papers will be sent to members at least 5 working days before the meeting. Late agenda items and/or papers may be accepted in exceptional circumstances at the discretion of the Chair.

5.7 Action notes of all meetings of the Board will be circulated within 10 working days following the meeting.

5.8 The Board support will be provided by Public Health Inequalities team.

5.9 The Board will be monitored and accountable to the Creating a City without Inequality Forum, a sub forum of the Health and Wellbeing Board with reporting arrangements as follows (see overleaf):



* Groups/ plans to implement BLACHIR opportunities for action within specific parts of the system/ organisations that may also be governed through their internal structures

6 Decisions and escalation

6.4 Any recommendations and decisions commensurate with the Board's remit will be arrived at by consensus and recorded in the action notes.

6.5 Significant decisions and risks impacting on the progress of the implementation will need to be escalated to the CCWIF.

7 Conflicts of Interest

7.4 Whenever a representative has a conflict of interest in a matter to be decided at a meeting of the Board , the representative concerned shall declare such interest at or before discussions begin on the matter, the Chair shall record the interest in the minutes of the meeting and unless otherwise agreed by the Board that representative shall take no part in the decision making process.

8 Review

8.4 These terms of reference will be reviewed annually, considering views expressed by relevant partner agencies.

Appendix 1

BLACHIR Implementation Board (BLACHIRIB) Membership

Representative Role/Organisation	Name
Independent Chair	TBA
Deputy Chair	Cllr Mariam Khan – Cabinet Member- Health and Social Care, Birmingham City Council
Youth Deputy Chair	Victor Agbontean – former advisory board member, CCWIF youth member
Community engagement partners: Mindseye Development CIC and partner Allies Network CIC Black Heritage Support Service	 Simeon Moore Michael Brown Nura Ali Anika Cobblah
Academic post from Newman University in honour of Prof. Nicole Andrews	TBA
Chair of the ICS Taskforce on BLACHIR	Dr Onyinye Okonkwo
Representative from the Equalities and Cohesion Team, BCC	Suwinder Bains – Cohesion and Equalities Service Manager
Representative from the Local Maternity System	Sylvia Owusu-Nepaul
Representative from NHS Provider organisations	Patrick Nyarumbu, MBE - Executive Director of Strategy, People and Partnerships, Birmingham & Solihull Mental Health NHS Foundation Trust Jara Phattey - Lead Nurse/ Team, Umbrella Sexual Health, University Hospitals Birmingham NHS Foundation Trust

Representative from Adult Social Care	Kalvinder Kohli - Programme Director – Prevention and Early Intervention (tbc)
Representative from the Birmingham Children's Trust	Lorraine Donovan – Equality & Diversity Manager
Representative from the Criminal Justice System	Sarah Tambling – Strategic Police Collaborative Partner (tbc) Probation Service - TBC
Representative from Public Health, BCC	Monika Rozanski - Public Health Service Lead – Inequalities, BCC
Representative from Housing, BCC	Guy Chaundy – Head of Housing Modernisation & Partnerships (Deputy: Helen Shervington - Housing Strategy & Modernisation Service Manager/ Birmingham Financial Inclusion Partnership Deputy Lead)
Representative from Education	Kate Reynolds – Assistant Director for Lifelong Learning, Education and Skills, BCC
Chair of the Corporate Black Workers Group, BCC	Marcia Reid – Team Leader – Education & Skills
Project lead	Ayola Beckford – Public Health Senior Officer

Birmingham Health and Wellbeing Board

Appendix III - BLACHIR Implementation Framework

Our goal

To break the cycle of inequalities and disadvantage for Black African and Black Caribbean communities and reduce health inequalities that affect them

Context – Key Priority Areas

- Fairness, inclusion and respect
- Trust and transparency
- Better data
- Early interventions
- Health checks and campaigns
- Healthier behaviours
- Health literacy

Inputs and activities

Collective inputs: Agencies work to understand, address and reduce health inequalities, BLACHIR project team, community voice driving implementation through the BLACHIR Community Engagement Partners, project governance structure that involves system and community partners (BLACHIR Implementation Board, BLACHIR ICS Taskforce), research and academic input, active promotion of the BLACHIR findings, co-production, evaluation etc.

Priorities	Opportunities for action
Recognise structural racism and discrimination as drivers of ill health and systematically identify and address it within systems and practices	Th.1. opp.2, Th.6, opp.28
Ensure cultural competence training of health and care professionals	Th.1, opp. 3, Th.2, opp.5, Th.5, opp.23, Th.5, opp.24, Th.5, opp.25, Th.5, opp.26, Th.6, no.31
Strengthen granular culturally sensitive data collection and analysis to be used to drive better services and outcomes	Th.1, opp.1, Th.2, opp.6, Th.2, opp.7, Th.6, opp.31, Th.6, opp.32, Th.7, opp.33, Th.8, opp.38
Improve health literacy, access to health checks, screening and other services, and promote healthy behaviours through accessible and culturally appropriate campaigns	Th.3, opp.11, Th.4, opp.17, Th.4, opp.18, Th.4, opp.19, Th4, opp.20, Th.4, opp.21, Th.5, opp.22, Th.7, opp.35
Co-produce plans that support children, young people and families at critical life stages to mitigate inequalities and avoid disadvantage	Th.1, opp.2, Th. 1, opp.4, Th.2, opp.8, Th.2, opp.9, Th.3, opp.10, Th.3, opp.12, Th.3, opp.14, Th.3, opp.16
Explore how ethnic diversity and anti-racism can be further integrated into education	Th.1, opp.2, Th.1, opp.4, Th.3, opp.12, Th.3, opp.14
Protect migrant Black African and Black Caribbean communities from exacerbated risks and impacts of health inequalities	Th.2, opp.8, Th.5, opp.23, Th.5, opp.24
Influence national policy to tackle health inequalities related to employment and justice that affect Black African and Black Caribbean communities	Th.3, opp.13, Th.8, opp.37, Th.8, opp.39
Undertake further research where there are gaps in understanding the needs of specific ethnicities within the Black populations	Th.6, opp.31, Th.6, opp.32, Th.7, opp.33, Th.8, opp.38

Outputs & Outcomes

Short-term	Long-term
• Training resources for culturally safe and appropriate practice and language in all sectors co-produced • Staff across key services receive cultural humility and safety training • Data collection systems improved to record ethnicity at a granular level • Racism and discrimination recognised as ACE • Plans in place to provide support at critical life stages to mitigate disadvantage affecting Black African and Black Caribbean children and young people • Health checks re-commissioned and made available in easy to access locations • Plans to develop culturally appropriate screening services • Targeted health and mental health literacy programmes developed for Black African and Black Caribbean communities • Plans in place to improve perinatal, maternity and paediatric care, including changing attitudes of care staff towards Black mothers/ families • Clear pathways of support, including early help/ intervention, co-developed and promoted • Plans in place for culturally appropriate support within schools around mental, sexual and reproductive health • Increased level of transparency regarding actions taken to reduce health inequalities • Further research scoped/ commissioned	• Cultural humility and safety embedded in healthcare, social care, education and justice practices • Better understanding of the health and care needs of Black African and Black Caribbean populations and the ways in which to address them • Higher levels of engagement of the Black people in health and care interventions and support • Children and young people have clear pathways to achieve their aspirations and are supported to do so • Earlier detection rates of diseases and conditions affecting the Black African and Black Caribbean communities leading to better health outcomes and life expectancy • Improved mental health in Black African and Black Caribbean populations • Infant and maternal mortality rates reduced • Reduced youth unemployment • Higher levels of confidence and self-esteem in children and young people • Repaired trust between Black African and Black Caribbean communities and service providers • Issues ethnic minorities face when in contact with the justice system are removed

Appendix IV

BLACHIR IMPLEMENTATION - Forward plan 2023-2024

Aims and Objectives

This document supports the BLACHIR Implementation Programme Organisation and provides an overview and plan for the BLACHIR Implementation Board, including the approach to co-production and exploration of key themes within the BLACHIR report.

Framework

Date/ Time	Type of activity/ Meeting	Agenda Items	Theme	Actions and comments
08/12/2022 10:00 – 11:30am	BLACHIRIB	**BLACHIR IMPLEMENTATION BOARD PLANNING MEETING (November 2022)** **Agenda** • Welcome and introductions (Cllr Khan) • Purpose of the Board and Terms of Reference (Cllr Khan) • Our approach to taking the BLACHIR findings forward - the logic model, mapping of activity contributing to the implementation of the BLACHIR opportunities for action and the overarching BLACHIR implementation plan (Monika Rozanski) • Updates from community engagement partners (Anikah Cobblah, Michael Brown, Simeone Moore and Nura Ali). • Update from the ICS BLACHIR Taskforce (Dr Onyinye Okonkwo) • Mapping exercise – MENTI/ Discussion (everyone) • Next steps and close	Introductory meeting	
08/12/2022 10:00 – 11:30am	BLACHIRIB	**BLACHIR IMPLEMENTATION BOARD PLANNING MEETING (December 2022)** **Agenda** • Welcome and Introduction (Cllr Khan) • Community led system change and co-production – learning from the Black Thrive programme (Beverley Stephens & Sandra Griffiths – Catalyst4Change) • Co-production for BLACHIR – presentation and discussion led by the BLACHIR community engagement partners • Developing cultural competence (Dr Cristina Osbourne) • BLACHIR approach to developing culturally competent services (Ayola Beckford): • Next steps and close (Cllr Khan)	Trust and Transparency (Cultural competency) 1	

11/01/2022 12pm – 2pm	BLACHIRIB	**BLACHIR IMPLEMENTATION BOARD PLANNING MEETING (January 2023)** **Agenda** • Welcome, introductions and apologies (Cllr Khan) • Notes and actions from the last meeting (Cllr Khan) • BLACHIR programme organisation forward plan – co-production with communities (Ayola Beckford/ Cllr Khan) • Cultural competency – part 2 (Ayola Beckford/ Cllr Khan) • Community engagement partners – lived experiences and cultural competency (Community partners) • What has worked / examples of culturally competent practice - Strategic / organisation level (cultural intelligence) or Person interface level (cultural humility / cultural safety) (BLACHIRIB members) • Next steps and close (Cllr Khan)	Trust and Transparency (Cultural competency) 2	
Feb/Mar 2023	Co-production task & finish groups	**Group 1:** Focus on **cultural intelligence** (organisational/ strategic level) - Mar 2023 • **Session 1** – Introduction (in-person), 2nd Mar 2023, 4.30-6.30pm • **Session 2** – Co-production (online), 15th Mar 2023, 4.30-6.30pm • **Session 3** – Proposal & conclusion (online), 30th Mar 2023, 4.30-6.30pm **Group 2:** Focus on **cultural humility & safety** (interpersonal/ front-line practice level) - Feb 2023 • **Session 1** – Introduction (in-person), 23rd Feb 2023, 4.30-6.30pm • **Session 2** – Co-production (online), 9th Mar 2023, 4.30-6.30pm • **Session 3** – Proposal & conclusion (online), 23rd Mar 2023, 4.30-6.30pm Final proposal presented at **BLACHIRIB** on **11th April 2023, 12pm – 2pm.**	Trust and Transparency (Cultural competency)	
01/02/2023 11am – 1pm (CANCELLED)		**BLACHIR IMPLEMENTATION BOARD MEETING (February 2023)** **CANCELLED** **The project team and the board will work on co-ordinating the first set of task and finish groups, linked to cultural competency.**		

01/03/2023 11am – 1pm	BLACHIRIB	**BLACHIR IMPLEMENTATION BOARD PLANNING MEETING (March 2023)** **Agenda** • Welcome and introductions • Notes and actions from previous meeting ***Reports/ progress updates to BLACHIRIB*** • ICS BLACHIR Taskforce • Update from BCC ***BLACHIR Implementation: Better Data*** • BLACHIR Implementation: Better data • The importance of better data through lived experiences of the communities (contributions from community representatives) • The Black Thrive Project – presentation on 'Better data' and an example of good practice • Better data – task and finish group(s) identified ***Next steps*** • Next steps and close	Better data	
TBC – Mar/Apr 2023	Co-production task & finish groups		Better data	
11/04/2023 12pm - 2pm	BLACHIRIB	**BLACHIR IMPLEMENTATION BOARD PLANNING MEETING (April 2023)** **Agenda** • Welcome and introductions • Notes and actions from previous meeting ***Reports/ progress updates to BLACHIRIB*** • BCC Taskforce ***BLACHIR Implementation: Early Intervention*** • BLACHIR Implementation: Early Intervention • The importance of early intervention through lived experiences of the communities (contributions from community representatives) • Early intervention - Examples of good practice and work under way (contributions from partner organisations) • Early Intervention – task and finish groups identified ***Task and Finish Groups: Cultural Competency*** • Task and finish groups' proposed frameworks/ plans for delivery of culturally competent services ***Next steps*** • Next steps and close – date of next meeting and highlight the next steps e.g. presentation and notes shared etc.	Early Intervention (mitigating disadvantage and addressing inequalities affecting children and young people)	

TBC – Apr/May 2023	Co-production task & finish groups		Early Intervention (mitigating disadvantage and addressing inequalities affecting children and young people)	
10/05/2023 12pm - 2pm	BLACHIRIB	**BLACHIR IMPLEMENTATION BOARD PLANNING MEETING (May 2023)** **Agenda** • Welcome and introductions • Notes and actions from previous meeting ***Reports/ progress updates to BLACHIRIB*** • ICS BLACHIR Taskforce ***BLACHIR Implementation: Health Literacy*** • BLACHIR Implementation: Health literacy • The importance of health literacy through lived experiences of the communities (contributions from community representatives) • Health literacy – Examples of good practice and work under way (contributions from partner organisations) • Health literacy – task and finish groups identified ***Task and Finish Groups: Better Data*** • Better data - Task and finish groups' proposal for delivery of better data workstream ***Next steps*** • Next steps and close – date of next meeting and highlight the next steps e.g. presentation and notes shared etc.	Health Literacy	
TBC - May/Jun 2023	Co-production task & finish groups		Health Literacy	

14/06/2023 12pm – 2pm	BLACHIRIB	**BLACHIR IMPLEMENTATION BOARD PLANNING MEETING (June 2023)** **Agenda** • Welcome and introductions • Notes and actions from previous meeting ***Reports/ progress updates to BLACHIRIB*** • BCC Taskforce ***BLACHIR Implementation: Healthier Behaviours*** • BLACHIR Implementation: Healthier Behaviours – links to opportunities for action in the report • Healthier behaviours – 'what works' from the communities' perspective (contributions from community representatives) • Healthier Behaviours – Examples of good practice and work under way (contributions from partner organisations) • Healthier Behaviours – task and finish groups identified ***Task and Finish Groups: Early Intervention*** • Early Intervention - Task and finish groups' draft action plan to mitigate disadvantage and address inequalities affecting children and young people ***Next steps*** • Next steps and close – date of next meeting and highlight the next steps e.g. presentation and notes shared etc.	Healthier Behaviours	
TBC – Jun/Jul 2023	Co-production task & finish groups		Healthier Behaviours	
07/2023 (tbc)	BLACHIRIB	**BLACHIR IMPLEMENTATION BOARD PLANNING MEETING (July 2023)** **Agenda** • Welcome and introductions • Notes and actions from previous meeting ***Reports/ progress updates to BLACHIRIB*** • ICS BLACHIR Taskforce ***BLACHIR Implementation: Health Checks and Campaigns*** • BLACHIR Implementation: Health Checks and Campaigns • Health Checks and Campaigns – 'what works in improving access and uptake' from the communities' perspective (contributions from community representatives) • Health Checks and Campaigns – Examples of good practice and work under way (contributions from partner organisations)	Health Checks and Campaigns	

		• Health Checks and Campaigns – task and finish groups identified ***Task and Finish Groups: Health Literacy*** • Health Literacy - Task and finish group proposal of targeted programmes for Black African and Black Caribbean communities ***Next steps*** • Next steps and close – date of next meeting and highlight the next steps e.g. presentation and notes shared etc.		
TBC – Jul/Aug 2023	Co-production task & finish groups		Health Checks and Campaigns	
08/2023 (tbc)	BLACHIRIB	**BLACHIR IMPLEMENTATION BOARD PLANNING MEETING (August 2023)** **Agenda** • Welcome and introductions • Notes and actions from previous meeting ***Reports/ progress updates to BLACHIRIB*** • BCC Taskforce ***BLACHIR Implementation: Fairness, Inclusion and Respect*** • BLACHIR Implementation: Fairness, inclusion and respect • The way forward on addressing structural and institutional racism and discrimination from the perspective of lived experience (contributions from community representatives) • Fairness inclusion and respect – Examples of good practice and work under way (contributions from partner organisations) • Fairness, Inclusion & Respect task and finish group(s) identified ***Task and Finish Groups: Healthier Behaviours*** • Task and finish groups' proposed frameworks/ plans for delivery of culturally competent health improvement campaigns ***Next steps*** • Next steps and close – date of next meeting and highlight the next steps e.g. presentation and notes shared etc.	Fairness, Inclusion and Respect (tackling structural and institutional racism and discrimination)	
TBC – Aug/Sep/Oct 2023	Co-production task & finish / engagement groups	**Engagement group**	Fairness, Inclusion and Respect (tackling structural and	

			institutional racism and discrimination)	
09/2023 (tbc)	BLACHIRIB	**BLACHIR IMPLEMENTATION BOARD PLANNING MEETING (September 2023)** **Agenda** • Welcome and introductions • Notes and actions from previous meeting ***Reports/ progress updates to BLACHIRIB*** • ICS BLACHIR Taskforce ***Cultural Competency programme update*** • Cultural competency – Conclusion of work & learning from the task and finish groups • Cultural Competency – Implementation update from the Taskforce groups ***Task and Finish Groups: Health Checks & Campaigns*** • Health Checks and Campaigns – task and finish groups' proposal ***Next steps*** • Next steps and close – date of next meeting and highlight the next steps e.g. presentation and notes shared etc.	Trust and Transparency (Cultural competency) – implementation updates	
10/2023 (tbc)	BLACHIRIB	**BLACHIR IMPLEMENTATION BOARD PLANNING MEETING (October 2023)** **Agenda** • Welcome and introductions • Notes and actions from previous meeting ***Reports/ progress updates to BLACHIRIB*** • BCC Taskforce ***Better Data programme update*** • Better Data – Conclusion of work & learning from the task and finish groups • Better Data – Implementation update from the Taskforce groups ***Task and Finish Engagement Group: Fairness, Inclusion and Respect*** • Fairness, Inclusion and Respect – task and finish groups' proposal to tackle racism and discrimination across the system ***Next steps*** • Next steps and close – date of next meeting and highlight the next steps e.g. presentation and notes shared etc.	Better Data – implementation updates	
11/2023 (tbc)	BLACHIRIB	**BLACHIR IMPLEMENTATION BOARD PLANNING MEETING (November 2023)**	Early Intervention	

			Implementation updates	
12/2023 (tbc)	BLACHIRIB	**BLACHIR IMPLEMENTATION BOARD PLANNING MEETING (December 2023)**	Health Literacy Implementation updates	
01/2024 (tbc)	BLACHIRIB	**BLACHIR IMPLEMENTATION BOARD PLANNING MEETING (January 2024)**	Healthier Behaviours – implementation updates	
02/2024 (tbc)	BLACHIRIB	**BLACHIR IMPLEMENTATION BOARD PLANNING MEETING (February 2024)**	Health checks and campaigns Implementation updates	
03/2024 (tbc)	BLACHIRIB	**BLACHIR IMPLEMENTATION BOARD PLANNING MEETING (March 2024)**	Fairness, inclusion and respect	

Appendix V

BLACHIR IMPLEMENTATION - Co-production Framework

Aim

To use the findings underpinning the seven priority areas identified within the BLACHIR Report and:

- *Share relevant learning and experiences, and explore the ways in which to deliver on the calls for action and the opportunities for action linked to each of the seven themes,*
- *Co-develop a shared set of standards and components for any products identified within the review and a costed plan/ proposal that can be used/ adapted by all relevant system partners to implement/ embed those standards and products,*
- *Co-agree the final proposal to be presented to the BLACHIR Implementation Board.*

The seven cross-cutting thematic priority areas are:

1. *Trust and transparency (cultural competency)*
2. *Better data*
3. *Early Interventions*
4. *Health literacy*
5. *Healthier behaviours*
6. *Health checks and campaigns*
7. *Fairness, inclusion and respect.*

Definitions and Values

Co-production is a way of working that involves people who use services, carers and communities in equal partnership. Co-production acknowledges that people with 'lived experience' are best placed to advise on what will make a positive difference to their lives.

Co-production principles:

1. Be respectful
2. Every voice and experience matter
3. Encourage collaboration
4. Safe space – be open and honest

Process

Task and finish groups are a great opportunity for members with expertise, knowledge or lived experiences to share ideas and co-design a plan to implement and embed the recommendations and address the opportunities for action, highlighted within the BLACHIR report.

Members of task and finish groups will meet (in-person, if possible or online – format to be decided by the group at the first meeting) for a series of three meetings, to discuss a specific theme and findings from the BLACHIR report.

There will be a separate group or groups for each of the thematic priority areas.
Once introductions have been made, the scene and the ground rules set and initial thoughts shared, the aim of the second session is to work together and share ideas on how best to approach the implementation of the relevant calls and opportunities for action. During the third and final session, members of each group will work on refining their proposals, including identified resources and costs for each of them, ready to present their proposals to the BLACHIR Implementation Board.

	Activity	**Delivery**	**Outcome**
Meeting 1	Introduction Members formally meet and get to know each other.	In Person	• Introductions • Setting the scene and principles for working together • Clarifying the purpose and the outputs that are to be co-produced (ensuring that there is a shared understanding of the relevant calls and opportunities for action) • Sharing of knowledge, skills and (lived) experiences; identification of existing relevant assets
Meeting 2	**Co-production** Co-chairs will help to facilitate conversations between the group, exploring ideas supporting the (specific) theme and opportunities for action. The group will make recommendations for a proposed approach, taking into consideration the members knowledge and experience.	Online	• Re-cap from the last session, particularly around shared understanding and assets • Ideas for the approach/ agreeing the key components and standards – the proposal should start to emerge from the discussions • Re-cap on things identified and agreed so far to be included in the draft proposal (The initial draft proposal will be written up and shared with participants for further reflection after this session)
Meeting 3	**Proposal & Conclusion** Members of the group will finalise the costed proposal in preparation to present at the BLACHIR Implementation Board.	Online	• Discussion and refinement of the initial draft proposal • Identification of required resources and costs • Agree the refinements/ final proposal (The final proposal document (with costings) will be written up and shared with participants for their sign off)

Supporting Documents and Links

Appendix 1

About BLACHIR

A partnership between the Lewisham Council and Birmingham City Council has been announced as work begins on a ground-breaking review to gather insights on health inequalities within Black African and Caribbean communities in Birmingham and Lewisham.
Download the report: BLACHIR report | Birmingham and Lewisham African and Caribbean Health Inequalities Review (BLACHIR) | Birmingham City Council
More information: About BLACHIR | Birmingham and Lewisham African and Caribbean Health Inequalities Review (BLACHIR) | Birmingham City Council

Appendix 2

Coproduction

- What is Co-Production - https://youtu.be/NxNSYDo7p6Y
- How to involve and co-produce with patients and communities – How to involve and co-produce with patients and communities | The King's Fund (kingsfund.org.uk)
- The Challenge of Co-production - The Challenge of Co-Production | Nesta

Appendix 3

BLACHIR OfA mapping
A document highlighting the opportunities for action linked to the thematic task and finish groups.

Appendix 4

BLACHIR Forward Plan
An overview and plan for the BLACHIR Implementation Board, including the approach to co-production and exploration of key themes within the BLACHIR report.

Appendix V

BLACHIR IMPLEMENTATION - Co-production Framework
A document explaining the co-production framework used for the BLACHIR task and finish groups.

	Agenda Item: 17
Report to:	**Birmingham Health & Wellbeing Board**
Date:	**28th March 2023**
TITLE:	**DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2022/23**
Organisation	**Birmingham City Council**
Presenting Officer	**Dr Justin Varney, Director of Public Health**

Report Type:	**Information**

1. Purpose:
1.1. The purpose of the report is to inform the Health and Wellbeing Board about the Director of Public Health (DPH) Annual Report 2022/23.

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

3. Recommendation
3.1. To note the findings of the Director of Public Health Annual Report 2022/23.
3.2. To agree to support the recommendations of the report.

4. Report Body

Background

4.1. The Director of Public Health (DPH) has a statutory duty to write an independent, evidence-based annual report detailing the health and wellbeing of our local population. The DPH report is an opportunity to provide advice and recommendations on population health to both professionals and the public. The report includes a selected, specific issue that the DPH wishes to discuss within the report.

4.2. The content and structure of the report are decided locally based on current evidence-based health priorities. Previous year's reports in Birmingham have focused on various topics, including adults with multiple complex needs (2019/20) and the impact of the coronavirus (COVID-19) pandemic (2020/21), and the built environment's relationship with health (2021/22)

4.3. The Director of Public Health Annual Report 2022/23 has explored the role that digital technology plays in the health and wellbeing of Birmingham's citizens.

4.4. The COVID-19 pandemic brought forth a rapid acceleration in the use of digital technology in clinical and non-clinical settings. The full effects of this transition are not yet apparent. However, there remains a section of the population who are digitally excluded. These individuals usually fall into groups that are in greater need of health and social care. They risk a disproportionate impact on their health and wellbeing as a result of their exclusion and the increasing digitalisation of services and society.

4.5. The report has looked at four particular aspects of this topic:

- Digitalisation, Health and Social Care
- Social Media and Health
- Data and Digitalisation
- Digital Exclusion

4.6. The report has used primary and secondary research to develop its findings and propose a set of recommendations for the health and social care system in Birmingham.

4.7. The recommendations from the report will be used alongside related strategies and the Joint Strategic Needs Assessment (JSNA) to inform local policymaking and influence decisions made around digital technology and health.

5. Compliance Issues
5.1. **HWBB Forum Responsibility and Board Update**
N/A
5.2. **Management Responsibility**
Rebecca Howell-Jones, Assistant Director (Knowledge, Evidence and Governance) Aidan Hall, Service Lead (Governance)

6. Risk Analysis			
Identified Risk	**Likelihood**	**Impact**	**Actions to Manage Risk**
Partners do not support the report's recommendations.	Low	Medium	Ensure the report is disseminated widely and that recommendations are embedded in future action plans and strategies.

Appendices
Appendix 1 – Director of Public Health Annual Report 2022/23 (The role of digital technology in the health of Birmingham's citizens)
Appendix 2 – DPH Annual Report 2022/23 Methodology
Appendix 3 – DPH Annual Report 2022/23 Lessons Learned
Appendix 4 – Focus Group Summary
Appendix 5 – Focus Group Questions
Appendix 6 – Ethnographic Case Studies

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

Governance Team, Public Health

Assistant Director (KEG), Public Health

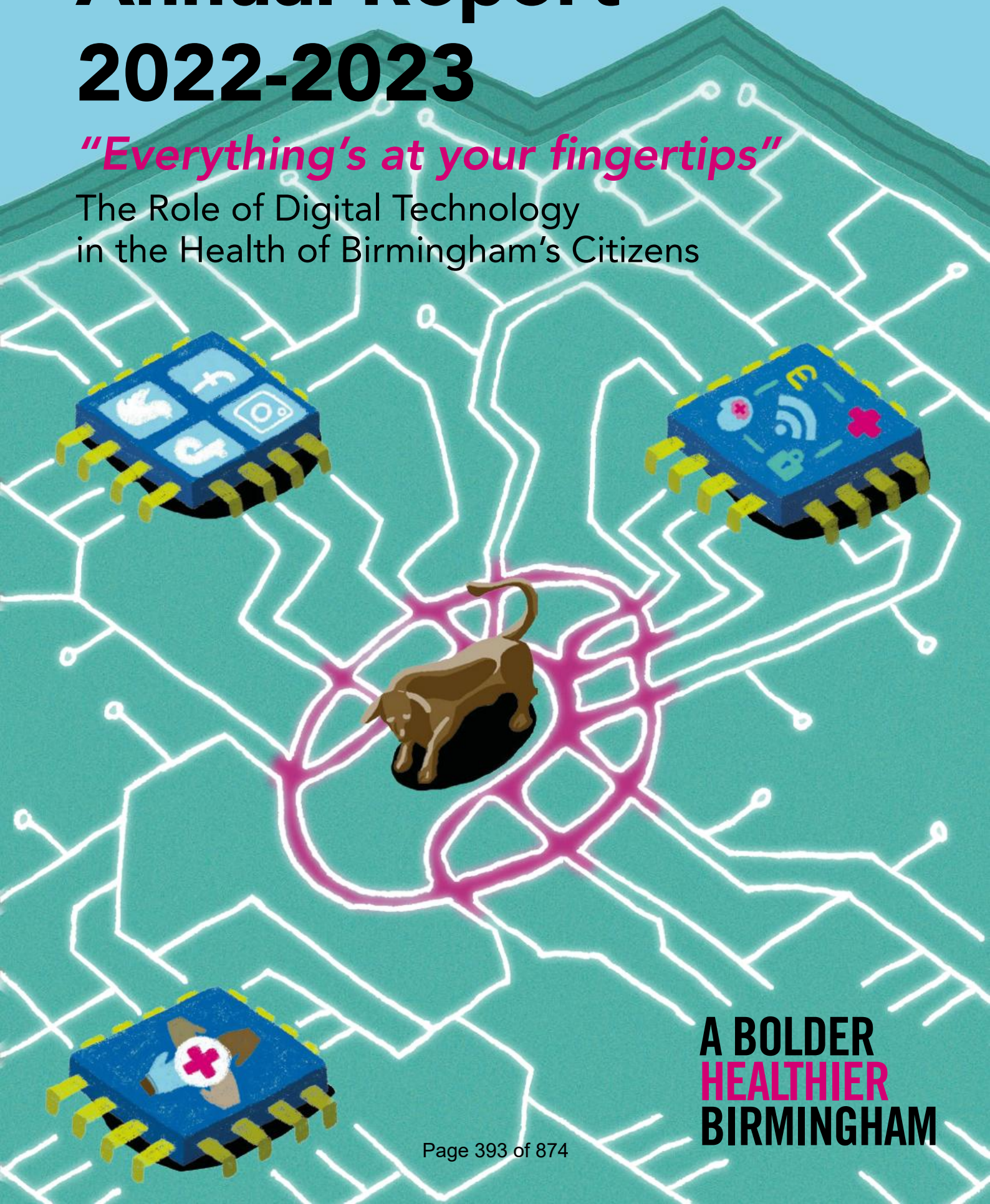
Director of Public Health

Birmingham City Council

Annual Report 2022-2023

"Everything's at your fingertips"

The Role of Digital Technology in the Health of Birmingham's Citizens



A BOLDER HEALTHIER BIRMINGHAM

Contents

About the illustrations

In January 2023, the Birmingham Public Health Division ran a design competition with students from the School of Visual Communication at Birmingham City University. Winning illustrations were chosen for the front cover and chapter covers for the report. Each illustration is original and inspired by the students' interpretation of the report.

Front cover illustration *by Stephanie Shaw from Birmingham City University*

Forewords

Director of Public Health

Digital has moved in my lifetime from a new innovation with clunky buzz of dial up internet and basic pixelated gaming to a normality where the information is almost accessible as quickly as electricity to turn on a light and animations can substitute for real people in movies, this world has changed faster than at almost any other point in history and it continues to evolve.

This evolution offers us huge potential. At a population level the ability to access and analyse large volumes of information has already started to change the way we practice medicine and provide more personalised treatment decisions. At a personal level the introduction of apps and telehealth provides motivation for behaviour change as well as monitoring and diagnostics in the palm of the hand. There is huge potential for benefits for the health and wellbeing of the city.

Children born today will be inherent digital natives who grow up able to access information immediately in ways that work for them, they will be globally aware with friendships and connections across the world as well as across the street and the equipment around them will be silently interacting to make their lives healthier and easier. As they grow, we will need to be mindful of equipping them to navigate this digital space positively and reap the rewards while avoiding the dangers. This vision of the future is not without risk, and we have seen the damage that current algorithms in social media can do to young people, the tragic case of Molly Russell highlighted in the report demonstrates the need to be conscious of these risks. We have also seen the risks around digital creating more opportunities for risk behaviours like gambling addiction which we are only just starting to understand in adults, and the growth of digital scams and fraud, so this conscious awareness of risk is a lifetime challenge.

There also remain significant inequalities driven by digital exclusion and data poverty. As we have moved rapidly to 'online first' which risks excluding those who aren't comfortable using the internet or apps, don't have devices or can't afford data. The Birmingham City Council Digital Inclusion Strategy, and the collaborating NHS Integrated Care System strategy, is doing brilliant work with partners in this space, mobilising to both address access to equipment and data, increasing high speed broadband coverage and supporting and growing confidence and skills among residents, but we need to be broader in our approach to the opportunities in this space.

The digital world offers huge potential benefits for health and wellbeing at an individual, organisation and city-wide level but we cannot ignore the risks and challenges in making this real for everyone. I hope as you read this report and its recommendations you will take up the challenge to help us make the most of the benefits of this rapidly evolving digital world safely and responsibly, so we reduce inequalities and give all of our citizens the opportunities to lead happier, healthier lives.

Dr Justin Varney
Director of Public Health

Birmingham City Council

Cabinet Member for Health and Social Care

I am pleased to receive this year's annual report from the Director of Public Health, which focuses on the role digital technology plays in the health and wellbeing of Birmingham's citizens and communities.

Digital technology undoubtedly presents a significant opportunity to positively transform the delivery of health and care services. However, accelerating the transformation of health and care through digital approaches simultaneously carries the potential risk of widening the health inequality gaps that exist within our communities. With so many of the things that people rely on to survive and thrive now taking place online, those of us who are not online are becoming increasingly disadvantaged and disconnected.

Social media is now a part of most people's lives and is transforming how we communicate with each other. It has the potential to be positive for our health but continues to be associated with an impact on emotional wellbeing and mental and physical health.

There is no doubt that digital is here to stay. The pandemic has demonstrated how rapidly services can move to digital channels to ensure the continuation of supporting health and wellbeing in Birmingham. But if we are to truly unlock the power of digital for all our communities, then we must always be watchful of the potential risk that the digital divide brings.

Digital technology and its impact on health is an essential social issue of our time. It is time for all of us to come together, realise the potential of the digital world, and most importantly ensure no one is left behind.

Councillor Mariam Khan
Cabinet Member for Health and Social Care

Birmingham City Council

Executive Summary

Purpose and Methodology

The purpose of this report is to highlight the potential and tangible impacts that digital technology has on the health and wellbeing of Birmingham's residents and on inequalities. COVID-19 pandemic brought forth a rapid acceleration in the use of digital technology in clinical and non-clinical settings. The full effects of this transition are not yet apparent. However, there remains a section of the population who are digitally excluded. These individuals usually fall into groups that are in greater need of health and social care. They risk a disproportionate impact on their health and wellbeing as a result of their exclusion and the increasing digitalisation of services and society.

The report provides an overview of key terms, approaches and evidence. It presents primary research (a light touch ethnographic study on digital exclusion and focus groups on attitudes towards digital technology and health) alongside published evidence and case studies of approaches already implemented in Birmingham. The findings have been compiled, input sought from a range of stakeholders and recommendations made.

Key Findings

1. Digitalisation, Health and Social Care

Digitalisation of health and social care is well under way with the NHS Long Term Plan[1] prioritising digital technology, including patient access to their own records and management of care, as well as joining up of patient records for professionals across the health system. The COVID-19 pandemic accelerated the use of digital technology, including in General Practice. Although a degree of anxiety has been reported before using online consultations, older patients have reported their satisfaction with online appointments, with reduced waiting times and savings on transport costs.[2]

In terms of supporting individual health and wellbeing, our research highlighted that participants often think of using digital technology in the context of apps rather than websites. Whilst apps can be useful, a 2019 review of health and wellbeing apps concluded that the majority are effective at achieving only low-to-moderate levels of behaviour change.[3] Improvement in app design (with understanding of behaviour change theory) and widescale adoption have potential benefit but cannot deliver change in isolation.

2. Social media and Health

Social media has transformed how we communicate and is now a part of most people's lives, especially younger people.[4] It has become invaluable for public health. Information can spread quickly to diverse groups of people and interactive, two-way dialogue held between citizens, organisations and authorities. It can also be a means of gaining social peer support. Spreading health misinformation through social media has however become a major public health concern.[5] Our focus group participants thought it was becoming more difficult to judge if health and wellbeing information was incorrect or misleading.[6] A local example to counter misinformation was the establishment of a COVID-19 Community Champions Network consisting of trusted volunteers who shared accurate information with their communities and the use of consistent, prominent branding ('HealthyBrum').

In contrast however is the negative impact on emotional wellbeing and mental and physical health that can be associated with aspects of social media including increase time online or in front of digital screens and destructive algorithms, leading to sedentary behaviours, being overloaded with information and promotion of harmful material.

3. Data and Digitalisation

There is enormous potential for digital technology and data to improve population health and reduce health inequalities. Through improved quality, quantity and linkage of data, together with analysis, insights and working with communities, we can improve outcomes. The potential comes from understanding factors that influence health, targeting populations and individuals and improving services.

To maximise the potential of digital technology and data, there is a need to build public awareness and literacy of how data is used to improve an individual's health and the health of the wider population.[7] Data are already being used, but citizens can be concerned with the use of their data and privacy.[8] This was highlighted by our research, where participants consistently reiterated concerns about the sharing and security of personal data, particularly health-related data.[9]

4. Digital exclusion

Digital exclusion is the lack of digital skills, connectivity, or accessibility that prevents an individual from using digital technology or accessing the Internet.[10] In Birmingham (2020), an estimated 8.6% of people (~75,000 people) have never used the internet or have not used it in the previous three months. Population groups more at risk of digital exclusion include older people, people in lower income groups, people without a job, people with a disability and people with no/fewer educational qualifications.[2]

There is a real risk that, without mitigation, some aspects of digitalisation could widen health inequalities. This comes both from the risk of individuals not having access to the information and services they need, and thereby exacerbating the inverse care law, but also from the increased use of data to inform and develop services where groups contributing less data will be less visible. Analyses and understanding needs to always consider who is not included in the data and include insights from the community to gain a full picture.

The three primary findings from the research we undertook with digitally excluded people were:

1. Participants did not see themselves as digitally excluded although they did recognise gaps in their knowledge and confidence with digital technology (referring to themselves as old-school or traditional) and they relied on help from their support network to become digitally engaged.
2. Most felt able to go through their daily lives without using digital technology and had a preference for and routine of going to local amenities to meet their needs. Difficulties and challenges arose more for those who needed technology and saw it increasing in their job
3. Digital technology used for health and wellbeing purposes was particularly low e.g. very low uptake of main NHS app and the COVID-19 app, preference for visits to pharmacy for information.

Barriers to accessing digital services can be considered in the context of:

1. Lack of awareness of the service for those who do not get their health information from online sources;
2. The service cannot be accessed if only available through a digital platform (i.e. is restricted for those who do not have the means or confidence to access it);
3. Target users chose not to engage with the service; for example, due to lack of trust or concern over information.

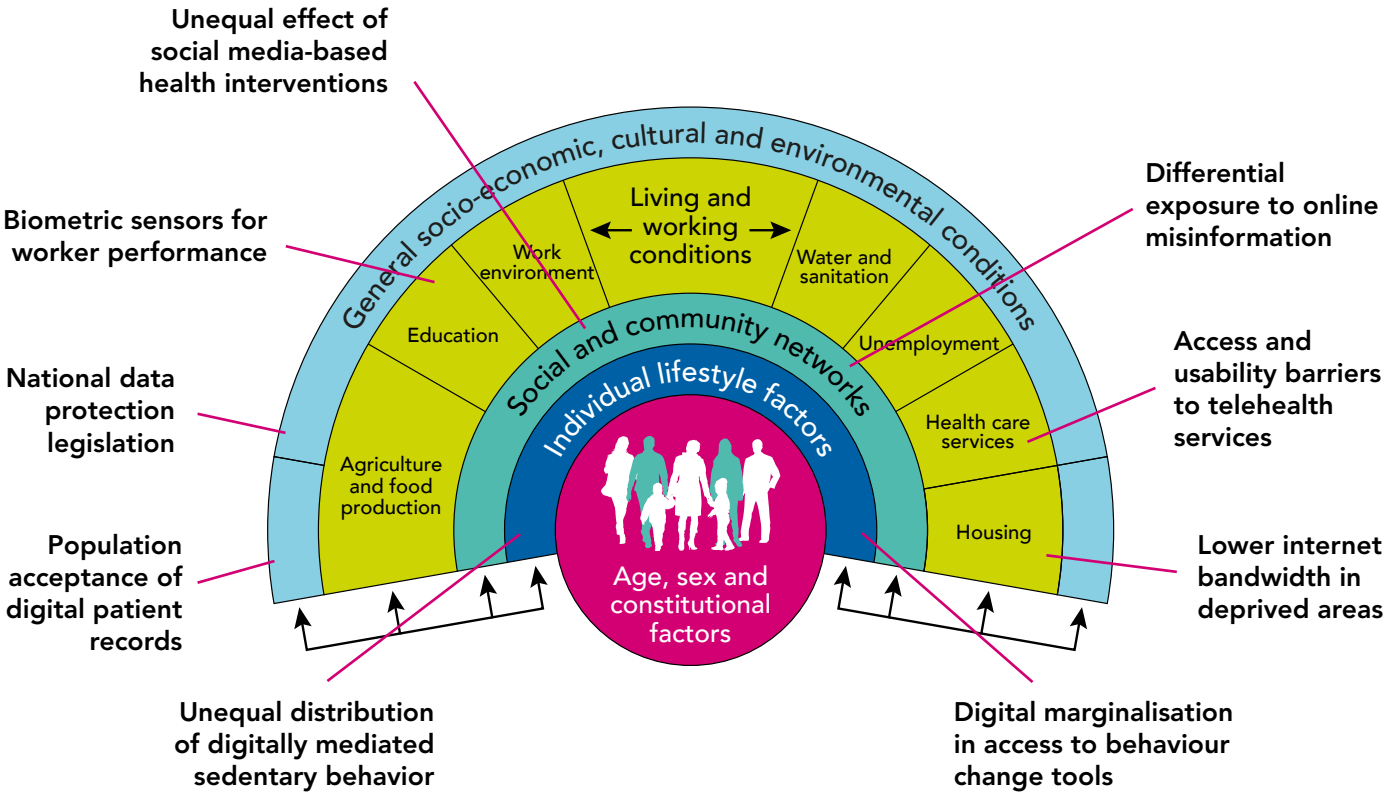
Findings from our research with people who are digitally excluded suggest digital exclusion can be reduced with:

1. Hybrid approaches that balance in-person services with a digital option. Participants expressed a clear appetite for being explicitly taught how to use digital services.[11]
2. Digital health literacy for the public to enable individuals to find, understand and use health information from trusted digital sources to make decisions.
3. Personal support networks to enable some level of digital engagement through trusted family and friends.

Conclusion

Given that digitalisation impacts all aspects of life, Jahnel et al.[12] proposed the visualisation of digital exclusion using Dahlgren and Whitehead[13] wider determinants of health model. This model helps articulate how digital exclusion has differential impact of individual, social and community and socioeconomic cultural and environmental factors influencing health.

The rainbow model with examples for digital entry points of health inequality



In summary, it is clear that digital technology can help to enable healthier and happier lives. It can provide a positive impact by empowering individuals with their care and wellbeing while helping to reduce the burden on healthcare systems. However, using it is not without risk as it can create harm, both because of the way it works and whom it may exclude.

Recommendations

Digitalisation, Health and Social Care

- Health and care systems should develop a set of principles which mitigate digital exclusion
- Health and care staff need to be skilled at engaging digitally hesitant citizens
- Trusted behaviour change apps should be integrated into current health interventions

Social Media and Health

- Healthy and safe use of social media should be promoted across the population
- Health interventions must be developed and delivered based on understanding the target populations, with face-to-face options considered for some groups.

Data and Digitalisation

- Existing practices in population health management should be expanded to improve data quality and link data to reduce health inequalities.
- The benefits of shared health records should be communicated clearly for Birmingham's population.

Digital Exclusion

- Barriers to equitable access to digital technology need to be reduced, with initial step of mapping Birmingham's digital assets to identify barriers to equitable digital access.
- Health, social care and voluntary/community staff require the skills to engage and signpost citizens to digital assets.
- Targeted health promoting campaigns should be developed to combat online health misinformation.

Introduction

Purpose

Directors of Public Health (DPH) in England have a statutory duty to produce an annual report on the health of their local community. This report provides insights and recommendations to professionals and the public. Birmingham's DPH Annual Report 2022/23 focuses on the role digital technology plays in improving the health of the population in Birmingham. Specifically, it asks:

1. **How can digital technology improve health?**
2. **How does social media positively and negatively impact health?**
3. **How can digital technology and data assist in reducing health inequalities?**
4. **What is the impact of digital exclusion, and how can it be mitigated?**

This report provides an overview of key terms, approaches and evidence. It illustrates the range of digital approaches with examples already being implemented in Birmingham. It presents the experience and insights of a sample of citizens. It does not provide a systematic scientific review of the evidence on digital technology in health, nor does it provide a comprehensive list of examples. The report rather shows the impact of digital technology on the determinants of health. It concludes by introducing a new conceptualisation of public health, the 'digital rainbow', based on Dahlgren and Whitehead's original model.[12] This integrates digital technology across all determinants and identifies factors which risk increasing inequality. These factors resonate with those we identify in Birmingham. The 'digital rainbow' provides a sound theoretical basis to structure our recommendations and assess the efficacy of digitalisation now and in the future.

Digital Technology

In recent years, we have experienced the digitalisation of our everyday lives through increased technological innovation. Digital technology and internet connectivity have transformed how we interact with each other and the world around us, helping connect people, improving access to information, and driving economic and social growth.[14]

Digital technology includes digital devices, like computers and smartphones, and the features that these devices can access, like the Internet or applications.[10]

Digital technology can include[15]:

Digital technology	Definition
Artificial intelligence (AI)	Artificial intelligence is the simulation of human intelligence processes by machines, especially computer systems.
Mobile computing or smartphone technology	The field of wireless communication and carry-around computers, such as tablets or smartphones.
Personal and wearable devices	These devices include smartwatches, fitness trackers, implants, or patches with the ability to connect to other devices. Generally, they are in direct contact with the wearer for long durations and generate large quantities of data on specific biometrics or behaviours.
Internet of things	The use of everyday objects as connected devices that provide an additional function through digital technology, e.g., smart home technology, such as smart thermostats or other connected devices.

Local Context

Digital technology contributes to health, impacting physical, mental, and social health.[16] The converse is also true: our health, demographic characteristics and the wider determinants of our health contribute to digital technology use across the city.

Demographics

Between 2011 to 2021, there has been[17]:

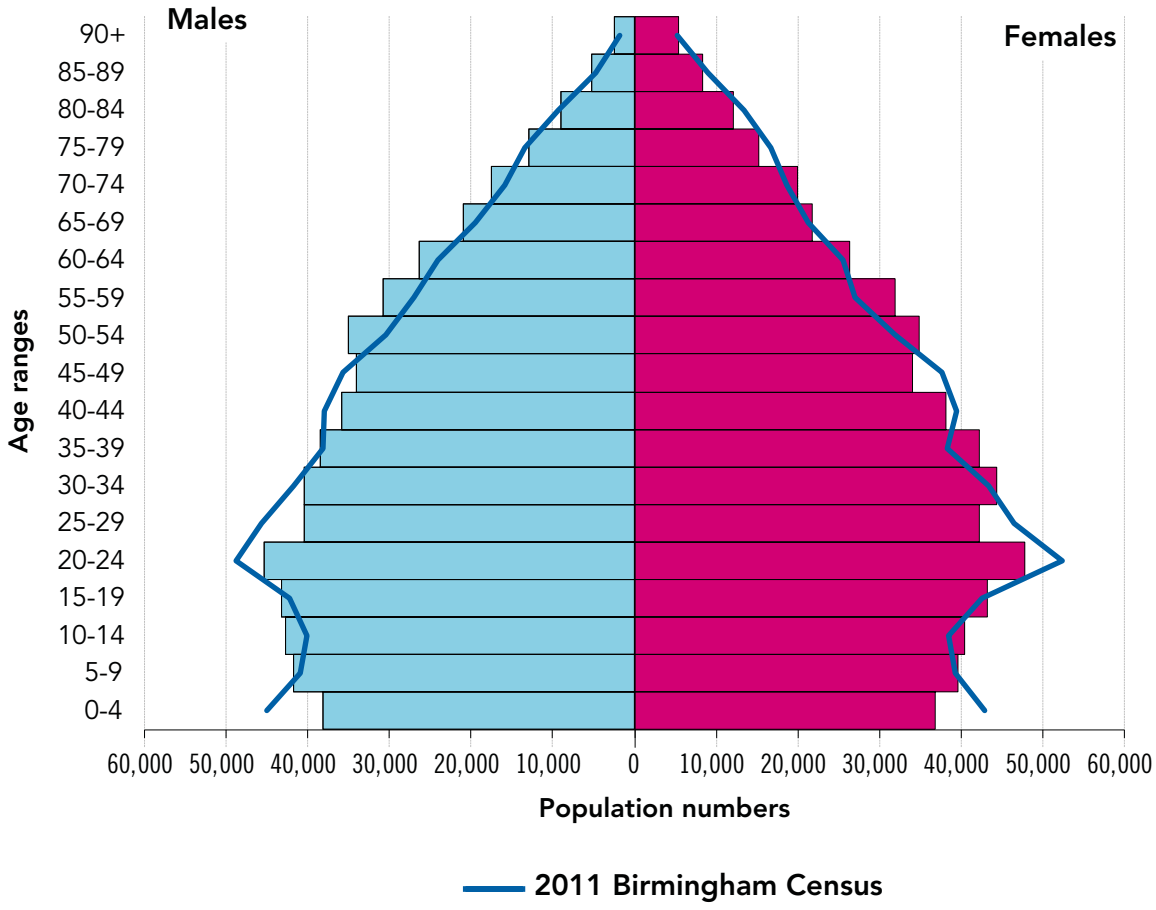
An increase of **8.9%** in people aged 65 years and over

An increase of **4.1%** in people aged under 15 years

An increase of **7.1%** in people aged 15 to 64 years

Approximately **51%** of the city's population is ethnically diverse, making it one of the most vibrant and multicultural cities in the UK[17]

Figure 1. 2011 v 2021 census population: Birmingham age structure compared with England[16]



Health Outcomes

Healthy life expectancy from birth (male) in 2018-2022 in Birmingham is

59.2 years

compared to England's average of 63.1 years.[18]

Inequality in life expectancy from birth (male) in 2018-2020 in Birmingham is

9.5 years

compared to England's average of 9.7 years.[18]

Healthy life expectancy from birth (female) in 2018-2022 in Birmingham is

60.2 years

compared to England's average of 63.9 years[18]

Inequality in life expectancy from birth (female) in 2018-2020 in Birmingham is

6.2 years

compared to England's average of 7.9 years[18]

Wider Determinants of Health

38.1

Birmingham is one of the most deprived local authorities in England. Birmingham's DEPRIVATION SCORE (IMD 2019) is 38.1 compared to England's average of 21.7.[18]

8.5%

The percentage of 16-17-YEAR-OLDS NOT IN education, employment or training (NEET) in Birmingham is 8.5% (2021). England is 5.5%.[18]

34%

The percentage of OLDER PEOPLE (+65 years old) LIVING ALONE in Birmingham is 34.4% (2022). England is 31.4%.[18]

25.8%

The percentage of OLDER PEOPLE (+65 years old) LIVING IN POVERTY in Birmingham are 25.8% (2019). England is 14.2%.[18]

36.6%

The percentage of CHILDREN IN RELATIVELY LOW-INCOME FAMILIES (under 16s) in 2020-2021 in Birmingham is 35.6% compared to England's average of 18.5%.[18]

Only **50%** of residents in Birmingham EAT FIVE FRUIT AND VEG A DAY.[19]

65.7% is the percentage of PEOPLE IN EMPLOYMENT in Birmingham compared to England's average of 75.1%.[18]

Digital Infrastructure and Access in Birmingham

Birmingham has seen a rapid increase in digital access, which may reflect recent investments in the city's digital infrastructure. The percentage of people with digital access (whether a person has accessed the internet in the previous three months) increased from 88.6% (2018) to 91.4% (2019). However, it remained the same the following year at 91.4% (2020).[20] This means that as of 2020 in Birmingham, an estimated 8.6% of people have never used the internet or have not used it in the previous three months. Given Birmingham's population size and demographics, this proportion means there may be approximately 75,000 people who have either never used the internet or not used it in the past three months.

The West Midlands 5G Infrastructure Acceleration Programme analysed the 5G (5th generation mobile network) coverage across the UK's Combined Authority.[21] In 2020, the West Midlands (7.34%) had the highest percentage of 5G coverage of the UK Combined Authorities. At 11.2%, Birmingham ranked the highest for 5G coverage among the core cities in 2020.[22]

Figure 3. 5g coverage of uk combined authorities (%)[22]

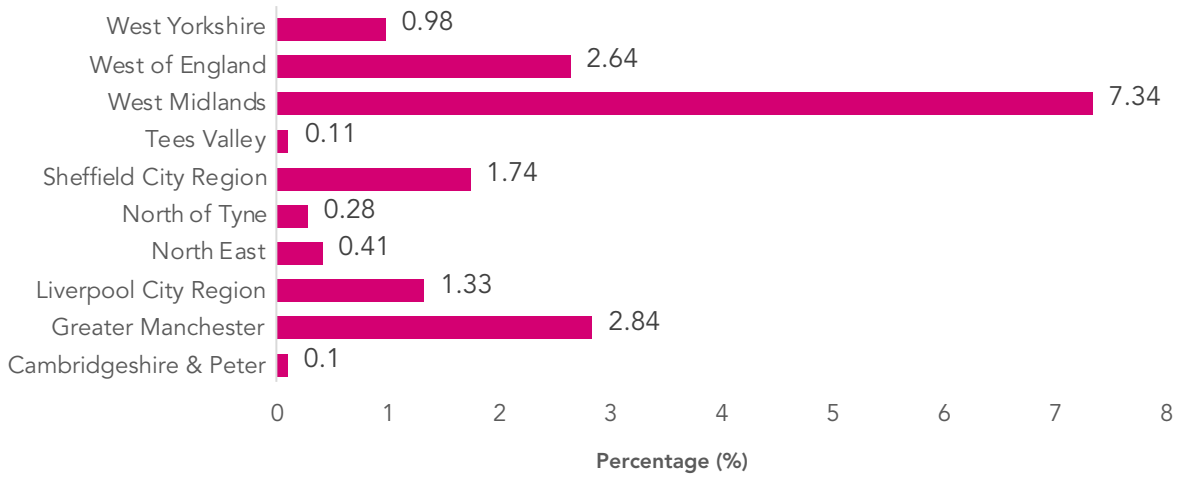
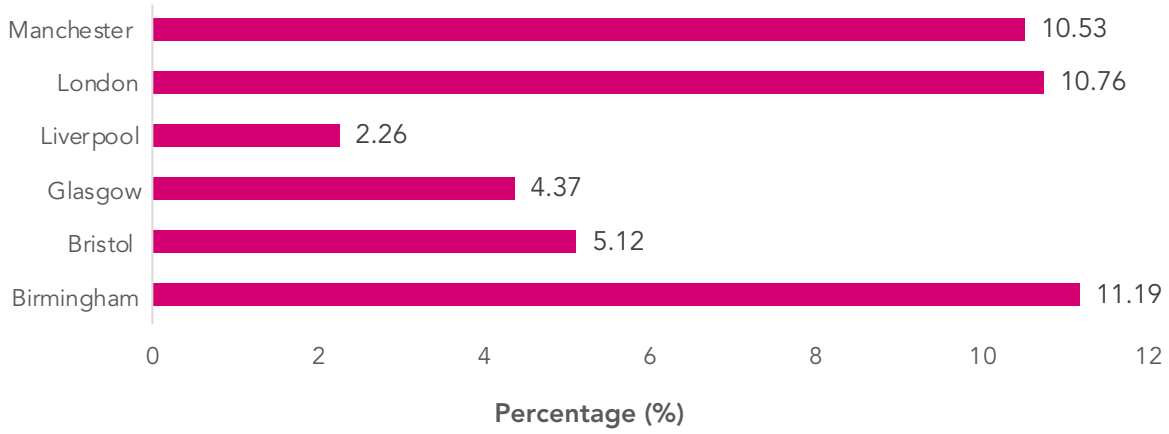


Figure 4. Geographical 5g uk coverage of core cities(%) in 2020[22]



In 2019, 8.6% OF PEOPLE in Birmingham HAD NOT BEEN ONLINE for three months, compared to 11.2% in 2018. While there is an improvement, there are still high levels of exclusion.[23]

In Birmingham, there have been increased activities delivered by local organisations. THE NEIGHBOURHOOD NETWORK SCHEME (NNS) supports digital inclusion activities, such as; setting up computer loan schemes, recycling devices, digital champions programmes and digital skills courses.[20]

In the UK, 23.3% OF ADULT INTERNET NON-USERS were DISABLED compared to 6.0% of those without a disability (2019).[24]

Local Strategies

Birmingham City Council Digital Inclusion Strategy

In November 2021, Birmingham City Council published their Digital Inclusion Strategy and Action Plan, 'Connecting our communities – Enabling a Digital Birmingham'. The strategy aims to increase digital inclusion within Birmingham's population to address issues that digital poverty can exacerbate within deprived communities. It states that "(it) is the Council's first step in developing a comprehensive and holistic approach to address the digital divide ".[24]

The strategy identifies several challenges the Council and local partners face in addressing digital exclusion.

LACK OF COORDINATION and STRATEGIC PLANNING

LACK OF ACCESS to digital devices and AFFORDABLE CONNECTIVITY

PROVISION OF EQUIPMENT

DEPENDENCY on grant funding

Addressing DIGITAL SKILLS

ALIGNING AND DEVELOPING complementary provision

The strategy also notes that the recovery from social and economic damage of the COVID-19 pandemic is fundamentally tied to increasing digital inclusion. Therefore, there are clear benefits to be realised in ensuring the city's population is digitally included. A rise in the number of residents working and studying from home will require reliable infrastructure and adaptations. Equally, as discussed in this report, there are greater employment opportunities open to individuals with digital confidence and skills. The strategy states that "every £1 invested into digital inclusion delivers a £15 rate of return over ten years".[24]

Birmingham City Council Digital Strategy 2022 – 2025

In January 2022, Birmingham City Council published their 'Digital Strategy 2022-2025'. This strategy defines the council's approach to digital working for the next 3 years. It defines digital as "a way of working, a way of thinking and a way of doing. It is about people as much as it is about how we manage and implement technology".[25]

The strategy has 5 priorities that have been shaped through engagement with citizens, council employees, and businesses:

A. **Creating online services that are easy to use**

B. **Improving our data and evidence-based decision making**

C. **Giving our Council teams the right digital tools to do their jobs**

D. **Building the Council's digital and data skills**

E. **Building the best technology to support Council services**

The strategy acknowledges that unreliable, unresponsive, and under-informed council services are not tolerated by citizens and businesses, especially when these relate to critical services. Working from this point, the strategy envisages the "digital building blocks"[25] to enable the desired end state. This goal is defined as wanting "technology to be an enabler rather than a barrier to service improvements, and services to be a delight for citizens".[25]

Birmingham and Solihull Integrated Care System: Digital, Data, and Technology Strategy

The Birmingham and Solihull Integrated Care System (ICS) recently published their strategy which detailed their approach to digital, data, and technology over the next 4 years. The purpose of this strategy is to set out how the ICS will reduce care inequalities, adopt a 'digital by default' approach, and facilitate co-operation across the ICS.

Their approach has included 4 stages of development for the strategy:

1. **Understanding national frameworks and the demographics of Birmingham and Solihull.**

2. **Assessing the current state of digital maturity in the ICS.**

3. **Creating a model for the intended future state of the ICS, including the ideal experience of the population.**

4. **Developing actions and recommendations to reach the future state of the ICS. This has included broad cost estimates for specific areas of the strategy.**

The strategy identifies plenty of opportunities for partnership working on the areas of digital inclusion and exclusion. As part of its priority to empower citizens, it states an initiative as "collaborate with local authorities who have produced valuable insights about combatting digital exclusion". It also acknowledges that an expected outcome of this priority will be a bespoke ICS Digital Inclusion Strategy to complement those published by local authorities.

Digitalisation, Health and Social Care

Illustration by Matthew Gleeson from Birmingham City University

Digitalisation, Health and Social Care

Digitalisation, the process by which we use digital technology for our systems and activities, interacts with health across multiple areas. Firstly, there is its use in healthcare settings for the treatment and care of patients. More broadly, there is the use of digital technology by individuals to monitor and improve their own health. Finally, there is its application to improve the public's health in general.

Digital Technology, Health and Social Care

There has been an unprecedented shift towards the greater use of digital technology in health and social care. This has been driven by policy, demand, and the COVID-19 pandemic.

The NHS Long Term Plan[1] prioritises digital technology to give patients more control over their health and care. There is a commitment for the NHS App to act as the new digital 'front door', giving people secure access to their own medical records. It aims to ensure patients can find trusted information about their health, book appointments, and even view their test results online. In the future, it will provide medical advice and consultations securely. In addition to patient access and experience, the prioritisation of digital technology will support health and care staff to complete simple administrative tasks more quickly. This will allow more time to be spent with patients. NHS IT systems will also ensure that staff can quickly and easily access joined-up patient records.

The COVID-19 pandemic has accelerated the use of digital technology across health, including in General Practice (GP). Millions of GP appointments in England are now delivered through telephone and video calls. With record high patient demand, digital tools can help general practices manage this pressure, enabling them to triage patients and prioritise face-to-face consultations. Text messages provide information to service users. Back-office functions can now be shared across much larger geographies supported by cloud-based software and virtual meetings.[14] Despite this, most virtual appointments take place over the phone, and many people still attend appointments in person.[26]

760,532

NHS Birmingham and Solihull Integrated Care Board total appointments in General Practice for October 2022 is 760,532[27]

48,477

October 2022, Birmingham and Solihull (BSol) primary care had a total of:[28]

- Online consultation/triage definition: This is if a patient completes a form on a digital channel (e.g. a NHS Website or NHS App

Total online consultation/triage: 48,477.

583

October 2022, Birmingham and Solihull (BSol) primary care had a total of 538 video call consultations. Video call consultations definition: consultation with the patient when done via video.

Initial concerns about the shift from face-to-face to virtual consultations, particularly for older people, were not founded. Older patients have reported their satisfaction with online appointments, with a reduction in waiting times and the savings they make on transport costs.[2] However, there is a degree of anxiety before using online consultation.[2] With the transformation of digital technology, clinicians have had to adapt and learn new skills on the job.

Digital technology is transforming the way social care is delivered. A process accelerated by the COVID-19 pandemic and increasing demand, it is used in adult social care to maintain independence and improve outcomes. Digital technology can support people's care through remote monitoring (caring for patients by monitoring them in their homes or care homes).[29] It has huge potential to predict risks and prevent incidents from occurring. This technology can ensure an effective response when avoidable events occur, such as a fall.[30] More than 1.7 million people in England are already using assistive technologies. [31]

Digital technology can support teams and practitioners, giving them the right information at their fingertips. Digital social care records can improve transfers of care and allow staff to have the most up-to-date information as soon as they need it. Providers are preparing to link to the shared care record when it is available. Fundamentally, it will improve the quality of care and create time for more meaningful interactions. To maximise the potential of digital technology in social care, skills need to be developed in the workforce as well as the infrastructure of care settings.14 The digital switchover (retirement of analogue phone lines) will take place by 2025 and has implications for the delivery of telecare. The switch emphasises the need to test equipment, inform residents and procure compatible devices for delivering care. [32]

Birmingham's Adult Social Care team is co-producing a transformed Technology-Enabled Care (TEC) service. The aim is for technology to be used daily as part of care and support, and data-led practice will be instinctive and embedded. The transformation of TEC will include digitising social care records and interventions such as Brain in Hand (case study).

Table 1: The benefits of digital inclusion for individuals and the health and care system [2]

Benefits to individuals
• Physical and mental wellbeing • Prevention of illness • Self-care • Shared care and shared decision-making • Long-term condition management • Appropriate use of urgent and emergency care
Benefits of the health and care system
• Lower cost of delivering services digitally • More appropriate use of services, including primary care and urgent care • Better patient adherence to medicines and treatments

Digital Technology and Individual Health

Millions of individuals already use digital technology to improve their health and wellbeing.[33] This may take a variety of forms, such as applications (apps), websites, chat services and video calls. Websites can offer expert advice, tips and personalised actions to promote health, such as Every Mind Matters (NHS), which helps people look after their mental health. The NHS website is a resource to provide information and education, with content written by healthcare professionals with patients. There are many IT systems gathering data on services and from surveys. Examples include NHS Digital, OHID Fingertips dashboards, and the NHS Foundry platform. These are used by commissioners, data analysts, and clinicians to analyse and interpret data to improve health at an individual and a population level. These platforms exist to provide access to health information in different ways and to different audiences.[10]

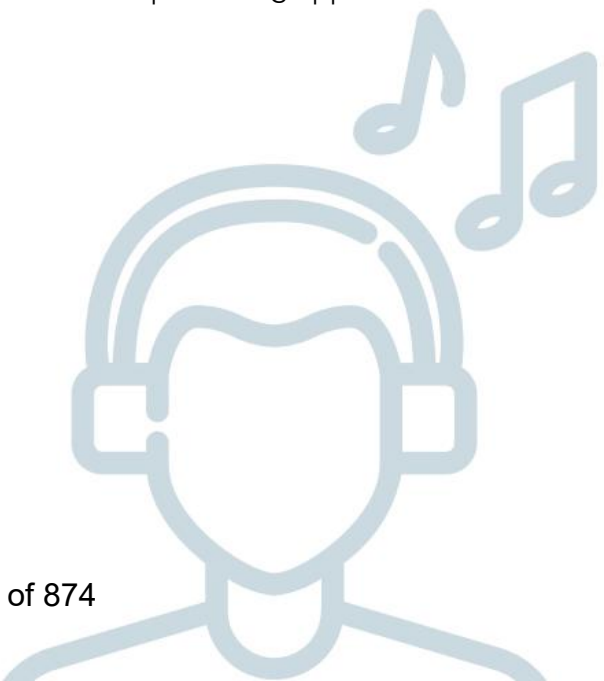
> **"It (fitness app) tells you how many (steps) you've done and I've come to rely on that… I'm borderline diabetic and I've been told to lose weight"**
>
> Faith communities focus group

Our ethnographic research and targeted focus groups highlighted that participants, and researchers, often think of using digital technology in the context of apps rather than websites to support their individual health. This may reflect the interventional nature of most app models and that individuals may not describe research and self-education as behaviours that influence their health. They may discount websites as less important to their health. However, it may also reflect the limited research into how gaining knowledge and understanding can be utilised as a health improvement methodology or intervention.[34]

There is already a considerable saturation of apps and websites available in the commercial market that can be used overtly for health and wellbeing purposes.[33] In a recent quarter (October-December 2022), 41,517 apps on the Apple App Store focussed on health and care.[28] This is alongside apps which may provide an indirect health benefit, such as the example used by the focus group participant below.[6]

> **"I listen to Apple Music every single day because music is therapeutic for me and helps my mental health"**
>
> Adults with a physical or mental health condition focus group

It is important to recognise that most apps are for-profit innovations and have a pay element. This may be a barrier to access but also create bias or skew regarding the health support provided. Some may also have a health benefit without being designed or marketed as a health app. Pokemon Go is an app that encourages walking to find virtual monsters and has been shown to increase step counts in adult men and positively impact mental health. However, it is not marketed as a health-promoting app.[35]



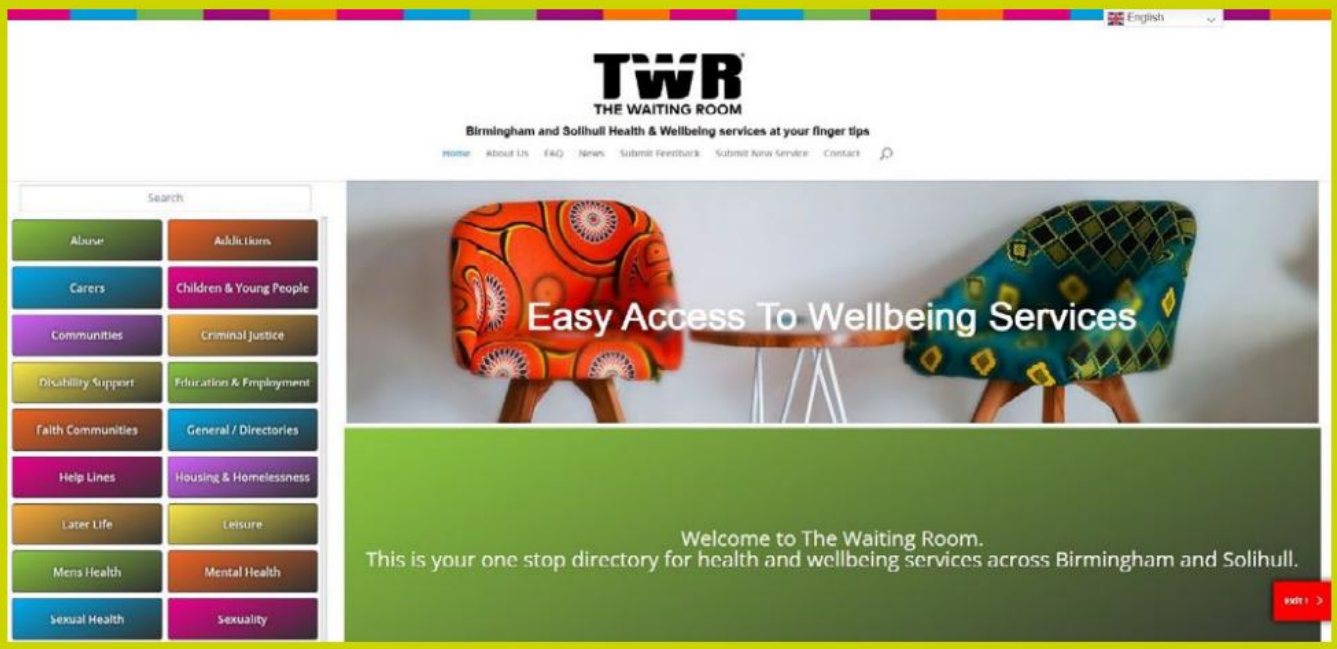
While digital technology can monitor an individual's health or boost their wellbeing, one of its more impactful qualities is the potential to establish long-term behaviour change.[36] A 2019 review of health and wellbeing apps concluded that the majority of apps in Apple App and Google Play stores were effective at achieving only low-to-moderate levels of behaviour change. They did, however, encourage users to practice behaviours.[3] The review concluded that improvements in app design could achieve sustained behaviour change.[3] NHS apps, such as the NHS Quit Smoking App [37] or Change4Life's Food Scanner app, seek to achieve sustained behaviour change.[38] Widescale adoption of these apps has the potential to reduce the burden of disease across the whole population. However, this cannot deliver change in isolation and is not a panacea for health inequalities. It requires significant improvement in the adoption of behaviour change theory and evidence to achieve sustained outcomes and improvements in people's lives.

Digital Technology and Public Health

A public health intervention aims to promote good health and prevent ill health by influencing behaviours and habits.[39] Apps are one of the most common and widely used tools for digitally-led public health interventions. They are readily available for the public to access, download, and install on their digital devices.[40] They often emphasise positive messaging and giving proactive control to the user, thereby giving them more power to control their life choices.[41] Equally, websites, digital interactive platforms and forums can provide specific health information and allow individuals to communicate with professionals on various health topics. There are many examples from Birmingham of Public Health and our partners already utilising digital technology to promote positive health and wellbeing.

The Waiting Room

The Waiting Room (TWR) is an online directory for health and wellbeing support in Birmingham and Solihull. Developed by local social enterprises, Common-Unity and Forward For Life, this directory now welcomes over 200,000 hits per year by local communities and professionals. TWR links people to a raft of services utilising 24 categorised areas that host over 1000 local and national services. TWR can also translate into 104 languages and is utilised heavily by local health and social care services across the system to link communities with the appropriate support. During lock-down (2020) TWR was instrumental in providing support to communities through the distribution of 1000's of QR Coded Key Fobs within emergency packs distributed through Birmingham Public Health. These key fobs and posters have also been distributed across the Third Sector, to universities as part of the Welcome Packs for new students and to all 200+ GP practices within Birmingham and Solihull. TWR is also downloadable as an app and for its 10-year anniversary celebration has just launched the new and improved TWR website.



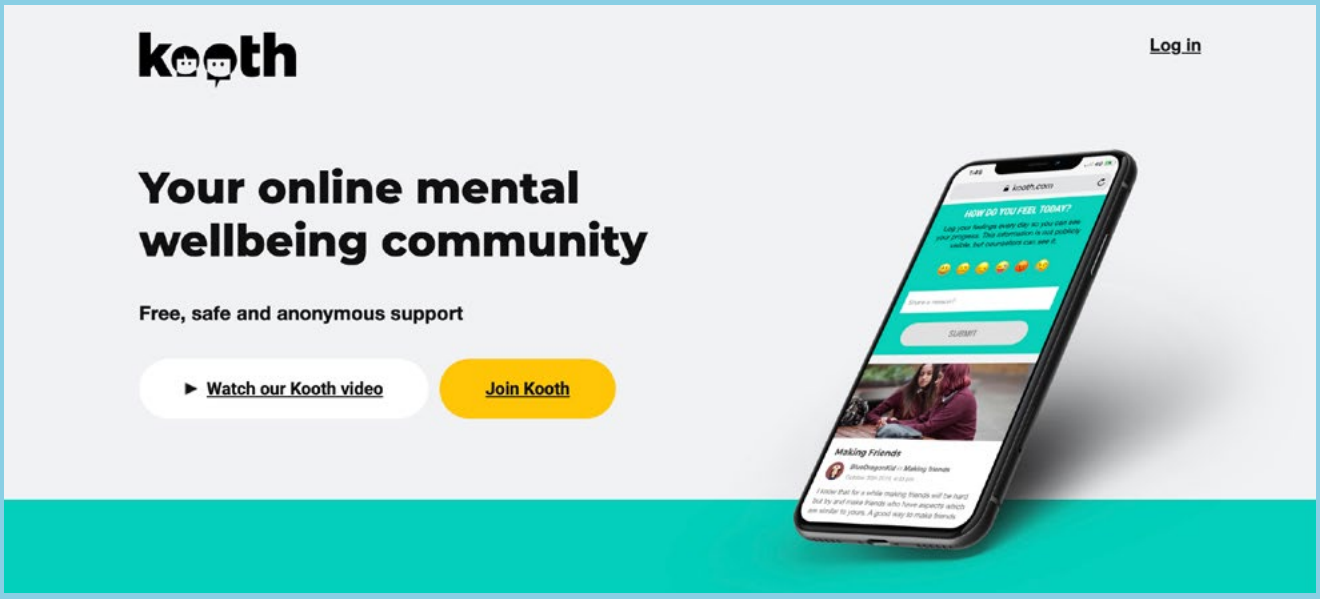
Kooth – Birmingham Children's Partnership

Kooth is an online counselling service available to all children and young people in Birmingham, creating a welcoming space for effective and personalised digital mental health care. The app preserves anonymity and removes the barrier of stigma and access. Accessibility is at the heart of product design and clinical delivery.[42] Kooth offers many services, including drop-in and one-to-one chats with fully trained counsellors, a themed moderated message forum, a secure web-based email, and an online magazine. Users can register on the site using an anonymous username. The themed moderated forums on Kooth are relationships, bullying, eating disorders, depression, self-harm, health, friends, family, and ideas for Kooth.[43]

The COVID-19 pandemic presented many challenges for children and young people in Birmingham. There is a persistent gap between need and provision, and poverty puts children at greater risk of mental health problems.

When COVID-19 and the first lockdown hit Birmingham, the Birmingham Children's Partnership (BCP) responded to worries about mental health, safeguarding issues, domestic abuse and poverty that affected so many families. One of their actions was to establish a new online mental health service. The BCP rolled out Kooth in two weeks, the largest roll-out they have done in the shortest time.

In its first two years (April 2020 – March 2022), 13,788 children and young people registered with the online platform. In December 2020, Kooth users sent 2,130 messages, had 240 therapeutic chat sessions, viewed articles 750 times, and accessed forums 3,390 times. It is expected that Kooth will continue to be a key part of the universal offer to the city's children and young people in the future. The aim is for 10% of Birmingham's children and young people (approximately 30,000) to register on the platform by the end of 2023.



Whisk App – Public Health Food System Team

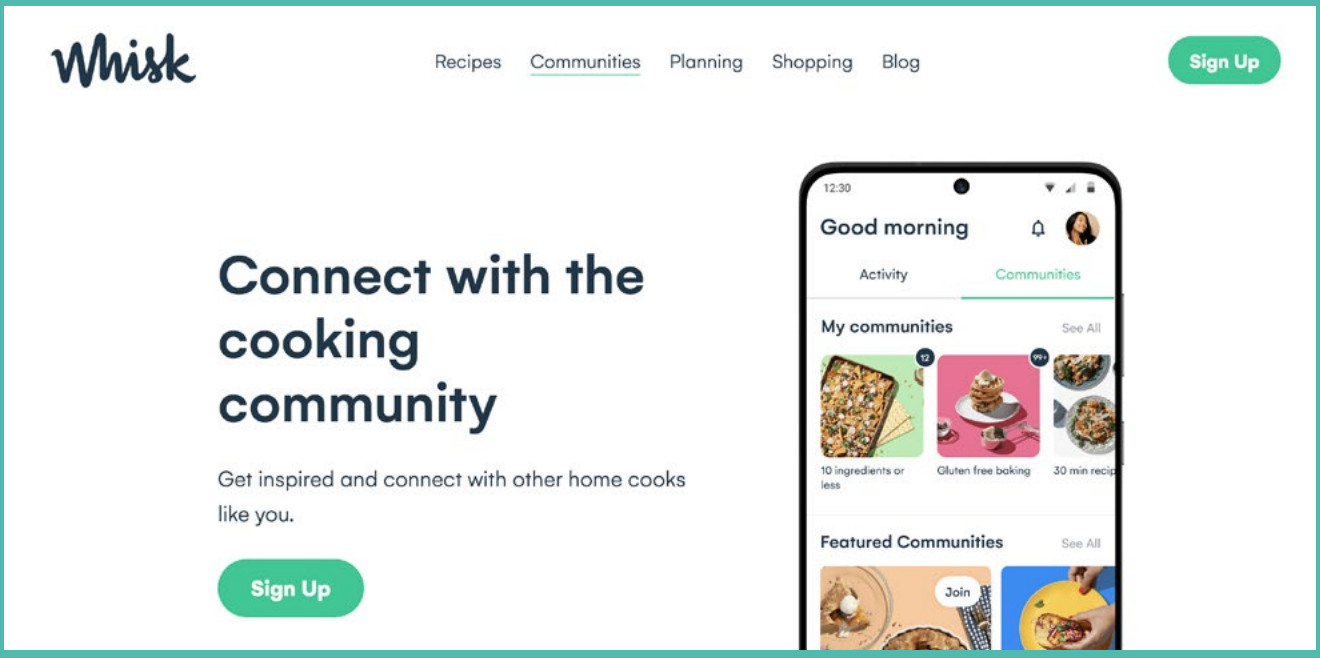
Whisk is an app which aims to help residents make healthier food choices by sharing healthy recipes on a community platform.[44] The app was developed in Birmingham for the 'Cook the Commonwealth' project that forms part of Birmingham City Council's legacy work to celebrate the 2022 Commonwealth Games.

The first stage of this project involved capturing recipes from 72 different Commonwealth countries. More than 250 food businesses, community groups, tourist agencies and other organisations were contacted for recipes. Some organisations, such as the British Dietetics Association (BDA) and Healthy Brum, shared the call for recipes on their social media. Nearly 800 recipes were uploaded onto the Whisk platform in different communities of recipes such that each country had at least ten recipes. Around 70 recipes came from local chefs, members of the community and tourist agencies, making these recipes accessible to all citizens of Birmingham. Once on the platform, citizens can search 'CWG', where they would find the community pages for each country containing the recipes.

To keep healthy eating at the heart of this project, it was ensured that the majority of recipes had a health score of greater than 7/10 (the Whisk app generates the health score), with some leniency regarding baked items.

Through a link with the BDA, freelance dieticians applied to test, tweak and photograph recipes, also giving positive feedback around their contribution: "I enjoyed cooking all the recipes and discovering new foods and techniques and others that felt quite familiar". Overall, the dietitians tested and tweaked 180 recipes (the remaining 90 were photographed only). In doing this work, they increased the median health score of these recipes from 5.1 to 7.3. They also removed a total of 11,000 calories and 1,370g of fat whilst adding 380g of protein to these recipes.

Whisk has an analytics function measuring the app's use through clicks and views. There are approximately 900 recipes in CWG communities, and they have been viewed over 20,000 times in 2022 (25k in total) and saved almost 5,000 times. Almost 20% of actions are within Birmingham, and the short-term success can be measured by the take-up of the app and use of specific Commonwealth recipes for the length of the campaign and encouraging healthier eating (using recipes with a health score of 7/10 or more) in the long term.



Quit with Bella –Public Health Adults Team

In June 2020, Birmingham City Council launched an on-demand Artificial Intelligence (AI) stop-smoking service called "Quit with Bella". "Quit with Bella" is a mobile app that includes:

- Bella - your stop smoking coach
- Bella Community - a community of users supporting each other to be smoke-free
- Nicotine replacement therapy (NRT) provision with local pharmacy integration

The rationale for using an app rather than the conventional approach was that stop-smoking services struggle to reach individuals who cannot commit to weekly/fortnightly cessation meetings due to personal or work commitments. An app changes this dynamic by providing support and motivation on the user's terms and at their own pace. Equally, natural language processing enables Bella to create a real rapport with users, thus enabling a personalised conversation. These all combine to provide an engaging service with unique benefits, such as the peer support function, making it easy to encourage and motivate empowerment and self-management. Historically, the decline in smoking rates among higher-income groups has been much greater than among lower-income groups, and smoking rates are highest in the routine and manual groups. Therefore, deliberate measures for these particular groups were built into the app.

The initial six months have shown that over 1,500 individuals have accessed the service as a standalone service delivery offer. From 1 June to 31 December 2020, there have been 272 4-week quits and 47 12-week quits. App users have had vouchers issued; however, they have not collected them but are still registered as quitting smoking. Therefore, if app users can quit smoking without using NRT or e-cigarettes, this would achieve overall financial savings in service delivery. At present, the average number of quit attempts an individual will have is approximately 6 or 7. AI can reduce this by at least 50%, reducing costs around NRT and e-cigarettes.

Beat the Street – Sport England

'Beat the Street Brum' was a game accessed through the Beat the Street app and website. The aim of the game was to earn as many points as possible for yourself and your team by walking, cycling or rolling between 'Beat boxes' across East Birmingham.[45] The health benefits of the project would come from the increased physical activity of players as well as the wellbeing benefit of a fun and engaging competition.

Players, depending on their age, could collect a 'Beat the Street' card from their school or local distribution point and use this to create a player profile on the app. Players could then use the app to locate 'Beat boxes' near or on their route. If a player visited two 'Beat boxes' within an hour, they collected 10 points for each box. If they continued their journey, they scored an extra 10 points for each extra box they visited.[45]

Beat the Street aimed to improve:

- Local air quality
- Players' health
- Community cohesion

Throughout the six-week game (28 September - 9 November 2022), 3,519 registered players travelled a total of 5,637.5 miles, which equates to an average of 1.6 miles per person.[45] The project was particularly impactful with target communities, with 39% of less active children becoming more active, while 97% of players were from IMD groups 1-4.[45]

Brain in Hand – Adult Social Care

Brain in Hand is a subscription-based digital self-management support system (app). It supports people who need help remembering things, making decisions, planning, or managing anxiety. It can help with planning, organisation, establishing and maintaining routines; problem-solving; memory; communication & social interaction; managing money; mobility and travel confidence; and managing anxiety.

Birmingham City Council's Adult Social Care division is piloting Brain in Hand with 20 young adults. These young adults are known to the 'Transitions & Preparation for Adulthood Service' and meet the criteria for using the app. Participants in the pilot will have easy access to coping strategies developed during personal planning sessions. They will have self-management tools via the Brain in Hand website and mobile software. They will have additional round-the-clock support from Brain in Hand responders if needed.

By reviewing the young person's solutions and problems, they and their supporters can work together to identify patterns, discuss difficulties, and emphasise successes and achievements. As needed, they will develop new strategies that work for the user.

Brain in Hand and the pilot aims to enable young adults to live more independent lives, improve their quality of life and reduce the likelihood of crisis incidents. The project will also aim to evaluate the impact of using Brain in Hand on Adult Social Care services to identify potential cost savings and cost avoidance savings. If the young adult can live more independently, escalation of their care needs is avoided.

The pilot started in January 2023 and will end after one year. Alternative funding sources will be investigated for those who would benefit from continued access to Brain in Hand after the end of the pilot.

Social Media and Health

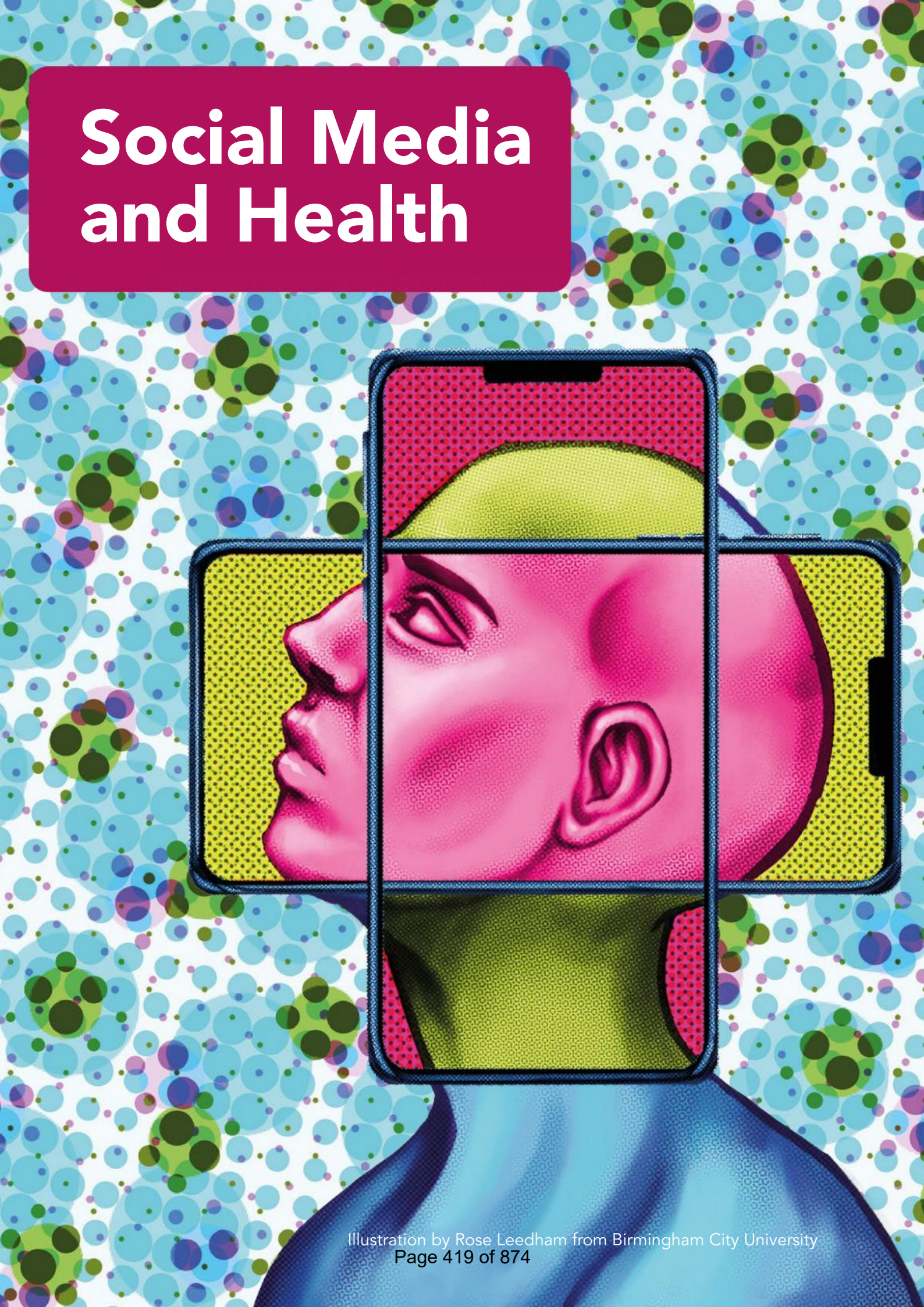


Illustration by Rose Leedham from Birmingham City University

Social Media and Health

Social media has transformed how we communicate and is now a part of most people's lives, especially younger people.[4] Social media can be defined as websites and applications that allow people to communicate and share information on the internet.[46] Popular social media platforms include Facebook, Twitter, Instagram, Tik-Tok, YouTube and WhatsApp. They can be accessed on digital technology devices such as computers, tablets or mobile phones, and there are different types for different uses.[4] In the wake of a sudden loss of social contact during the COVID-19 lockdown, people were encouraged to turn to social media to stay connected with friends and family. [47] It is already integral to many people's lives, and increasingly it plays an important role in managing their health.[48]

The Role of social media in Public Health

Social media has become invaluable for public health, especially in recent years. It can spread information very quickly to diverse groups of people. This can be vital when the information is scientifically correct, clear, and helpful.[49] Social media use also helps provide social peer support for people experiencing similar health conditions.[49]

Social media provides a cost-effective way of informing audiences about health issues, enhancing communication during public health emergencies or outbreaks, and responding to media about a particular public health issue.[50] This was reflected in the experience of focus group participants during the COVID-19 pandemic. [51]

> **"When it's (social media) is used for good, it's definitely good. You've only got to look at the pandemic and the times that they needed to act fast and get information to certain groups"**
>
> Adults in receipt of Universal Credit and/or unemployed focus group

Social media is also beneficial for increasing citizens' awareness of public issues, allowing them to take a more active and better-informed role in their communities.[52] [53] These communication channels are continually updated and can provide a two-way dialogue between citizens and the relevant authorities.[54] As a result, social media platforms can use their display functions to direct users to reliable information sources such as the World Health Organization websites and the websites of local health authorities.[48]

COVID-19 Pandemic Misinformation

Spreading health misinformation through social media has become a major public health concern.[5] For example, misinformation about the COVID-19 vaccines is spread on social media platforms at such a rate that the World Health Organization coined the phrase 'infodemic' to describe it.[55] Focus group participants thought that it was becoming more difficult to judge whether or not health and wellbeing information was incorrect or misleading.[6]

> **"Who monitors the information that's online and who puts the information on there to start with?"**
>
> Adults in receipt of Universal Credit and/or unemployed focus group

A response to misinformation in Birmingham was the establishment of a COVID-19 Community Champions Network. It consisted of trusted volunteers who shared accurate information with their communities. Birmingham City Council used the Public Health 'HealthyBrum' brand across platforms to keep champions informed of the latest advice and guidance and to help their communities make sense of the latest information about the virus. 'HealthyBrum' was also used for several campaigns using different messages to promote public safety.

Figure 5. 'It's no bull' social media campaign poster[56]

#Passthefact - Beatfreeks & Birmingham City Council

During the first lockdown, the Public Health team partnered with a local research organisation, Beatfreeks, for an information campaign targeted at young people to challenge misinformation about COVID-19 on social media.[57]

#Passthefact was a social media campaign co-designed and delivered with ten young Birmingham residents. It aimed to encourage young people to promote facts and guidance about COVID-19 while stopping the spread of false information. The campaign involved myth-busting on platforms such as Instagram, Facebook and TikTok.[57]

Within 24 hours of starting the campaign, there were already 50 original pieces using the #Passthefact. There were overall 1,303,638 online impressions on social media, and the campaign received positive news coverage from local sources such as Birmingham Live, Birmingham Mail, and BBC West Midlands.[58]

Figure 6. 'Healthybrum' analytics for all social media platforms Facebook, Instagram, Twitter &Youtube from November 2020 – February 2021[56]

Healthy Brum

Birmingham City Council

Social Media analytics for Healthy Brum
November 2020 – February 2021

New Followers - **9,534**
Reach (IG & Facebook) - **290K**
Engagement – **9,226K**
Traffic - **43K**
Impressions (IG) - **719K**
Video Uploads (YouTube) - **309**
Video views (YouTube) - **8,750**

By regularly receiving trustworthy and clear information, Birmingham residents could make more informed choices and stay safe during the pandemic. According to the social media analytics, engagement with Birmingham residents was effective (Figure 7), as social media was used to inform them of essential health information when in lockdown and during the lifting of restrictions. The focus group research for this report agreed that the ability of digital technology to connect people socially was picked up as an opportunity for public health.[51]

"I think we have experienced that a lot with Covid, using games and apps. I think it brings social connectiveness with it as well, even if you aren't fully social"

Young adults focus group

The Risks of Social Media on Health and Wellbeing

The use of social media has been demonstrated to have a negative impact on emotional wellbeing and mental and physical health. Increased time online, in front of digital screens, and being overloaded with information have been associated with reduced wellbeing, including isolation and anxiety.[47] The time spent on social media has been shown to correlate with mental health problems, including depression and suicidal feelings, in teenagers, particularly in young females.[5]

Increased time on social media increases the risk of exposure to harmful content. This is evident in the case of Molly Russell, a 14-year-old from Harrow who died by suicide in November 2017. The coroner concluded that she had been suffering from depression and interacting with harmful social media content.[59] In addition to searching out content related to self-harm and death by suicide, the algorithms within the platforms directed additional harmful content to her account. The high-profile national case raised the issue of regulating online content by age verification.[59]

Research has also linked social media to higher body dissatisfaction, anorexia, and eating disorders, particularly among those with depression.[5] Social media can also encourage sedentary behaviour rather than health-promoting behaviours such as, physical activity, learning new skills and developing talents.[54] Parents' concerns about their children's use of social media negatively affecting them were also reflected in our focus groups.[34]

"We should protect younger generations because you can see eating disorders spreading... you see all these models and it makes them feel like they're not good enough"

Faith communities focus group

"It's too accessible for younger people to access... I have big concerns about victimisation, body shaming, child exploitation"

LGBTQ+ focus group

Data and Digitalisation

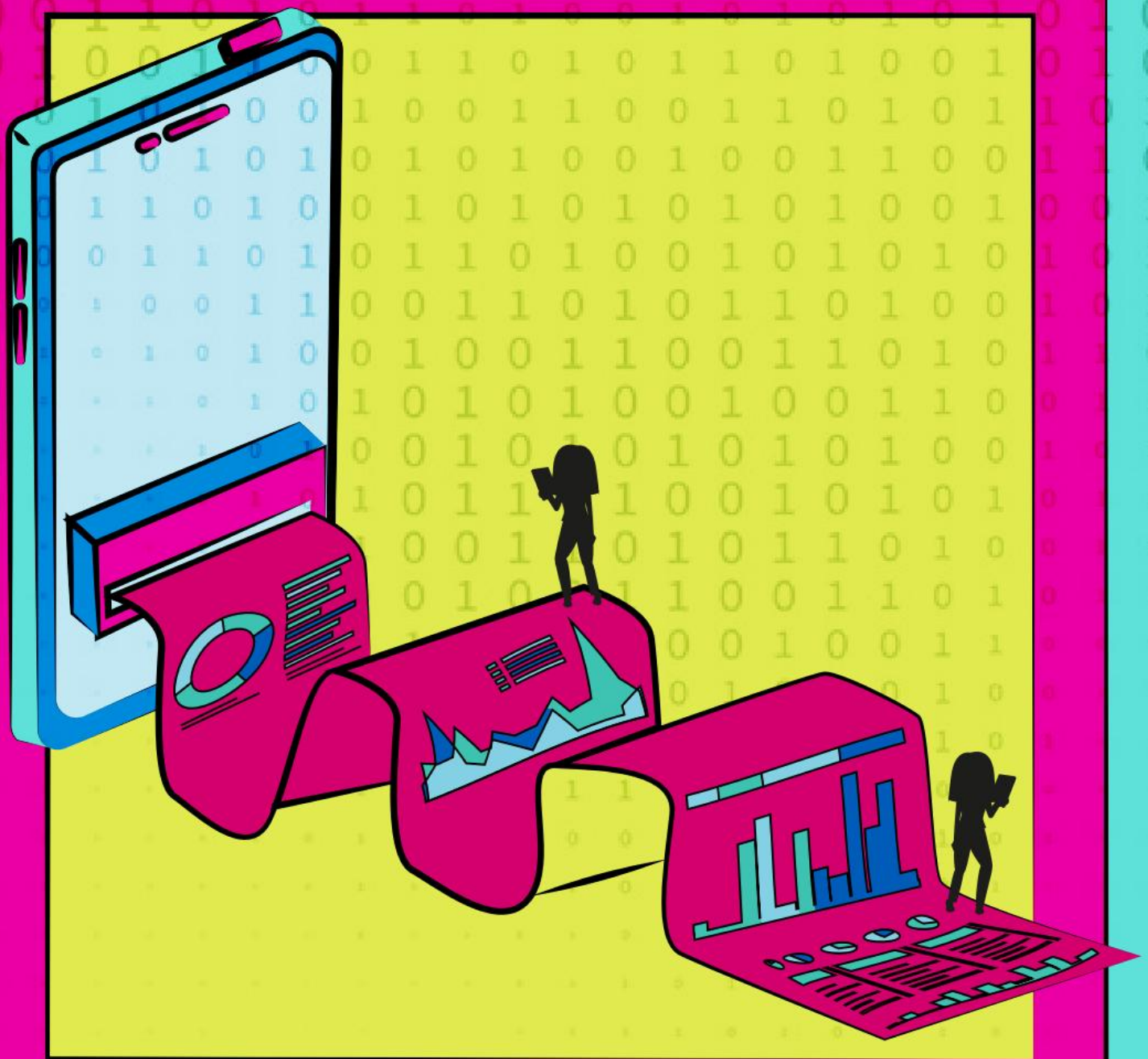


Illustration by Rosanna Smith from Birmingham City University

Data and Digitalisation

Digital Technology and Data

Data plays an essential role in public services, and its use is increasing as we collectively attempt to solve complex problems now and in the future. Data generates intelligence and insights across public health to improve and protect the health of populations. Advances in digital technology have improved the accessibility, quality and increased the quantity of data collected. Progress in physical devices and software has increased our capacity and capability to analyse and generate insights that support effective and evidence-based interventions.[15]

As progress is made, we are responsible for ensuring that digital technology and data use improves outcomes for Birmingham's population. Electronic Health Records (EHRs) and existing data are improving our understanding of the protective and risk factors affecting our health. The increase in data collected is improving local services and sharing and linking data will enable further understanding of our population. Improving and protecting health and treating ill health continues to require collaboration between decision-makers, analysts, practitioners and populations.[60]

Electronic Health Records

Digital technology has transformed healthcare using EHRs. EHRs help providers better manage care for patients and provide better healthcare by providing accurate, up-to-date, and complete information about patients at the point of care.[61] EHRs have been positively associated with contributing to the earlier detection and better treatment of chronic diseases by improving the accuracy and accessibility of patient data.[62] For example, digital patient records can be used for practice-level interventions such as identifying patients who have not received bowel cancer screening or mammograms. The information provides feedback to primary care providers about the quality of their care, such as screening rates and preventative target achievements.[63] The NHS Long Term Plan is committed to providing health and care staff complete access to joined-up patient records.[64]

Electronic records are increasingly used by patients to understand and manage their health. In addition to equipping health and care staff, the NHS Long Term Plan also aims to enable everyone to access their own medical records via the NHS app and allow people to view information about their health online. As of 30 November 2022, nearly all patients aged 16 years and over in England will see new record entries on their GP record via the NHS App.[65] There is a growing need to understand the population's acceptance of digital patient records and the impact of increased access to health information.

Using Patient Data to Understand the Risks and Prevent Ill Health

Digital technology and data are essential to understand the factors that influence health. By understanding positive, protective, and risk factors, we can improve health outcomes and prevent ill health.[7] The use of data to further our understanding of these determinants has been emerging for many years. Organisations such as Kaiser Permanente, a leading healthcare provider in the United States (US), started over 50 years ago by compiling anonymous patient data to research population health.[66] During this time, they have continued to use longitudinal data to increase our understanding of common diseases, such as breast cancer. Their studies, trials and analyses have furthered our knowledge of risk, including modifiable and non-modifiable risk factors.[67]

One of the most high-profile studies was the Adverse Childhood Experiences (ACE) Study, initiated by working with the Centre for Disease Control (CDC).[68] The study occurred between 1995 and 1997 and was one of the largest investigations of childhood abuse, neglect, victimisation, disadvantaged household challenges, and later-life health and wellbeing. It was started from the clinical observation

that obese adults frequently reported abuse in childhood. Based on this observation, a systematic epidemiological investigation was conducted using data from frequent health reviews. The analysis identified a significant and stepwise association between exposure to four or more adverse childhood experiences and a range of health-harming, physical and mental health conditions. These findings were replicated in studies outside of the US. It led to the establishment of a WHO programme focussed on increasing the protection of children and developments in trauma-informed approaches. The study has been subject to criticism. However, the strength of Kaiser Permanente's approach is the collection, use and analysis of routinely collected administrative data.

Patient data is also used to further our understanding of the biological factors determining our health. In 2018, the 100,000 Genomes Project sequenced 100,000 genomes from 85,000 NHS patients.[69] In 2020, the UK Government published Genome UK: the future of healthcare.[70] By collating genomes, researchers can find patterns between genetic factors, a person's disease risk, experience, physical characteristics, and behaviour.

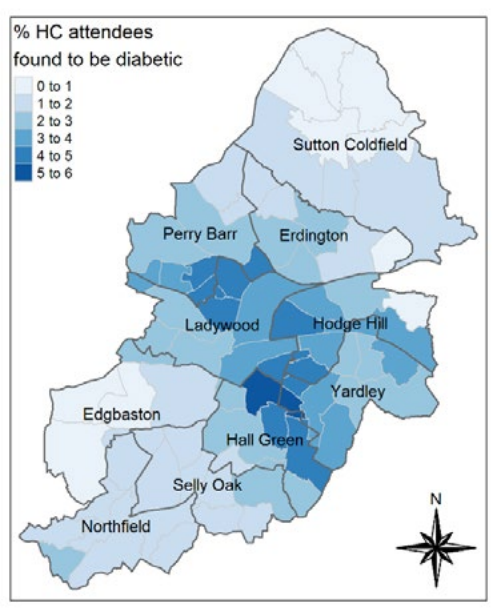
Using Data for Quality Improvement

Digital technology and data are essential to understanding and improving service quality. The following local case study is an example of how patient-level records can be analysed to understand local needs better and evaluate the equity of provision. Public Health analysed patient-level records from 144,562 health checks performed by GPs in Birmingham over five years (October 2016 and April 2022). By examining average blood glucose (sugar) levels and cholesterol rates across age, ethnicity, and local deprivation, a better understanding of local needs was achieved which could be used to target and improve the quality of local services.

Using Data to Guide the Recommissioning of NHS Health Check Services[71]

The NHS Health Checks (HCs) Programme is a mandated public health service commissioned by Birmingham City Council. A project was undertaken to study the overall health of Birmingham patients attending the checks and to evaluate the equity of provision provided by different practices. The study utilised patient-level records from 144,562 HCs performed during five years (October 2016 and April 2022). This included examining how high HbA1c (average blood glucose (sugar) levels) and cholesterol rates varied across age, ethnicity, and local deprivation. The study evaluated the performance of GPs by assessing their target achievements and the ethnic composition of patients.

Figure 7. The percentage of attendees found to be diabetic after attending an nhs health check in birmingham across a five-year period (2016-2022)



The core research team analysed the rates of high cholesterol and pre-diabetic and diabetic blood glucose levels. For patients with HBA1c and cholesterol levels above normal, the team found expected correlations in age, ethnicity, and their local deprivation score. The team found differences by locality, where the percentage of attendees found to be diabetic after attending an NHS HC was higher in some wards than others; this includes wards in East and Central Birmingham (Figure 8). The lowest percentages of attendees found to be diabetic after attending an NHS HC were in wards in the Edgbaston and Sutton Coldfield constituencies.

One of the findings was a significant difference in the rates of high HbA1c between broadly defined ethnic groups. The analysis showed that people who are Asian, Black or of mixed ethnicity are significantly more likely to be pre-diabetic or diabetic than White patients. This is similarly the case for those with unknown ethnicity. Ethnicity is a significant predictor of whether patients have HbA1c levels that meet the criteria for the diagnosis of diabetes or a pre-diabetic state. However, in the past five years, the ethnicity of patients attending HCs is only known in around 57% of cases. This demonstrates the importance of GPs maintaining a record of patient ethnicities that is as accurate and complete as possible. The team found significant differences in diabetes rates between patients at GPs with different indices of multiple deprivations (IMD). Those in the most deprived quintile (IMD = 1) are most likely to be diabetic and pre-diabetic.

Patterns were also identified regarding the size and location of GP practices, the number of HCs performed, and the quality of ethnicity recording. The team identified practices that possess the greatest opportunities for improvement in achieving targets and completeness of data collection.

This was the first study of this scope in Birmingham to investigate the overall health of patients attending an NHS HC and to evaluate the equity of provision provided by different practices. The study has provided potential links between the disparity of the service and whether it is fulfilling its aim to identify older adults at risk of cardiovascular disease (CVD), pre-diabetes and diabetes. The results have informed the recommissioning of the NHS HC Service in Birmingham, including a new target to recalculate the target number of HCs based on the number of registered patients aged between 40 and 75.

Data Sharing, Risk Stratification and Segmentation

To date, much of the data collected by the public sector is held on separate systems. Sharing and linking data provides an opportunity to undertake more holistic and sophisticated analyses of the population's health and social care needs. In particular, it allows us to identify groups experiencing poorer outcomes. It enables us to target those groups with interventions which better meet their multiple needs.[72] The COVID-19 pandemic saw this in action as sharing data across the system allowed the UK Vaccination Programme to reach excluded communities and identify gaps in uptake across various demographics and localities.[73] There are specific techniques used to identify groups experiencing or at risk of ill health, including population segmentation and risk stratification.

POPULATION SEGMENTATION
involves categorising a population into groups based on pre-defined criteria (e.g., age). It assumes that people with similar characteristics will interact similarly with the health and care system.

RISK STRATIFICATION
aims to determine who (within the segmented groups) is at the greatest risk of poor health.[74]

Again, these techniques were adopted during the COVID-19 Vaccination Programme. By segmenting the population based on a range of factors and determining who is most at risk (e.g., older adults and the clinically vulnerable), the operational roll-out of the programme, as well as targeted support and public health advice, could be delivered more effectively.[7]

The Potential of Digital Technology and Data

There is enormous potential for digital technology and data to improve population health and reduce health inequalities. By using the improved quality and quantity of data, we can improve outcomes for individual patients and facilitate the planning and delivery of interventions to a whole or specific population cohort. It is essential to respond appropriately to the increasing prevalence of preventable disease and co-morbidity across society.

To maximise the potential of digital technology and data, there is a need to build public awareness and literacy of how data is used to improve an individual's health and the health of the wider population.[7] Data are already being used, but citizens may have legitimate concerns regarding data use and privacy.[8] This was highlighted by our research, where participants consistently reiterated concerns about the sharing and security of personal data, particularly health-related data.[9]

"There is a certain level when I let my data go but then there is data that identifies me, as a person, my specific breathing patterns (for a sleep monitoring app), that is too far."

Young Adults focus group

There are things we can do to encourage a common understanding, such as the emerging 'Data Charter' developed by Birmingham's Digital Partnership. The Data Charter is committed to publishing more data openly to benefit citizens and local organisations.[75] By increasing awareness and demonstrating the value of data and digital technology through effective interventions and improved outcomes, we can build trust and further maximise its potential.[7]

Digital Exclusion

Illustration by Holly Steel from Birmingham City University

Digital Exclusion

Digital exclusion is the lack of digital skills, connectivity, or accessibility that prevents an individual from using digital technology or accessing the Internet.[10]

FACTORS CONTRIBUTING TO DIGITAL EXCLUSION ARE:

Type of exclusion	
USAGE AND ACCESS:	A lack of internet or device access, which can be influenced by geography.[23]
SKILLS:	Not everyone can use the internet or online services. [76]
SOCIAL SUPPORT:	Refers to the intensity of support obtained from offline and online networks.[77]
SELF-PERCEPTION:	- Motivation – not everyone sees why using the internet could be relevant and helpful.[76] - Confidence – some people fear online crime, lack trust or don't know where to start.[78]
FINANCIAL POVERTY:	Affordability of devices and connectivity costs causing digital poverty (exacerbated by the current cost of living crisis).[79]
DESIGN:	Not all digital services and products are accessible and easy to use.[78]
AWARENESS:	Not everyone is aware of the digital services and products available to them.[78]
STAFF CAPABILITY AND CAPACITY:	Not all health and care staff have the skills and knowledge to recommend digital services and products to patients and service users.[78]

Who is Affected by Digital Exclusion?

The NHS identifies the following groups as being at risk of digital exclusion[10]:

1. **Older People**; the Good Things Foundation notes that "older age remains the single strongest predictor of not using the Internet – especially among those over 75 years old".[2]
2. **People in lower income groups**; research by the Good Things Foundation has identified that "people in the poorest households are at least four times more likely to be digitally excluded".[2]
3. **People without a job**; in their Digital Consumer Index, Lloyds Bank identified that "31% of unemployed people have low or very low digital capability versus 19% who are in the workforce".[80]
4. **People with a disability**; in a digital intervention run by the Department of Culture, Media, and Sport, 52% of participants reported having a disability or health condition as the most common barrier to using the internet.[81]
5. **People with no/fewer educational qualifications**; when asked, 71% of people with a degree said they would download the COVID-19 contact tracing app, compared to 38% with no formal qualifications.[2]

Digital Exclusion in Birmingham's residents

To better understand the effects of digital exclusion on the health of Birmingham residents, we used ethnographic research to explore their everyday lives and behaviours. The three primary findings from the research were:

Participants did not see themselves as digitally excluded

a. They preferred terms such as 'old school' or 'traditional'.

b. They recognised gaps in their knowledge and confidence with digital technology.

c. They rely on help from their support network to become digitally engaged.

Most felt able to go through their daily lives without using digital technology

a. A definite preference was expressed for going to banks, shops, doctors, and libraries to meet their needs.

b. This was regarded as an important part of their routine.

c. Among those who didn't need to use technology for their working life, their digital exclusion seemed less acute.

d. Among those who needed technology and saw it increasing in their job, their digital confidence and ability created a challenge and burden for their lives.

Digital technology used for health and wellbeing purposes was particularly low

a. Most participants had heard of the main NHS app and the COVID-19 app. However, there was low, if any, uptake with both.

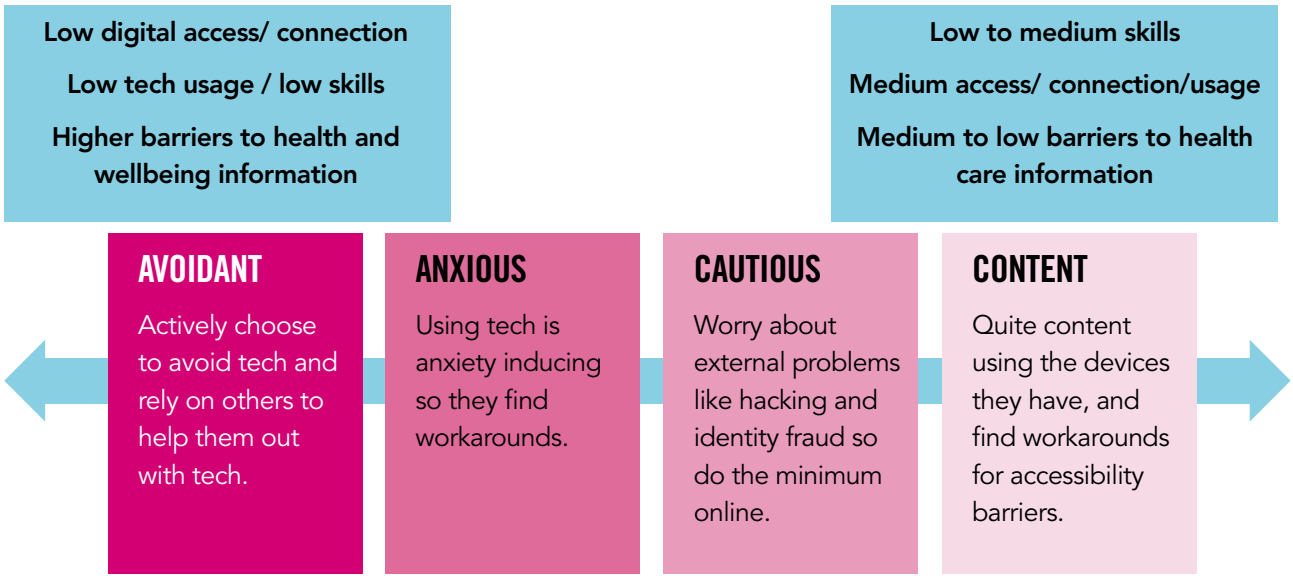
b. Preferences were always for in-person appointments, telephone booking systems, and paper-based communication.

c. Drop-in visits to the pharmacy would be used to get medical and health information as the Internet was either overwhelming or not trusted.

d. The benefits of activity trackers or wearable technology were acknowledged. However, most participants said they would not use one if offered.

The findings emerged from the research and developed into a continuum scale representing participants' attitudes towards digital technology. This is illustrated in Figure 8 below:

Figure 8. Continuum of digital exclusion in Birmingham residents [11]



The continuum in Figure 9 illustrates that there are four categories that a digitally excluded resident could fall into, depending on their experience and attitude. Those most opposed to using digital technology, or have the greatest difficulties, are placed on the left-hand side of the scale. They are defined through the 'avoidant' or 'anxious' attitudes. Those who are more ambivalent are on the right-hand scale. They are defined through the 'cautious' or 'content' attitudes. The scale implies that residents who are closer to the 'avoidant' attitude are also more likely to encounter barriers to health and wellbeing information as well as access to services.

The participant's accounts below show how digital exclusion impacts their daily lives, and in particular, their health and wellbeing:

AVOIDANT

Sarita (Female, 42)

You wouldn't know it from talking to me, but I'm not all modern Asian like I seem, I'm a bundle of stress and doubt caused by my mental health condition. It runs my life, although at the moment I've got a handle on it… just.
I'm very lucky as I have a supportive husband, wonderful young children and amazing sisters, but you know what it's like, I don't want to worry them. If I can feel an episode coming on, I'll go and drop into the mental health team and get what I need from them. They know me very well. They know what I'm like, and check on me and that my medication is ok. I'm very lucky, I don't think I'd be here if it wasn't for them and the trauma support they've given me. They also know that if they send me an email, I won't read it. So it's better to text or phone me! They tried to get me on a meditation app- no way, I'd rather do the cleaning to unwind.

There are lots of health teams looking after my family, thank god, My dad's slowly dying of a range of illnesses and my mum's got dementia. It means that I and my sisters need to take them to a lot of appointments and keep on top of everything. We've got it sorted, my sisters do the admin and the online booking and updating, and I drive them to all their appointments. At least I can be useful, even if I'm as bad as my parents at tech. My husband helps with all my daughter's appointments and will print everything out for me so that I know what's going on for her too. She's been under CAMHS since the beginning of the summer, she has mental health issues that I missed. I have to forgive myself for that. I just thought it was her ADHD but wonder if this is the beginning of something else.

I know it sounds ridiculous not being online and sorting everything out that way, but I don't trust it and get overwhelmed by it. I have to find ways that I can cope and avoid tech is one way. I have had a go, but it has gone wrong. With online shopping, I tried, but I ended up with 11 packets of biscuits instead of one, and I couldn't change it, so I leave well alone. Tech does not make my life simpler. Once I tried to do a prescription online, but it didn't go through, so I ended up in a state as I was without my meds. No one told me it hadn't gone through, it was only when I went to pick it up that I found out. I can't function without my meds, it's not like taking paracetamol. I'd rather go in and pick up prescriptions, that way I know I've got what I need and I know where I stand. Different things work for different people and they need to remember that" [11]

ANXIOUS

Lorraine (Female, 58)

"I'm nearly 60 and I do my best, but tech totally stresses me out. It makes me feel really isolated and I already suffer with anxiety, having to use tech makes it worse. My brain doesn't see things on the screen as it should and it all jumbles up at me. I get panicky and just wish I didn't have to use it. But I do. I've always felt like this and thought it was me. But a few years ago, it was discovered that I have a type of dyslexia that makes basic processing really difficult. I don't have a problem reading simple text or writing myself, but screens are awful. I got help through college recently when I was doing a degree and it was online. I would struggle so much that my lovely tutor stepped in and found me support. I thought it was because I was stupid, but once they gave me software to help me with audio support I started thriving on my course.

I'm a Teaching Assistant and to tide me over I've also been doing some in-home care work. You'd think that both of those roles mean you don't need tech. Well, in today's world you do, we've had to fill out all our patient information on an app. It takes me ages, I don't see why I can't just write it down. It adds so much more to my workload and mental load as I know that I have to do it when I get home, instead of on the job as they intended. As a TA it's really stressful if the teacher leaves the room and asks me to teach off the white board. I try all sorts of ways to cover up my inadequacies with tech, by getting the kids up to help. It's so stressful, I keep thinking. They've never given me training either, and now I feel too stupid to ask for help.

The only person I feel I can ask is my daughter. She's used to all my anxiety. She's so good at helping me with things and will read them if I need to. I always ask her to go straight to the phone number so I can write it down and call the people if I need to. What if I delete the message and haven't printed it up? I like her by my side if I have to pay bills online, it stresses me out that we have to do it like that. I could be sending my money to anyone, anywhere. I'll always try and do things over the phone.

> "...tech totally stresses me out. It makes me feel really isolated and I already suffer with anxiety...

I've got long COVID. I've also got another condition that's been going on for while and I really need to see my GP. They keep giving me online appointments and I don't like that, I'd rather wait until the doctor can see me properly. I have letters from them that I've printed out, and the only bits I've read are the bullets. The rest is too much and I can't take it in. I'm ok if someone sits with me and goes through it. To be honest, I hope there's always an option to be face to face and speak to people otherwise health will become more stressful" [11]

CAUTIOUS

Mahmood (Male, 51)

"I work as a taxi driver. A lot of drivers have gone to Uber now but I'm still with my local taxi service so we use the old sat-nav system, rather than Uber or Bolt. If they wanted us to update they'd have to run some training, give some support. It's difficult because I'm old-school, my generation hasn't grown up with technology like the younger ones. I'm not confident with technology at all and I'm scared of making mistakes, especially with banking and health because that's your private information. I hear stories about people having money taken from their account and about scammers on Ebay and PayPal. That doesn't help with my confidence.

There are some things I can do though, I have WhatsApp on my phone and that's easy to use. There's only two or three features so it's self explanatory, I know that the picture of the phone means calls and the camera means videos. It helps me to keep in touch with my family abroad, although I wish I was better. My wife uses Snapchat and will show me videos of our family. I would love to know more about social media and what it does and then I could send videos to my family back home of birthday parties or weddings. I think I just need some training with the way the world is changing now but there's no support, and even when there are guides they're not user friendly. I ask my children but they don't have the time, patience or perseverance.

Usually they teach me once and by the time they walk off I've already forgotten what they showed me. When I went on holiday I had to show my Covid pass and fill out all the Covid locator forms but I don't know how to do it on my phone. My son did everything for me, emailed the form to the hotel and the hotel printed it all out for me to bring to the airport. Written paper is much easier.

> It's difficult because I'm old school, my generation hasn't grown up with technology...

I don't use the internet to search things either. You search for one thing and a million different things come out in all medical terms, it confuses me. I don't know which is right and which is genuine. I really struggled during Covid when the GP was closed. I needed to be able to explain things to the doctor in my own way and with writing I can't explain it properly, English isn't my first language. Even now I struggle to get GP appointments, sometimes I ring in the morning and all the appointments are gone or I ring several times and the line cuts off. They're still using Covid as an excuse not to provide a good service. Sometimes I go to the pharmacist and tell them my symptoms and they can give me medication so I don't need to go to the doctor. I have a good pharmacist and I trust him. But for when I do need a doctor, maybe there could be a way to book it online or have options for what you need and you select yes or no. But you'd still need an in-person appointment because replacing the personal touch with digital doesn't provide the same experience" [11]

CONTENT

Zaineb (Female, 20)

"I live at home with my mum, dad and two brothers. They're younger than me. It's ok, a bit noisy but we have lots of fun on the weekend, trying to play tennis or going on huge family picnics. I've gotten really into baking, that's my hobby so I take lots of cake pops to give to my cousins. I'm not working at the moment. I'm sort of looking, I put in application forms to shops locally. I like retail as you get to meet people. I'd prefer clothes and shoes than the supermarket – I've just stopped working part-time at one and I don't miss the work, even though I liked the regular customers.

We don't have Wi-Fi at home, but we don't need it. We had it for about a year a few years ago, but the connection was so poor that it stopped working. We decided to stop purchasing it – my parents had mobile data so I used to hotspot from them. It was good as it meant we didn't grow up attached to phones. Searching up stuff for school work was so annoying. I ended up going to the library and using their computers if they were open. I still do if I'm doing an application form for a job, as it's hard to do on phones.

Lockdown for my brothers was bad, they couldn't really do work unless school sent it to us and they'd get in trouble but it wasn't our fault. My aunty tried to help by inviting us round to use her computer and Wi-Fi, but my cousins were also doing home school. It's fine now that we're back to normal.

We've got one tablet somewhere, but I think it's stopped and we have a laptop. All five of us have phones now, with data, not contract. We can go on apps if we want. My brothers play games but no one else is that into it. The only thing that we need is to be able to use WhatsApp for speaking to family in Bangladesh, which my mum does a lot. If we didn't have that it would be bad! No one needs it for work as my dad isn't working at the moment either.

> I don't count me steps, I know if I've gone for a walk and that's whats important ...

If I'm worried about my health, which I'm not usually as I'm young, I'll ask my pharmacist as they have a private room in the shop. If there's something more serious then I could call my GP at eight in the morning and get an emergency appointment. It usually works, it's what we do for my mum. I don't know if they've got a website or if you can book online, but I don't think you need to when you can just ring up. Most people find that easier.

I don't use health or wellbeing apps, but I've tried journaling. That helps. The NHS one didn't work for me. I prefer my physical vaccine card. I don't count my steps, I know if I've gone for a walk and that's what's important, tracking steps doesn't make a difference. I tried the couch to 5k in lockdown and lasted two days, I also saw the sugar swap app advertised on TV, but we never do that, there's too much to buy at the supermarket and it'd take too long to scan. It's a good idea though" [11]

Risks from Digital Exclusion on Health

Exclusion from services

There are three possible explanations for why people become excluded from services and the problems this creates:

1. There is no awareness of the service; the Good Things Foundation reports that pre-pandemic, almost two-thirds of adults in England had not used the Internet or apps for health purposes. This rose to "79% among those with low digital engagement".[2] This was evident in the findings from the ethnographic research where participants stated that they got relevant information from offline sources.[11] However, lack of awareness creates concern because there is a significant overlap between digitally excluded groups and the groups most likely to require the greatest amount of care and health knowledge.[82]

2. The service cannot be accessed; if a service is only available through a digital platform, it may restrict those who do not have the means or the confidence to access it. This can vary in severity between digitally excluded groups. For example, Lloyds Bank's Consumer Digital Index suggests that digitally excluded older adults may be missing out "on the benefits of screen readers, dexterity tools and other assistive technologies".[2] Equally, as noted by Bob Gann, for those who rely on mobile data to provide their access, health information and service access is unlikely to be their priority.[83] The problem this creates is that a lack of digital access can "reinforce and amplify existing disadvantages often related to socioeconomic factors".[84]

3. The service is not being engaged with; if a service is provided digitally or becomes digitalised, then there will be those who will choose not to engage with it because they mistrust it or are concerned about the information it presents. This was an attitude expressed in different ways by participants during the ethnographic research.

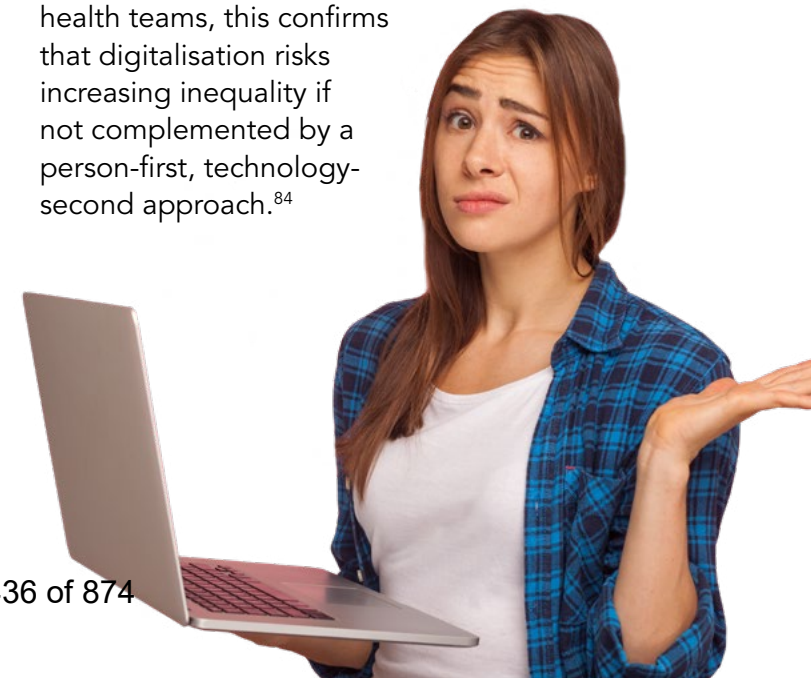
> **"Even with doctors' appointments, I've never used the Internet… I'll just keep ringing until they give me an appointment"**
>
> Lance, 68

For example, some participants were frustrated that ordering prescriptions now forced them to use the NHS app, while others stuck to their tried and tested methods.[11]

The mistrust or refusal to engage with any facet of online health services is also partly attributable to digital media allowing the spread of misinformation, which can create doubt.[85]

Less visibility for services

The Good Things Foundation reports that groups with a low digital presence can be exposed to additional risk when services are targeted and allocated using algorithmic data.[2] Equally, introducing technology that uses artificial intelligence for population health purposes may encounter the same problem as "public health activities target populations instead of individuals and require collective action instead of individual intervention".[86] In both examples, the risk is that groups contributing less data will be less visible. This will create an unequal picture of the demand. For local public health teams, this confirms that digitalisation risks increasing inequality if not complemented by a person-first, technology-second approach.[84]



Indirect effects on health

There is a correlation between the population groups with poorer health outcomes and those affected by digital exclusion. This has been evidenced most during the COVID-19 pandemic, where there was a "proportionally greater impact on communities experiencing social and economic deprivation".[83] The predominant use of digital technology for contact tracing may have been a contributing factor, as this required individuals both to have an app-enabled device and to be able to follow its instructions.[83] Therefore, digital exclusion within deprived communities may have exacerbated the risk of COVID-19 as contact tracing may have been less potent at preventing an outbreak.

Reducing the Risk of Digital Exclusion

Hybrid approaches

Participants in our primary research expressed a consistent view of the need to retain in-person services balanced with a digital option. They gave two reasons for this view:

1. There were genuine concerns about people being 'left behind' by the pace of digitalisation. One participant from a focus group for unemployed adults observed that "even people who've grown up in the age of changing technology are now just struggling to keep up".[51] Equally, the concern that the growing costs of broadband contracts or new digital devices would be de-prioritised in favour of essentials like heating and food was raised, especially for those with little disposable income.[51]
2. A more widespread attitude was that using a digital service creates more problems than it solves. For example, several focus group participants mentioned their frustration with being unable to easily book GP appointments online.[87] It should be noted that many participants acknowledged the benefits that digital technology can have on health, including in monitoring physical activity, but added that unintuitive design for websites or apps could reinforce negative attitudes.[9]

While this is how many current services are delivered, ensuring that both options work together makes it a viable method for overcoming digital exclusion. Participants expressed a clear appetite for being more explicitly taught how to use digital services.[11]

> **"I'd like them to invite us in and show us step by step how it works. I'd order my prescriptions online if I knew it was all safe and from the NHS."**
>
> Jennifer, 66

Digital health literacy for the public

While levels of confidence and trust vary, particular concern was expressed in the research around online health information and guidance. For example, it was noted in several focus groups that it was difficult to differentiate between experts and non-experts when presented with online health advice.[34] Boosting confidence and trust can come from increasing the digital health literacy of the population. This requires an individual to understand and use health information from digital sources to make decisions.[83] This is similar to improving digital skills, but the health perspective should be stressed. Individuals want to feel reassured that they are not at risk if they access digital services or use online health information.[85]

> **"I'm always worried about having a fall, but this (smartwatch) means I can access help if I need it. I think they should provide everyone with one"**
>
> Barbara, 73

The purpose of digital health literacy is to empower individuals to become "active custodians of their own health".[84] This requires a stronger dialogue about the level of engagement individuals will need to have with their health. For example, wearables and fitness monitors only require a little input from the user, while accessing digital healthcare requires more concentration and understanding.[85] This was reflected in the ethnographic research where one participant was very sceptical about using online healthcare but much more positive about their fitness watch.[11] Ultimately, the value of improving the public's digital health literacy is demonstrated through its recognition as a "super social determinant of health"[85] and its potential to reduce the burden on the health and care system through a better-informed public.

"The only thing we need is to be able to use is WhatsApp for speaking to family in Bangladesh… if we didn't have that, it would be bad!"

Zaineb, 20

Personal support networks

A common factor across the ethnographic participants was the use of personal support networks to maintain some level of digital engagement (e.g. children who helped them book online appointments or neighbours who agreed to share their Wi-Fi.[11] Even participants who were 'avoidant' of technology acknowledged that they relied on these networks to function in their everyday lives.[11] These networks also increased some participants' interaction with digital technology and online sources of information because they trusted the family and friends who guided them towards it. This may partially explain why some participants felt their exclusion was not profoundly affecting their health.[11] Equally, participants who were ambivalent towards using digital technology for health purposes were more positive about keeping connected so that they could talk to family abroad. This illustrates how a support network can motivate an individual to be more digitally engaged if they can see value in the activity.

Conclusion

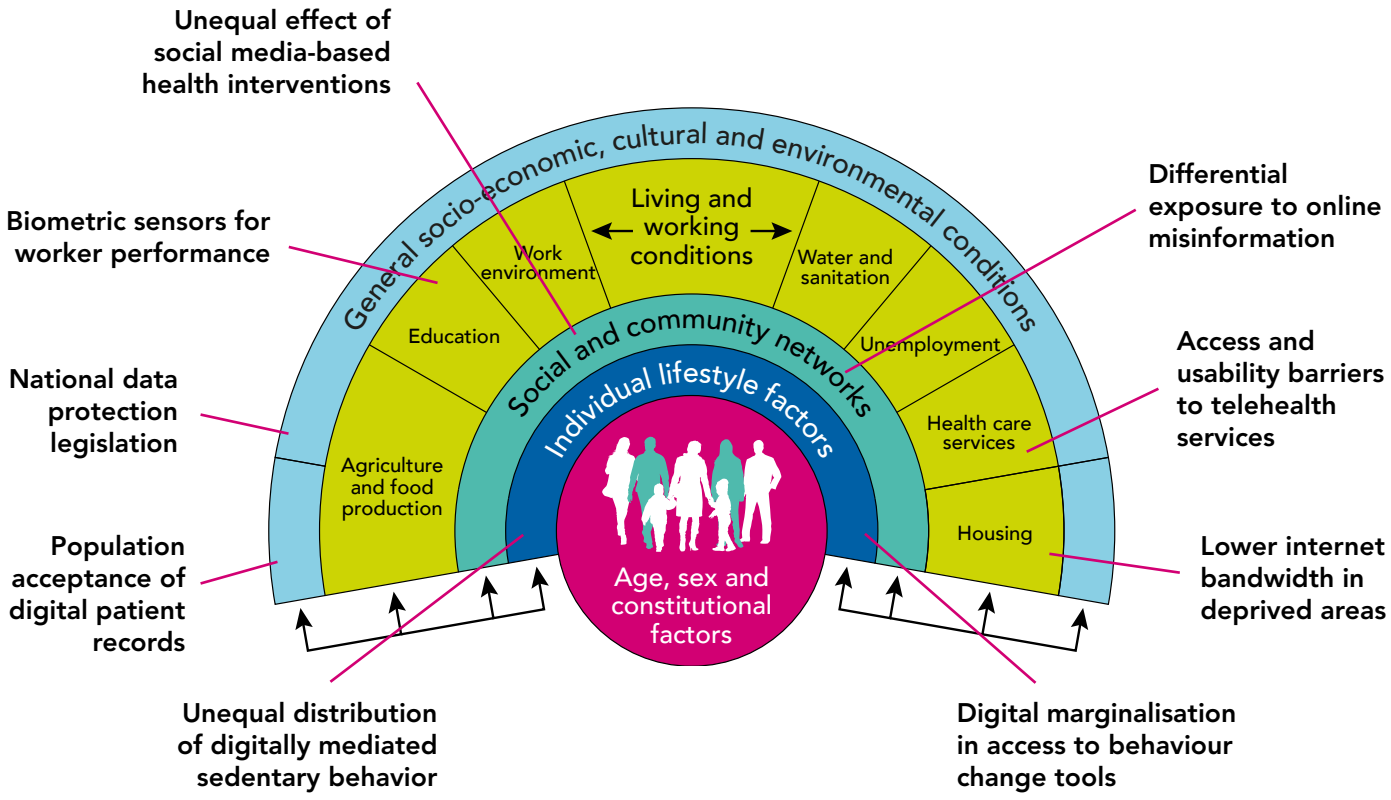
This report has sought to explore a complex and evolving topic. We have investigated the potential, practical application, and concerns that accompany the use of digital technology for improving health. Ultimately, we have found that digital technology can help to enable healthier and happier lives. It can provide a positive impact by empowering individuals with their care and wellbeing while helping to reduce the burden on healthcare systems. However, using it is not without risk as it can create harm, both because of the way it works and because of whom it may exclude.

We have also sought to understand the impact of digital technology on public health. We have provided an overview of the growth and impact of digitalisation and social media on health. Equally, we have explored how digitalisation has been used to reduce health inequalities through interventions. Finally, we have used the experience of citizens to understand digital exclusion and ways to overcome it.

There is much that we still need to understand about the efficacy of digital advances. This requires an adequate conceptualisation of the influence that digitalisation has on our health and wellbeing. Given that digitalisation impacts all aspects of life, it has been proposed that it be integrated into the existing visualisation of the wider determinants of health developed by Dahlgren and Whitehead[13] by Jahnel et al.[12] As in the original model, inequalities arise from the differential impact of individual, social and community and socioeconomic cultural and environmental factors on the population. These factors can be mutually reinforcing.

The figure from Jahnel et al.[12] below highlights many factors identified in this report that risk harm and widening inequalities. Each factor requires mitigating action. Our recommendations seek to address these factors.

Figure 9. The rainbow model with examples for digital entry points of health inequality[12]



Recommendations

Recommendation	Rationale	Examples of Entry Points for Health Inequity linked to the Digital Rainbow	Leadership for Action
Digitalisation, Health and Social Care			
Health and care systems should develop and abide by a set of principles, i.e. those being developed by NHS England, which mitigate digital exclusion.	The digitalisation of health-related services is not always accompanied by an understanding of how this would affect less digitally confident residents. Therefore, this creates a barrier to them from easily accessing the service.	HEALTH and CARE SERVICES: Access and usability barriers to telehealth services	Birmingham City Council BSol Integrated Care Board NHS Providers
Health and care staff need to be skilled at engaging digitally hesitant citizens. Face-to-face options need to be considered alongside digital solutions.	Digital access and online consultation tools are acceptable to many, but not all patients, and not all the time.	HEALTH and CARE SERVICES: Access and usability barriers to telehealth services	Birmingham City Council BSol Integrated Care Board NHS Providers in Primary and Community Services
Trusted apps that encourage healthy behaviour change should be disseminated and integrated into health interventions. Their efficacy should be communicated to overcome barriers to their use.	Behaviour change apps are available and accessible but may not be effective for all.	INDIVIDUAL FACTORS: Digital marginalisation in access to behaviour change tools	Birmingham City Council NHS Providers in Primary and Community Services
Social Media and Health			
Healthy and safe use of social media should be promoted across the population and to those at risk.	Social media is a valuable tool that can be utilised for rapid and effective communication of public health messages. Equally, though, its use is associated with mental and physical health harms linked to sedentary behaviour and content.	INDIVIDUAL FACTORS: Unequal distribution of digitally mediated sedentary behaviour and health harms	Birmingham Public Health Division Birmingham Children's Partnership Birmingham Children's Safeguarding Board Birmingham Adult's Safeguarding Board
Health interventions must be developed and delivered based on understanding the attitudes, skills and resources available to target populations. Resident types are a useful tool on which to base this understanding. Options to access interventions face-to-face are likely to be needed for some groups.	Personal support networks allow digitally excluded residents to access some of the benefits of digital technology. However, their capacity to access digital services varied depending on local and personal circumstances.	SOCIAL AND COMMUNITY NETWORKS: Unequal effects of social media-based health interventions	Birmingham City Council BSol Integrated Care Board

Recommendation	Rationale	Examples of Entry Points for Health Inequity linked to the Digital Rainbow	Leadership for Action
Data and Digitalisation			
Existing practices in population health management should be expanded to improve data quality and link data to reduce health inequalities.	Data protection allows sharing and linking of anonymised data for public health. Large, linked datasets are already being used to identify health inequalities across different groups in Birmingham.	GENERAL SOCIO-ECONOMIC, CULTURAL AND ENVIRONMENTAL CONDITIONS: Data protection	Birmingham City Council BSol Integrated Care Board
The benefits of shared health and care records must be communicated with Birmingham's population to build consensus and reduce the risk of misinformation.	Shared patient records are a key policy priority in the NHS Long Term Plan.	GENERAL SOCIO-ECONOMIC, CULTURAL AND ENVIRONMENTAL CONDITIONS: Population acceptance of digital patient records	BSol Integrated Care Board NHS Providers NHS England
Data Exclusion			
Barriers to equitable access to digital technology need to be reduced. A useful first step would be mapping digital assets. This would include bandwidth, publicly accessible computers, training and help in Birmingham and integrating this into plans for inclusive growth and asset-based community development.	Despite overall increases in digital access, a large portion of the population remains digitally excluded. This group are disproportionately deprived and likely to have a disability. Libraries and other public spaces were identified as locations where citizens could access computers and the internet free of charge. Citizens are not aware of means for improving their confidence in digital technology.	GENERAL SOCIO-ECONOMIC, CULTURAL AND ENVIRONMENTAL CONDITIONS: Lower bandwidth and lack of resources, for example, in deprived areas or amongst disabled people	Birmingham City Council Digital Inclusion Team
The health, social care and voluntary and community sector workforce need the skills to engage and signpost citizens to digital assets in the community.	The engagement of residents and patients in digital approaches requires the workforce, particularly those in patient-facing roles, to develop new skills and confidence.	GENERAL SOCIO-ECONOMIC, CULTURAL AND ENVIRONMENTAL CONDITIONS: Access and usability barriers to telehealth services	Birmingham City Council Adult Social Care BSol Integrated Care Board NHS Providers Social prescribers
A universal proportionate public health approach should be taken to reduce online harm and misinformation. Existing campaigns should be disseminated, and targeted health-promoting campaigns should be developed.	Exposure to harmful content, including misinformation, risks physical and mental health. Interventions like those which equip community champions with information have already proved effective.	SOCIAL AND COMMUNITY NETWORKS: Differential exposure to online harm and misinformation	Birmingham Public Health Bolder Healthier Champions Network Birmingham Children's Trust BSol Integrated Care Board NHS England

Glossary

5G - The 5th generation mobile network. In telecommunications, 5G is the fifth-generation technology standard for broadband cellular networks, which cellular phone companies.

Artificial intelligence (AI) - Artificial intelligence is the simulation of human intelligence processes by machines, especially computer systems.

British Dietetic Association (BDA) - Professional association and trade union for UK dietitians.

Deprivation and Poverty - Deprivation is the consequence of a lack of income and other resources, which cumulatively can be seen as living in poverty.

Digital Connectivity - access to a fast and reliable internet connection (fixed or mobile) which enables users to benefit from smart and digital services.

Digital Divide - the between those who have ready access to computers and the internet, and those who do not.

Digital Exclusion – describes the condition of adults who have either never used the internet or have not used it in the last three months.

Digital Health Literacy - the ability to seek, find, understand, and appraise health information from electronic sources and apply the knowledge gained to addressing or solving a health problem.

Digital Health Tools - The use of technology to enable care collaboration, using hardware and software tools (e.g. cloud, Saas, and mobile technologies) to promote collaboration between patients, their carers and health and care providers.

Digital Inclusion - Being able to use digital devices (such as computers or smartphones and the internet.

Digital Inequalities - Differences in the material, cultural and cognitive resources required to make good use of information and communication technology (ICT).

Digital Poverty - The inability to interact with the online world fully, when where and how an individual might wish to.

Digital Services - Services provided over the internet including website hosting.

Digital Skills - Use devices like a computer, tablet or mobile phone for simple, personal and work tasks. find and use the information on the internet. understand how to be safe and responsible online. communicate socially and professionally using email, messaging and social media.

Digital Technology - includes smartphone apps, wearable devices (such as step trackers), and platforms that provide remote healthcare (telehealth).

Health Literacy - a person's ability to understand and use health information to make decisions about their health.

ICT - Information and communications technology.

IMD - Index of Multiple Deprivation is a relative measure of deprivation.

Internet of things - The use of everyday objects as connected devices that provide an additional function through digital technology e.g. smart home technology, such as smart thermostats or other connected devices.

Mobile computing or smartphone technology - The field of wireless communication and portable computers, such as tablets or smartphones.

NHS - The National Health Service

NHS App - The NHS App allows patients using the National Health Service in England to book appointments with their GP, order repeat prescriptions and access their GP record.

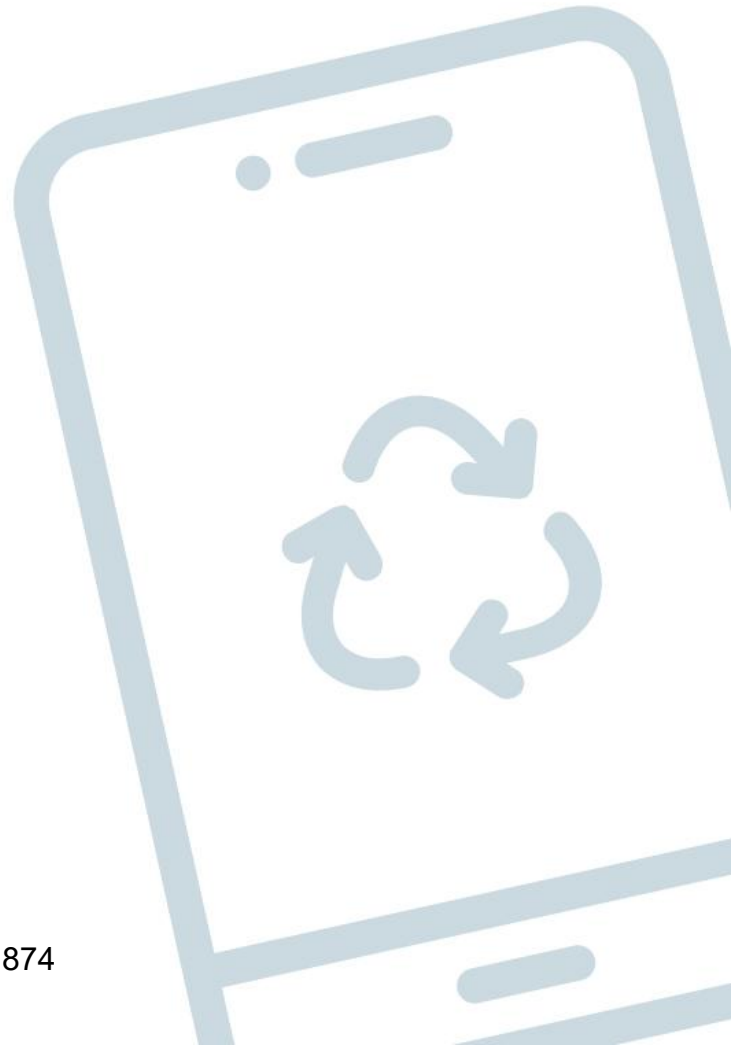
Personal and wearable devices - devices which are generally in direct contact with the wearer for long durations generate large quantities of data on specific biometrics or behaviours. Such devices include smartwatches, fitness trackers, implants, or patches with the ability to connect to other devices.

Social Determinants of Health - The social and economic environment, the physical environment, and an individual's characteristics and behaviours.

Socioeconomic Status - Encompasses a range of different factors, which can include education, income, and occupation.

Telemedicine - the remote diagnosis and treatment of patients using telecommunications technology.

Triage - The assignment of degrees of urgency to wounds or illnesses to decide the order of treatment of a large number of patients or casualties.



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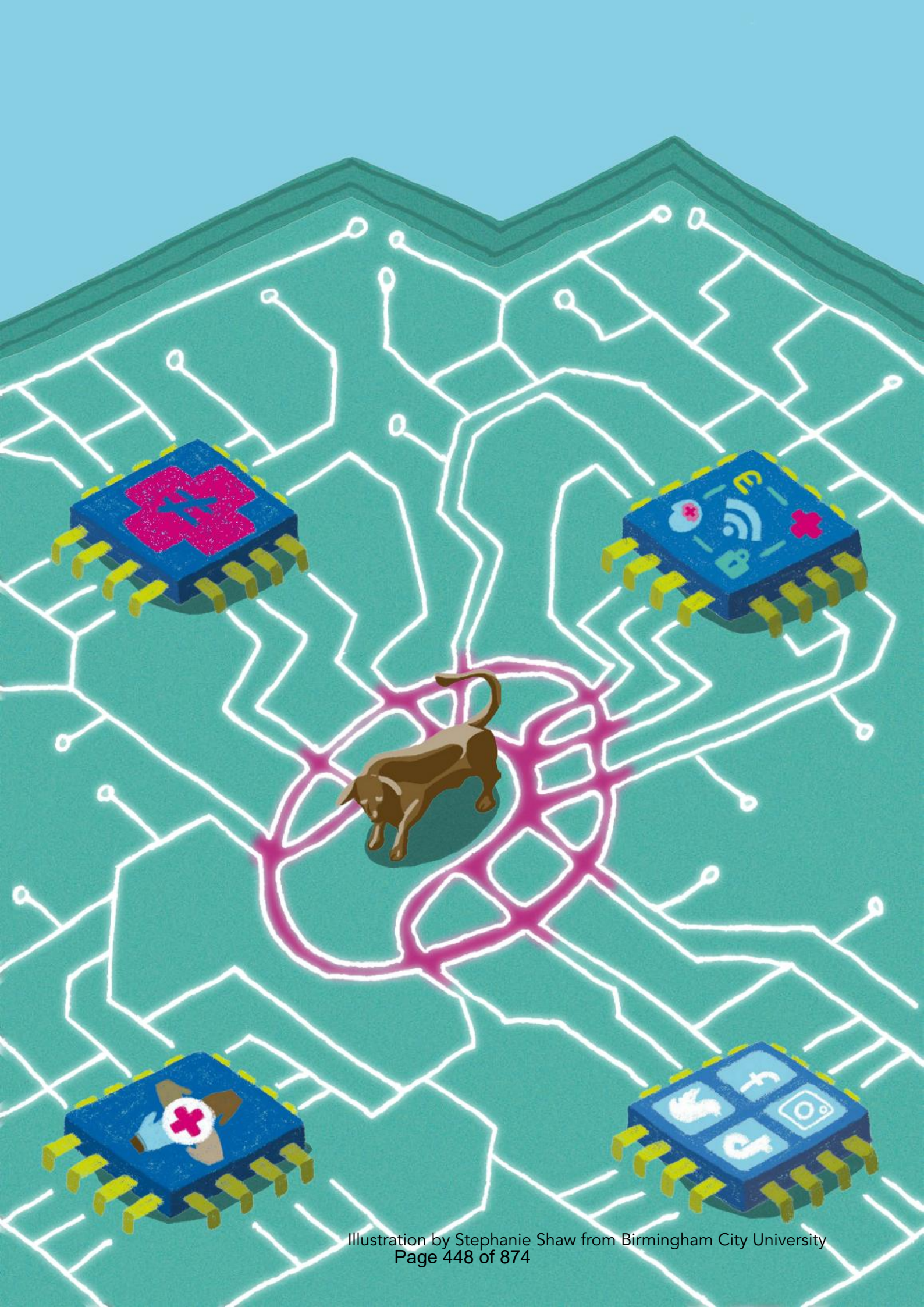


Illustration by Stephanie Shaw from Birmingham City University

Methodology

Commissioned Primary Research

Ethnographic Research

This commissioned study was completed by Neighbourly Lab. 12 Birmingham residents participated, generating insights into their lived experience of digital exclusion. The research sample consisted of the following:

- 2 x Black African/Caribbean adults (18+)
- 2 x Disabled adults: including those with sight/hearing loss, mobility challenges, and with long-term health conditions and mental health conditions
- 2 x Older residents (65+, 1x M, 1xF)
- 2 x South Asian males
- 2 x South Asian women (including those with child-caring responsibilities)
- 2 x People who are on low incomes (over the age of 18/ social grade D or E)

The rationale for this sample represented the city's diversity alongside groups that are more likely to be digitally included. There was much intersectionality between the participants, which helped to explore a range of perspectives. All identifiable information has been changed, including the names of participants. The research methodology included 12 in-depth research sessions, including an introductory pre-call, a participant pre-task and a 2-hour face-to-face ethnography. Meetings occurred at participants' homes and local cafes across different locations in Birmingham.

Focus Group Sessions

The commissioned study performed a series of focus group sessions to understand the attitudes of Birmingham residents towards digital technology and health. The outcomes have identified where the barriers to usage are as well as which solutions will be best introduced to mitigate them to improve the public's health. The focus groups included a diverse sample of the Birmingham population, including Asian and British Asian, Faith, LGBTQ+, Physical or Mental health condition, Unemployed and Younger adults (See Appendix 1 for a demographic breakdown of focus group participants).

Secondary Research

Evidence Review

The focus of the evidence review was to understand the relationship between digital technology and health and its impact on the aspects we discuss in the report.: The search involved a general examination of 'grey literature' available online and a specific search of relevant journal databases using key phrases. The databases and phrases used are displayed below:

Databases	Phrases
Sage Journals	'Public Health'
Taylor & Francis Online	'public health'
Wiley Online	'Digital public health'
Science Direct	'digital interventions'
ProQuest	'digital technology and health'

Digital Commons Network	'health inequalities' 'public health intervention' 'social media' 'digital determinants' 'digital mental health' 'digital health literacy' 'digital exclusion' 'digital inclusion' 'digitalisation'

The inclusion criteria for texts in the evidence review were:

- The original text must be published in English (so it did not need to be translated to be understood).
- It must have been published in the last ten years (from 2012 onwards) to reflect the rapid developments of digital technologies in that period.
- It must relate to at least one of the topics we explored.

We found 25 journal articles that fulfilled our inclusion criteria. This has been added to by 57 sources from a purposeful search of grey literature.

Practical Examples from Birmingham

We engaged with partners across the council, and the wider system, who have experience using digital technology in health-related projects. We asked a series of brief questions and devised a short case study based on their insights. The rationale is that we will be able to compare the approach of these local interventions to highlight good practice. Also, these are practical and local interventions used to support various communities that can benefit from interventions. The impact and the measure of the interventions have been investigated to test their viability for wider adoption by Public Health.

Analysis and Writing

The following report includes the context of the topic, the findings from the commissioned primary research, secondary research stages, and an analysis of the findings. The report has concluded with evidence-based possible solutions to the research questions along with a set of recommendations for future public health work on this topic. We have produced recommendations for actions that could help to mitigate these risks in future public health interventions. As part of this report, we have consulted with partners in Libraries, Digital Inclusion, Adult Social Care and partners in the Voluntary and Community Sector.

Appendix 2: Lessons Learned

- While trying to keep the scope of the report disciplined, there are already many different lines of enquiry to approach the issue of digital technology and health. Inevitably, there are topics that we have only made minimal reference to or excluded entirely. For example, we have tried not to discuss the clinical application of digital technology as this would require a separate investigation.

- We have sourced the majority of our definitions from NHS Digital and this may mean a less than comprehensive investigation of the field.

- Statistics on digital exclusion, uptake of services, and barriers in Birmingham have been extrapolated from national ones, and they are estimates. Calculations are also made by the likelihood of being in a more digitally excluded population group.

- The population of Birmingham has nuanced views on the use of digital technology for health improvement (and health matters in general). There was recognition that digital technology can bring about positive developments. However, there was also dissatisfaction with how the practical application seemed to make residents' lives harder, not easier.

- Stereotypes and pre-conceptions of digitally excluded individuals do not fit the reality of the primary research findings.

- The ethnographic research illustrates that it is very difficult to define an individual as completely excluded from digital technology (even the most avoidant has some engagement). The risk continues to be that the direction of travel is towards digitalisation and that current mitigations may be less effective in future years.

- The primary research focused on the experiences and perspectives of individuals rather than providing quantitative evidence on the level and impact of digital exclusion across Birmingham.

- The topic of social media and its effect on health and wellbeing deserves further exploration and assessment that was not within the scope of this report. However, we have situated the topic within our investigation and discussed social media's role in helping or harming health and wellbeing.

Appendix 3: Summary of Focus Group Sessions (including demographic breakdown of participants)

Age

Age	% of participants
0-18	3%
19-30	33%
31-40	19%
41-50	17%
51-60	11%
61-70	6%
71-80	8%
81+	2%

Ethnicity

Ethnicity	% of participants
English/Welsh/Scottish/Northern Irish/British	52%
Any other White background	0%
Mixed/multiple ethnic groups	10%
Asian/ Asian British	24%
Black/ African/ Caribbean/ Black British	10%
Any other ethnic group	3%
Prefer not to say	2%

Gender

Gender	% of participants
Male	56%
Female	41%
Non-binary	0%
Prefer not to say	3%

Faith

Faith	% of participants
Christian (including Church of England, Catholic, Protestant, and all other Christian denominators)	32%
Buddhism	2%
Hindu	0%
Muslim	22%
Jewish	0%
Sikhism	5%
No Religion	29%
Any other religion (please specify)	5%
Prefer not to say	6%

Sexual Orientation

Sexual Orientation	% of participants
Bisexual	5%
Gay	10%
Lesbian	3%
Heterosexual or Straight	57%
Other	5%
Prefer not to say	17%

Health Condition/s (if applicable)*

Health Condition	% of participants
Vision (e.g. blindness or partial sight)	8%
Hearing (e.g. deafness or partial hearing)	11%
Mobility (e.g. walking short distances or climbing stairs)	16%
Dexterity (e.g. lifting and carrying and carrying objects, using a keyboard)	5%
Learning or understanding or concentrating	11%
Memory	10%
Mental Health	46%
Stamina or breathing or fatigue	13%
Socially or behaviourally (e.g. associated with autism, attention deficit disorder or Asperger's syndrome)	3%
Other (please specify)	5%

**Note: percentages do not add up to 100% as participants allowed more than one option*

Thematic Topics

The everyday use of digital technology to improve participants' health

- Anxiety and frustration with using digital technology/ go online to book a GP appointment; "*I feel dependent as I can't do it myself*" "*It is embarrassing having to ask my children*"
- Digital technology as a means for improving mental wellbeing. One participant said "*I listen to music on Apple Music every single day and music for me is therapeutic, so that improves my mental health*"
- Those who were more committed to activity goals were more likely to use digital technology to boost their ability to track metrics like step count and weight; "*it tells you how many steps you've done and I've come to rely on that… I'm borderline diabetic and I've been told to lose weight*"
- Quality and intuitiveness to websites and applications can encourage or dissuade people from using them; "*there was a stark basic engagement with the NHS in comparison to using my private healthcare provider to book and conduct an online appointment leading to swift treatment*"
- In terms of activity, younger participants thought that digital technology helped because "*it is easier than going to the gym and paying someone*"
- The expectation that everyone uses digital technology and/or are digitally engaged can cause issues; "*they assume everybody has something in their house (that can connect to the internet) and that isn't the case*"

Participants' attitudes towards digital technology and their own health

- Some participants spoke about how digital technology is a good motivator but can also be obsessive and intrusive; "*My daughter is obsessed with getting her target steps in and will often just walk around the house to ensure she gets to 10,000 steps*"
- Positive attitude towards digital technology removing barriers and increasing access to information; "*it pushes me to be more active and find likeminded people*"
- Concerns around over-reliance on digital technology leading to limited face-to-face interaction.
- Some participants noted the easiness that digital technology has introduced when dealing with their health but reflected that it can only travel in one direction and make a person more reliant on technology than before; "*it make us lazy*" "*it's hard to reverse… it's only going to get worse*"
- Other participants said they were sceptical of health information being promoted online because it was difficult to differentiate between experts and non-experts; "*everybody seems to be an expert, but they're not trained… they could just be someone messing about*", *"Who monitors the information that's online and who puts information on there initially?*"
- Participants were worried about being overwhelmed by information on social media platforms and how that can have a negative effect; "*there is too much out there. Social media, it's too accessible for younger people to access… I have concerns about victimisation, body shaming, child exploitation etc*"
- The balance between health-supporting apps for physical health and the effect on mental health was discussed by some participants; "*I think if I just pick this and this with my time, I could be my healthiest self, but you end up looking at the polar opposite and it just pulls you down*"

- Some participants highlighted the concern that digital technology and/or broadband connection created contract or subscription costs that are difficult to balance with other necessities; "*well that's one of the things when you're unemployed, if you've got to pay a contract, it's going to be very difficult to eat or heat and pay that*"

Participants' attitudes towards digital technology and the wider health of the public

- Awareness of health-improving digital technology (e.g. wearables, health apps) but lack of full information and/or desire to use them; "*A fitness tracker or something that picks up when I am eating carbs would be good for me, but I can't afford it at the moment*"
- The potential to influence a wide audience through digital technology; "*it is a quick and easy way to get a lot of people fitter*". One participant used the example of Captain Tom who created an example of activity during the 2020 lockdown "*by walking around his garden and inspiring the country to get up and do something positive*"
- Concerns about system integration and different services not communicating with each other; "*How can one GP get to know what is wrong with that patient, but I have to explain myself to the next GP?*"
- The potential that digital messaging can have on public health campaigns was identified by several participants, although it needed to be more consistent; "*I see a lot of stuff around healthy eating in schools but the follow up doesn't happen and can't be followed up*"
- The ability of digital technology to socially connect people was picked up as an opportunity for public health; "*I think we have experienced that a lot within Covid, using games and apps. I think it has the social connectiveness with it as well – even though you aren't fully social you are still social*"
- Digital exclusion was identified as a downside of having the majority of information online; "*by having so much online and so much available through technology, you isolate potentially some of the groups who need it the most*"
- The use of health-related apps such the NHS Covid-19 app during the pandemic was recognised as a positive example of digital technology; "*when it's used to the good, you've only got to see the pandemic we've been through and at times they needed to act fast and contact certain groups*"

The issues with using digital technology for improving health

- Several participants mentioned having issues with storage and charging with digital devices which had knock on effects on how comfortable they felt using them; "*I have a step counter on my phone, and I worry about the space it uses up*" "*I worry about charging all these devices, now with energy prices as my children charge theirs up too*"
- Addiction to digital technology, even with the intention to improve health, can have a detrimental impact on mental health; "*you keep pushing yourself and pushing yourself every day, then that's probably not going to ed up being very good for you*", "*it just becomes addictive and becomes about the numbers… that's why I don't use it at all*"
- Concern from parents about what their children are accessing and how it can influence negative health behaviours; "*Protect younger generations because you can see eating disorders spreading… you see all these models and it makes them feel like they're not good enough*"
- Similarly, some participants said it was become more difficult to judge if health and wellbeing information was incorrect or misleading.

- Data control and privacy around apps that can track you was highlighted as a recurring issue; "*you could see where people's houses were, you could see if people were at home… that was the final straw for Snapchat for me. I don't want to be tracked*"
- Some participants did not have much confidence in online advice or consultations and were worried that increasing use of digital technology would leave them behind; "*Technology's moving so fast that even people who've grown up in the age of changing technology are now just struggling to keep up*"

Focus Group Questions (DPH Annual Report 2022/23)

The provider will be expected to host and facilitate the focus group/s using the questions specified in the report template from BCC Public Health. These will be supplied to successful providers after award of contract. The questions will be supplied with prompts that can be used to provoke further discussion around the topics below:

1. The everyday use of digital technology to improve participants' health.

2. Participants' attitudes towards digital technology and their own health.

3. Participants' attitudes towards digital technology and the wider health of the public.

4. The issues with using digital technology for improving health.

The number after each question highlights which topics this question is linked to, where applicable.

Engagement Questions

- What digital technology do you use in your everyday life? **(1)**
- Why do you use digital technology? **(1)**
- What kinds of innovations would you like to see in terms of digital technology that can improve health? **(1)**
- What types of digital technology have you used to improve your health? (gamification, etc) *Can you give an example of the last time you used it?* **(1)**
- What do you like/dislike about using digital technology to improve your health? **(1)**

Exploration Questions

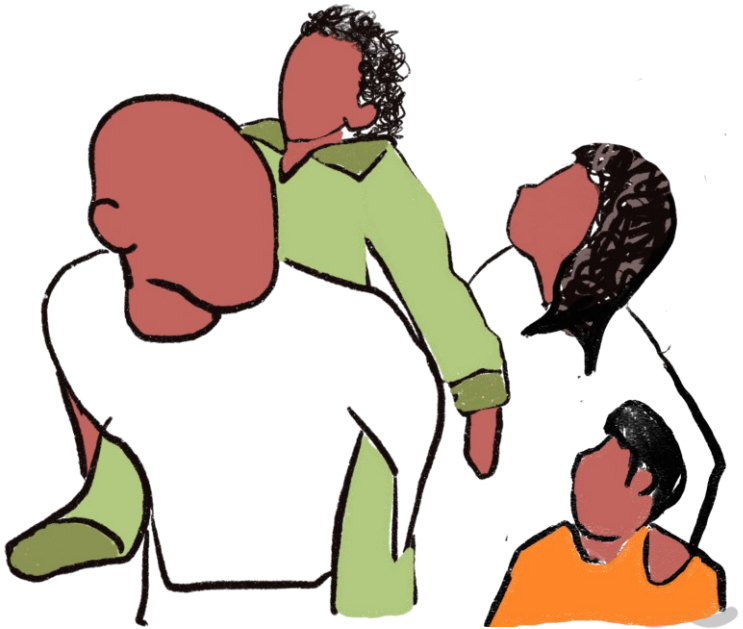
- How often do you use digital technology to improve your health? **(1)**
- What do you think are the pros/cons of digital technology in terms of improving your health? **(2)**
- What do you think are the pros/cons of digital technology in terms of improving the health of the public? **(3)**
- Which area/s of your life does the digital technology affect? (e.g. nutrition, physical activity, mental health, social, logistical) **(2)**
- How do you think you could increase your use of health-improving digital technology? **(2)**
- Can you think of any problems that might come from using digital technology for health improvement? **(4)**
- If there are problems, what solutions do you think there are? **(3/4)**
- Have you ever experienced problems using digital technology in the past? **(2)**

Exit Questions

- How has digital technology changed the way you live and/or work? **(2)**
- Do you feel like this discussion has changed your opinion (better or worse) around using digital technology to improve health? **(2/3)**
- Do you think there are any areas we have missed?

Digital Ethnography
For the Public Health Report

Contents



Background to this research

Neighbourly Lab were commissioned by Birmingham City Council to conduct ethnographic research with residents in the city. The purpose of this research was to inform the Director of Public Health Report with lived experiences of its residents around their experiences of digital exclusion and how this may impact on their health information and support.

Research objectives

- To understand the impacts of digital exclusion on health and wellbeing.
- To identify barriers to improving health and wellbeing through digital technology.
- To establish mitigations for said barriers in future public health activities.

Research methodology

12 x in depth ethnographic research sessions

Across four touchpoints

1. Introductory pre-call
2. Participant pre-task
3. 2 hour face to face in-depth ethnographic research (with an option to feed into the case studies).

Meeting in home and in local cafes according to participants' preference, across different locations in Birmingham.

Research dates: last week of August, first week of September 2022.

Recruitment information

Our aim was to speak with individuals who have experienced digital exclusion in some way or another. For the purposes of this project we want to focus on people who have either one of or a mix of the following:

- Lack of digital skills - e.g. they may have a smartphone but don't know how to use most of the apps.
- Lack of connectivity - e.g. no WiFi in their homes, or if they do no way of using it.
- Lack of accessibility- e.g. they have no access to devices to help them with digital tools.

Within this included people who have certain protected characteristics which may impact their long term health outcomes. For example, age, race, disability, gender: male, female or sexual orientation or religion. They may be facing a range of other barriers in their lives, such as longer term or recent unemployment, working on zero hours contracts, having low incomes or not having had higher education.

Research sample in more detail (lead characteristics)

- 2 x Black African/Caribbean adults (18+)
- 2 x Disabled people (gender to fall out): Could include people with sight/hearing loss, people with mobility challenges, people with long term health conditions and mental health conditions
- 2 x Older residents (1x M, 1xF)
- 2 x South Asian males
- 2 x South Asian women: Could include those with child caring responsibilities, not born in UK
- 2 x People who are on low incomes (over the age of 18/ social grade D or E)

Hearing about the lived experiences of these different people is invaluable for moving beyond the labels of ‘protected characteristic’ and ‘digital exclusion’ to understand what it means in reality

- The richness and complexities of the lives of residents with protected characteristics in this sample are crucial to keep in mind in providing necessary services and support for them.
- There is much intersectionality between the different groups that it is important not to view them as discrete audiences.
- It is important also to note that the majority of people with ‘protected’ characteristics’ do not define themselves by these characteristics, but often experience barriers and challenges as a result of them.

Overview of this sample

Residents don’t see themselves as digitally excluded

- They see themselves as ‘old school’, preferring face to face communication and print vs digital.
- However, they do recognise gaps in their tech knowledge, confidence and access compared with other people in their lives.
- It is these people that they rely on to help them access content, download apps, explain usage and functionality and sort problems out.
- They have adapted to life in a digital world by finding workarounds for their tech challenges, including asking for paper copies of documents and going to libraries for devices or printing support.

Most feel able to go through their daily lives without using tech

- People in this sample expressed a preference for going into banks, shops, doctors, libraries to get their needs met. This formed an important part of their routine, encouraging them out of the house and interacting with others.
- Levels of exclusion seemed to vary with each person, depending on what they needed to access, their purpose for using the tech and what support they have around them. Most people had someone they could ask but some were more reticent and did not feel comfortable doing so.
- Among those for whom tech does not form a necessary part of their working lives, because they were either not working, or in manual or driving roles, their digital exclusion seemed less profound.
- Among those for whom tech was increasing part of their jobs, their digital confidence and access was more of a challenge and added an extra burden to their working lives. This caused stress for them.

Health and wellbeing tech usage seemed low with the people in this ethnographic sample

- Most had heard of the NHS and COVID apps, with low uptake on both (unless they needed to show the pass to travel).
- Preferences across sample were for in-person vs online appointments and for telephone booking systems and paper based communication and information (leaflets / referral letters).
- They appreciate popping into the pharmacy for an expert opinion vs Google which can overwhelm. The pharmacy is a regular point of health support and information.
- Some use of YouTube for wellbeing or physio exercises, only if directly recommended and if shown how to use.
- Low usage of activity trackers or other wearable tech, although they acknowledge the benefits, they don't see it as 'for them'.

Getting closer to understanding our residents: thematic analysis

To better bring to life residents' attitudes and experiences of digital exclusion, and how this impacts on their health and wellbeing, the following section disaggregates:

- Levels of digital **confidence**
- Levels of digital **connection** and tech **access**
- **Impact** of these exclusions on their health and wellbeing

It then breaks down the residents into four categories and explains them in detail.

Levels of **confidence** with **digital technology**

Low confidence

- Actively choose not to use tech as it causes much anxiety and is felt to over complicate simple things.
- Lack trust in the information they are given.
- Prefer to do everything **in-person, or over the phone**.
- Prefer human conversations when they need support.
- Fears around **data protection** and security.

Medium confidence

- Need **support** and encouragement from others to **get started** with technology.
- Know some **basics** but haven't evolved tech knowledge beyond this.
- Use tech for **essential tasks**, such as online banking, but need to be shown and helped regularly.
- Concerned about **data protection** but not anxious.

No one reported as having high confidence with tech - even the younger people in this sample.

Levels of **digital connection and tech access**

Low connection and low accessibility

- **No wifi at home** - tend to hotspot from mobile phones if connection is needed.
- Either never had wifi, or had it and cancelled due to poor connection or being **too expensive**.
- **Tend not to need wifi** for work or schoolwork.
- Use **WhatsApp** on mobiles to speak to family.
- **Don't tend to use apps** apart from social media, mainly Facebook (to see what's going on rather than posting).

Medium connection and medium accessibility

- **Have devices at home**, but typically only use their phone.
- **Mix of wifi and data**, but tend to use phone to hotspot as the signal is better.
- Tablets and laptops can be left **disused.**
- If needed for work, can be **frustrating and anxiety inducing** when the signal is bad.
- Don't like cloud working or shared drives.
- Use **workarounds** when they need better tech, e.g going to the library, uni or family.

High connection but low accessibility

- Some have wifi at home but only use phones so **aren't on devices much**.
- Some have devices shared with family, but **prefer others to manage the tech side of things** so don't use devices other than phone and Alexa.
- Some have connection, but neurodiversity and mental health prevents them from accessing content. It can 'scramble'; in their brains and be **hard to navigate and experience.**

Impact of these **exclusions** on their **health and wellbeing**

Higher impact

- Lower trust of health service generally. Have a range of different and complex conditions and don't feel like there's a central person looking out for them.
- Struggle to get GP appointments and feel especially **neglected** since COVID.
- Don't understand the information they receive, can feel **overwhelmed** and need it all explained.
- **Don't like services online** - see it as a fob off rather than efficient - *works for doctors not patients.*
- Don't Google conditions due to **no trust and high anxiety.**
- Don't bother with wearable tech and **don't see a need for it**.

Medium impact

- Mix of **positive and negative experiences** with the doctors, usually positive experiences dilute the negative ones.
- Or hardly have contact with the GPs/ healthcare to develop high or low trust, so **remain neutral**.
- Understanding of the complexities and demands on NHS and know that you can't blame a single person for issues or things going wrong e.g late referral letters.
- May look up info online, if recommended but **prefer to talk to someone** as they're overwhelmed with what's out there.
- May listen to YouTube or watch content online to help them with

Lower impact

- These residents have experienced **positive touchpoints** with healthcare staff and have often 'got better' as a result.
- Feel more **confident** in asking questions about their health and wellbeing and more **open to suggestions .**
- They are seen to **quickly** and **compassionately**
- Family have had similar experiences.
- Will follow links they've been told to but nothing more.
- If gifted wearable tech will wear it, but don't seek it out themselves.

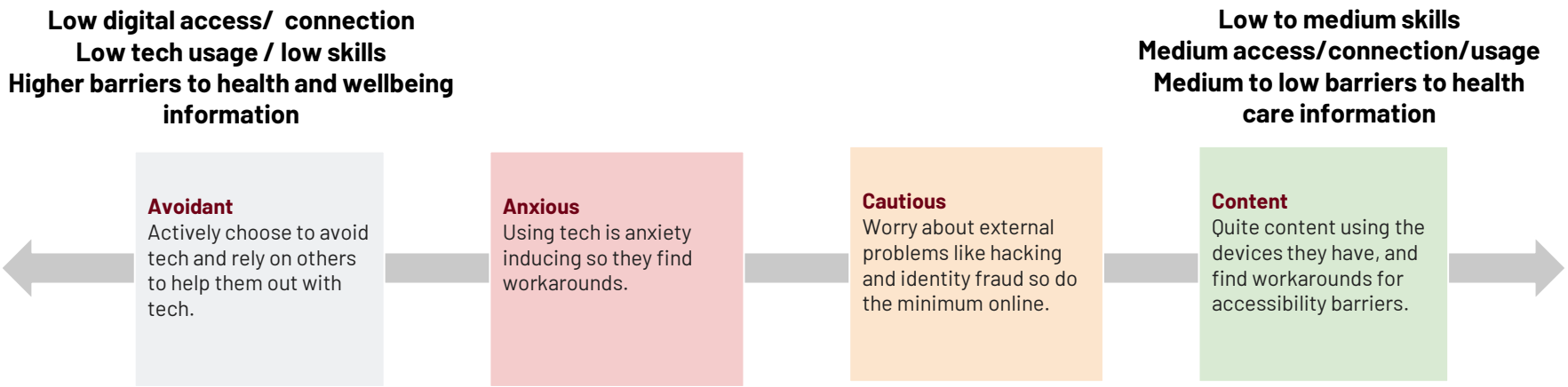
- Based on digital confidence and digital access, as well as the impact on of these exclusions on the their health and wellbeing, we mapped residents from this sample onto a continuum.

- We established four categories: Avoidant, Anxious, Cautious and Content.

- These categories are useful to more deeply understand differences in how residents experience digital exclusion and how this relates to health.

- However, residents do not differ greatly in terms of their needs and the ways to engage and support them as services shift towards digital ways of working

Continuum of resident types related to their digital exclusion



Putting residents into categories is useful for understanding their attitudes and behaviours with a view to exploring the implications for public health and other teams.

It is important to note that these aren't fixed categories, they are a spectrum and people can move into different categories based on their life circumstances.

About people who are **Avoidant** about **Digital Technology** and the **barriers they face to improving health and wellbeing**

Low to medium trust of health care, low tech skills, low access, often have MH or neurodiversity

- **Feel powerless** in the face of tech so do what they can to avoid it.
- In-person world feels more known and predictable, even uncomfortable situations, e.g grumpy receptionists, poor GP support, are better than dealing with tech.
- Prefer to go into services and businesses to get needs met, don't see it as time wasting, in fact see it as quicker as they are slow and hesitant in tech use.
- Understand the value of technology but have **little desire to learn** how to use it or adapt as it evolves. Don't apologise for it. Mostly have other people who are willing to help/do it for them
- **Fearful and distrustful** of the information within the internet, so don't tend to look up health and wellbeing information.
- For some with mental health challenges, and neurodiverse conditions, information and attachments, websites and colours can **overwhelm** and be a barrier to use. Plus navigating new sites takes time
- Some expressed being happily **resistant to change**, as long as there were parallel worlds so they could stay in the same place. If it all becomes digital they will need a lot of help otherwise there could be risks to their health and wellbeing and potentially increased demand put on pharmacies as they seek face to face support.

About people who are **Anxious about Digital Technology** and the **barriers they face to improving health and wellbeing**

Low to medium trust of health care, low tech skills, low access, could have mental health conditions or be neurodiverse

- Feel powerless generally over relationships, finances and health information - want to have some control over their living situation.
- **Low confidence** in skills generally, feel **overwhelmed** by information and that it is hard to learn new things. Need hand holding and repeated support. They ask for help and want to do better but it takes them a while to understand how to use new apps and download documents.
- Downloading information and searching things online adds to anxiety as they **worry they'll break things,** or make things go wrong.
- Understand the value of technology and try to do things but get easily overwhelmed by new iterations or information presented on screens. Would rather not engage with it.
- Prefer information to be given verbally, in print form and leaflets. Minimal words and bitesize chunks are simple and easier to digest, otherwise they get easily overwhelmed.
- Have multiple interactions with GP, hospitals, pharmacies and specialist services. Often frustrated with answers they receive, or with long lead times to appointments, but don't complain or seek alternative information. **Worry** when prescriptions or letters go missing, including via the NHS app.
- May look at wellbeing or therapeutic resources if they are on YouTube and easy to access with a specific link. Will usually get help accessing things the first time.
- New things can increase **anxiety**, so maintaining the status quo feels safe. They would require a lot of hand hold, reassurance and support in any shift to digital

About people who are **Cautious about Digital Technology** and the **barriers they face to improving health and wellbeing**

Medium trust of health care, low tech skills, medium access to data and devices

- Mixed experiences of tech. They may need to use it for work, but are aware that their **skills haven't evolved** as quickly as the tech has. They **feel left behind** and a bit embarrassed by this. This means their level of exclusion moves about and can vary over time. They are open to learning but it takes them time and they need repeated support.
- Tend to **worry about external threats** more than their own tech exclusion, fearing hacking and identity fraud, so tend to do minimum online to stave off danger. This is fuelled by TV shows, personal experience of scams and fake texts and makes them feel **vulnerable.**
- Mistrust Google, **not sure who or what to believe** so avoid it as much as possible. Can get **overwhelmed**. Rely on experts to give them information and advice. Also ask friends and family they trust for advice.
- Wouldn't use wearable tech or apps to support health and wellbeing as this is **out of their comfort zone**. Even when family put them on devices, they aren't used.
- Look after themselves, keep themselves safe and do things as they've always done. Would need support and guidance and reassurance about the safety and provenance of websites. (NHS logo isn't enough- *could be fake*)

About people who are **Content about Digital Technology** and the **barriers they face to improving health and wellbeing**

Medium trust of health care, low tech skills, medium access to data and devices

- Main source of tech is their phone. Tend not to have much digital or device access. If needed they will be **proactive in finding workarounds** for accessibility challenges, e.g. seeking out local cafe with free wifi or going to their university library. However they don't see this as a challenge, as it is not frequent.
- They **acknowledge the benefits of tech** and when they get to grips with an app are likely to use it. However, these tend to be for more social purposes, like Facebook, functional purposes like tracking deliveries or for studying or special interests. Once they've completed the task they put it away.
- This usage behaviour has them believing they use tech less than their peers who have more devices and wifi, but they don't think they are missing out on anything or lacking in information. They've **got what they need**. They know that **people will help them** or introduce them to something new. They see themselves as less tech-confident than peers.
- Most tend not to use tech for things like health, banking, or shopping. They have **concern** that these hold too much personal information and **can't really see the point** as 'real life' choices still work.
- Prefer communication via phone and face to face. If they need information and advice, they will go to the doctor, or pharmacist but may occasionally look things up if they need to. They have the NHS Covid Pass on their phone out of necessity, but nothing else to do with health. They know their phone counts steps, but they don't check it.
- They can't see why things need to be more digital for them and are **not inclined to change their set up** as it is working well and fits with their lifestyle and needs. However, they can see why others might have a different view.
- If they had to shift online, they would but would rather not. They would need to be shown what to do and convinced of the need.

Recommendations for how to establish ways of overcoming said barriers in the future public health activities

Below are some recommendations for how to help residents, so that they feel able to use tech to access health and wellbeing information and support

Update

Keep residents **informed** about changes to their GP / health services, especially if services are moving online.

Show

Ease residents into using digital technology through hands-on training and be available to give **guidance** throughout. They need regular 'hand-holding' as it scares them and they have little confidence.

Help

Be available to give residents personal **support** with their online needs within a reasonable timeframe. Meet them where they're at - use pharmacies and GPs spaces to provide support , libraries too

Reassure

Assure residents that the platform is securely **protected** and that their personal data will be kept safe.

Communicate in a supportive, kind tone to help residents feel at-ease while learning.

What these recommendations could look like in practice

- Offer **support** with the transition into using any digital platform through practical **training**, encouragement and onboarding. Offer these on a continuous basis for residents to gain gradual proficiency and at different starting levels, for both beginners and for those who already have some familiarity with technology. Allow them to feel able to ask as many times as needed. These could take place at GP surgeries, pharmacies and community spaces with which they are feel comfortable. Key is **building trust** that this **benefits** them and is worth them doing. This will help it all to feel 'joined up'
- Give clear and frequent **notifications** of any upcoming changes to be made to health services well in advance, to give residents adequate time to prepare and seek training. These notifications should be given verbally and in print, such as letters. Avoid too much information.
- Consistent **technology support** should be made available and must be **well-signposted** so residents know how to find help as and when they need it. **Tech champions or buddies** could help those with less support around them, some people have no-one and others don't like to ask.
- Alternative methods of accessing health services, such as face to face contact and by phone would ideally remain **accessible**.

Any digital services need to be accessible to residents

- They need to offer a **simple** sign up and log-in processes to minimise cognitive load to residents, such as having to remember difficult passwords.
- The features of the platform need to be **clearly labelled** in simple language and supported by standard icons to convey different functions.
- All features need to be designed in an **accessible** manner through high colour contrasts and large fonts.
- Content provided needs to be simple and use **easy-to-understand** terms which mirrors users' language - medical jargon should be minimised to prevent confusion.
- All content relating to a specific topic needs to be **collated** together on one page - use of page suggestions / related searches should be minimal to make information easy to find and avoid overwhelming residents.
- Signal ways to **access further help**, for example adding the links to book an in-person appointment or providing the phone number for their GP surgery.

Case Studies

Continuum of resident types related to their digital exclusion

Low digital connection
Low tech usage
Higher barriers to health and wellbeing information

Low to medium skills
Medium access
Medium to low barriers to health care information

Avoidant
Actively choose to avoid tech and rely on others to help them out with tech.

Anxious
Using tech is anxiety inducing so they find workarounds.

Cautious
Worry about external problems like hacking and identity fraud so do the minimum online.

Content
Quite content using the devices they have, and find workarounds for accessibility barriers. Can seem ambivalent

Lance, 68

Sarita, 42

Kiran, 49

Lorraine, 58

Jennifer, 66

Barbara, 73

Mahmood, 51

Zaineb, 21

Desmond, 65

Kev, 32

Mo, 22

Warren, 54

Avoidant

"If I need something from the doctors I'll write down my list of ten questions and bring it with me so I can ask everything at once. I've even done it for my friends, some of them aren't as bold as me so I'll get them to write out their lists and go with them to the appointment to make sure they ask". (Lance, 68)

Lance, 68 years

- Chooses not to have wifi at home since he has never used it.
- Only uses his desktop to sync CDs for his music passion.
- Will make GP appointments by phoning number on the back of the doctors' letters and speaking to the receptionist.
- Doesn't search for medical information online - will write out a list of questions and bring it to his doctor's appointment.
- Struggles with setting and remember passwords for things, his son has to remember them or will help him reset them.
- Doesn't see the need for technology but if he needs help his friend will teach him.

Avoidant: Lance, 68 years

I'm 68 and I work part-time as a driver. I also do DJing on the side, that's my main passion. I'm old fashioned so I'm not using memory sticks or anything like that. I have vinyls and I also create my own CDs. It's quite easy, I have all the tracks saved on my computer, so I'll copy them to a CD and save it to a hard-drive as a backup, just in case. My daughter always tells me there's a way to listen to music on the phone but I don't use those things, then you're killing the quality of the sound. I prefer my TV system connected up to my speakers. If I need help with setting things up my mate sorts me out. I'll call and take instructions from him over the phone or sometimes I'll draw him a diagram to show what I'm trying to do and he'll say how to fix it. He updates my computer for me too. I'm happy because whenever I go to use it, it's working. I'm not interested in all the update things, I just want to get on with it. I'll always get him a pint and a meal after to say thanks.

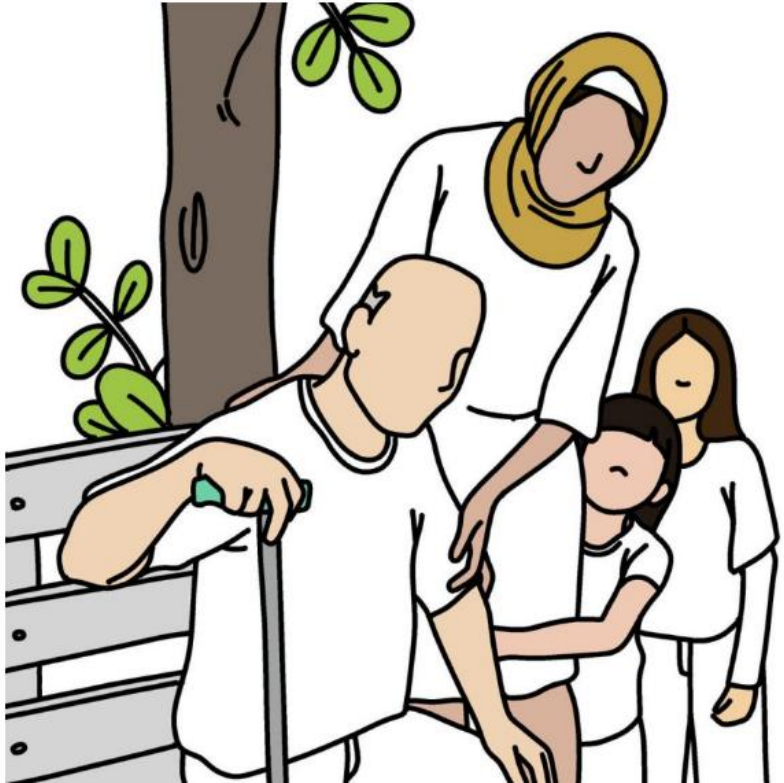
I have a laptop too but it won't do much since I don't have broadband. I had it before but I was out at work all day and paying £35 per month for something I didn't use so I got rid of it. It was just wasting money. I don't search for things online so I don't need it. My daughter is always surprised that I find new music artists before her when I'm not using the internet, but I'll go to the vinyl shop to see what they're selling and read the credits on the back of the record. I don't like Google, you don't know who's telling the truth.

Avoidant: Lance, 68 years

Even with doctors' appointments I've never used Google. Usually they send letters so I find the letter, ring the number at the top and tell them I want to speak to the consultant. If they tell me to book an appointment another way I'll just keep ringing them until they give me an appointment. Before I go I'll write down all the questions I have in a list and I'll bring it with me to ask the doctor. I'm always forward with them because otherwise you get to 60 and get forgotten about.

I don't understand why people need all this technology. I haven't seen things like wearable watches but I don't see the point anyway. Why would you need to count your steps, to your mate that means absolutely nothing. I just do exercises in my living room and do press-ups to my music, between music and sport I'm happy. The only thing I'm a bit worried about is letters going online because first you need a username, password, a capital letter, eight digits, plus you've got to actually remember it. I've gone back to my son before asking "did I tell you my password" and usually we have to make another one. They should offer classes for people to learn passwords and then maybe I'd be able to pick it up.

Avoidant

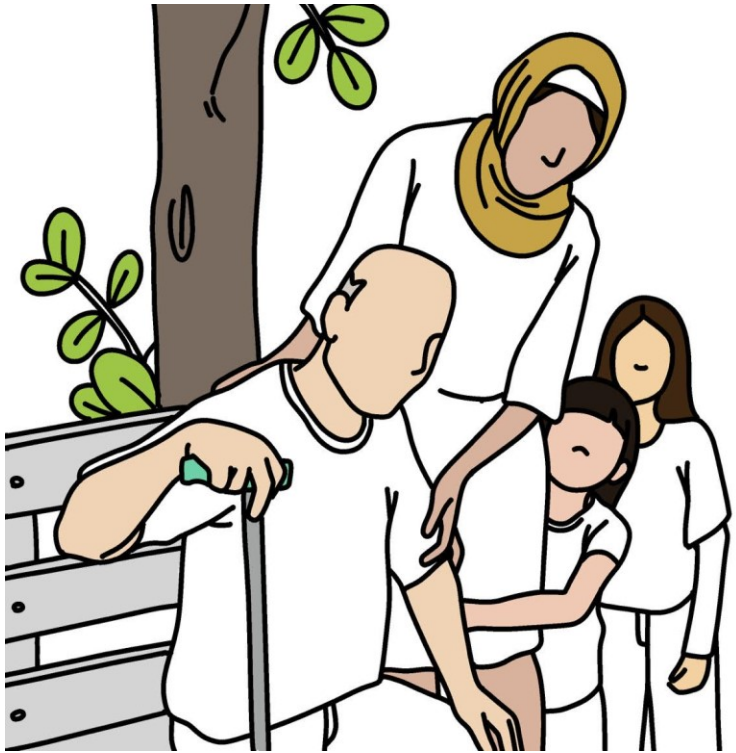


“I get so overwhelmed by technology that I avoid it as much as I can. It’s meant to keep things simple, but it doesn’t work for me, I don’t get any benefits. Even opening an attachment makes me stressed”.

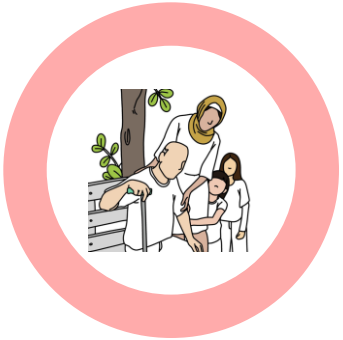
(Sarita, 42)

Sarita, 42 years

- Has some complex mental health conditions, which she feels can be triggered and exacerbated by needing to use tech.
- She manages her health in-person and on the phone. Prefers everything to be physical, go and order prescription and pick it up. Online prescriptions and no human communication cause increased anxiety- has previous experience of meds not being sent through.
- Finds workarounds with tech in means of communication with various specialists. Daughter is in CAMHS and parents are unwell, so relies on husband and sister to unscramble information and liaise on their behalf.



Avoidant: Sarita, 42 years

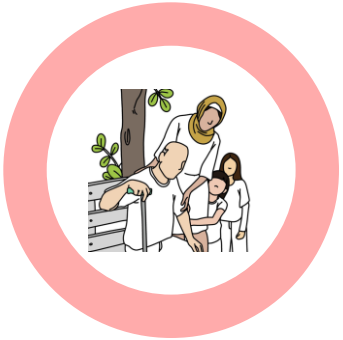


You wouldn't know it from talking to me, but I'm not all modern Asian like I seem, I'm a bundle of stress and doubt caused by my mental health condition. It runs my life, although at the moment I've got a handle on it... just.

I'm very lucky as I have a supportive husband, wonderful young children and amazing sisters, but you know what it's like, I don't want to worry them. If I can feel an episode coming on, I'll go and drop into the mental health team and get what I need from them. They know me very well. They know what I'm like, and check on me and that my medication is ok. I'm very lucky, I don't think I'd be here if it wasn't for them and the trauma support they've given me. They also know that if they send me an email, I won't read it. So it's better to text or phone me! They tried to get me on a meditation app- no way, I'd rather do the cleaning to unwind.

There are lots of health teams looking after my family, thank god, My dad's slowly dying with a range of illnesses and my mum's got dementia. It means that me and my sisters need to take them to a lot of appointments and keep on top of everything. We've got it sorted, my sisters do the admin and the online booking and updating, and I drive them to all their appointments. At least I can be useful, even if I'm as bad as my parents at tech.

Avoidant: Sarita, 42 years

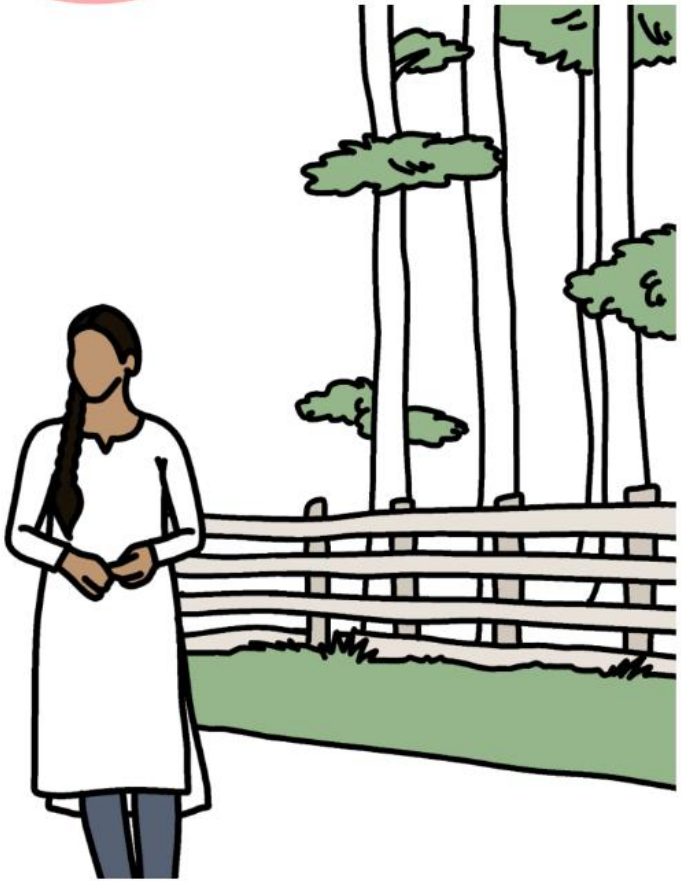


My husband helps with all my daughter's appointments, and will print everything out for me, so that I know what's going on for her too. She's been under CAMHS since the beginning of the summer, she has mental health issues that I totally missed. I have to forgive myself for that. I just thought it was her ADHD but wonder if this is the beginning of something else.

I know it sounds ridiculous not being online and sorting everything out that way, but I don't trust it and get totally overwhelmed by it. I have to find ways that I can cope and avoiding tech is one way. I have had a go, but it has gone wrong. With online shopping, I tried, but I ended up with 11 packets of biscuits instead of one, and I couldn't change it, so I leave well alone. Tech does not make my life simpler

Once I tried to do a prescription online, but it didn't go through, so I ended up in a state as I was without my meds. No one told me it hadn't gone through, it was only when I went to pick it up that I found out. I can't function without my meds, it's not like taking paracetamol. I'd rather go in and pick up prescriptions, that way I know I've got what I need and I know where I stand. Different things work for different people and they need to remember that.

Anxious

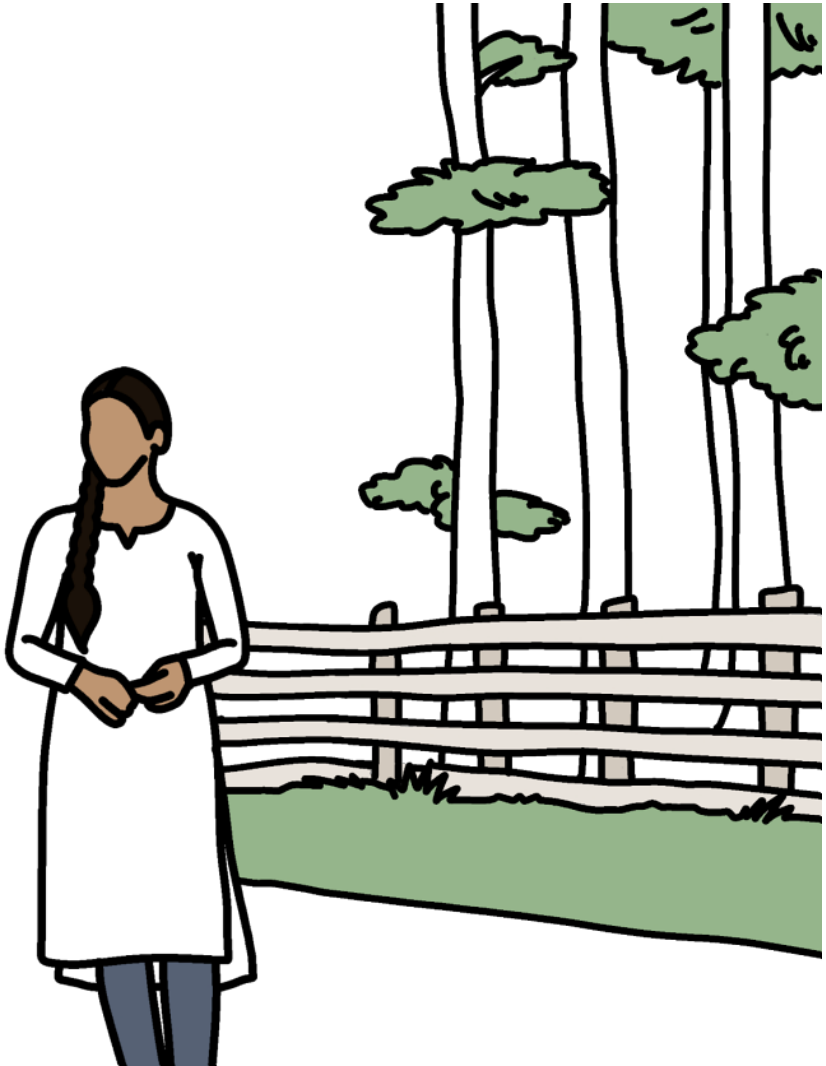


We've moved to Teams since the pandemic and I've really struggled with getting my head around it, I haven't got a clue. Once I deleted some important files by accident so now I print everything out and keep it in folders. I also have poor wifi so it throws me out of meetings and I have to keep reloading it. It all totally stresses me out.

(Kiran, 49)

Kiran, 49 years

- Struggles to use Teams for work but has colleagues who can help.
- Has poor wifi and data which can prevent her from using devices.
- Doesn't use online banking because she fears potential hackers or doing something wrong - would prefer to go in person.
- Hesitant to use apps in case of unintentionally subscribing to something.
- Has printed copies of everything as doesn't trust things being stored online.
- Uses the Calms app for meditation to help with anxiety and insomnia.
- Has a network of friends who all share medical tips and advice with each other.



Anxious: Kiran, 49 years

I'm 49 and I work in banking. Since the pandemic we've moved from working in the office to working at home so I've had to learn about video calls and sharing documents. It's been difficult to absorb. There have been times when I've tried to share a document and instead have pressed the wrong button. I ended up leaving the meeting and couldn't get back in. Other times I've deleted important documents. It totally stresses me out and I haven't got a clue most days. I also have poor wifi and data in my area so it makes things worse. I keep losing work when it doesn't save and it often throws me out of my meetings. Sometimes I even stand holding my laptop out the window to try and get a better connection. But I'm lucky my work has tried to help, they've given me tutorials with how to use things and they sent me a booster to help with my signal. I'm not afraid to ask for help but I do feel like a burden sometimes. There's now a running joke with my colleagues like "what does she want this time".

I was happy with how the system was before but I understand that the world is changing so I'll have to move with the times. I do want to improve with technology but I'm quite old school and it all makes me a bit anxious. All my work documents are printed out on paper and put in folders. I even do it with any letters from the doctor. It's just better knowing it's there. Even if it's stored online, it's also printed out. I can't lose it if it's in two places.

Anxious: Kiran, 49 years

I also prefer speaking to the doctor in person. I struggle with booking appointments because of my poor signal, sometimes the phone goes dead while I'm on the line to the GP surgery but eventually I get through. I can't do searching for symptoms online either. I want to speak to someone and that way I know where I am. I don't feel comfortable just relying on what it says online or on Google, I need to run it past someone. I have menopause symptoms at the moment, my doctor hasn't officially diagnosed me yet but I know my body. It helps that I have friends my age so sometimes we'll talk about things together like our symptoms if we're struggling with hot flushes. It helps to know it's not just me and to have a support network.

During COVID I felt a bit isolated because I live on my own so I started going for five mile walks everyday. My partner set up an app on my phone to map my walk and it would track the steps. I've heard of a Fitbit which tracks it better because sometimes you're not carrying your phone in your pocket. It could be useful but I'm always worried with these apps that I'll accidentally press and subscribe to something or buy something I didn't mean to buy.

Anxious

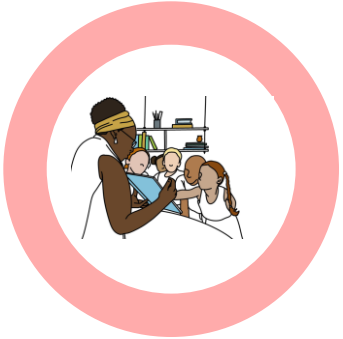
"I won't use things on my phone that I can't understand. I find it scary to be honest. Even when we had to upload COVID tests for work, I couldn't do it . So I'd send a photo of my test to a colleague and she'd help. I'm lucky that I have people to help me".

(Lorraine, 58)

Lorraine, 58 years

- Neurodiverse, so finds the world on screens challenging to process.
- Uses workarounds with help of colleagues and daughter, and voice activation programmes.
- Afraid of bringing in viruses, doing something wrong, as well as people stealing her identity, so doesn't use apps or anything online if she can avoid it.
- Has long covid and some complex health conditions, but only wants to see doctors in person and phone up- even if being on hold is tiresome.
- Never looks up health information, can't trust anything online.

Anxious: Lorraine, 58 years



I'm nearly 60 and I do my best, but tech totally stresses me out. It makes me feel really isolated and I already suffer with anxiety, having to use tech makes it worse. My brain doesn't see things on the screen as it should and it all jumbles up at me. I get panicky and just wish I didn't have to use it. But I do. I've always felt like this and thought it was me. But a few years ago, it was discovered that I have a type of dyslexia that makes basic processing really difficult. I don't have a problem reading simple text or writing myself, but screens are awful. I got help through college recently when I was doing a degree and it was online. I would struggle so much that my lovely tutor stepped in and found me support. I thought it was because I was stupid, but once they gave me software to help me with audio support I started thriving on my course.

I'm a Teaching Assistant and to tide me over I've also been doing some in-home care work. You'd think that both of those roles mean you don't need tech. Well, in today's world you do, we've had to fill out all our patient information on an app. It takes me ages, I don't see why I can't just write it down. It adds so much more to my workload and mental load as I know that I have to do it when I get home, instead of on the job as they intended.

Anxious: Lorraine, 58 years

As a TA it's really stressful if the teacher leaves the room and asks me to teach off the white board. I try all sorts of ways to cover up my inadequacies with tech, by getting the kids up to help. It's so stressful, I keep thinking. They've never given me training either, and now I feel too stupid to ask for help.

The only person I feel I can ask is my daughter. She's used to all my anxiety. She's so good at helping me with things and will read them if I need to. I always ask her to go straight to the phone number so I can write it down and call the people if I need to. What if I delete the message and haven't printed it up? I like her by my side if I have to pay bills online, it stresses me out that we have to do it like that. I could be sending my money to anyone, anywhere. I'll always try and do things over the phone.

I've got long COVID. I've also got another condition that's been going on for while and I really need to see my GP. They keep giving me online appointments and I don't like that, I'd rather wait until the doctor can see me properly. I have letters from them that I've printed out, and the only bits I've read are the bullets. The rest is too much and I can't take it in. I'm ok if someone sits with me and goes through it. To be honest, I hope there's always an option to be face to face and speak to people otherwise health will become more stressful.

Cautious

"You don't need to know everything but for your own wellbeing you need to not be completely left behind and live in a bygone era. Keep yourself safe but be able to bit by bit embrace the new and it might make things easier. Saying that, I can only do it as my son helps me every step of the way and reassures me that I'm safe."

(Jennifer, 66)

Jennifer, 66 years

- Has a tech enabled home, spends her time on Facebook and using Alexa. Likes the function of talking to Alexa and Alexa talking back - much easier than using screens and downloading information.
- Used PCs at work and since retiring has lost confidence.
- Feels quite targeted by advertising and cold callers and thinks that apps and websites make her more at risk of scams and hacks.
- Has recently had cancer and got a chronic condition so speaks to specialists and her nurse regularly, avoids looking anything up online, as not sure what to believe.
- Likes looking after herself, eating healthy and doing some self-care.

Cautious: Jennifer, 66 years

Coming here, you probably think I know what I'm doing with tech. I've got a newish phone, Alexa Dot and a big Apple mac in the office upstairs ... but it's all my son's doing, he put them in and told me it'll be ok as I can talk to them! I think he's worried I'll become a wrinkly dinosaur! I admit I don't want to end up like my mum, who's in her 80s and refuses to have a go with tech even though we've bought her an iPad; but I do worry about what could happen to all my data and information.

When it comes to apps, I don't have a clue. The only one I'm good on is Facebook. My husband has put all the banking apps on my phone. Great - until my phone gets lost, stolen or hacked...and then what? That's the bit that worries me and I don't understand so well. He put face ID on it, so it should be OK. Look, you have to move with the times but you can still be worried about what's happening behind the scenes. I know I drive my son mad as it takes me time to take it all in, but I'll get there eventually. He laughs because I get Alexa to tell me my shopping list and then write it down. But it works for me.

I've worked all my life and was an EA, so I can use typewriters and computers, and was used to the internet, of course. I've only recently retired. I hated Teams, it took me ages to find the blur so everyone saw my house. It's the pace of change and the range of information that is out there that can be intimidating. So I try to limit what I ask and access.

Cautious: Jennifer, 66 years

I've recently fought cancer and I've got a chronic autoimmune condition and I'm trialling a new therapy regime, as it's gotten worse. So I have quite a lot to do with doctors, different hospitals for check-ups, medicines and all that! I don't mind as it's all making me better and I'm so grateful for all their hard work. I try not to look things up online, if it's gossip about someone famous with a similar illness to me I might, but I don't look at symptoms. It would send me into a spiral. I'll ask my nurse, or my specialist if I've got side effects or new symptoms, like recently i've had some nodules grow and I called up and I'm booked in for an op in a month's time.

I prefer to book everything over the phone and meet face to face. I'd rather be on hold, number 8 in the queue than have to navigate a complicated website. It would worry me that my appointment wasn't booked or that my prescription wouldn't turn up. My GP surgery is fantastic. They answer the phone and find you quick appointments. It's a new surgery, that's probably why. I like it when they send appointments through by text, as it's there, but if there's an attachment I will always print it off and use it in paper form. I can't see it on my phone and I forget the details and passwords. It's much better for me to stick it on a piece of paper. But at least I can open the message and know what to do. If they went online for booking, I'd like them to invite us in and show us how to use the website or app, step by step, and send us information. I'd order prescriptions if I knew it was all safe and from the NHS.

Cautious

"What happens if you lose your phone and someone sells it to those market stalls on the high street. They just have to pay £10 to unlock it and now someone has all your private information. You have to wonder whether all of this is safe. I'm just waiting for someone to chop my finger off to access my online banking."

(Barbara, 73)

Barbara, 73 years

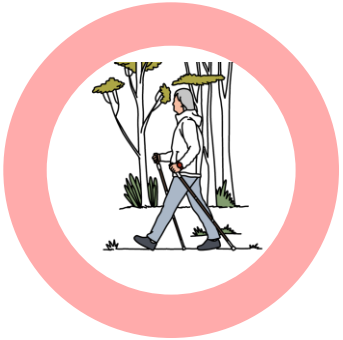
- Retired, lives alone.
- Scared of someone stealing her information - was encouraged by son to use online banking but still sceptical.
- Wishes services would go back to how they were before as she struggles to keep up with new changes.
- Doesn't ask her partner for tech support because he loses his temper with her. Frustrated by her struggle with tech and wishes there was training or classes.
- Uses Zoom for virtual pilates which her son set up but gets stressed when something goes wrong.
- Uses a fitness watch her son bought her, which she loves.

Cautious: Barbara, 73 years

I'm 73, retired and I live on my own but I have a partner who lives in another city and grown-up children and grandchildren. I use WhatsApp and Facebook just to message people and keep in touch with them. I can do basic things with technology but I need support. I don't know how to upload and download documents and when I save things I can never find them again, where on Earth does it go? When my partner is visiting he tries to explain but he usually loses his temper and says "I've already told you, you don't even try to remember do you". It's so frustrating, I feel like a five year old being taught how to read. No one can understand why I don't understand.

My son is a lot more patient and he helps me a lot. I have a part time job on a cruise ship and they send us a contract to print out, sign, scan and return by email. I usually go over to his house and he does it for me because otherwise I'll end up in tears. He's also put online banking on my phone which was a big step forward but I was brave enough to do it because he told me it was safe. Honestly, I'm still frightened of it. What happens if you lose your phone or someone hacks into it and now has your private information. I feel like I'm just waiting for someone to chop my finger off to access my account. Even with contactless I was happy before just typing in my pin number.

Cautious: Barbara, 73 years



Sometimes technology just makes things worse, it's stress that's not necessary and I just think why overcomplicate things? I like to ring my doctor to book an appointment but nowadays the earliest one they have is in six weeks, what's that about? They have a new system online and it might be quicker to book an appointment but it's long-winded. I can't even get it to work on my phone so I have to be at my laptop to use it. But I don't know my password, apparently they reset it but I don't know how I'd get the new one. I'd like things to just go back to how they were.

The only thing I like is my online pilates class. It's convenient, I have all my equipment here so I do it right from my living room in my pyjamas. My son set up Zoom on my laptop and I know how to click on the link although if anything went wrong I wouldn't have a clue how to fix it. I also have my fitness watch which my children bought me. I walk around with it on or sometimes go for a walk in the park and it counts my steps. My friends track their steps too so we compare and see who can reach 10,000. It also has a button which connects to an emergency service. Since I live on my own, I'm always worried about having a fall but this means I can access help if I need it. I think they should provide everyone with one.

Cautious

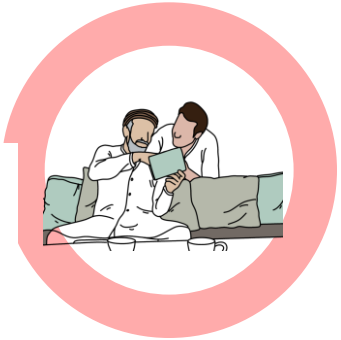
"I'm not confident with tech, I'm scared of making mistakes. I need training but it's hard for parents to learn from their children, they don't have the time, patience or perseverance. Usually by the time they walk off I've already forgotten what they showed me. When I ask again they say "I've told you once already".

(Mahmood, 51)

Mahmood, 51 years

- Taxi driver but uses a sat-nav - limited contact with technology.
- Only uses his phone, feels left out when family talk about apps and social media which he doesn't understand.
- Wishes there was training for him to keep up with how technology is changing.
- Is scared of making mistakes, especially with banking and health.
- Asks his children for help but they don't have the time or patience to explain.
- Doesn't Google information due to lack of trust and prefers to ring the GP - prevents confusion with medical terminology and search results where he doesn't know which content is genuine.

Cautious: Mahmood, 51 years



I work as a taxi driver. A lot of drivers have gone to Uber now but I'm still with my local taxi service so we use the old sat-nav system, rather than Uber or Bolt. If they wanted us to update they'd have to run some training, give some support. It's difficult because I'm old-school, my generation hasn't grown up with technology like the younger ones. I'm not confident with technology at all and I'm scared of making mistakes, especially with banking and health because that's your private information. I hear stories about people having money taken from their account and about scammers on Ebay and PayPal. That doesn't help with my confidence.

There are some things I can do though, I have WhatsApp on my phone and that's easy to use. There's only two or three features so it's self explanatory, I know that the picture of the phone means calls and the camera means videos. It helps me to keep in touch with my family abroad, although I wish I was better. My wife uses Snapchat and will show me videos of our family. I would love to know more about social media and what it does and then I could send videos to my family back home of birthday parties or weddings. I think I just need some training with the way the world is changing now but there's no support, and even when there are guides they're not user friendly. I ask my children but they don't have the time, patience or perseverance.

Cautious: Mahmood, 51 years

Usually they teach me once and by the time they walk off I've already forgotten what they showed me. When I went on holiday I had to show my Covid pass and fill out all the Covid locator forms but I don't know how to do it on my phone. My son did everything for me, emailed the form to the hotel and the hotel printed it all out for me to bring to the airport. Written paper is much easier.

I don't use the internet to search things either. You search for one thing and a million different things come out in all medical terms, it confuses me. I don't know which is right and which is genuine. I really struggled during Covid when the GP was closed. I needed to be able to explain things to the doctor in my own way and with writing I can't explain it properly, English isn't my first language. Even now I struggle to get GP appointments, sometimes I ring in the morning and all the appointments are gone or I ring several times and the line cuts off. They're still using Covid as an excuse not to provide a good service. Sometimes I go to the pharmacist and tell them my symptoms and they can give me medication so I don't need to go to the doctor. I have a good pharmacist and I trust him. But for when I do need a doctor, maybe there could be a way to book it online or have options for what you need and you select yes or no. But you'd still need an in-person appointment because replacing the personal touch with digital doesn't provide the same experience.

Content

When I tell people I don't have Wifi or good internet access at home they think I'm unhappy. They don't think that I'm enjoying other things, with real people, rather than being on Facebook or Snapchat all the time.

(Zaineb, 20)

Zaineb, 20 years

- Unemployed, living with family.
- No wifi at home as no one has needed it. All family members have data on their phone and use that for what they need.
- Home schooling was difficult but otherwise it's not a problem.
- Thinks she uses tech a lot less than other people her age, she has Snapchat but doesn't use it and WhatsApp is just for friends and sharing tips on getting a job.
- If she needs a computer, will go to her library.
- Prefers to do everything in-person, like shopping and banking.
- If she's unwell she'll ask the pharmacist.

Content: Zaineb, 20 years

I live at home with my mum, dad and two brothers. They're younger than me. It's ok, a bit noisy but we have lots of fun on the weekend, trying to play tennis or going on huge family picnics. I've gotten really into baking, that's my hobby so I take lots of cake pops to give to my cousins. I'm not working at the moment. I'm sort of looking, I put in application forms to shops locally. I like retail as you get to meet people. I'd prefer clothes and shoes than the supermarket - I've just stopped working part-time at one and I don't miss the work, even though I liked the regular customers.

We don't have wifi at home, but we don't need it. We had it for about a year a few years ago, but the connection was so poor that it stopped working. We decided to stop purchasing it - my parents had mobile data so I used to hotspot from them. It was good as it meant we didn't grow up attached to phones. Searching up stuff for school work was so annoying. I ended up going to the library and using their computers if they were open. I still do if I'm doing an application form for a job, as it's hard to do on phones.

Lockdown for my brothers was bad, they couldn't really do work unless school sent it to us and they'd get in trouble but it wasn't our fault. My aunty tried to help by inviting us round to use her computer and wifi, but my cousins were also doing home school. It's fine now that we're back to normal.

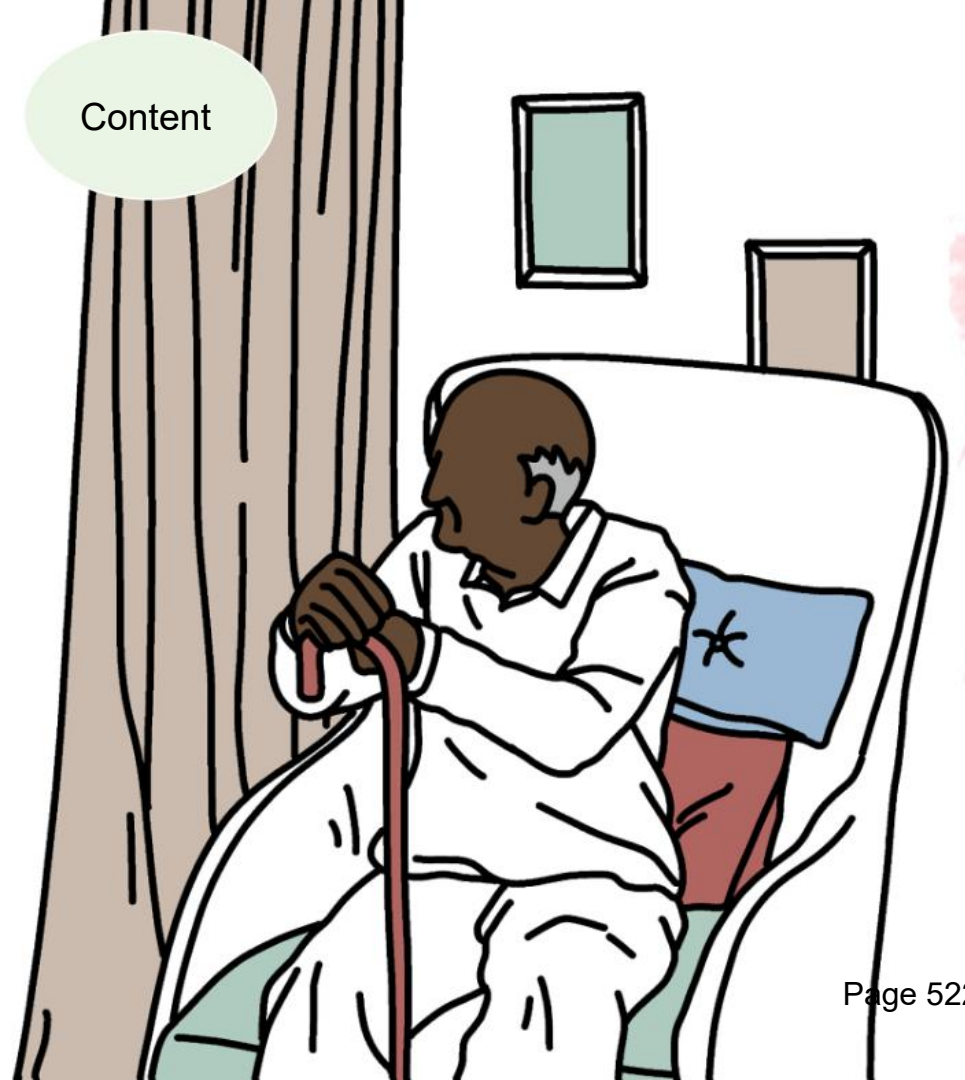
Content: Zaineb, 20 years

We've got one tablet somewhere, but I think it's stopped and we have a laptop
All five of us have phones now, with data, not contract. We can go on apps if we want. My brothers play games but no one else is that into it. The only thing that we need is to be able to use WhatsApp for speaking to family in Bangladesh, which my mum does a lot. If we didn't have that it would be bad! No one needs it for work as my dad isn't working at the moment either.

If I'm worried about my health, which I'm not usually as I'm young, I'll ask my pharmacist as they have a private room in the shop. If there's something more serious then I could call my GP at eight in the morning and get an emergency appointment. It usually works, it's what we do for my mum. I don't know if they've got a website or if you can book online, but I don't think you need to when you can just ring up. Most people find that easier.

I don't use health or wellbeing apps, but I've tried journaling. That helps. The NHS one didn't work for me. I prefer my physical vaccine card. I don't count my steps, I know if I've gone for a walk and that's what's important, tracking steps doesn't make a difference. I tried the couch to 5k in lockdown and lasted two days, I also saw the sugar swap app advertised on TV, but we never do that, there's too much to buy at the supermarket and it'd take too long to scan. It's a good idea though.

Content

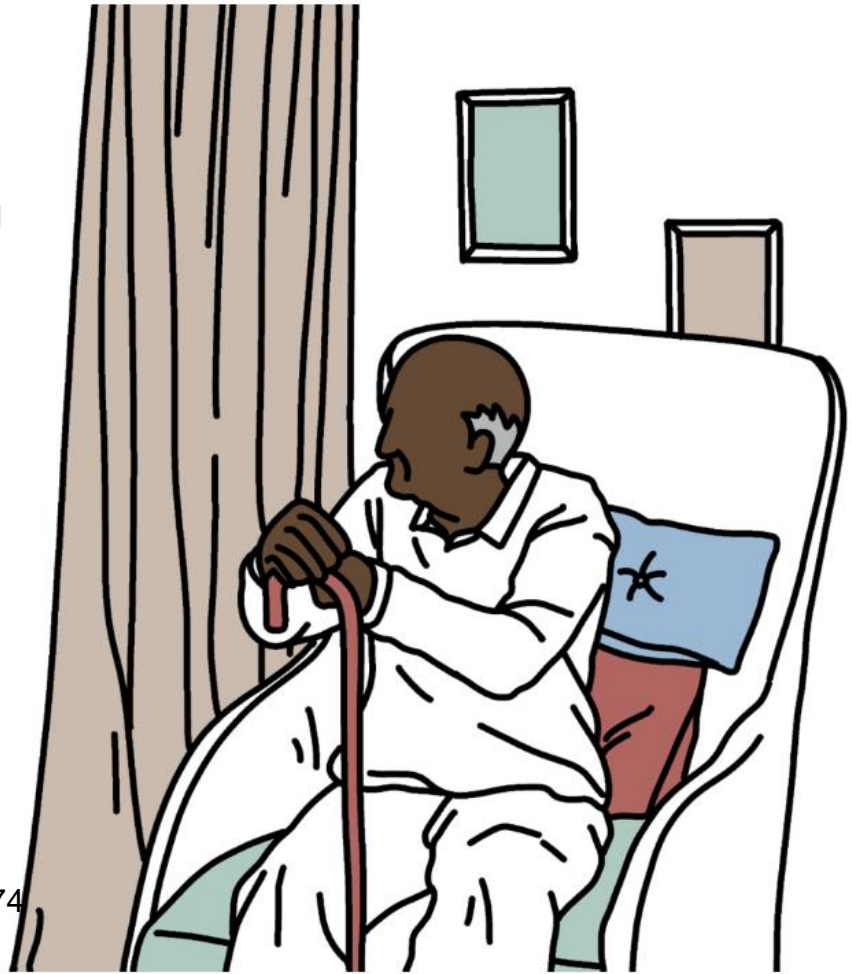


My son has a fitbit watch. He says it's to count his heart rate and I just think to myself 'you're a loony'. Sounds like a waste of time, why would you want to count your steps. I wouldn't use technology for anything like that, when I need help I'll just phone the doctor and book an appointment.

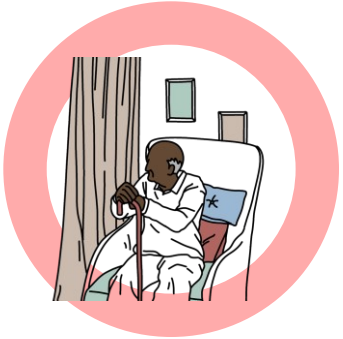
(Desmond, 65)

Desmond, 65 years

- Lives alone, unable to work due to disability following a car accident.
- Uses phone for calls and messages to keep in touch with family.
- Did not have wifi / data access but now shares his neighbour's wifi.
- Relies on family for help with online forms related to disability - wishes there was an alternative to online services.
- No interest in online banking or shopping for peace of mind that no one can access his information.
- Doesn't go to the GP unless really ill, otherwise will use family remedies for minor illnesses.
- Struggles to book GP appointments due to low availability - wonders whether the NHS app would help with this.



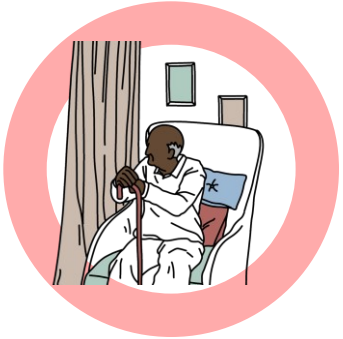
Content: Desmond, 65 years



I'm 65 and live on my own since I'm divorced and my children are now grown up. I used to work as a driver but I had a car accident last year which means I can't work and I'm registered as disabled. I try to get outside for walks but I have hip pain a lot of the time which means I spend most days sitting at home doing nothing. When I first moved in I didn't have signal as I live on the 14th floor of my building but my neighbour offered to let me use his wifi and I pay him half of the cost each month. My friend gave me an Amazon Fire Stick too which connects to the wifi so now I can at least watch sports on TV. It only has one main button so it's easy to use, my regular TV remote has about a million buttons, I don't know what most of them are for.

I also have an Android phone, I like that it's simple to use just like the old Nokia phone, it's foolproof. Especially since my accident I've struggled with adjusting to being at home. I used to play football, go running and learn martial arts and now my walking stick is a big hindrance. But my phone has helped and I know how to use it for calling, texting and WhatsApp. It means I can stay in touch with my children who live in other cities now and check in with my mother who is elderly and struggles with her health. I speak to her every single day and send a good morning message on WhatsApp. It's nice to have a way to let people know you care for them.

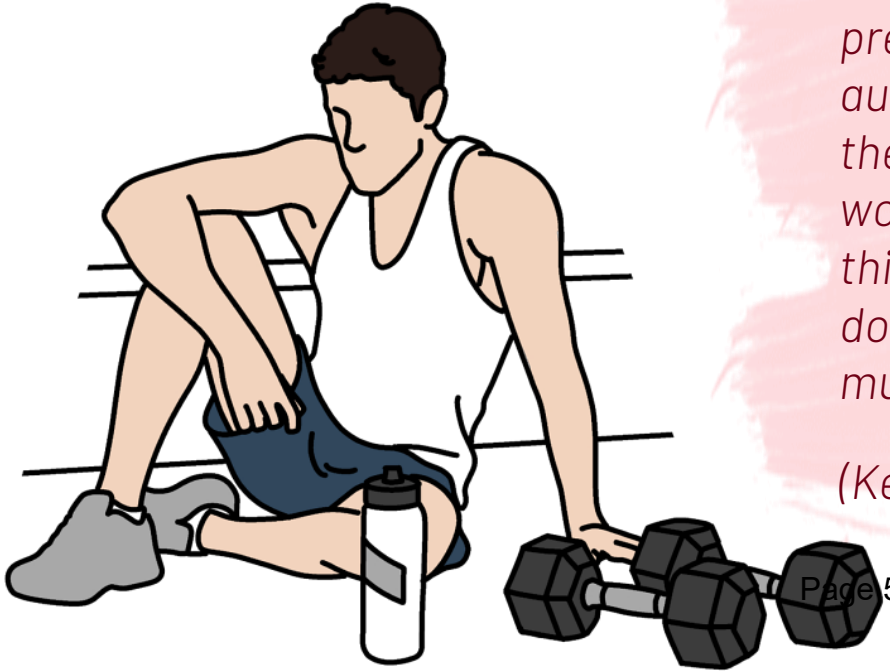
Content: Desmond, 65 years



But I'm not someone to talk about my feelings, so I didn't ask the doctors for any help, I just laugh it off. I didn't want to be sectioned either. We don't talk about these things in my culture so I didn't want to let my family down. I never really go to the doctors anyway, aside from the monthly checkups for my hip. I'd have to be really sick to go and otherwise I'll just ride it out. For things like colds I just make a hot drink with onion, lemon and ginger, an old Caribbean recipe my mother used to make. I have repeat prescriptions for my pain medication so that's simple too. All I have to do is walk to the pharmacy at the top of my road and I know which days to collect them on.

The only thing that frustrates me is getting an appointment, you have to ring at bang on 8am otherwise you can't get an appointment until the next day. Apparently there's an NHS app, which my son told me about, he said he'll put it on my phone next time he comes over. That one could maybe make it easier to book appointments but I'd still prefer things to be hands on, you make an appointment and someone's there face-to-face in-person. With most of this technology, I don't see why you need it and it just moves too fast for me. My son has a Fitbit watch and it sounds like a waste of time. But with apps, I'd like to learn that, maybe I'll see if they have classes at the local library.

Content

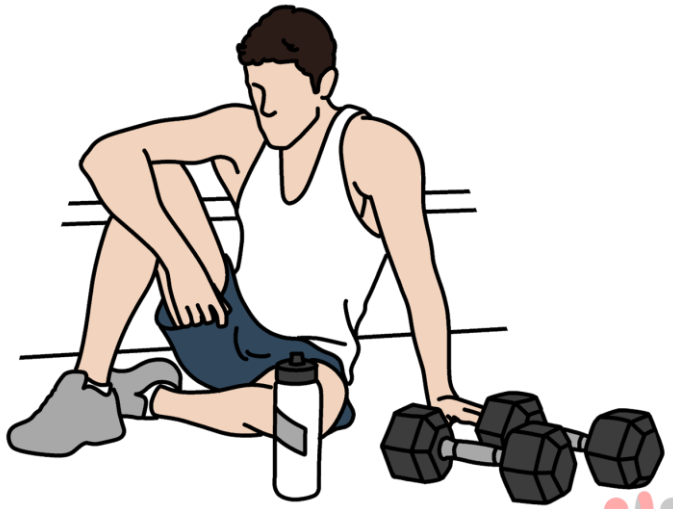


“My cousin keeps trying to put different apps on my phone, they’re all a waste of time. Even at the doctors - my prescriptions used to come automatically, now I’m meant to use their new app to order things. It worked fine before. They always rush things out as a blanket solution, they don’t think about those who don’t know much about tech”.

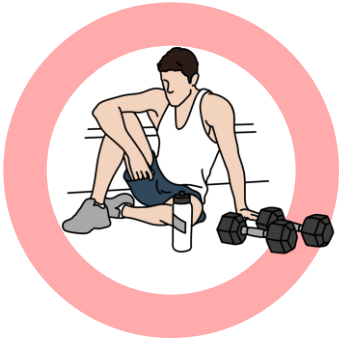
(Kev, 32)

Kev, 32 years

- Works in retail in-store, little engagement with tech at work.
- Mainly uses text and calls - considers social media apps a "waste of time".
- Needs support from cousin with downloading new apps - if health-related staff at his GP surgery will set it up.
- Struggles with new app-based prescription service and doesn't see the need for it.
- Uses Google to treat minor football injuries rather than going to the GP.
- Thinks NHS should provide digital support for those who cannot use online services independently.
- Has a fitness watch and wears it while doing sports to manage his heart rate.



Content: Kev, 32 years

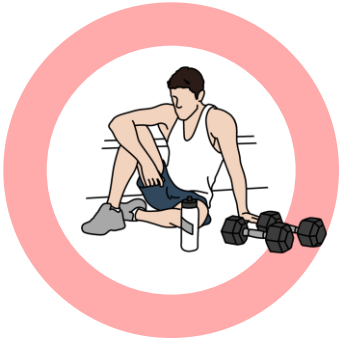


I work in retail but I'm not in the office, I'm on the tills so I don't interact much with technology. I mostly use my TV for watching sports and my mobile phone for calling and texting. I have pay as you go data at the moment, I'm waiting for the Black Friday sales to get a cheap contract. But it doesn't affect me too much and I can access everything I need to.

My cousin works in IT so he talks about apps every five minutes and keeps trying to put them on my phone, I want to punch him. For me, it's all a waste of time. You can easily spend five or six hours on social media looking at rubbish with no purpose. Everyday he tells me to download TikTok and Telegram or he'll send me links to different things. Just leave me alone. This is why I'm not on WhatsApp right now. It needs updating but I'm avoiding it because people are always bombarding me with messages. Most of the time I'd rather not use apps. For football my friends will look up the scores on their app and I'll look for it on Google. They'll laugh at me but it's actually quicker than their app.

The NHS app is a disaster. My repeat prescription used to automatically come on the first of every month and all I had to do was collect it, but they've changed the system so now everyone has to order prescriptions through the NHS app. I've tried setting it up but it won't work for me so now I have to go into the surgery every month with a piece of paper to get my prescription order.

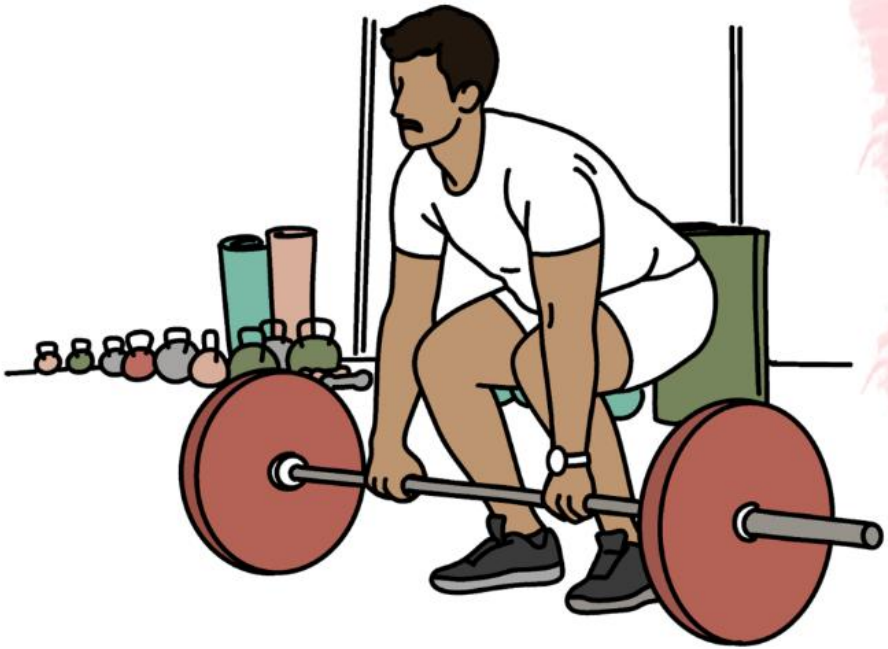
Content: Kev, 32 years



It was all a lot easier before, they should really do trial runs before they launch these services to make sure everyone can access it, it feels like they just rush them out. I'm lucky I have support but not everyone does. I went to a football match during the pandemic where we needed to bring our proof of vaccination and the manager of the GP surgery set it up for me on my phone. The problem is that I'm not that confident with these things at all, but part of it is also me being lazy, I'm quite stuck in my old ways.

But there are some things that I find apps helpful for. I like the GP as the first point of call but they're not specialists so they treat every injury generally and if they can't help they just end up referring you. So if I have a football injury I would just search online to see how to treat it, I wouldn't go to the doctor. I've used YouTube a few times when I've had a back injury to look for physio exercises I could do. I also have a fitness watch which someone sold to me. I've had to spend some time learning how to use it but it's good, it reminds you to move if you're not being active and tells you about your heart rate. I'm thinking about getting the My Fitness Pal app which tracks your calories too - I'd have to get my cousin to help set it up. But all of these things still can't replace the personal touch. I actually moved from my gym because their fitness classes were online and I just couldn't get into it. I still want in-person support to be there.

Content

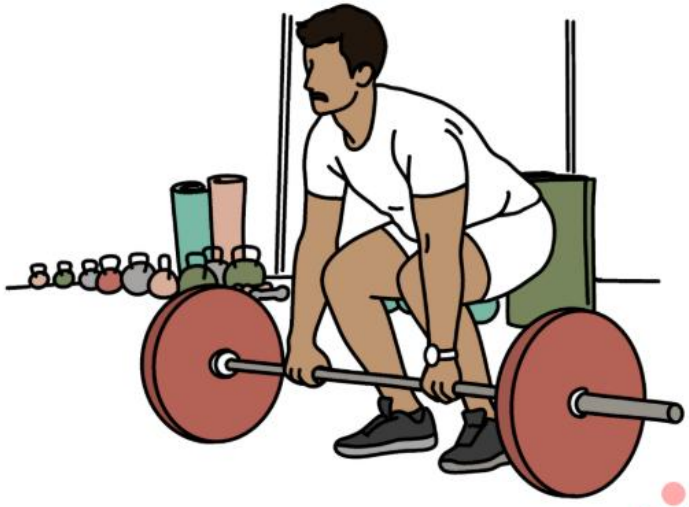


"I use Instagram for fitness tips. I follow people at my gym and if they recommend things, I'll look them up. That's about it though. Roughly, I know what's good and bad for me and I don't need an app to help with that".

(Mo, 22)

Mo, 22 years

- Has always had a good phone, but family hasn't had wifi, at home for a long time - believes the infrastructure isn't there and they don't need it, it's an extra cost.
- He'll use the library at uni if he needs to spend time online. His friends think his tech use is unusual, but he's not bothered.
- Happy being a 'follower', his friends show him apps and he may download them if they are useful. But he'll never seek anything out.
- He gets well being information and tips from the people he follows on Instagram and health information from his friends, as they are medics and he trust them more than the internet.
- He doesn't need trackers for fitness, he just goes on how he feels.



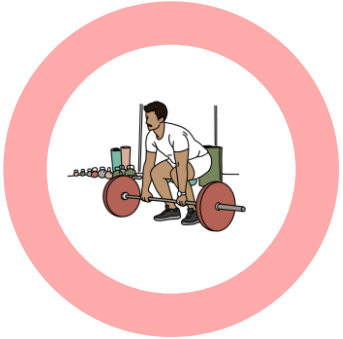
Content: Mo, 22 years

I'm in my final year of Uni, it's gone so quickly as I started in lockdown. I hope I'll get a job, but you never know, not in this climate. I did work experience, it was alright, the thing is, I'm not doing the most exciting degree so the job isn't going to be that exciting. If I'm not at uni, you'll find me at the gym, I go a few times a week to get rid of stress and detox my frustration. I'm also trying to shed a few pounds, but I know that really I should eat a bit less! My diet isn't the best!

I live with my family in a strongly Muslim community, mixing Pakistani, Bengali and others. I've been here all my life. I like it, everyone knows you and checks on each other. The lads still play football together in the street, like when we were younger. I think most people where we are use mobile data, I don't think the infrastructure's there for good wifi and so people aren't getting it. We hotspot if we need to, although mobile data can be temperamental too. I can use the wifi at uni, so usually I stay there to work, although the wifi isn't always brilliant there either!

I use my phone for lots of organisational things like banking and of course talking to friends. I'm on Instagram a bit. I don't post myself, but I look up fitness tips, especially weights and hacks to get stronger more quickly. There's loads on there, you could spend the whole day on it. But there's more important things to do. I don't use any actual fitness trackers or apps. I just go by what I did the day before and try not to be lazy!

Content: Mo, 22 years



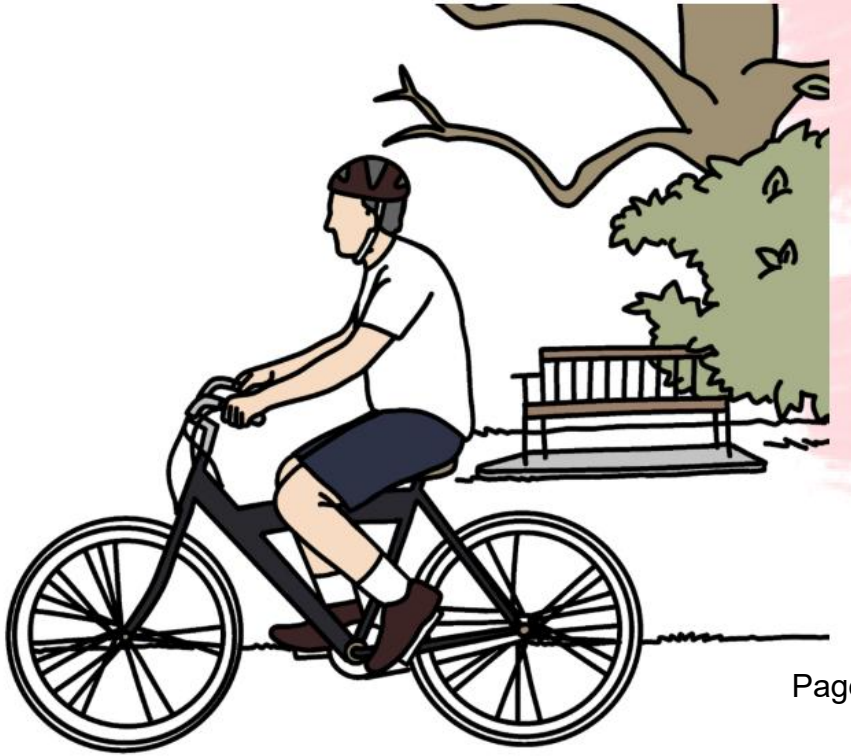
My friends usually recommend things to follow and I'm always the last to know! They tease me about it but actually it doesn't matter when you get the apps. If it helps and isn't an extra for the sake of it, it can be good. But I'm easy with it, I don't need to be on everything. I do what I do.

I think I'm managing my health OK. When it comes to medical information and support, I try self-care first, hot drinks, paracetamol, you know. If that doesn't work I'll ask my friends as most of them are studying medicine. Then it's the pharmacy and I go to the GP as a last resort. We've always gone to the same place and phoned up for an appointment. I don't think it needs to be online, I think people need to speak to someone, they'll want the reassurance that they've got an appointment, especially if they're not used to booking on the phone.

Sometimes when you do need to do things online, you end up with more questions than answers so it can be frustrating and you just want to speak to someone.

If tech solves a genuine problem it can be good. At the end of the day, humans are better than computers.

Content

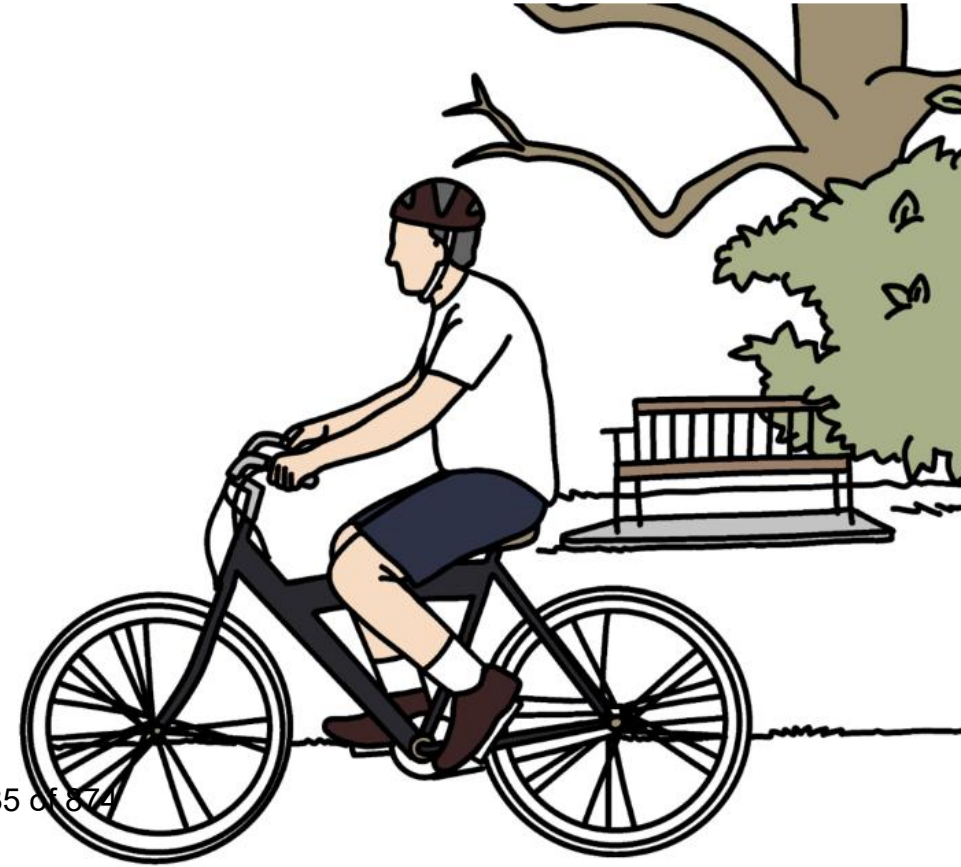


"I'm not the best with phones but I have an obsession with cycling so I use it for looking at cycling videos on YouTube or searching for bike parts on Google. I even managed to buy something from my phone the other day from where I was sitting in the pub. I suppose your mind will learn about things you're interested in. For anything else like online banking, my wife tends to take control of those things".

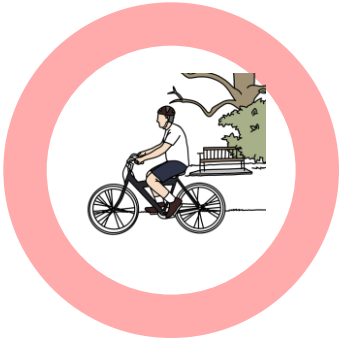
(Warren, 54)

Warren, 54 years

- Retired, huge passion for cycling.
- Uses calls and texts for staying in touch with family and friends and for sharing photos from bike rides.
- Confident browsing on Google and YouTube for cycling-related information.
- Knows about cycling fitness technology which his friends use - doesn't see the need for it.
- History of mental health difficulties and stress - finds that Googling symptoms makes his stress worse.
- Highly reliant on his wife for managing their emails, online banking and health information.



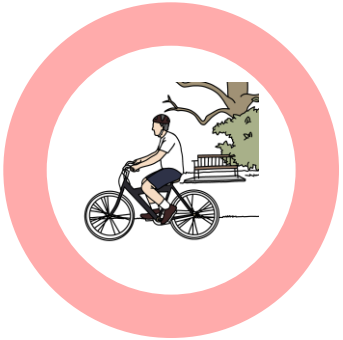
Content: Warren, 54 years



For me, cycling is a way of life. I used to race bikes when I was younger - that's how I met my wife, she was an international cyclist at the time. I'm retired now so I have plenty of time to ride. Just the other day I rode 100 miles to the highest part of Shropshire with my friend. It's a bit of an obsession so I mostly use my phone for things related to cycling, looking up cycling videos on YouTube or searching for bike parts on Google. I also love taking photos of where I've been on the bike and the phone will automatically add the time, date and location so it's like a diary and I can send the photos to friends on WhatsApp.

I tried the fitness app Strava for a few weeks which followed me around on my bike and tracked my mileage, my route and my speed but I stopped using it. It felt like I was being monitored. I just like to enjoy riding my bike, I don't want to be stressed about things. I know my friends use these things on their handlebars that track where they go using technology. I don't know about those, I don't understand what it's doing. Another friend uses Zwift, it's an indoor bike where you can race with people. I'm willing to try new things but I don't need all of that. I'm retired so I have the time to cycle outside.

Content: Warren, 54 years



I'm quite reliant on my wife, she does all the online banking and manages the different savings accounts. I think she even has my Covid pass on her phone. I'd like to learn if someone showed me how to, but my wife is busy and I don't like asking because then I feel a bit inadequate. Sometimes I'll ask my daughter but she has a baby now, she never has time.

For the GP I don't do anything online, I just phone them and the surgery is just up the road. I pay for a yearly pass for my prescriptions which is easy and a bit cheaper. I had a period a few years ago where my children had left home, my dad had cancer, life really got on top of me. I had a stay in hospital and was treated for stress and anxiety. I had trouble with sleeping and with overthinking. When you're already stressed and you start looking up your symptoms or look for information online it can make you even more stressed so I tried not to look for anything. Even now I still don't Google things but I know it can be helpful - my wife had an ankle injury and she found some information on how to heal it so she didn't even need the doctors. But for me I'm happy with the GP, they do what they can and I can't really complain.

Thank you

Any questions?

neighbourlylab

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Tia Foster I tia@neighbourlylab.com

	Agenda Item: 19
Report to:	**Birmingham Health & Wellbeing Board**
Date:	**28 March 2023**
TITLE:	**BIRMINGHAM PHARMACEUTICAL NEEDS ASSESSMENT**
Organisation	**Birmingham City Council**
Presenting Officer	**Dr Justin Varney**

Report Type:	**Information**

1. Purpose:
1.1. To inform Health and Wellbeing Board members around the publication of the Birmingham and Solihull Pharmaceutical Needs Assessment (PNA) 2022-2025.
1.2. To seek the endorsement of Board Members of the Birmingham and Solihull PNA 2022-2025.

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

3. Recommendation

3.1. To note the publication of the Birmingham and Solihull Pharmaceutical Needs Assessment 2022-2025.

4. Report Body

Background

4.1. A Pharmaceutical Needs Assessment (PNA) is a statutory requirement of Health and Wellbeing Boards (HWB) in England; its purpose is to assess the current provision of pharmaceutical services in an area and the 'need' for such services now and in the near future.

4.2. The Health and Social Care Act 2012 outlines the duty of local authorities, through the local HWB, to produce a PNA for their population. The PNA should be informed by the Joint Strategic Needs Assessment (JSNA) process and any other relevant needs assessments that identify a role for pharmaceutical services in addressing health needs.

Birmingham and Solihull PNA

4.3. Birmingham HWB and Solihull HWB have made joint arrangements for their PNA. This is in line with Section 198 of the Health and Social Care Act 2012, which allows two or more HWBs to work together to discharge their functions. It also supports the Birmingham and Solihull (BSol) Integrated Care System.

4.4. This steering group and the relevant Directors of Public Health were granted delegated authority by the relevant HWB's for approval and sign-off of the PNA.

4.5. During the development of the Birmingham and Solihull PNA, there has been a public consultation to gather the views on the adequacy of pharmaceutical services from a wide range of stakeholders. This has included the distribution of professional and public surveys, aimed at pharmacy contractors and members of the public, respectively.

4.6. The public survey received 533 responses from members of the public; 84 were received from pharmacy contractors (out of a total of 317 pharmacies in BSOL ICS). The relatively low response rate has been noted. Of the responses to the public survey:

- 92% have a regular of preferred pharmacy
- 73% rated their pharmacy service as '8', '9' or '10' out of 10
- 84% stated that it takes them up to 15 minutes to travel to a pharmacy

4.7. The assessment concluded that no gaps have been identified in provision either now or in the future (over the next three years) for pharmaceutical services deemed necessary.

4.8. While no gaps have been identified, the PNA still suggests opportunities to enhance provision and support improvement in the health of residents across the following areas:

- Highlight to the public the services that are currently available from community pharmacies to support the improved utilisation of these existing services.
- Identify and promote the best way to deliver the new and current Advanced Services and Locally Commissioned Services.
- Consider the provision of new Locally Commissioned Services to meet specific health needs in BSOL.

4.9. There will be a review session in February 2023 where any lessons will be recorded, and discussion will be had on how the PNA will be maintained until the next one is published.

5. Compliance Issues

5.1. HWB Forum Responsibility and Board Update

- None

5.2. Management Responsibility

- The Birmingham HWB has a statutory duty to publish a PNA every three years and keep this PNA updated.
- The Birmingham HWB will need to make preparations in 2024 for the development and publication of the next PNA in 2025.

6. Risk Analysis

Identified Risk	Likelihood	Impact	Actions to Manage Risk
Pharmacy closures leave an area without suitable access to pharmaceutical services.	Medium	Medium	The Governance Team will keep an up-to-date log of all pharmacy closures within Birmingham and publish updates to the PNA accordingly.

Appendices

Appendix 1 - Birmingham and Solihull Pharmaceutical Needs Assessment 2022-2025

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

Rebecca Howell-Jones, Assistant Director (KEG), Public Health

Aidan Hall, Service Lead (Governance), Public Health

Pharmaceutical Needs Assessment 2022

Birmingham and Solihull Health and Wellbeing Boards

This Pharmaceutical Needs Assessment (PNA) has been produced by Soar Beyond, contracted by Birmingham City Council and Solihull Metropolitan Borough Council. The production has been overseen by the PNA Steering Group for Birmingham and Solihull (BSOL) Health and Wellbeing Boards with authoring support from Soar Beyond Ltd. As such, when referring to both geographical areas as a whole, the name BSOL will be used. All information is correct at the time of writing in August 2022.

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Executive summary

1. Introduction

Every Health and Wellbeing Board (HWB) has a statutory duty to carry out a Pharmaceutical Needs Assessment (PNA) every three years. A PNA was last published for Birmingham and Solihull in 2018 and updated with supplementary statements reflecting changes in needs as required, with the next PNA due to be published in April 2021. Due to the COVID-19 pandemic the Department of Health and Social Care (DHSC) postponed the requirement for all HWBs to publish until 1 October 2022. This joint PNA for Birmingham and Solihull (BSOL) HWBs fulfils the regulatory requirement.

1.1. Aim, objectives and methodology

The aim of the BSOL PNA is to enable local pharmacy service providers and commissioners to:

- Understand the pharmaceutical needs of the population
- Gain a clearer picture of pharmaceutical services currently provided
- Make appropriate decisions on applications for NHS pharmacy contracts
- Commission appropriate and accessible services from community pharmacies
- Clearly identify and address any local gaps in pharmaceutical services
- Target services to reduce health inequalities within local health communities

This was achieved by gathering the views on the adequacy of pharmaceutical services from a wide range of stakeholders, including the public, through the distribution of surveys, one aimed at members of the public and one at pharmacy contractors. These were co-produced by a steering group that included representation from NHS England (NHSE), the Local Medical Committee, the Local Pharmaceutical Committee, the Integrated Care Board (ICB), Healthwatch, and Public Health. The surveys addressed five key themes:

1. Necessary Services:[1] current provision
2. Necessary Services: gaps in provision
3. Other relevant services:[2] current provision
4. Improvements and better access: gaps in provision
5. Other services

The survey received 533 responses from members of the public; 84 responses were received from pharmacy contractors (out of a total of 317 pharmacies in BSOL). The relatively low response rate has been noted.

[1] This includes Essential Services

[2] This includes Advanced, Enhanced and Locally Commissioned Services.

2. NHS pharmaceutical services in England

NHS pharmaceutical services are provided by contractors on the pharmaceutical list held by NHSE. The types of providers are:

- Pharmacy contractors
    - Community pharmacies
    - Local Pharmaceutical Service (LPS) providers
    - Distance-Selling Pharmacies (DSPs)
- Dispensing Appliance Contractors (DACs)
- Dispensing GP practices

NHS pharmaceutical services refers to services commissioned through NHSE. The three main categories, as identified in the Community Pharmacy Contractual Framework (CPCF)[3] are as follows:

- **Essential Services:** These are services that every community pharmacy providing NHS pharmaceutical services must provide and are set out in their terms of service. These include the dispensing of medicines and appliances, disposal of unwanted medicines, clinical governance and promotion of healthy lifestyles.
- **Advanced Services:** These are services community pharmacy contractors and DACs can choose to provide, subject to accreditation as set out in the Secretary of State Directions.
- **Enhanced Services:** These are services commissioned directly by NHSE, introduced to assist the NHS in improving and delivering a better level of care in the community. Pharmacy contractors can choose to provide any of these services.

However, in the absence of a particular service being commissioned by NHSE, it is in some cases addressed by **Locally Commissioned Services,** funded by the local authorities or Integrated Care Boards (ICBs). These are services community pharmacy contractors could choose to provide and are therefore included in the PNA.

3. Birmingham and Solihull population

The BSOL areas are in the West Midland region, with a combined population of 1,358,012. Birmingham is the second largest city in the UK, with an estimated population of 1,144,900 in 2021, whilst Solihull is a metropolitan district with an estimated the total population of 216,200 in 2021.

For the purpose of this PNA, BSOL has been divided into six localities: North, East, South, West, Central and Solihull.

Birmingham has a relatively large working-age population, with nearly 66% of the total population aged 15–64, which is higher than for England (64%). Solihull has a larger proportion of over-65s, at 21%, which is also higher than for England (19%).

[3] The CPCF was last agreed in 2019.

Deprivation varies significantly across BSOL. Birmingham suffers from high levels of deprivation and is ranked the seventh most deprived local authority in England. While there are pockets of deprivation in all parts of the city, deprivation is most heavily clustered in the area surrounding the city centre. However, there is a positive correlation between the number of community pharmacies and the level of deprivation in BSOL (i.e. a greater number of pharmacies in the more deprived areas).

Solihull is the 32nd (of 151) least deprived of the upper tier local authorities in England. However, there is significant variation in deprivation, with large parts of the borough ranking among the least deprived areas of England and a concentration of neighbourhoods among the most deprived.

Life expectancy at birth for Birmingham residents was 77.1 years for males and 81.8 years for females (2018-20), significantly lower than the England life expectancy, which was 79.4 for males and 83.1 for females. By comparison, life expectancy at birth for Solihull residents was 80.4 years for males and 84 years for females (2018-20), significantly higher than the England life expectancy, which was 79.4 for males and 83.1 for females.

Ethnicity across BSOL also varies significantly. The localities with the largest groups of people of Asian ethnicity are West (39.7%), East (37.6%) and Central (31.9%), which have significantly higher proportions than England (7.8%). West locality has the largest percentage of people with Black ethnicity (19.3%), which is significantly higher than England (3.0%). The areas with the largest groups of people of White British ethnicity are Solihull (88%), South (77.5%) and North (80.8%) localities, similar to England (85.8%).[4]

4. Lifestyle and burden of disease

Adult obesity rates across BSOL (Birmingham 63.5% and Solihull 62.8%) are similar to the England average (63.5%). Whilst not statistically different from England, this level of obesity represents nearly two-thirds of the adult population and presents a significant health burden.

Smoking prevalence in Birmingham is 16.9%, which is significantly higher than for England (12.8%). There are inequalities in smoking prevalence between certain groups, with higher prevalence amongst those living in areas of higher deprivation, and those in routine and manual occupations. In Solihull, smoking prevalence is 10.3%, and among at-risk groups it is 20.2%, both similar to England (12.8% and 21.4%, respectively).

The rate of under-18 conceptions per 1,000 girls aged 15–17 in Birmingham was significantly higher to the rest of England. In Solihull, these figures were lower than England.

[4] Birmingham City Council. Birmingham locality ethnicity profiles. [Accessed July 2022.] www.birmingham.gov.uk/info/50268/joint_strategic_needs_assessment_jsna/1332/local_area_health_profiles

The prevalence of hypertension across BSOL localities is lower than the England average (13.9%), other than in North (13.8%), which is similar to the England average. Solihull (14.7%) has a higher prevalence of hypertension than England.

Diabetes prevalence is higher in BSOL than the England average.

Birmingham localities have a similar or lower prevalence of COPD than the England average but Solihull has a higher prevalence (2.2% v 1.9%).

Advanced, Enhanced and Locally Commissioned Services are provided by many community pharmacies to contribute to addressing lifestyle issues relating to long-term conditions, although this is varied and would benefit from additional communication between professionals and the public.

5. Pharmaceutical service providers in BSOL

BSOL has 302 pharmacy contractors for a population of around 1,358,012, of which 317 are community pharmacies, including 15 DSPs and 0 LPS providers (273 in Birmingham and 44 in Solihull), and 2 DACs. This equates to an average of 23.3 pharmacies per 100,000 population (including DSPs), compared with 20.6 per 100,000 in England.

Whilst the number of community pharmacies has decreased from 345 since the 2018 PNA, the average of 23.3 pharmacies per 100,000 is higher than both the West Midlands and national ratios. BSOL has a transient population with generally good transport links, and populations may therefore find community pharmacies in neighbouring HWB areas more accessible and/or more convenient, as well as providing further choice. Neighbouring areas include Warwickshire, Coventry, Staffordshire, Walsall, Sandwell, Dudley and Worcestershire.

Across BSOL, independent pharmacies represent 72% of all pharmacy providers, which is higher than the England average (40%). No one provider has a monopoly in any locality, allowing for a greater choice of pharmacy type for BSOL residents.

6. Adequacy of pharmaceutical services in BSOL

The Pharmaceutical Regulations 2013 detail the information required to be contained within a PNA. A PNA is required to measure the adequacy of pharmaceutical services in the HWB area under five key themes:

- Necessary Services: current provision
- Necessary Services: gaps in provision
- Other relevant services: current provision
- Improvements and better access: gaps in provision
- Other services

In addition, the PNA details how the assessment was carried out. This includes:

- How the localities were determined
- The different needs of the different localities
- The different needs of people who share a particular characteristic

- A report on the PNA consultation

Necessary Services – The Pharmaceutical Regulations 2013 require the HWB to include a statement of those pharmaceutical services that it identifies as being necessary to meet the need for pharmaceutical services within the PNA. There is no definition of Necessary Services within the regulations and the HWB therefore has complete freedom in the matter.

In BSOL, once the provision of all pharmaceutical service were identified the HWBs via the PNA steering group decided upon those service which were necessary to meet the pharmaceutical service for BSOL. This decision was made by service type.

BSOL HWBs via the PNA steering group have decided that all Essential Services are Necessary Services in BSOL.

Other relevant services – These are services that the HWB is satisfied are not necessary to meet the need for pharmaceutical services but their provision has secured improvements or better access to pharmaceutical services. Once the HWB has decided which services are Necessary then the remaining services will be 'other relevant services' and include Advanced, Enhanced and Locally Commissioned Services.

6.1. Current and further provision of Necessary Services

BSOL HWBs (through the PNA steering group) have decided that all Essential Services are Necessary Services in BSOL.

Access to a community pharmacy within a 20-minute walk is better in BSOL than in England (97.8% compared with 89%), and 87% can reach a community pharmacy within 10 minutes by public transport. 100% of the population can drive to a pharmacy within 10 minutes regardless of time of day.

All community pharmacies provide all Essential Services as per the current CPCF. No gaps have been identified either now or in the future of Necessary Services.

6.2. Current and future provision of other relevant services that provide improvement or better access in BSOL (Advanced, Enhanced, Locally Commissioned Services)

These are services that the HWBs (through the PNA steering group) are satisfied are not necessary to meet the need for pharmaceutical services, but their provision has secured improvements or better access to pharmaceutical services. Once the HWBs had decided which services are Necessary, the remaining services were classed as 'other relevant services' and include Advanced, Enhanced and Locally Commissioned Services.

No gaps have been identified either now or in the future of other Relevant Services.

Advanced Services

There is currently provision of seven Advanced Services in BSOL, these include:

- Stoma Appliance Customisation (SAC)
- Community Pharmacist Consultation Service (CPCS)
- Flu vaccination service
- Hypertension case-finding service
- New Medicine Service (NMS)
- Smoking cessation Advanced Service
- Community pharmacy hepatitis C antibody-testing service

There is good access to the Advanced Services, i.e. NMS and CPCS, with 100% and 82% of community pharmacies, respectively, providing these services across BSOL. This is higher than the England figures of 91% and 81%.

The hypertension case-finding service commenced on 1 October 2021. Activity data is still low nationally, regionally and in BSOL.

The smoking cessation Advanced Service[5] commenced on 10 March 2022 and has been put into place in 83 pharmacies across BSOL.

Provision for both the hypertension case-finding and the smoking cessation Advanced Service is therefore likely to increase from the time of writing, as more providers become accredited to provide the service.

The hepatitis C service also has a low sign-up rate, which is similar to the national position.

Enhanced Services

There are currently three Enhanced Services commissioned in BSOL:

- COVID-19 vaccination service available through 27 pharmacies
- Extended care service – Tier 1 available through 164 pharmacies
- Extended care service – Tier 2 available through 124 pharmacies

These services from community pharmacy promote health and wellbeing, address health inequalities and reduce pressures elsewhere in the health system.

Locally Commissioned Services

The following services are commissioned in BSOL by the local authority or ICB:

- Local authority commissioned services:
    - Sexual health service
    - Smoking cessation service
    - Supervised consumption
    - Needle exchange
- ICB commissioned services:
- COVID-19 Urgent Eyecare Service Medicines Supply (CUES-MS) service
- Minor Ailment Service (MAS)

[5] Smoking cessation Advanced Service: NHS trusts can refer patients to a community pharmacy of their choice for continuation of smoking cessation support on discharge.

- Specialist palliative care drugs supply service

At present it is not clear what shape services locally commissioned by the ICB will take in the long-term future. The development of the Integrated Care System (ICS) across BSOL (and the wider area) will conceivably lead to an alignment of these Locally Commissioned Services across the ICS area.

Descriptions of the services listed above can be found in section 4.1 of the PNA.

6.3. Public survey feedback

From the responses (533) received from the public questionnaire:

- 92% have a regular or preferred pharmacy
- 73% rated the pharmacy service as ‘8’, ‘9’ or ‘10’ out of 10; 7% (38) identified the service from their pharmacy as ‘1’, ‘2’ or ‘3’. (1 = Poorly and 10 = Extremely well)
- 63% have visited a pharmacy once a month or more frequently for themselves in the past six months
- 84% take up to 15 minutes to travel to a pharmacy
- 92% state that their preferred pharmacy is open on the most convenient day

It should be noted the public responses are based on a small sample size and reflects the views of respondents only.

7. Conclusions

The PNA steering group provides the following conclusions and recommendations on the basis that funding is at least maintained at current levels and or reflects future population changes a documented above and in the PNA.

There are a wide range of pharmaceutical services provided across BSOL to meet the health needs of the population. The provision of current pharmaceutical services and Locally Commissioned Services is distributed across localities, providing good access throughout BSOL.

As part of this assessment, no gaps have been identified in provision either now or in the future (over the next three years) for pharmaceutical services deemed necessary. The PNA is a snapshot in time and is undertaken every three years, therefore factors such as population growth and pharmacy closures may result in a reduction of the number of pharmacies per population in the area. With future housing growth in BSOL, it is imperative that accessibility to pharmacy services is monitored, and the recommendations actioned to ensure services remain appropriate to the needs of the population.

8. Recommendations: opportunities to enhance local community pharmacy services in BSOL

Whilst no gaps have been identified in the current provision of pharmaceutical services across BSOL or in the future (over the next three years) there are opportunities to enhance provision and support improvement in the health of BSOL residents in the following areas:

- Highlight to the public the services that are currently available from community pharmacies to support the improved utilisation of these existing services.
- Identify and promote the best way to deliver the new and current Advanced Services and Locally Commissioned Services.
- Consider the provision of new Locally Commissioned Services to meet specific health needs in BSOL.

These recommendations are expanded further in the BSOL PNA consultation comments report document.

Abbreviations

AUR – Appliance Use Review

A&E – Accident and Emergency

BSOL – Birmingham and Solihull

C-19 – COVID-19

CCG – Clinical Commissioning Group

CHD – Coronary Heart Disease

CLA – Children Looked After

CMHT – Community Mental Health Team

COA – Census Output Area

COPD – Chronic Obstructive Pulmonary Disease

CPCF – Community Pharmacy Contractual Framework

CPCS – Community Pharmacist Consultation Service

CUES-MS – COVID-19 Urgent Eyecare Service Medicines Supply

CVD – Cardiovascular Disease

DAC – Dispensing Appliance Contractor

DfE – Department for Education

DHSC – Department of Health and Social Care

DLUHC – Department for Levelling Up, Housing and Communities

DMIRS – Digital Minor Illness Referral Service

DMS – Discharge Medicines Service

DSP – Distance-Selling Pharmacy

EHC – Emergency Hormonal Contraception

EnS – Enhanced Services

eRD – Electronic Repeat Dispensing

ES – Essential Services

GP – General Practitioner

Hep C – Hepatitis C

HIV – Human Immunodeficiency Virus

HLE – Healthy Life Expectancy

HLP – Healthy Living Pharmacy

HRA – Homelessness Reduction Act 2017

HWB – Health and Wellbeing Board

HWS – Health and Wellbeing Strategy

ICB – Integrated Care Board

ICS – Integrated Care Systems

IMD – Index of Multiple Deprivation

JSNA – Joint Strategic Needs Assessment

LA – Local Authority

LARC – Long-Acting Reversible Contraception

LCS – Locally Commissioned Services

LFD – Lateral Flow Device

LPC – Local Pharmaceutical Committee

LPS – Local Pharmaceutical Service

LSOA – Lower Layer Super Output Area

LTC – Long-Term Condition

LTP – Long Term Plan

MAS – Minor Ailment Service

MSOA – Middle Layer Super Output Areas

MUR – Medicines Use Review

NCMP – National Child Measurement Programme

NHS – National Health Service

NHSE – NHS England

NMS – New Medicine Service

NRT – Nicotine Replacement Therapy

NUMSAS – NHS Urgent Medicine Supply Advanced Service

OHID – Office for Health Improvement and Disparities

ONS – Office for National Statistics

PGD – Patient Group Direction

PhAS – Pharmacy Access Scheme

PHE – Public Health England

PNA – Pharmaceutical Needs Assessment

POCT – Point-of-Care Testing

PQS – Pharmacy Quality Scheme

PSNC – Pharmaceutical Services Negotiating Committee

PWID – People Who Inject Drugs

QOF – Quality and Outcomes Framework

SAC – Stoma Appliance Customisation

SEN – Special Education Needs

SPCD – Special Palliative Care Drugs

STI – Sexually Transmitted Infection

UCC – Urgent Care Centre

UTI – Urinary Tract Infection

Section 1: Introduction

1.1 Background

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (SI 2013/349),[1] hereafter referred to as the Pharmaceutical Regulations 2013, came into force on 1 April 2013. The Pharmaceutical Regulations 2013 require each Health and Wellbeing Board (HWB) to assess the needs for pharmaceutical services in its area and publish a statement of its assessment. This document is called a Pharmaceutical Needs Assessment (PNA). This document should be revised within three years of its previous publication. The last PNAs for Birmingham HWB and Solihull HWB were published in June 2018 and April 2018 respectively.

Due to the COVID-19 (C-19) pandemic, the Department of Health and Social Care (DHSC) postponed the requirement for all HWBs to publish until 1 October 2022. This PNA for Birmingham and Solihull (BSOL) fulfils this regulatory requirement.

Table 1: Timeline for PNAs

2009	2011	2013	2015	Ongoing
Health Act 2009 introduces statutory framework requiring primary care trusts to prepare and publish PNAs	PNAs to be published by 1 February 2011	The Pharmaceutical Regulations 2013 outline PNA requirements for HWB	HWB required to publish own PNAs by 1 April 2015	PNAs reviewed every 3 years* *publication of PNAs was delayed during C-19 pandemic

Since the 2018 PNA there have been several significant changes to the Community Pharmacy Contractual Framework (CPCF), national directives and environmental factors, which need to be considered as part of this PNA.

1.2 National changes since the last PNA

- **NHS Long Term Plan (LTP):**[2] The NHS LTP was published in January 2019, and it set out the priorities for healthcare for the next ten years. It is wide-ranging and includes chapters on new service models, action on prevention and health inequalities, and progress on care quality and outcomes. A more detailed description is available in Section 2.1.
- Clinical Commissioning Groups (CCGs) are now replaced by **Integrated Care Boards** (ICBs) as part of Integrated Care Systems (ICS). In an ICS, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards and improving the health of the population they serve.

[1] The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. [Accessed August 2022.] www.legislation.gov.uk/uksi/2013/349/contents/made

[2] NHS Long Term Plan. [Accessed August 2022.] www.longtermplan.nhs.uk/

- From 1 January 2021, being a **Healthy Living Pharmacy** (HLP) is an essential requirement for all community pharmacy contractors in England. The HLP framework is aimed at achieving consistent provision of a broad range of health promotion interventions through community pharmacies to meet local needs, improving the health and wellbeing of the local population and helping to reduce health inequalities.[3]
- **Coronavirus pandemic:** The C-19 pandemic placed greater demands on health systems and community pharmacies. Community pharmacists had to adapt and adopt changes to healthcare services provided and remain open during the pandemic to provide for the pharmaceutical needs of the population.[4] During the pandemic, there was a national net loss of 215 pharmacies, with 236 opening while 451 closed during 2020-21, which resulted in the lowest number of pharmacies in England since 2015-16.[5] In response to the pandemic, two Advanced Services were also created: pandemic delivery service and the C-19 Lateral Flow Device (LFD) provision. Due to the easing of C-19 restrictions by the government, the pandemic delivery service was decommissioned on 5 March 2022 at 23:59. From 1 April, the government also stopped providing free universal symptomatic and asymptomatic testing for the general public in England.[6] The C-19 vaccination service was added as an Enhanced Service provided by community pharmacies and commissioned by NHS England (NHSE).
- **Community Pharmacist Consultation Service (CPCS):**[7] An Advanced Service introduced on 29 October 2019 to enable community pharmacies to play a greater role in urgent care provision. The service replaces the NHS Urgent Medicine Supply Advanced Service (NUMSAS) and local pilots of the Digital Minor Illness Referral Service (DMIRS). The first phase was to offer patients a consultation with a pharmacist on referral from NHS 111, integrated urgent clinical assessment services and, in some cases, 999. GP CPCS was launched on 1 November 2020, where GPs can refer patients for minor illness consultation but not for urgent supply of medicine or appliances, with a locally agreed referral pathway. The CPCS and GP CPCS aim to relieve pressure on the wider NHS by connecting patients with community pharmacies that are integrated with primary care–level services, part of the NHS LTP.

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[3] PSNC. Healthy Living Pharmacies. [Accessed August 2022.] https://psnc.org.uk/services-commissioning/essential-services/healthy-living-pharmacies/

[4] Hayden JC and Parkin R. The Challenges of COVID-19 for community pharmacists and opportunities for the future. Irish J Psych Med 2020; 37(3), 198-203. [Accessed August 2022.] https://doi.org/10.1017/ipm.2020.52

[5] Wickware C. Lowest number of community pharmacies in six years, official figures show. Pharmaceutical J. 28 October 2021. [Accessed August 2022.] https://pharmaceutical-journal.com/article/news/lowest-number-of-community-pharmacies-in-six-years-official-figures-show

[6] Cabinet Office. COVID-19 Response: Living with COVID-19. 6 May 2022. [Accessed August 2022.] www.gov.uk/government/publications/covid-19-response-living-with-covid-19/covid-19-response-living-with-covid-19

[7] PSNC. Community Pharmacist Consultation Service (CPCS). [Accessed August 2022.] https://psnc.org.uk/services-commissioning/advanced-services/community-pharmacist-consultation-service/

- **Remote access:** Since November 2020, community pharmacies have had to facilitate remote access to pharmaceutical services at or from the pharmacy premises.
- **Discharge Medicines Service (DMS):** A new Essential Service from 15 February 2021. NHS trusts are now able to refer patients who would benefit from extra guidance around newly prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by NHSE Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.[8]
- **Smoking Cessation Advanced Service:** This was commissioned as an Advanced Service from 10 March 2022. The aim of the service is to reduce morbidity and mortality from smoking, and to reduce health inequalities associated with higher rates of smoking by ensuring that any patients referred by NHS trusts to community pharmacy receive a consistent and effective service.[9]
- **Medicines Use Reviews (MURs)** were decommissioned on 31 March 2021. A number of additional services have been introduced including additional eligible patients for the New Medicine Service (NMS).
- **Pharmacy Quality Scheme (PQS):** The PQS is a voluntary scheme that forms part of the CPCF.[10] It supports the delivery of the NHS LTP and rewards community pharmacy contractors that deliver quality criteria in three quality dimensions: clinical effectiveness, patient safety and patient experience. The PQS has been developed to incentivise quality improvement in specific areas yearly. Initial details of the PQS 2022-23 were released on 22 September 2022, as part of the arrangements for the CPCF in 2022-23 and 2023-24. Details of this can be found at: PSNC Pharmacy Quality Scheme.

1.3 Purpose of the PNA

NHSE is required to publish and maintain pharmaceutical lists for each HWB area. Any person wishing to provide NHS pharmaceutical services is required to be included on the pharmaceutical list. NHSE must consider any applications for entry to the pharmaceutical list. The Pharmaceutical Regulations 2013 require NHSE to consider applications to fulfil unmet needs determined within the PNA of that area or applications for benefits unforeseen within the PNA. Such applications could be for the provision of NHS pharmaceutical services from new premises or to extend the range or duration of current NHS pharmaceutical services offered from existing premises.

[8] Discharge Medicines Service. [Accessed August 2022.] https://psnc.org.uk/services-commissioning/essential-services/discharge-medicines-service/

[9] PSNC. Smoking Cessation Service. [Accessed October 2022] https://psnc.org.uk/national-pharmacy-services/advanced-services/smoking-cessation-service/

[10] NHSE. Pharmacy Quality Scheme: Guidance 2022/23. October 2022. [Accessed January 2023] https://www.england.nhs.uk/publication/pharmacy-quality-scheme-guidance/

As the PNA will become the basis for NHSE to make determinations on such applications, it is therefore prudent that the PNA is compiled in line with the regulations and with due process, and that the PNA is accurately maintained and up to date. Although decisions made by NHSE regarding applications to the pharmaceutical list may be appealed to the NHS Primary Care Appeals Unit, the final published PNA cannot be appealed. It is likely the only challenge to a published PNA will be through an application for a judicial review of the process undertaken to conclude the PNA.

The PNA should be read alongside other Joint Strategic Need Assessment (JSNA) products. Information and JSNA products will be updated on the Birmingham and Solihull Data Hubs, which are kept live and inform their Health and Wellbeing Strategies (HWS), which take into account the findings of their JSNA products.

The PNA will identify where pharmaceutical services address public health needs identified in the JSNA as a current or future need. Through decisions made by the local authority, NHSE and the ICBs (the successor organisations to CCGs), these documents jointly aim to improve the health and wellbeing of the local population and reduce inequalities.

It is anticipated that ICBs will take on the delegated responsibility for pharmaceutical services from NHSE and therefore some services currently commissioned from pharmacies by the newly formed ICBs may fall under the definition of Enhanced Services. For the purpose of this PNA, at the time of writing, only services commissioned by NHSE as per the regulations have been considered as ‘pharmaceutical services’.

1.4 Scope of the PNA

The Pharmaceutical Regulations 2013 detail the information required to be contained within a PNA. A PNA is required to measure the adequacy of pharmaceutical services in the HWB area under five key themes:

- Necessary Services: current provision
- Necessary Services: gaps in provision
- Other relevant services: current provision
- Improvements and better access: gaps in provision
- Other services

In addition, the PNA details how the assessment was carried out. This includes:

- How the localities were determined
- The different needs of the different localities
- The different needs of people who share a particular characteristic
- A report on the PNA consultation

Necessary Services – The Pharmaceutical Regulations 2013 require the HWB to include a statement of those pharmaceutical services that it identifies as being necessary to meet the need for pharmaceutical services within the PNA. There is no definition of Necessary Services within the regulations and the HWB therefore has complete freedom in the matter.

In BSOL, once the provision of all pharmaceutical service were identified the HWBs via the PNA steering group decided upon those service which were necessary to meet the pharmaceutical service for BSOL. This decision was made by service type.

BSOL HWBs through the PNA steering group have decided that all Essential Services are Necessary Services in BSOL.

Other relevant services – These are services that the HWB is satisfied are not necessary to meet the need for pharmaceutical services but their provision has secured improvements or better access to pharmaceutical services. Once the HWB has decided which services are Necessary then the remaining services will be 'other relevant services' and include Advanced, Enhanced and Locally Commissioned Services.

To appreciate the definition of 'pharmaceutical services' as used in this PNA, it is important to understand the types of NHS pharmaceutical providers comprised in the pharmaceutical list maintained by NHSE. They are:

- Pharmacy contractors
    - Community pharmacies
    - Local Pharmaceutical Service (LPS) providers
    - Distance-Selling Pharmacies (DSPs)
- Dispensing Appliance Contractors (DACs)
- Dispensing GP practices

For the purposes of this PNA, 'pharmaceutical services' has been defined as those services that are/may be commissioned under the provider's contract with NHSE. A detailed description of each provider type, and the pharmaceutical services as defined in their contract with NHSE, is set out below.

1.4.1 Pharmacy contractors

Pharmacy contractors comprise both those located within the BSOL HWB areas as listed in Appendix A, those in neighbouring HWB areas and remote suppliers, such as DSPs.

1.4.1.1 Community pharmacies

Community pharmacies are the most common type of pharmacy that allows the public to access their medications and advice about their health. Traditionally these were known as a chemist.

NHSE is responsible for administering opening hours for pharmacies, which is handled locally by its regional offices. A pharmacy normally has 40 core contractual hours (or 100 for those that opened under the former exemption from the control of entry test), which cannot be amended without the consent of NHSE, together with supplementary hours, which are all the additional opening hours, and which can be amended by the pharmacy subject to giving three months' notice (or less if NHSE consents). A pharmacy may also have more than 40 core hours where it has made an application based on that higher number and NHSE has agreed to that application, and in this case, the pharmacy cannot amend these hours without the consent of NHSE.[11]

1.4.1.2 Distance-Selling Pharmacies (DSPs)

A DSP is a pharmacy contractor that works exclusively at a distance from patients. This includes mail order and internet pharmacies that remotely manage medicine logistics and distribution. The Pharmaceutical Regulations 2013 state that DSPs must not provide Essential Services face to face, but they may provide Advanced and Enhanced Services on the premises, as long as any Essential Service that forms part of the Advanced or Enhanced Service is not provided in person on the premises.

As part of the terms of service for DSPs, provision of all services offered must be offered throughout England. It is therefore possible that patients within BSOL will receive pharmaceutical services from a DSP outside BSOL.

Figures for 2020-21 show that in England there were 372 DSPs, accounting for 3.2% of the total number of pharmacies. This has increased significantly from 2015-16, when there were 266 DSPs, accounting for 2.3% of all pharmacy contractors.

1.4.1.3 Local Pharmaceutical Service (LPS) providers

A pharmacy provider may be contracted to perform specified services to their local population or a specific population group.

This contract is locally commissioned by NHSE and provision for such contracts is made in the Pharmaceutical Regulations 2013 in Part 13 and Schedule 7. Such contracts are agreed outside the national framework although may be over and above what is required from national contract. Payment for service delivery is locally agreed and funded.

1.4.1.4 Pharmaceutical services

The CPCF, last agreed in 2019,[12] is made up of three types of services:

- Essential Services
- Advanced Services
- Enhanced Services

[11] PSNC. Opening hours. [Accessed August 2022.] https://psnc.org.uk/contract-it/pharmacy-regulation/opening-hours/

[12] DHSC. Community Pharmacy Contractual Framework: 2019 to 2024. 22 July 2019. [Accessed August 2022.] www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024

Underpinning all the services is a governance structure for the delivery of pharmacy services. This structure is set out within the Pharmaceutical Regulations 2013 and includes:

- A patient and public involvement programme
- A clinical audit programme
- A risk management programme
- A clinical effectiveness programme
- A staffing and staff programme
- An information governance programme

It provides an opportunity to audit pharmacy services and to influence the evidence base for the best practice and contribution of pharmacy services, especially to meeting local health priorities within BSOL.

1.4.1.4.1 Essential Services (ES)[13]

BSOL has designated that all Essential Services are to be regarded as Necessary Services.

The Essential Services of the community pharmacy contract **must** be provided by all contractors:

- **ES 1: Dispensing medicines** – The supply of medicines and appliances ordered on NHS prescriptions, together with information and advice, to enable safe and effective use by patients and carers, and maintenance of appropriate records.
- **ES 2: Repeat dispensing/electronic repeat dispensing (eRD**) – The management and dispensing of repeatable NHS prescriptions for medicines and appliances, in partnership with the patient and the prescriber.
- **ES 3: Disposal of unwanted medicines** – Acceptance, by community pharmacies, of unwanted medicines from households and individuals which require safe disposal.
- **ES 4: Public health (promotion of healthy lifestyles**) – The provision of opportunistic healthy lifestyle advice and public health advice to patients receiving prescriptions who:
  - Have diabetes
  - Are at risk of Coronary Heart Disease (CHD), especially those with high blood pressure
  - Smoke
  - Are overweight

  Also, the provision of proactive participation in national/local campaigns, and promoting public health messages to general pharmacy visitors during specific targeted campaign periods.

[13] PSNC. Essential Services. [Accessed August 2022.] https://psnc.org.uk/national-pharmacy-services/essential-services/

- **ES 5: Signposting** – The provision of information to people visiting the pharmacy who require further support, advice or treatment that cannot be provided by the pharmacy, on other health and social care providers or support organisations who may be able to assist them. Where appropriate, this may take the form of a referral.
- **ES 6: Support for self-care** – The provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families.
- **ES 7: Discharge Medicines Service (DMS)** – From 15 February 2021, NHS trusts are able to refer patients who would benefit from extra guidance around new prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by NHSE's Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.

Both Essential and Advanced Services provide an opportunity to identify issues with side effects or changes in dosage, confirmation that the patient understands the role of the medicine or appliance in their care, and opportunities for medicine optimisation. Appropriate referrals can be made to GPs or other care settings, resulting in patients receiving a better outcome from their medicines and, in some cases, cost-saving for the commissioner.

1.4.1.4.2 Advanced Services (A)[14]

Advanced Services are all considered relevant for the purpose of this PNA.

There are eight Advanced Services within the CPCF. Advanced Services are not mandatory for providers to provide and therefore community pharmacies can choose to provide any of these services as long as they meet the requirements set out in the Secretary of State Directions. The Advanced Services are listed below and the number of pharmacy participants for each service in BSOL can be seen in Section 3.2.4 and in Section 6.3 by locality.

- **A.1: Appliance Use Review (AUR)** – To improve the patient's knowledge and use of any 'specified appliance' by:
  - Establishing the way the patient uses the appliance and the patient's experience of such use;
  - Identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient;
  - Advising the patient on the safe and appropriate storage of the appliance; and
  - Advising the patient on the safe and proper disposal of appliances that are used or unwanted.

[14] PSNC. Advanced Services. [Accessed August 2022.] https://psnc.org.uk/national-pharmacy-services/advanced-services/

- **A.2: Stoma Appliance Customisation (SAC)** – This service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.
- **A.3: Community Pharmacist Consultation Service (CPCS)** – Since 1 November 2020, general practices have been able to refer patients for a minor illness consultation via CPCS, once a local referral pathway has been agreed. As well as referrals from GPs, CPCS takes referrals from NHS 111 (and NHS 111 online for requests for urgent supply), Integrated Urgent Care Clinical Assessment Services and, in some cases, the 999 service, and the service has been available since 29 October 2019.
- **A.4: Flu vaccination service** – A service to sustain and maximise uptake of flu vaccine in at-risk groups by providing more opportunities for access and improve convenience for eligible patients to access flu vaccinations. This service is commissioned annually.
- **A.5: Hepatitis C testing service** – The service is focused on provision of Point-of-Care Testing (POCT) for Hepatitis C (Hep C) antibodies to People Who Inject Drugs (PWIDs), i.e. individuals who inject illicit drugs such as steroids or heroin, but who haven't yet moved to the point of accepting treatment for their substance use. Where people test positive for Hep C antibodies, they will be referred for a confirmatory test and treatment, where appropriate. Recent developments in the treatment options for Hep C make the early identification of patients an important part of the management of the condition.
- **A.6: Hypertension case-finding service** – This service was introduced in October 2021. The service has two stages – the first is identifying people at risk of hypertension and offering them blood pressure measurement (a 'clinic check'). The second stage, where clinically indicated, is offering 24-hour ambulatory blood pressure monitoring. The blood pressure test results will then be shared with the patient's GP to inform a potential diagnosis of hypertension.
- **A.7: New Medicine Service (NMS**) – The service provides support to people who are prescribed a new medicine to manage a Long-Term Condition (LTC), which will generally help them to appropriately improve their medication adherence and enhance self-management of the LTC. Specific conditions/medicines are covered by the service.
- **A.8 Smoking Cessation Advanced Service** – This service was introduced in March 2022. It enables NHS trusts to refer patients discharged from hospital to a community pharmacy of their choice to continue their smoking cessation care pathway, including providing medication and behavioural support as required, in line with the NHS LTP care model for tobacco addiction.

Although the Steering Group has determined that Advanced Services are relevant but not Necessary Services, BSOL would wish to support all existing pharmaceutical service providers to make available all Advanced Services where a need exists.

Evidence shows that up to half of medicines may not be taken as prescribed or simply not taken at all.[15] Advanced Services have a role in highlighting issues with medicines or appliance adherence and in reducing waste through inappropriate or unnecessary use of medicines or appliances. Polypharmacy is highly prevalent in LTC management.

1.4.1.4.3 Enhanced Services (EnS)

Enhanced Services are all considered relevant for the purpose of this PNA.

Under the pharmacy contract, Enhanced Services are those directly commissioned by NHSE.

There are currently two Enhanced Services commissioned in BSOL.

- **EnS.1: C-19 vaccination service** – This service is provided from community pharmacies and commissioned by NHSE. The number of pharmacies currently providing the C-19 vaccination service under the terms of an Enhanced Service has doubled from October 2021 to January 2022, and latest reports are that over 22 million doses have been provided by community pharmacies in the past 12 months (to 14 January 2022).
- **EnS.2: Extended care services** – The overall aim of the service is to ensure that patients can access self-care advice for the treatment of a range of conditions, and, where appropriate, to be supplied with antibiotics or other prescription-only medicines to treat their condition. This provides an alternative location from which patients can seek advice and treatment, rather than seeking treatment via a prescription from their GP, out-of-hours provider, walk-in centre or A&E.
    - The service can be provided to any eligible patient who is registered with a GP practice contracted to NHSE Midlands Region (East Midlands, Central Midlands and West Midlands areas) via selected community pharmacies.
    - Tier 1 services include the treatment of simple Urinary Tract Infections (UTIs) in females (aged 16–65) and the treatment of acute bacterial conjunctivitis (for children aged 3 months to 2 years).
    - Tier 2 services include the treatment of impetigo, infected insect bites and infected eczema.

[15] NICE. Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes. 04 March 2015 [Accessed Oct 2022] www.nice.org.uk/guidance/NG5/chapter/introduction

1.4.1.5 Pharmacy Access Scheme (PhAS) providers[16]

The PhAS has been designed to capture the pharmacies that are most important for patient access, specifically those pharmacies where patient and public access would be materially affected should they close. The PhAS takes isolation and need levels into account.

Pharmacies in areas with dense provision of pharmacies remain excluded from the scheme. In areas with high numbers of pharmacies, public access to NHS pharmaceutical services is not at risk. The scheme is focused on areas that may be at risk of reduced access, for example, where a local population relies on a single pharmacy.

DSPs, DACs, LPS contractors and dispensing GP practices are ineligible for the scheme.

From 1 January 2022, the revised PhAS is to continue to support patient access to isolated, eligible pharmacies and ensure patient access to NHS community pharmaceutical services is protected.

1.4.1.6 Other services

As stated in Section 1.4, for the purpose of this PNA 'pharmaceutical services' have been defined as those which are or may be commissioned under the provider's contract with NHSE.

Section 4 outlines services provided by NHS pharmaceutical providers in BSOL commissioned by organisations other than NHSE or provided privately, and therefore out of scope of the PNA. At the time of writing the commissioning organisations primarily discussed are the local authority and ICBs.

1.4.2 Dispensing Appliance Contractors (DACs)

DACs operate under the Terms of Service for Appliance Contractors as set out in Schedule 5 of the Pharmaceutical Regulations 2013. They can supply appliances against an NHS prescription such as stoma and incontinence aids, dressings, bandages etc. They are not required to have a pharmacist, do not have a regulatory body and their premises do not have to be registered with the General Pharmaceutical Council.

DACs must provide a range of Essential Services such as dispensing of appliances, advice on appliances, signposting, clinical governance and home delivery of appliances. In addition, DACs may provide the Advanced Services of AUR and SAC.

Pharmacy contractors, dispensing GP practices and LPS providers may supply appliances, but DACs are unable to supply medicines.

[16] DHSC. 2022 Pharmacy Access Scheme: guidance. 4 July 2022. [Accessed August 2022.] www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024/2021-to-2022-pharmacy-access-scheme-guidance

1.4.3 Dispensing GP practices

The Pharmaceutical Regulations 2013, as set out in Part 8 and Schedule 6, permit GPs in certain areas to dispense NHS prescriptions for defined populations.

These provisions are to allow patients in rural communities, who do not have reasonable access to a community pharmacy, to have access to dispensing services from their GP practice. Dispensing GP practices therefore make a valuable contribution to dispensing services although they do not offer the full range of pharmaceutical services offered at community pharmacies. Dispensing GP practices can provide such services to communities within areas known as 'controlled localities'.

GP premises for dispensing must be listed within the pharmaceutical list held by NHSE and patients retain the right of choice to have their prescription dispensed from a community pharmacy if they wish.

1.4.4 Other providers of pharmaceutical services in neighbouring areas

There are seven other HWBs that border BSOL:

- Staffordshire HWB
- Coventry HWB
- Warwickshire HWB
- Walsall HWB
- Sandwell HWB
- Dudley HWB
- Worcestershire HWB

In determining the needs for pharmaceutical service provision to the population of the BSOL, consideration has been made to the pharmaceutical service provision from the neighbouring HWB areas.

1.5 Process for developing the PNA

BSOL HWBs have statutory responsibilities under the Health and Social Care Act to produce and publicise a revised PNA at least every three years. The last PNAs for Birmingham and Solihull were published in June 2018 and April 2018 respectively and are therefore due to be reassessed in line with the extended timetable of October 2022.

Although section 128A of the NHS Act 2006 requires that each HWB must publish a PNA, section 198 of the Health and Social Care Act allows two or more HWBs to make joint arrangements in how they discharge their functions to develop a single PNA. This is the case for BSOL. The Birmingham and Solihull HWBs agreed, on 27 September 2022 and 14 June 2022 respectively, that the 2022 PNA would be a developed and published as a single document.

Due to local challenges and pressures the process for the PNA development was delayed and subsequently the timelines were aligned to publish as close as possible to the publication date of 1 October 2022.

Public Health in BSOL has a duty to complete this document on behalf of the BSOL HWBs. Soar Beyond Ltd was subsequently commissioned to undertake the BSOL PNA.

Soar Beyond Ltd was chosen from a selection of potential candidates due to its significant experience of providing services to assist pharmaceutical commissioning, including the production and publication of PNAs.

- **Step 1: Steering Group** – On 14 June 2022 BSOL PNA Steering Group was established. The terms of reference and membership of the group can be found in Appendix B.
- **Step 2: Project management** – At this first meeting, Soar Beyond Ltd and the local authority presented and agreed the project plan and ongoing maintenance of the project plan. Appendix C shows an approved timeline for the project.
- **Step 3: Review of existing PNA and JSNA** – Through the project manager, the PNA Steering Group reviewed the existing PNA and JSNA.
- **Step 4a: Public questionnaire on pharmacy provision** – A public questionnaire to establish views about pharmacy services was co-produced by the Steering Group and circulated to residents via various channels. A total of 533 responses were received. A copy of the public questionnaire can be found in Appendix D with detailed responses.
- **Step 4b**: **Pharmacy contractor questionnaire** – The Steering Group agreed a questionnaire to be distributed to the local community pharmacies to collate information for the PNA. A total of 87 responses were received. A copy of the pharmacy questionnaire can be found in Appendix E with detailed responses.
- **Step 5: Mapping of services** – Details of services and service providers were collated and triangulated to ensure the information that the assessment was based on was the most robust and accurate. NHSE, as the commissioner of service providers and services classed as necessary and relevant, was predominantly used as a base for information due to its contractual obligation to hold and maintain pharmaceutical lists. Information was collated, ratified and shared with the Steering Group before the assessment was commenced. The pharmaceutical list from NHSE dated June 2022 was used for this assessment.
- **Step 6: Preparing the draft PNA for consultation** – The Steering Group reviewed and revised the content and detail of the existing PNA. The process took into account the JSNA and other relevant strategies in order to ensure the priorities were identified correctly. As the PNA is an assessment taken at defined moment in time, the Steering Group agreed to monitor any changes and, if necessary, to update the PNA before finalising or publish with accompanying supplementary statements as per the regulations, unless the changes had a significant impact on the conclusions. In the case of the latter the group were fully aware of the need to reassess.

- **Step 7: Consultation** – In line with the Pharmaceutical Regulations 2013, a consultation on the draft PNA was undertaken between 31 October and 30 December 2022. The draft PNA and consultation response form was issued to all identified stakeholders. These are listed in the final PNA in Appendix F.
- **Step 8: Collation and analysis of consultation responses** – The consultation responses were collated and analysed by Soar Beyond Ltd. A summary of the responses received, and analysis is noted in Appendix G. Full comments are included in the BSOL PNA consultation comments report document.
- **Step 9: Production of final PNA - future stage** – The collation and analysis of consultation responses was used by the project manager to revise the draft PNA, and the final PNA was presented to the PNA Steering Group. The final PNA was signed off by the respective Director of Public Health and subsequently published on the councils' websites.

1.6 Localities for the purpose of the PNA

The PNA Steering Group, at its first meeting, considered how the localities within BSOL geography would be defined.

The majority of health and social care data is available at borough level and at this level provides reasonable statistical rigour.

The localities used for the PNA for BSOL are:

- North
- East
- South
- West
- Central
- Solihull

A list of providers of pharmaceutical services is found in Appendix A.

The information contained in Appendix A has been provided by NHSE (who is legally responsible for maintaining the pharmaceutical list of providers of pharmaceutical services in each HWB area), BSOL councils and BSOL ICB.

Section 2: Context for the PNA

The PNA is undertaken in the context of the health, care and wellbeing needs of the local population. These are usually laid out in the JSNA of the local area. The strategies for meeting the needs identified in JSNAs are contained in the HWSs.

2.1 NHS Long Term Plan (LTP)[22]

NHS LTP was published in January 2019, and it set out the priorities for healthcare for the next ten years. It is wide-ranging and includes chapters on new service models, action on prevention and health inequalities, and progress on care quality and outcomes.

Priority clinical areas in the LTP include:

- Prevention
  - Smoking
  - Obesity
  - Alcohol
  - Antimicrobial resistance
  - Stronger NHS action on health inequalities
  - Hypertension
- Better care for major health conditions
  - Cancer
  - Cardiovascular Disease (CVD)
  - Stroke care
  - Diabetes
  - Respiratory disease
  - Adult mental health services

There are specific aspects of the LTP that include community pharmacy and pharmacists:

- **Section 4.21** states that 'Pharmacists have an essential role to play in delivering the Long Term Plan' and goes on to state: 'In community pharmacy, we will work with government to make greater use of community pharmacists' skills and opportunities to engage patients, while also exploring further efficiencies through reform of reimbursement and wider supply arrangements.'
- **Section 1.10** refers to the creation of fully integrated community-based healthcare. This will be supported through the ongoing training and development of multidisciplinary teams in primary and community hubs. From 2019, NHS 111 started to directly book into GP practices across the country, as well as referring on to **community pharmacies** who support urgent care and promote patient self-care and self-management. The CPCS has been developed, and has been available since 31 October 2019 as an Advanced Service.

[22] NHS Long Term Plan. www.longtermplan.nhs.uk/

- **Section 1.12** identifies 'pharmacist review' of medication as a method to reduce avoidable A&E attendances, admissions and delayed discharge, streamlining patient pathways to reduce avoidable outpatient visits and over-medication.
- **Section 3.68** identifies **community pharmacists** as part of the process of improving the effectiveness of approaches such as the NHS Health Check, rapidly treating those identified with high-risk conditions, including high blood pressure. The hypertension case-finding service has been developed as an Advanced Service from community pharmacy.
- **Section 3.86** states: 'We will do more to support those with respiratory disease to receive and use the right medication.' Of NHS spend on asthma, 90% goes on medicines, but incorrect use of medication can also contribute to poorer health outcomes and increased risk of exacerbations or even admission. The NMS is an Advanced Service that provides support for people with LTCs prescribed a new medicine, to help improve medicines adherence.
- **Section 6.17** identifies ten priority areas. Section 6.17(v) identifies pharmacists as key in delivering value for the £16 billion spent on medicines annually. It states: 'Research shows as many as 50% of patients do not take their medicines as intended and pharmacists will support patients to take their medicines to get the best from them, reduce waste and promote self-care.'

2.2 Core20PLUS5[23]

Core20PLUS5 is a national NHSE approach to support the reduction of health inequalities at both national and ICS level. The targeted population approach focuses on the most deprived 20% of the national population (CORE20) as identified by the Index of Multiple Deprivation (IMD) and those within an ICS who are not identified within the core 20% but who experience lower than average outcomes, experience or access. Additionally there are five key clinical areas:

- Maternity
- Severe mental illness
- Chronic respiratory disease
- Early cancer diagnosis
- Hypertension case-finding

[23] NHSE. Core20PLUS5. www.england.nhs.uk/about/equality/equality-hub/core20plus5/

2.3 Joint Strategic Needs Assessment (JSNA)

The purpose of JSNAs and related HWSs (see below) is to improve the health and wellbeing of the local community and reduce inequalities for all ages. They are not an end in themselves, but a continuous process of strategic assessment and planning – the core aim is to develop local evidence-based priorities for commissioning that will improve the public's health and reduce inequalities. Their outputs, in the form of evidence and the analysis of needs, and agreed priorities, will be used to help to determine what actions local authorities, the local NHS and other partners need to take to meet health and social care needs, and to address the wider determinants that affect health and wellbeing.[24] The PNA should therefore be read alongside the JSNAs.

The BSOL JSNAs[25,26] were last published in 2019 and a plan to refresh them was disrupted by the C-19 pandemic. The Birmingham JSNA will be updated in October 2022, whereas the Solihull JSNA will be updated following the publication of the 2021 census data, and therefore there will be no update before the completion of the PNA.

2.4 BSOL Health and Wellbeing Strategy (HWS)

Building on the evidence provided by the JSNA, the BSOL HWSs outline the key priorities and the actions being taken to meet BSOL's health and wellbeing needs.

Birmingham[27]

The Health and Wellbeing Strategy 2022-2030, Creating a Bolder, Healthier City, details a high-level plan for reducing health inequalities and improving health and wellbeing in Birmingham. Led by the Birmingham HWB, the vision is to create a city where everyone can make choices that empower them to be happy and healthy.

The five core themes within the HWS set out the local priorities:

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

There are three encompassing life-course themes:

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

[24] Department of Health. Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies. 20 March 2013. www.gov.uk/government/uploads/system/uploads/attachment_data/file/277012/Statutory-Guidance-on-Joint-Strategic-Needs-Assessments-and-Joint-Health-and-Wellbeing-Strategies-March-20131.pdf
[25] Birmingham JSNA. www.birmingham.gov.uk/info/50268/joint_strategic_needs_assessment_jsna/1337/jsna_themes
[26] Solihull JSNA. www.solihull.gov.uk/About-Solihull/JSNA
[27] Birmingham HWB, Birmingham Joint Health and Wellbeing Strategy, Creating a Bolder, Healthier City 2022-2030. www.birmingham.gov.uk/info/50119/health_and_wellbeing_board/1300/health_and_wellbeing_strategy

Solihull[28]

The Solihull HWS 2019-2022 has been developed using findings from the JSNA, local intelligence and engagement with key stakeholders interested in health and wellbeing. It very much builds on the wealth of experience accumulated over the years across Solihull as well as considering successes from elsewhere.

The HWS is consistent with the approach taken across the BSOL Sustainability and Transformation Plan to use a life-course approach. This means that priorities are focused around the stage people are at in their life rather than around organisations, sectors or disease areas. The different stages start with conception and move through childhood, adulthood, older age through to end of life. The four identified priorities are:

1. Maternity, Childhood and Adolescence: A healthy start in life
2. Adulthood and Work: Promoting health and wellbeing
3. Ageing and Later Life: ageing well and improving health and care services for older people
4. All ages: Social connectedness

2.5 BSOL population

An understanding of the size and characteristics of BSOL population, including how it can be expected to change over time, is fundamental to assessing population needs and for the planning of local services. This section provides a summary of the demographics of BSOL residents, how healthy they are, and what changes can be expected in the future.

Full details of the demographics and health needs can be found in Appendix H.

2.5.1 Population overview[29]

BSOL areas are in the West Midland region, with a combined population of 1,358,012. The total geographical area covers 337 square kilometres. The population is diverse and classified as ‘urban with major conurbation’ under the Rural Urban Classification 2011.[30]

Birmingham is the second largest city in the UK, located in the West Midlands region with an area of 268 square kilometres. The 2021 population estimate for Birmingham is 1,144,900, which is a 6.7% increase from 2011. Birmingham is ranked 1 (out of 7 metropolitan districts in the West Midlands region) in terms of total population (with 1 being the largest).

[28] Solihull HWS 2019-2022. www.solihull.gov.uk/sites/default/files/migrated/InfoandIntelligence_Health-and-Wellbeing-Strategy.pdf

[29] ONS Population projections. [Accessed July 2022.] www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/populationandhouseholdestimatesenglandandwales/census2021

[30] Rural Urban Classification (2011) map of the Local Authority Districts in England. [Accessed July 2022.] https://geoportal.statistics.gov.uk/documents/ons::rural-urban-classification-2011-map-of-the-local-authority-districts-in-england/explore

Solihull is a metropolitan district in the West Midlands region with an area of 69 square kilometres. The 2021 census estimated the total population of Solihull as 216,200, which is a 4.6% increase from 2011. Solihull is ranked 7 (out of 7 metropolitan districts in the West Midlands region) in terms of total population (with 1 being the largest).

North, East, South, West and Central localities are all in Birmingham. The Solihull geography fits into the one locality for this PNA.

Table 2 shows both the total population and registered population by locality for BSOL using the most recent mid-year estimates for 2020.

Table 2: Total population by locality

Locality	Parliamentary constituency	Resident population all ages (MYE mid-2020)
North	Sutton Coldfield	93,486
North	Erdington	103,788
North Total		**200,274**
East	Hodge Hill	128,694
East	Yardley	113,048
East Total		**241,737**
South	Edgbaston	106,340
South	Northfield	102,951
South Total		**209,291**
West	Ladywood	151,748
West	Perry Barr	111,398
West Total		**263,146**
Central	Hall Green	118,904
Central	Selly Oak	110,168
Central Total		**229,072**
Solihull	Solihull	103,317
Solihull	Meriden	114,170
Solihull Total		**217,487**
Total		**1,358,012**

Source: Office for National Statistics (ONS). Mid-Year Estimates 2020

The population density and distribution in BSOL vary considerably from low density in the more rural areas to high density in the urban areas. Map A shows the distribution of population across all the Middle Layer Super Output Areas (MSOA) areas.[31]

[31] Office for Health Improvement and Disparities (OHID). Population Density maps. [Accessed July 2022.] https://localhealth.org.uk/#c=indicator&i=t1.popden&view=map8

2.5.2 Age

The age structure of Birmingham's population differs from that of England. The proportion under 15 years old is 20.9% (England 17.4%). Those aged 15–64 represent over half of the population (65.9%, England 64.1%). Those aged 65 and over represent 13.1% of the population (England 18.6%).

In Solihull, the proportion under 15 years old is 18.1% (England 17.4%). Those aged 15–64 represent over half of the population (60.8%, England 64.1%). Those aged 65 and over represent 21.1% of the population, which is significantly higher than the England figure (18.6%).

2.5.3 Predicted population growth

Birmingham

Between 2018 and 2043, the overall population of Birmingham is projected to grow by 110,315 (9.7%), which is similar to the projected growth for England (10.3%). The largest growth is expected to be in those aged 90 and over, at 4,831 (31.8%), lower than for England (107.8%). Population growth for children aged 5–14 is expected to fall.

There is expected to be a 12.5% increase in the number of households from 2021 to 2043 in Birmingham, compared with a 15.7% increase in the West Midlands.

Solihull

Between 2018 and 2043, the overall population of Solihull is projected to grow by 30,433 (14.2%) which is higher that the projected growth for England (10.3%). The largest growth is expected to be in those aged 90 and over, at 2,089 (82.6%), lower than for England (107.8%). Population growth for those aged 55–59 is expected to fall.

There is a 13.8% increase in the number of households from 2021 to 2043 in Solihull, compared with a 15.7% increase in the West Midlands.

2.5.4 Housing projections

Birmingham

The housing requirement for Birmingham will be delivered in accordance with the following indicative average annual rates:

- 1,650 dwellings per annum (2011/12-2014/15)
- 2,500 dwellings per annum (2015/16-2017/18)
- 2,850 dwellings per annum (2018/19-2030/31)

Solihull

The ambition is to deliver 15,017 additional homes in the period 2020-36. The allocations will be part of the overall housing land supply detailed in Table 3. The average annual housing land provision target is 938 net additional homes per year (2020-36).

Table 3: Net additional housing for Solihull, 2020-36

Delivery phase	Stepped requirement	Annualised requirement
I – 2020-26	5,106	851
II and III – 2026-36	9,911	991
Total	15,017	938

Source: Solihull Draft Local Plan 2021

2.5.5 Car or van ownership

Census 2011 data shows that the overall percentage of households who have access to a car or van is 64% in Birmingham and 80% in Solihull.[32]

2.5.6 Ethnicity

Ethnicity across BSOL varies significantly by locality, and this can be seen in Map C.

The localities with the largest groups of people of Asian ethnicity are West (39.7%), East (37.6%) and Central (31.9%), and these proportions are significantly higher than England (7.8%). West locality has the largest percentage of people with Black ethnicity (19.3%), which is significantly higher than England (3.0%). The areas with the largest groups of people of White British ethnicity are Solihull (88%), South (77.5%) and North (80.8%) localities, which are similar to England (85.8%).

Birmingham

Table 4 shows the proportions of the population in each ethnic group in 2011, the most recent year for which census data is currently available by ethnic group.[33] In ascending order, the table shows how the population identified themselves:

Table 4: Birmingham ethnicity comparison with West Midlands and England, 2011

Ethnicity	Birmingham	West Midlands	England
White	57.9%	82.7%	85.4%
Asian or Asian British	26.6%	10.8%	7.8%
Black or Black British	9.0%	3.3%	3.5%
Mixed race	4.4%	2.4%	2.3%
Other ethnic group	2.0%	0.9%	1.0%

Source: ONS Population estimates 2011

Solihull

Table 5 shows the proportions of the population in each ethnic group in 2011, the most recent year for which census data is currently available by ethnic group.[34] In ascending order, the table shows how the population identified themselves.

[32] ONS. 2011 census, accessed through Nomis Web [Accessed October 2022] https://www.nomisweb.co.uk/census/2011/qs416ew
[33] ONS. 2011 census, accessed through LG Inform. [Accessed July 2022.] https://lginform.local.gov.uk/
[34] ONS. 2011 census, accessed through LG Inform. [Accessed July 2022.] https://lginform.local.gov.uk/

Table 5: Solihull ethnicity comparison with West Midlands and England, 2011

Ethnicity	Solihull	West Midlands	England
White	89.1%	82.7%	85.4%
Asian or Asian British	6.6%	10.8%	7.8%
Black or Black British	1.6%	3.3%	3.5%
Mixed race	2.1%	2.4%	2.3%
Another ethnic group	0.6%	0.9%	1.0%

Source: ONS Population estimates 2011

2.6 Deprivation

The socioeconomic status of an individual or population is determined by characteristics including income, education and occupation, and lower socioeconomic status. These are associated with poorer health outcomes, including low birthweight, CVD, diabetes and cancer.

IMD 2019 combines socioeconomic indicators to produce a relative socioeconomic deprivation score and include the domains of:

- Income
- Employment
- Health deprivation and disability
- Education, skills and training
- Barriers to housing and services
- Crime
- Living environment

Income and employment domains carry the most weight in the overall IMD rank. Deprivation varies significantly across BSOL and this can be seen in Map B.

Table 6 shows the deprivation ranks by constituency.[35] The deprivation rank only shows how deprived an area is relative to other areas in England and does not measure the depth of deprivation. The ranks are based on data released in 2019 and are mostly based on data from 2015/16.

Table 6 shows how Birmingham and Solihull rank across the deprivation sub-domain compared with all constituencies in the England.

[35] UK Parliament, House of Commons Library. Constituency data: Indices of deprivation. [Accessed October 2022.] https://commonslibrary.parliament.uk/constituency-data-indices-of-deprivation/

Table 6: Locality deprivation, IMD rank, 2019

Locality	Parliamentary constituency	IMD decile	IMD rank*
East	Birmingham, Hodge Hill	1	2
East	Birmingham, Yardley	1	19
South	Birmingham, Edgbaston	2	83
South	Birmingham, Northfield	1	26
West	Birmingham, Ladywood	1	7
West	Birmingham, Perry Barr	1	36
Central	Birmingham, Hall Green	1	24
Central	Birmingham, Selly Oak	2	89
North	Sutton Coldfield	8	416
North	Birmingham, Erdington	1	5
Solihull	Solihull, Meriden	5	238
Solihull	Solihull, Solihull	9	441

* Rank 1 = most deprived constituency, 533 = least deprived

Source: Constituency data: Indices of deprivation, UK Parliament

Table 7: Birmingham and Solihull deprivation sub-domains, 2019

Locality	Parliamentary constituency	A*	B*	C*	D*	E*	F*	G*
East	Birmingham, Hodge Hill	4	63	99	24	5	4	1
East	Birmingham, Yardley	48	93	62	23	49	25	30
South	Birmingham, Edgbaston	292	160	133	81	144	24	109
South	Birmingham, Northfield	84	86	69	136	40	38	35
West	Birmingham, Ladywood	40	66	38	12	23	1	3
West	Birmingham, Perry Barr	113	143	142	33	65	21	45
Central	Birmingham, Hall Green	122	128	125	28	39	17	18
Central	Birmingham, Selly Oak	252	125	126	64	186	39	130
North	Birmingham, Sutton Coldfield	514	338	379	240	415	178	447

Locality	Parliamentary constituency	A*	B*	C*	D*	E*	F*	G*
North	Birmingham, Erdington	30	35	87	15	13	28	9
Solihull	Solihull, Meriden	202	365	196	437	184	190	206
Solihull	Solihull, Solihull	490	428	273	375	430	343	428

A – Education, skills, and training
B – Health deprivation and disability
C – Crime
D – Living Environment
E – Employment
F – Barriers to housing and services
G – Income
* Rank 1 = most deprived constituency, 533 = least deprived
Source: Constituency data: Indices of deprivation, UK Parliament

Birmingham[36]

Birmingham is ranked the seventh most deprived local authority in England, and the third most deprived English City after Liverpool and Manchester. The city is the most deprived in the West Midlands region. Birmingham suffers from high levels of deprivation, with 43% of the population living in Lower Layer Super Output Areas (LSOAs) in the 10% most deprived in England, and 51% of children (under-16s) living in the 10% most deprived areas.

Table 6 shows deprivation for Birmingham localities. While there are pockets of deprivation in all parts of the city, deprivation is most heavily clustered in the area surrounding the city centre. It is important to note that Hodge Hill is the second most deprived area in England, Erdington is fifth, and Ladywood is seventh. Those living in the most deprived areas of England face the worst healthcare inequalities in relation to healthcare access, experience and outcomes.

Table 7 shows how the Birmingham localities rank across the deprivation sub-domain compared with all constituencies in England. Hodge Hill, Erdington and Ladywood are ranked as the most deprived across all domains. Hodge Hill is ranked the most income deprived constituency in England. It is important to note that those areas of high income deprivation are more likely to have a range of health conditions including serious mental illness, obesity, diabetes and learning disabilities.[37]

[36] DLUHC. English Indices of Deprivation 2019: mapping resources. [Accessed July 2022.] www.gov.uk/guidance/english-indices-of-deprivation-2019-mapping-resources
[37] UK Parliament, House of Commons Library. Health inequalities: Income deprivation and north/south divides. 22 January 2019. https://commonslibrary.parliament.uk/health-inequalities-income-deprivation-and-north-south-divides/#:~:text=It%E2%80%99s%20widely%20recognised%20that%20social%20and%20economic%20factors,serious%20mental%20illness%2C%20obesity%2C%20diabetes%2C%20and%20learning%20disabilities.

Solihull[38]

Solihull is the 32nd (of 151) least deprived of the upper tier local authorities in England and sits in the second least deprived quintile nationally. There is significant variation in deprivation, with large parts of the borough ranking among the least deprived areas of England and a concentration of neighbourhoods among the most deprived. When ranked based on the proportion of LSOAs in the most deprived decile, the IMD ranking drops to 98th.[39]

Table 7 shows how Solihull ranks across the deprivation sub-domain compared with all local authorities in England and, overall, Solihull ranks highly across all the deprivation sub-domains.

2.7 Health of the population

Population health indicators provide a high-level overview of the collective health of populations at a national, regional and local level. These indicators allow comparisons to be made regarding the health of different populations and can highlight issues or trends in time that require a more detailed investigation.

- **Life expectancy**
  - Birmingham
    - Life expectancy at birth for Birmingham residents was 77.1 years for males and 81.8 years for females (2018-20), significantly lower than the England life expectancy, which was 79.4 for males and 83.1 for females
    - Healthy Life Expectancy (HLE) in Birmingham (2017-19) is 59.2 years for men and 60.2 for women, which is statistically significantly different from the national average (male 63.2 years; female 63.5 years)
  - Solihull
    - Life expectancy at birth for Solihull residents was 80.4 years for males and 84 years for females (2018-20), significantly higher than the England average life expectancy, which was 79.4 for males and 83.1 for females
    - HLE in 2017-19 was 67.4 years for men and 65.7 for women, which is higher but statistically similar to the national average (male 63.2; female 63.5). Life expectancy has increased across the country. Over the period 2018-20, life expectancy at birth in Solihull was 83.2 years for women and 79.3 years for men, in both cases slightly lower than the average for England
- **Obesity**
  - Adult obesity in Birmingham was at 63.5% and Solihull was 62.8%; both are similar to England (63.5%)

[38] Solihull deprivation profile. [Accessed July 2022.] www.solihull.gov.uk/About-Solihull/JSNA
[39] Solihull Metropolitan Council. Deprivation in Solihull, The Index of Multiple Deprivation 2019. [Accessed August 2022.] www.solihull.gov.uk/sites/default/files/migrated/InfoandIntelligence_Index-of-Multiple-Deprivation-Summary.pdf

- **Smoking**
  - Smoking prevalence in Birmingham was 16.9%, which is significantly higher than England (12.8%); smoking prevalence in Solihull was 10.3%
- **Alcohol misuse**
  - Local alcohol profiles (2020-21) indicate that Birmingham had a higher alcohol-related mortality of 44 per 100,000 population compared with England (37.8)
  - Solihull had a similar alcohol-related mortality to England, at 38 per 100,000
- **Sexual health**
  - Birmingham
    - The chlamydia detection rate (aged 15–24) and new STI diagnoses (excluding chlamydia, under 25 years) in Birmingham were similar to England but higher than West Midlands
    - The under-18 conception rate was significantly higher than England and the West Midlands figures, however the proportion of these leading to abortion was significantly lower than England and West Midlands figures
    - The rate of total prescribed Long-Acting Reversible Contraception (LARC) (excluding injections) was lower than England and West Midlands
    - The new HIV rate is significantly higher than England and West Midlands
  - Solihull
    - The chlamydia detection rate (aged 15–24) and new STI diagnoses (excluding chlamydia, under 25 years) in Solihull were significantly below England and West Midlands
    - The under-18 conception rate was significantly lower than England and the West Midlands figures, however the proportion of these leading to abortion was significantly higher than England and West Midlands figures
    - The rate of total prescribed LARC (excluding injections) was similar to West Midlands but lower than England
    - The new HIV rate is significantly lower than England and West Midlands

2.7.1 Burden of disease

Long-term conditions are more prevalent in people over the age of 60 (58%) compared with people under the age of 40 (14%), and in people in more deprived groups, with those in the poorest social class having a 60% higher prevalence than those in the richest social class and 30% more severity of disease.[40]

[40] The King's Fund. Long-term conditions and multi-morbidity. 2012-2013. www.kingsfund.org.uk/projects/time-think-differently/trends-disease-and-disability-long-term-conditions-multi-morbidity

Please note that the locality figures below show the Quality and Outcomes Framework (QOF) prevalence for BSOL. QOF data shows recorded prevalence, therefore the anticipated prevalence may be higher with unmet need for the conditions which contribute to premature mortality.

- **Stroke** – All localities are similar to England (1.8%), however, Solihull (1.9%) is the only locality that is above the England figure.
- **Hypertension** – Prevalence of hypertension across the BSOL localities is lower than England (13.9%), other than in North (13.8%), which is similar. Solihull (14.7%) has a higher prevalence of hypertension than England.
- **CHD** – CHD prevalence across all Birmingham localities is lower than the England figure (3.1%). East locality has the highest (2.8%) and West (2.2%) the lowest rates. Solihull prevalence is the same as across England (3.1%).
- **Diabetes** – Only South and Solihull localities (7.3% and 7.5%, respectively) have a similar prevalence to the England figure (7.1%). All the other localities have a prevalence that is significantly higher than England (East 11.1%, West 9.8%, Central 8.9% and North 8.3%).
- **Cancer** – Birmingham localities all have prevalences that are lower than the England figure (3.2%). The highest prevalence is in East locality (2.6%) and lowest in South (1.2%). Solihull (3.3%) is similar to England (3.2%).
- **Asthma** – All localities in BSOL had a higher rate than the England average (5.4%), other than West (5.4%), which is same as England
- **COPD** – In BSOL COPD (Chronic Obstructive Pulmonary Disease) prevalence varies. Prevalence in Central and East (each 1.9%) is the same as in England (1.9%), and North and South (each 1.1%) and West (1.0%) are all lower than England. Solihull prevalence is (2.2%), which is higher than England.
- **Mental health** (schizophrenia, bipolar affective disorder and other psychoses) – For mental health, all localities in Birmingham have a higher or similar prevalence to the England average (1.0%); Central (1.3%) has the highest prevalence and South has the lowest prevalence (1.0%); Solihull (0.8%) is the only locality that has a lower prevalence than the England average (1.0%).
- **Dementia** – Of the BSOL localities, South (0.3%) has the lowest prevalence and Solihull (0.6%) has the highest prevalence of dementia, however all localities are still lower than the England average (0.7%).
- **Accidental injury** – The rate of emergency hospital admissions for falls in the population aged 65+ is 2,266 per 100,000 for Birmingham and 2,274 per 100,000 for Solihull, both are higher than the England average (2,023 per 100,000).
- **Influenza** – Birmingham has lower flu vaccine uptake for those 65+ (74.4%) when compared with England (80.1%) and for at-risk individuals (44.6%) compared with England (52.1%); Solihull has higher flu vaccine uptake for those aged 65+ (83.3%) when compared with England (80.1%) and for at-risk individuals (55.4%) compared with England (52.1%).

- **Hepatitis C** – The hepatitis C detection rate per 100,000 in Birmingham was 35.2, which is significantly higher than England (18.4), whereas the Solihull rate was 6.5, which is significantly lower than England.
- **COVID-19 impact** – Both Birmingham (346.1 per 100,000) and Solihull (358.2 per 100,000) have a significantly higher rate of C-19 mortality when compared with the England average of 305.7 per 100,000.

Section 3: NHS pharmaceutical services provision, currently commissioned

3.1 Overview

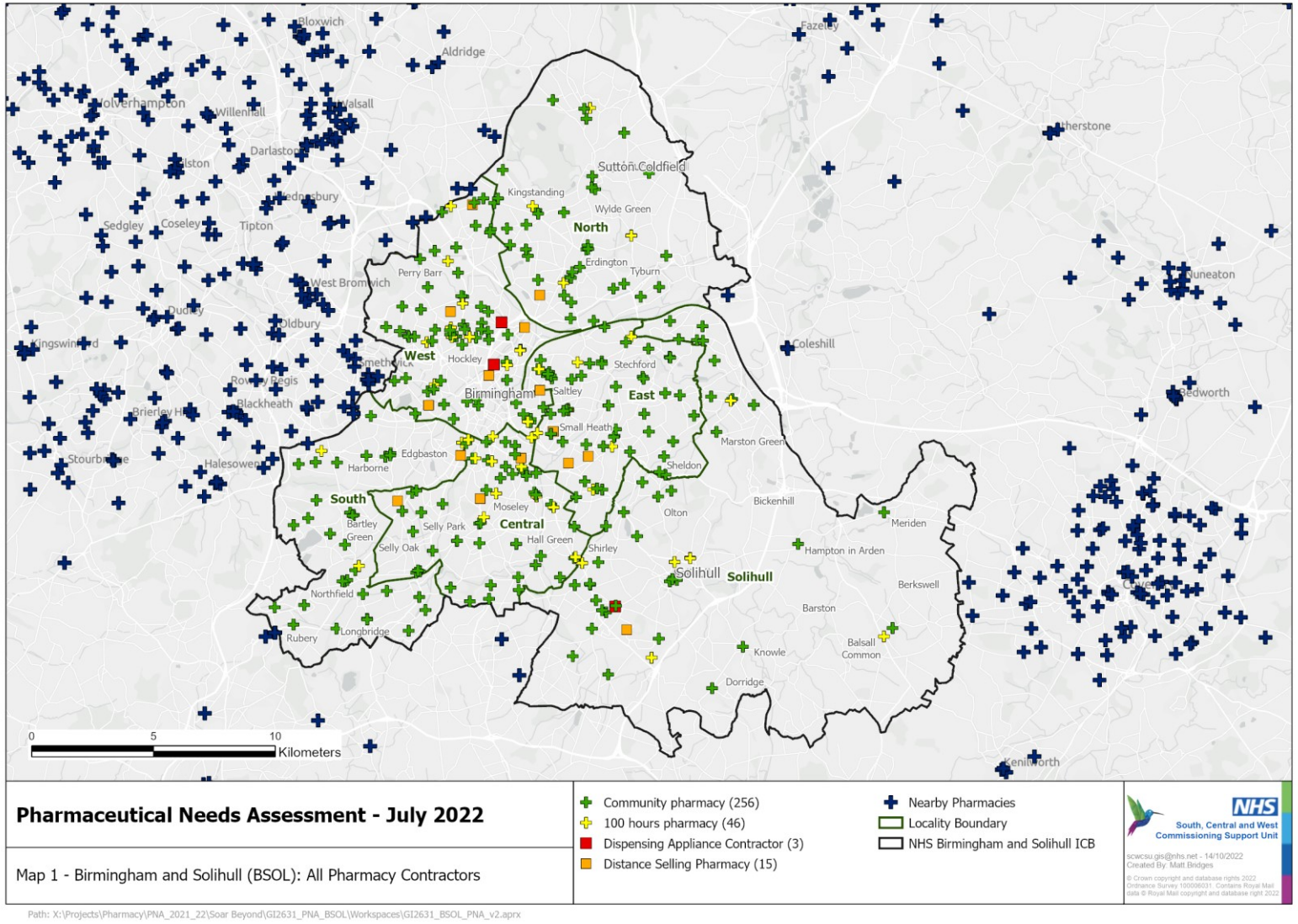
There are a total of 320 contractors in BSOL (275 in Birmingham and 45 in Solihull).

Table 8: Contractor type and number in BSOL

Type of contractor	Number
40-hour community pharmacies (including the PhAS)	256
100-hour community pharmacies	46
LPS providers	0
DSP	15
DAC	3
Total	320

A list of all contractors in BSOL and their opening hours can be found in Appendix A. Figure 1 shows all contractor locations within BSOL.

Figure 1: All contractors in BSOL



3.2 Community pharmacies

Table 9: Number of community pharmacies in BSOL

Number of community pharmacies	Population of BSOL	Ratio of pharmacies per 100,000 population*
317	1,358,012	23.3

*Correct as of June 2022

There are 317 community pharmacies (including 15 DSPs and 0 LPS providers) in BSOL (273 in Birmingham and 44 in Solihull), which has decreased from 345 (299 in Birmingham and 46 in Solihull) in the last PNA. The England average is 20.6 community pharmacies per 100,000 population, which has decreased slightly from 2018, when the average number was 21.2. The West Midlands average has also decreased since 2018, to 21.3 from the previous 22.9 community pharmacies per 100,000 population. The BSOL average of 23.3 pharmacies per 100,000 is higher than both the West Midlands and national averages.

BSOL has a transient population with generally good transport links. Populations may therefore find community pharmacies in neighbouring HWB areas more accessible and/or more convenient. Neighbouring areas include Warwickshire, Coventry, Staffordshire, Walsall, Sandwell, Dudley and Worcestershire.

Table 10 shows the change in the numbers of pharmacies over recent years compared with regional and national averages.

Table 10: Number of community pharmacies per 100,000 population

	England	West Midlands	BSOL
2022	20.6	21.3	23.3
2020-21	20.6	22.1	24.7
2019-20	21.0	22.3	24.8
2018-19	21.2	22.9	25.2

Source: ONS 2020 mid-year population estimates and NHSE for number of pharmacies

Section 1.4.1.4.1 lists the Essential Services of the pharmacy contract. It is assumed that provision of all these services is available from all contractors. Further analysis of the pharmaceutical service provision and health needs for each locality is explored in Section 6.

3.2.1 Choice of community pharmacies

Table 11 shows the breakdown of community pharmacy ownership in BSOL. The data shows that BSOL has a similar percentage of independent pharmacies and multiples to England, with no one provider having a monopoly in any locality. People in BSOL therefore have a good choice of pharmacy providers.

Table 11: Community pharmacy ownership

Area	Multiples (%)	Independent (%)*
Birmingham	26%	74%
Solihull	43%	57%
BSOL	28%	72%
West Midlands	36%	64%
England	26%	74%

Source: NHSE, January 2022

*Includes the pharmacies on Association of Independent Multiple Pharmacies list

3.2.2 Weekend and evening provision

There are 1,096 (9.6%) community pharmacies in England open for 100 hours or more per week. This has decreased slightly since 2017, where there were 1,161 100-hour pharmacies.

Table 12 shows that the percentage of BSOL pharmacies open for 100 hours is higher than the regional and national numbers. Most 100-hour pharmacies are open late and at the weekends.

Table 12: Number of 100-hour community pharmacies (and percentage of total)

Area	Number (%) of 100-hour pharmacies
Birmingham	40 (14.8%
Solihull	6 (13.6%)
BSOL	46 (14.5%)
West Midlands	141 (11.2%)
England (2020-21 data)	1,096 (9.6%)

Source: NHSE, January 2022

3.2.3 Access to community pharmacies

Community pharmacies in BSOL are particularly located around areas with a higher density of population and higher levels of deprivation, as seen in Maps A and B respectively.

A previously published article[41] suggests:

- 89% of the population in England has access to a community pharmacy within a 20-minute walk
- This falls to 14% in rural areas
- Over 99% of those in areas of highest deprivation are within a 20-minute walk of a community pharmacy

[41] Todd A, Copeland A, Husband A. The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England. BMJ Open 2014, Vol. 4, Issue 8. http://bmjopen.bmj.com/content/4/8/e005764.full.pdf%20html

The same study found that access is greater in areas of high deprivation. Higher levels of deprivation are linked with increased premature mortality rates and therefore greater health needs.

3.2.3.1 Routine daytime access to community pharmacies

Maps E–I show travel times to community pharmacies using a variety of options. How this has been analysed is contained in Appendix I.

In summary:

- Walking: 90% of the population can walk to a pharmacy within 15 minutes (97.8% within 20 minutes)
- Public transport: Approximately 87% of the population can reach a community pharmacy within 10 minutes (afternoon is faster than morning); up to 99% of people can reach a pharmacy by public transport within 20 minutes
- Driving: 100% of the population can drive to a pharmacy within 10 minutes regardless of time of day

It is important to note that the Birmingham localities are more densely populated than Solihull. This will mean the travel time to the nearest pharmacy will be shorter in the Birmingham localities than in Solihull.

3.2.3.2 Routine weekday evening access to community pharmacies

The number, location and opening hours of community pharmacy providers open beyond 6.30 pm, Monday to Friday (excluding bank holidays), vary within each locality; they are listed in the table below and seen in Map D. Full details of all pharmacies' opening hours can be found in Appendix A. 'Average' access is difficult, given the variety of opening hours and locations. Access is therefore considered at locality level and can be found in Table 13, which shows that 38% of pharmacies are open beyond 6.30 pm across BSOL.

Table 13: Percentage of community pharmacy providers open Monday to Friday (excluding bank holidays) beyond 6.30 pm, and on Saturday and Sunday

Locality	Percentage of pharmacies open beyond 6.30 pm	Percentage of pharmacies open on Saturday	Percentage of pharmacies open on a Sunday
BSOL	38% (120)	69% (220)	22% (71)
North	31% (13)	71% (30)	26% (11)
East	33% (21)	63% (40)	17% (11)
South	26% (10)	76% (29)	21% (8)
West	50% (37)	58% (43)	26% (19)
Central	44% (24)	73% (40)	22% (12)
Solihull	34% (15)	86% (38)	23% (10)

3.2.3.3 Routine Saturday daytime access to community pharmacies

The number, location and opening hours of community pharmacy providers open on Saturdays vary within each locality. Of the pharmacies in BSOL, 69% are open on Saturdays, the majority of which are open into the late afternoon. 'Average' access is difficult given the variety of opening hours and locations. Access is therefore considered at locality level. Full details of all pharmacies open on a Saturday can be found in Appendix A and in Map D.

3.2.3.4 Routine Sunday daytime access to community pharmacies

The number, location and opening hours of community pharmacy providers open on Sundays vary within each locality. Fewer pharmacies (22%) are open on Sundays than any other day in BSOL, which typically mirrors availability of other healthcare providers open on a Sunday. Full details of all pharmacies open on a Sunday can be found in Appendix A and in Map D.

3.2.3.5 Routine bank holiday access to community pharmacies

Community pharmacy contractors do not have to open on days which are specifically mentioned in the regulations (namely Christmas Day, Good Friday and Easter Sunday) or a day that has been specifically designated as a 'bank holiday', unless directed to open by NHSE.

Contractors also do not have to give formal notice of closures on these public and bank holidays but must ensure that their Directory of Services (DoS) and NHS website entries are accurate (this is now a terms of service requirement, with verification carried out quarterly).

As community pharmacies are not obliged to open on nominated bank holidays, many opt to close, however a number of pharmacies (often those in regional shopping centres, retail parks, supermarkets and major high streets) opt to open – often for limited hours. NHSE does not currently commission this as an Enhanced Service, however, it does remunerate community pharmacy contractors for the hours they are open.

Bank holiday coverage across BSOL varies, and the details of which pharmacies are open can be found on the NHSE website: www.england.nhs.uk/midlands/nhs-england-and-nhs-improvement-midlands-work/bank-holiday-pharmacy-opening-times/#birmingham-and-solihull.

3.2.4 Advanced Service provision from community pharmacies

Data supplied from NHSE has been used in Table 14 to demonstrate how many community pharmacies per locality have signed up to provide the Advanced Services. Details of individual pharmacy providers can be seen in Appendix A.

Table 14: Percentage of providers (not including LPS) of Advanced Services in BSOL

Advanced Service[#]	North (42)	East (64)	South (38)	West (74)	Central (55)	Solihull (44)	BSOL
NMS*	100% (42)	100% (64)	100% (38)	100% (74)	100% (55)	100% (44)	100% (317)
AUR*	0% 0	0% 0	0% 0	0% 0	0% 0	0% 0	0% 0
SAC*	12% (5)	11% (7)	11% (4)	8% (6)	5% (3)	14% (6)	10% (31)
Community pharmacy seasonal influenza vaccination*	88% (37)	69% (44)	82% (31)	64% (47)	67% (37)	86% (38)	74% (234)
CPCS (includes GP CPCS)^	98% (41)	91% (58)	100% (38)	35% (26)	96% (53)	98% (43)	82% (259)
Hypertension case-finding service^	76% (32)	52% (33)	82% (31)	30% (22)	75% (41)	64% (28)	59% (187)
Smoking cessation Advanced Service^	33% (14)	25% (16)	29% (11)	15% (11)	44% (24)	16% (7)	26% (83)
Community pharmacy hepatitis C antibody-testing service^	19% (8)	8% (5)	11% (4)	8% (6)	16% (9)	0% 0	10% (32)

[#] Data includes DSPs in BSOL, which provide NMS, CPCS, influenza vaccinations and the hypertension case-finding service

* NHSE data as of April 2022

^ NHSE data as of June 2022

Section 1.4.1.4.2 lists all Advanced Services that may be provided under the pharmacy contract. As these services are discretionary, not all providers will provide them all of the time.

Based on the information provided, none of the community pharmacies in BSOL have signed up to provide AUR, however there are two DACs that provide the service. The number of providers of the AUR service is also very low regionally and nationally. There are only seven (0.06%) community pharmacies or DAC providers in the West Midlands, and 53 (0.5%) nationally, that provide this service.[42]

The hepatitis C service also has a low sign-up rate, which is similar to the national position.

It should be noted that for some of these services, such as AUR, not signing up does not preclude providers from providing the service.

It must be stressed that the impact of the C-19 pandemic will have affected this activity data in several ways:

- Face-to-face services needed to be adjusted to enable telephone consultations
- Some Advanced Services had delayed implementation dates
- Referral pathways from NHS 111 and GP practices were focused on the pandemic
- The increased workload and provision of pandemic-specific services will have affected the ability to provide other Advanced Services
- The effect of the extra workload on community pharmacies may have affected the timeliness of claims, which are used to measure activity.

The provision of the smoking cessation Advanced Service is relatively low across BSOL, as this service started on 10 March 2022. Provision is therefore likely to increase from the time of writing this PNA as more providers become accredited to provide the service.

3.2.5 Enhanced Service provision from community pharmacy

There are currently two Enhanced Services commissioned through community pharmacies from NHSE in BSOL and details of these services are discussed in Section 1.4.1.4.3.

Any Locally Commissioned Services (LCS) commissioned by the ICB or the local authority are not considered here. They are outside the scope of the PNA but are considered in Section 4.

Data supplied from NHSE has been used in Table 15 to demonstrate how many community pharmacies per locality have signed up to provide the Enhanced Services. Details of individual pharmacy providers can be seen in Appendix A.

[42] NHSE data as of April 2022.

Table 15: Percentage of providers (not including LPS) of Enhanced Services in BSOL

Enhanced Service*	North (42)	East (64)	South (38)	West (74)	Central (55)	Solihull (44)	BSOL
C-19 vaccination service	2% (1)	8% (5)	0% (0)	20% (15)	9% (5)	2% (1)	9% (27)
Extended care service – Tier 1	69% (29)	52% (33)	63% (24)	34% (25)	47% (26)	61% (27)	52% (164)
Extended care service – Tier 2	45% (19)	42% (29)	50% (19)	24% (18)	36% (20)	43% (19)	39% (124)

* NHSE data as of June 2022

3.3 Dispensing Appliance Contractors (DACs)

There are three DACs in BSOL:

West:

- Salts Medilink, Apollo Building, Aston Hall Road, Aston, Birmingham B6 6BQ
- Salts Medilink, Unit 1, Richard Street, Birmingham B7 4AA

Solihull:

- Salts Medilink, 226 Longmore Road, Shirley, Solihull B90 3ES

There are currently no identified plans for new strategies by social care/occupational health to provide aids/equipment through pharmacies or DACs.

The community pharmacy contractor questionnaire received 84 responses to the appliance dispensing question and 83% of them reported that they provide all appliances.

As part of the Essential Services of appliance contractors, a free delivery service is available to all patients. It is therefore likely that patients will obtain appliances delivered from DACs outside BSOL.

There were 111 DACs in England as of May 2022.[43]

3.4 Dispensing GP practices

There are no dispensing GP practices in BSOL.

3.5 PhAS pharmacies

There are 18 PhAS providers in BSOL and details of these can be found in Appendix A.

3.6 Pharmaceutical service provision provided from outside BSOL

BSOL is bordered by seven other HWB areas. As previously mentioned, BSOL has good transport links and, as a result, it is anticipated that many residents in BSOL will have reasonable access to pharmaceutical service providers in neighbouring HWB areas and beyond.

[43] NHS Business Services Authority (BSA). Dispensing Data. [Accessed August 2022.] www.nhsbsa.nhs.uk/prescription-data/dispensing-data

It is not practical to list here all those pharmacies outside BSOL area by which BSOL residents will access pharmaceutical services. A number of providers lie within close proximity to the borders of BSOL area boundaries and listed below:

- Lloyds Pharmacy, 518 Hagley Road West, Oldbury, Warley B68 0BZ
- Lloyds Pharmacy, 581 Bearwood Road, Smethwick, Warley B66 4BH
- DR Dalvair Pharmacy, 79 Bearwood Road, Smethwick B66 4DH
- Boots, 48 Three Shires Oak Road, Smethwick, Warley B67 5BS
- Bearwood Pharmacy, 348a Bearwood Road, Smethwick B66 4ES
- Al-Shafa, 93 Shireland Road, Smethwick, Birmingham B66 4QJ
- Asda Pharmacy, Off Windmill Lane, Smethwick B66 3EN
- Boots, 2 Windmill Shopping Park, Cape Hill, Smethwick B66 3PR
- Lloyds Pharmacy, Cape Hill Medical Centre, Raglan Road, Smethwick B66 3NR
- DP Forrest Ltd, 145 Hamstead Road, Great Barr, Birmingham B43 5BB
- Well, 938-940 Walsall Road, Scott Arms Shopping Centre, Great Barr, Birmingham B42 1TQ
- Jhoots Pharmacy, Scott Arms Medical Centre, Whitecrest, Great Barr, Birmingham B43 6EE
- MW Phillips Chemists, 526 Queslett Road, Pheasey Estate, Great Barr, Birmingham, B43 7DY
- Beacon Pharmacy, 81 Collingwood Drive, Great Barr, Birmingham B43 7JW
- Lloyds Pharmacy, 6 Stockland Court, 121 Chester Road, Streetly, Sutton Coldfield B74 2HE
- Lloyds Pharmacy, 9 Birmingham Road, Water Orton, Birmingham B46 1SP
- Bannerbrook Pharmacy, 5-7 Gramercy Park, Bannerbrook Park Local Centre, Coventry CV4 9AE
- KK Mistry Pharmacy, 34 Station Avenue, Tile Hill Village, Coventry CV4 9HS
- Wythall Pharmacy, 221 Station Road, Wythall, Birmingham B47 6ET
- Lloyds Pharmacy, 202 New Road, Rubery, Rednal, Birmingham B45 9JA
- Knights Rubery Pharmacy, 102 New Road, Rubery, Birmingham B45 9HY

Further analysis of cross-border provision is undertaken in Section 6.

Section 4: Other services that may impact on pharmaceutical services provision

Community pharmacies and GP practices provide a range of other services. These are not considered 'pharmaceutical services' under the Pharmaceutical Regulations 2013 and may be either free of charge, privately funded or commissioned by the Local Authority (LA) or ICB.

Examples of such services include delivery services, allergy testing, care home services and sexual health services, although this is not an exhaustive list.

Table 16 details the services provided across BSOL. A list of all contractors and commissioned services can be found in Appendix A.

Table 16: Commissioned services from community pharmacies in BSOL

Commissioned service	ICB-commissioned service	LA-commissioned service
Sexual health services*		Y
Smoking cessation service*		Y
Supervised consumption*		Y
Needle exchange*		Y
COVID-19 Urgent Eyecare Service Medicines Supply (CUES-MS) service	Y	
Minor Ailment Service (MAS)^	Y	
Specialist Palliative Care Drugs (SPCD) supply	Y	

* Different service specifications for BCC and SMBC

^ Only commissioned in West Birmingham and North Solihull

See section 4.1 for further details on the services listed above.

Table 17: Percentage of providers of LCS in BSOL

LCS[#]	North (42)	East (64)	South (38)	West (74)	Central (55)	Solihull (44)	BSOL
Sexual health services*	38% (16)	48% (31)	53% (20)	51% (38)	51% (28)	55% (24)	53% (167)
Smoking cessation service*	29% (12)	44% (28)	39% (15)	43% (32)	47% (26)	0% (0)	36% (112)
Nicotine-Replacement Therapy (NRT) voucher scheme**	52% (22)	53% (34)	68% (26)	57% (42)	56% (31)	0% (0)	49% (155)
Supervised consumption*	38% (16)	50% (32)	50% (19)	45% (33)	49% (27)	45% (20)	46% (147)
Needle exchange*	26% (11)	28% (18)	34% (13)	35% (26)	31% (17)	23% (10)	30% (95)
CUES-MS	7% (3)	23% (15)	5% (2)	11% (8)	9% (5)	9% (4)	12% (37)
MAS^	0% (0)	5% (3)	0% (0)	26% (19)	0% (0)	18% (8)	9% (30)
SPCD supply	5% (2)	5% (3)	5% (2)	7% (5)	4% (2)	9% (4)	6% (18)

[#] Data includes DSPs in BSOL, which provide NMS, CPCS, influenza vaccinations and hypertension case-finding service

* Different service specifications for BSOL

** Only commissioned in Birmingham

^ Only commissioned in West Birmingham and Solihull (North)

4.1 Local authority-commissioned services provided by community pharmacies in BSOL

Birmingham City Council commissions five services from community pharmacies in Birmingham.

Solihull Metropolitan Borough commissions four services from community pharmacies in Solihull.

These services may also be provided from other providers, e.g. GP practices and community health services. A full list of services and community pharmacy providers can be found in Appendix A.

In Solihull, there are commissioning plans for both sexual health service and changes to the smoking cessation service. Timelines for these have not been confirmed at time of writing.

In Birmingham, there will be a procurement of NHS Health Checks and smoking cessation services as reported to Cabinet in July 2022. This will impact primary care but the authority cannot report on the outcome in terms of changes to providers until the process has completed in 2023.

4.1.1 Sexual health service

The Birmingham and Solihull integrated sexual health service is jointly commissioned and aims to:

- Provide an integrated open access sexual health system consistent with national and local strategic priorities and guidance
- Provide a mandatory sexual health service that is clinically effective and accessible to all on the basis of clinical need, and effective in accessing and providing services to national and locally determined priority groups
- Reduce the incidence and prevalence of STIs and improve reproductive sexual health
- Improve the service response to those at risk or victims of sexual coercion, violence and exploitation, including female genital mutilation
- Provide a cost-effective service that focuses on providing high quality clinical care and value for money
- Deliver services that reduce stigma associated with sexual health
- Provide a single city-wide sexual health system, which operates across a range of settings, providing for system-wide data reconciliation

BSOL commissioners have consulted with HWBs on a newly developed Sexual Health Strategy (2023-2030) and needs assessment that will inform the future commissioning model of the Birmingham & Solihull Integrated Sexual Health Service. Commissioning strategies will consider all elements of local sexual health offering, including services provided through community pharmacy. Commissioners are required to complete this commissioning cycle by 1 April 2024.

Birmingham

The commissioned community pharmacy services provide by Umbrella includes:

- Emergency Hormonal Contraception (EHC) – supply of levonorgestrel or ulipristal acetate to females aged 13 and over at risk of unplanned pregnancy
- Advance provision of EHC – supply of levonorgestrel or ulipristal acetate to females aged 13–25 and at risk of unplanned pregnancy
- Condom distribution – for men and women, included advice on correct use of condoms as well as an assessment of ongoing contraceptive needs
- Chlamydia and gonorrhoea screening kits – men and women aged 15–25 who are sexually active and have requested EHC
- Dispense STI testing kits – men and women aged 16 and over at risk of STIs
- Initiate STI testing and provide STI testing kits – asymptomatic men and women aged 16 and over at risk of STIs
- Hepatitis B vaccination – men and women at risk of hepatitis B
- Initiate combined oral contraception, progesterone-only oral contraception and contraception injections – women aged 13 and over at risk of unplanned pregnancy
- Dispense and administer ongoing contraception injections – women currently receiving the hormone contraceptive injection and wishing to continue with this method

- Dispense treatment for chlamydia – men and women who have tested positive for chlamydia, aged 13 and over

Solihull

The commissioned service in Solihull:

- EHC: supply of levonorgestrel or ulipristal acetate to females over the age of 13
- Chlamydia screening is not a commissioned service in Solihull, however it is recommended to signpost patients to local chlamydia screening services from other provider to make every contact count

4.1.2 Smoking cessation

Birmingham

There are two types of stop smoking services commissioned from community pharmacy in Birmingham:

- Stop smoking service – This service provides 12 weeks of support and advice to help patients stop smoking by providing information on coping with triggers, habits and stress. The service supports patients to choose the right products to support their quit attempt and provide treatment, i.e.:
    - NRT/electronic cigarette
    - Supply of Champix via a Patient Group Direction (PGD) to patients aged 18 and over as a component of a smoking cessation support programme to smokers who have expressed a desire to quit smoking and for whom Champix has been assessed as a suitable treatment option
- NRT voucher scheme
    - The aim of the voucher scheme is to enable clients to easily access NRT when attending a stop smoking programme.
    - Under the scheme, the stop smoking practitioner recommends the supply of NRT using a voucher that is taken to the participating pharmacy of the client's choice. Product selection is based on a discussion between the client and the practitioner, the range available and consideration of potential contra-indications. The pharmacist makes the final decision as to whether NRT can be dispensed to the client (or in rare circumstances can recommend an alternative form after discussing it with the client and the practitioner who made the initial recommendation).
    - Vouchers for NRT can be accepted at any participating pharmacy within Birmingham.

Solihull

The Solihull stop smoking service provides time-limited interventions to support people who smoke to successfully and permanently stop smoking. The core elements of the service are the provision of behavioural support and pharmacotherapy where success is assessed after 4 weeks and 12 weeks.

Solihull have recently extended treatment choices for those who wish to quit smoking, with the introduction of e-cigarettes as part of their service. Those who wish to access smoking cessation support and use e-cigarettes as a quit aid will be provided with these via a voucher scheme. The service went live in October 2022: pharmacies that sign up to provide the Solihull local authority smoking cessation service are able to offer e-cigarettes as part of the pharmacotherapy options.

In addition to the introduction of e-cigarettes, Solihull has also commissioned the 'Quit with Bella' app to provide greater support to residents who wish to quit smoking. The app is free and provides 24/7 support via a virtual coach to its users. The Quit with Bella app is available in Birmingham and aligns service offers across BSOL.

Pharmacotherapy includes the supply of a least one of:

- NRT product
- Combination therapy (NRT)

Although the service has been live for some time, there are currently no pharmacies signed up to the service. The local authority is working with the Local Pharmaceutical Committee (LPC) and pharmacy contractors in resolving the issue as a matter of priority.

4.1.3 Substance misuse service

Birmingham

The substance misuse services in Birmingham are subcontracted through Change, Live, Grow:

- Supervised consumption
    - This service requires the pharmacist to supervise the consumption of prescribed medicines at the point of dispensing in the pharmacy, ensuring that the dose has been administered to the patient
    - The pharmacy will provide support and advice to the patient, including referral to primary care or specialist centres where appropriate
    - The medicines that may be supervised are methadone and buprenorphine, used for the management of opiate dependence
    - The service includes the provision of take-home naloxone for the reversal of opioid overdose
- Needle exchange
    - Pharmacies provide access to sterile needles and syringes, sharps containers for return of used equipment, and associated paraphernalia such as vitamin C powder and swabs to promote safe injecting practice and reduce transmission of infections by substance misusers will be provided
    - Used equipment is normally returned by the service-user for safe disposal
    - The service-user is be provided with appropriate health promotion materials
    - The pharmacy provides support and advice to the user, including referral to other health and social care professionals and specialist drug treatment services where appropriate

  - The pharmacy promotes safe practice to the user, including advice on sexual health and STIs, HIV and hepatitis C transmission, and hepatitis B immunisation
  - The service includes provision for users of steroids and image-enhancing drugs
  - The service includes the provision of take-home naloxone for the reversal of opioid overdose

Solihull

The substance misuse services in Solihull are subcontracted through Solihull Integrated Addition Service (SIAS).

- Supervised consumption
  - The aim of supervised consumption as part of a comprehensive treatment service for people with drug dependence is to reduce drug-related harm and accidental death
  - Pharmacies ensure compliance of the service-user with the agreed drug treatment plan by:
    - Dispensing in specified instalments (doses may be dispensed for the patient to take away to cover days when the pharmacy is closed)
    - Ensuring each supervised dose is correctly consumed by the patient for whom it was intended
  - Pharmacies provide service-users with regular contact with healthcare professionals, and advice and support to assist them in accessing further intervention
  - The service will assist the service-user to remain healthy, reduce drug-related harm and work towards recovery
  - This service requires the pharmacy to provide supervised consumption of prescribed opioid agonist therapy to service-users living in Solihull; this will involve the dispensing and supervised consumption of either methadone of buprenorphine
- Needle exchange
  - To assist service-users to remain healthy until they are ready and willing to cease injecting and ultimately achieve a drug-free life with appropriate support.
    - The pharmacy promotes safe practice and access to other health and social care and other services, including key-working, prescribing, hepatitis B immunisation, hepatitis and HIV screening, primary care services etc)
    - Pharmacies provide access to new needle exchange equipment, accompanied with advice and encouragement to make use of the local drug advice service
  - Used equipment is normally returned by the service-user for safe disposal, but supply is not refused if used equipment is not returned.

4.2 ICB-commissioned services

The ICB commissions three services across BSOL.

4.2.1 COVID-19 Urgent Eyecare Service Medicines Supply (CUES-MS) service

The CUES-MS service aims to redefine and improve the way eyecare services are delivered in BSOL. The CUES-MS service augments the MEC-MS (Minor Eye Conditions Medicines Supply) service and recognises the changes that were needed to be made due to the C-19 pandemic. This further reduces the burden on patients to physically visit their GP surgery, pharmacies, and secondary care facilities.

Under the CUES-MS service, a pharmacist may dispense or supply medication directly to a service-user under the care of a participating BSOL ICB optometrist, presenting with a signed order on the agreed form. Service-users may self-refer or be referred by GPs, pharmacists, NHS 111 or other optometrists to this service.

To access the CUES-MS service, the patient must be registered with a BSOL ICB GP surgery. Service-users will only be able to access medicines needed from the CUES-MS service from a local BSOL ICB pharmacy only.

The pharmacist will supply the CUES-MS formulary medicine as diagnosed and recommended by an optometrist working within the service pathway. The supply of medicine will be in response to the diagnosis by the optometrist. The optometrist will refer the service-user to a community pharmacy with a written or electronic signed order. The pharmacist will ensure that the medication is appropriate and provide counselling on how to use the medicine and what to do if the condition deteriorates or fails to improve. The optometrist will not direct the service-user to a specific pharmacy. The choice of pharmacy provider will be selected by the service-user.

4.2.2 Minor Ailment Service (MAS)

Birmingham

This service in Birmingham is called Pharmacy First Service. The service is primarily designed as a walk-in service so that patients exempt from prescription charges of all ages can access self-care advice for the treatment of minor ailments and, where appropriate, be supplied with over-the-counter medicines, without the requirement to attend their GP practice for an appointment and prescription.

This service is available to patients exempt from prescription charges who are registered with a participating GP practice in the Black Country area (includes some pharmacies in the West locality). This service is also available to patients exempt from prescription charges who are registered with a participating GP practice in West Birmingham until March 2023.

The Pharmacy First Service aims to:

- Support patients to self-manage their condition and recover quickly from episodes of ill health that are suitable for management in a community pharmacy setting
- Ensure that patients have a positive experience of care in a community pharmacy setting

- Enable more patients to access advice and medicines where appropriate from the NHS without requiring a GP appointment or A&E/urgent care visit to provide a prescription
- Release capacity in other healthcare settings by providing convenient access to advice and treatment in community pharmacy
- Divert patients with specified minor ailments from general practice and other urgent care settings into community pharmacy, where the patient can be seen and treated in a single episode of care

This service is only available for patients presenting with identified symptoms as per the following minor ailment conditions:

- Acute cough
- Acute fever
- Acute bacterial conjunctivitis
- Acute pain/earache/headache/ temperature
- Athlete's foot
- Bites and stings
- Cold sores
- Cold and flu
- Constipation
- Cystitis
- Dermatitis/allergic-type skin rash
- Diarrhoea
- Dry skin/simple eczema
- Earache
- Earwax
- Hay fever
- Heartburn/indigestion
- Head lice
- Haemorrhoids
- Infant congestion
- Mouth ulcers
- Teething
- Nappy rash
- Oral thrush
- Scabies
- Sore throat
- Sprains/strains
- Sunburn
- Threadworms
- Vaginal thrush
- Warts and verrucas

Solihull

This service is currently only commissioned in North Solihull. This service is available to all patients exempt from prescription charges, including those with prepayment certificates, registered with the surgeries participating in the scheme. Patients are at liberty to refuse this service. Patients who pay for their prescriptions should be referred to a pharmacy to purchase medicines in the usual way.

Only community pharmacies who are committed to making staff available to provide the service and who have successfully completed the appropriate training provided by Birmingham Black Country and Solihull Commissioning Support Unit on behalf of Solihull CCG will be included in the scheme.

Patients with symptoms of the following conditions may be referred into the service:

- Athlete's foot
- Cold sores
- Colds/flu/earache
- Constipation
- Cough
- Diarrhoea
- Hay fever/allergy relief
- Head lice

- Nappy rash
- Nasal congestions
- Sore throat
- Temperature
- Threadworms
- Vaginal thrush
- Verruca and warts

4.2.3 Specialist Palliative Care Drug (SPCD) service

The key aim of the SPCD service is to provide a network of community pharmacies across Birmingham, Dudley, Sandwell, Solihull and Wolverhampton (and wider areas where commissioned), which are commissioned to improve access to specialist end-of-life drugs for patients, carers and their representatives, to ensure there is no delay in treatment. Pharmacies, as per the service specification, agree to hold stocks of SPCDs to ensure these are immediately available to patients, their carers or representatives during pharmacy opening hours.

4.3 Other services provided from community pharmacies

There were 37 respondents to the community pharmacy contractor questionnaire, found in Appendix E. Of respondents, 48% stated that there was a need for more LCS, and 51% stated they would like to provide more services in BSOL.

A summary of the community pharmacy contractor questionnaire responses is detailed in Appendix E.

4.4 Collection and delivery services

The delivery services offered by pharmacy contractors are not commissioned services.

From the pharmacy contractor questionnaire, up to 75% (59) of community pharmacies provide home delivery services free of charge on request. It should be noted that 87% (71) of community pharmacies collect prescriptions from GP practices.

Free delivery is required to be offered without restriction by all DSPs to patients who request it throughout England. There are 15 DSPs based in BSOL, and there 372 throughout England. Free delivery of appliances is also offered by DACs, and there are 111 DACs throughout England.

4.5 Services for less-abled people

Under the Equality Act 2010,[44] community pharmacies are required to make 'reasonable adjustments' to their services to ensure they are accessible by all groups, including less-abled persons.

Details may be found in Appendix A.

4.6 Other providers

The following are providers of pharmacy services in BSOL but are not defined as pharmaceutical services under the Pharmaceutical Regulations 2013.

[44] Equality Act 2010. www.legislation.gov.uk/ukpga/2010/15/contents

4.6.1 NHS hospitals

Pharmaceutical services are provided to patients by the hospitals:

- Birmingham Children's Hospital, Steelhouse Lane, Birmingham B4 6NH
- Birmingham Women's Hospital, Mindelsohn Way, Birmingham B15 2TG
- City Hospital, Dudley Road, Birmingham B18 7QH
- Good Hope Hospital, Rectory Road, Sutton Coldfield B75 7RR
- Heartlands Hospital, Bordesley Green East, Birmingham B9 5SS
- Queen Elizabeth Hospital, Queen Elizabeth Medical Centre, Birmingham B15 2WB
- Royal Orthopaedic Hospital, Bristol Road South, Birmingham B31 2AP
- West Heath Hospital, West Heath Hospital Rednal Road, Birmingham B38 8HR
- Solihull Hospital, Lode Lane, Solihull B91 2JL
- Moseley Hall Hospital, Alcester Road, Birmingham B13 8JL

4.6.2 Urgent Care Centres (UCCs)

Residents of BSOL have access to urgent care at:

- Warren Farm UCC, Warren Farm Road, Birmingham B44 0PU
- Edington UTC, Stockland Green Primary Care Centre, 192 Reservoir Road, Erdington B23 6DJ
- Washwood Heath UCC, Clodeshall Road, Washwood Heath Birmingham B8 3SN
- Solihull UTC, Lode Lane, Solihull B91 2JL
- Summerfield UCC, Summerfield Primary Care Centre, 134 Heath Street, Winson Green B18 7AL

4.6.3 Walk-in centres

Residents of BSOL have access to walk-in centres at:

- Birmingham NHS Walk-in Centre, Boots, 66 High Street, Birmingham B4 7TA
- Erdington GP Walk-in Centre, Erdington GP Health and Wellbeing Centre, 196 High Street, Erdington, Birmingham B23 5SJ
- Katie Road Walk-in Centre, 15 Katie Road, Selly Oak, Birmingham B29 6JG.

4.6.4 Health centres

The following health centres are in BSOL:

- Balsall Common Development, 1 Ashley Drive, Solihull CV7 7RW
- Chelmsley Wood Primary Care Centre, Crabtree Drive B37 5BU
- Downing Close Clinic, 3 Downing Close, Solihull B93 0QA
- Grove Road Clinic, 51 Grove Road, Solihull B91 2AQ
- Haslucks Green Surgery, 287 Haslucks Green Road B90 2LW
- Hurst Lane Health Centre, Hurst Lane, Castle Bromwich B36 0EY
- Land Lane Clinic, Land Lane, Marston Green B37 7DQ
- Northbrook Health Centre, 93 Northbrook Road, Shirley B90 3LX
- Shirley Clinic, 276 Stratford Road, Shirley B90 3AD

4.6.5 Other

The following are services provided by NHS pharmaceutical providers in BSOL, commissioned by organisations other than NHSE or provided privately, and therefore out of scope of the PNA.

Privately provided services – most pharmacy contractors and DACs will provide services by private arrangement between the pharmacy/DAC and the customer/patient.

The following are examples of services and may fall within the definition of an Enhanced Service. However, as the service has not been commissioned by the NHS and is funded and provided privately, it is not a pharmaceutical service:

- Care home service, e.g. direct supply of medicines/appliances and support medicines management services to privately run care homes
- Home delivery service, e.g. direct supply of medicines/appliances to the home
- PGD service, e.g. hair loss therapy, travel clinics
- Screening service, e.g. skin cancer

Services will vary between provider and are occasionally provided free of charge, e.g. home delivery.

Section 5: Findings from the public questionnaire

A public questionnaire about pharmacy provision was developed (Appendix D) and compiled by BSOL PNA Steering Group. This included equality questions. The questionnaire was translated into six languages:

- Arabic
- Bengali
- Punjabi
- Polish
- Somali
- Urdu

This was circulated to a range of stakeholders listed below:

- PNA Steering Group
- BSOL Councils' PNA website page
- Community and faith leaders
- Healthwatch BSOL
- Voluntary, community and third sector organisations in Birmingham and Solihull] including: Service Councils including: Birmingham Mind, British Heart Foundation, Carers Trust and Centre, community centres, support workers, Mental Health Matters, faith groups, Age UK Birmingham, African Community Heritage Hub Ltd, Bentley Heath Community Association, Birmingham Citizens Advice Bureau Service Ltd, British Epilepsy Association – Solihull, Hindu Council of Birmingham, Patient Participation Group (GPS Healthcare surgeries), Mental Health Matters, Solihull Churches Action on Homelessness, Stroke Association etc.

Various routes were used to engage stakeholders:

- Distributed to internal staff
- Social media channels: Facebook, Twitter and Instagram
- Paper copies of questionnaire available on request and promoted via Birmingham and Solihull Council PNA webpages, posters and e-bulletins
- Posters and paper copies distributed to pharmacies, GP practices, community hubs, faith leaders and libraries.
- E-newsletters: Solihull Health Protection Bulletin, Birmingham City Council weekly news round-up
- Emailed to GPs, pharmacies, community and faith leaders, community development team and libraries
- Internal channels – members briefing bulletin, intranet news article, internal newsletter (July edition), directorate e-bulletin

From the **533 responses (97 paper copies (18% of total responses))** received from the public questionnaire and it has been noted this is a relatively small sample size:

5.1 Visiting a pharmacy

- 92% have a regular or preferred pharmacy (2% use a combination of traditional or internet pharmacy)
- 63% have visited/contacted a pharmacy once a month or more frequently for themselves in the past six months

5.2 Choosing a pharmacy

The following table shows the percentage of respondents who consider the reasons in the table as very important or importance when choosing a pharmacy.

Reason for choosing pharmacy	% Respondents (extremely/very important)
Quality of service	94%
Location of pharmacy	91%
Opening times	89%
Parking	56%
Public transport	31%
Accessibility (wheelchair/buggy access)	40%
Communication (languages/interpreting service)	38%
Space to have a private consultation	63%
Availability of medication/services	95%

5.3 Time to get to a pharmacy

The following table shows the travel time to the respondent's pharmacy.

≤30 mins	≤15 mins
99%	84%

5.4 Preference for when to visit a pharmacy

- 92% of respondents suggest that the pharmacy is open on the most convenient day and 91% at the most convenient time
- 7% of respondents indicated that their preferred pharmacy needs to be open weekends
- 4% of respondents indicated that their preferred pharmacy needs to be open longer hours

5.5 Service provision from community pharmacies

There was generally good awareness of Essential Services provided from community pharmacies (average at 84% across Essential Services listed), with the exception of the emergency supply of prescriptions (55%).

Table 18 shows the awareness of respondents for each other services (non-Essential Services) and a second column that identifies the percentage that would wish to see the service provided.

Table 18: Awareness of services

Service	% of respondents who were aware	% of respondents who would wish to see provided	% of respondents with 'No opinion'
C-19 vaccination services*	93%	72%	5%
Flu vaccination services*	81%	79%	14%
Home delivery and prescription collection services*	80%	81%	15%
Stopping smoking/NRT*	60%	49%	44%
Sexual health services (chlamydia testing/treating, condom distribution, EHC)*	48%	49%	41%
Blood tests	14%	65%	22%
Health tests e.g. cholesterol, blood pressure check	38%	77%	16%
Substance misuse (including advice on alcohol consumption)*	30%	40%	48%
MAS*	57%	84%	11%
Child immunisation	15%	40%	43%
End-of-life care*	12%	38%	38%

* Service currently provided in BSOL

It can be seen that there is awareness of many of the services that are currently provided, with the exception of end-of-life and substance misuse services. Respondents did indicate that they wished to see the provision of many of these services from community pharmacy although specific need may vary within the community, e.g. not everyone would require a stop smoking service, hence the large number of 'no opinion' responses.

There were 533 responses from a population of 1,358,012 (0.04%), so the findings should be interpreted with some care regarding the representation of the community as a whole. 406 response provided a postcode and from these we can see there was a good spread across all BSOL localities. It should also be noted that the demographics of respondents do not fully reflect population demographics with certain groups not adequately represented limiting how generalisable the findings are. Due to small numbers, responses are not broken down by local authority.

A full copy of the results can be found in Appendix D.

5.6 Demographic analysis

Table 19 provides some demographic analysis of respondents.

Table 19: Demographic analysis of community pharmacy user questionnaire respondents

Sex	Female	Male
Percentage	74%	26%

Age range	Under 18	18–24	25–39	40–49	50–59	60–64	65–74	75+
Percentage	0%	2%	12%	12%	26%	13%	23%	13%

Ethnicity	%	Total
White English, Welsh, Scottish, Northern Irish or British	80%	409
Indian	6%	31
Pakistani	4%	21
White Irish	2%	12
Any other white background:	2%	8
White & Black Caribbean	2%	8
White & Asian	1%	3
Caribbean	1%	6
African background:	1%	5
Any other Black, Black British or Caribbean background:	1%	6
Gypsy or Irish Traveller	0%	1
Kashmiri	0%	1
Bangladeshi	0%	1
Any other ethnic group (please write below)	0%	1

Other responses	Total
Not relevant	2
Portuguese Goan	1
Hispanic Latin American	1

Illness or disability?	Yes	No
Percentage	44%	56%

Section 6: Analysis of health needs and pharmaceutical service provision

The purpose of the analysis of health needs and pharmaceutical service provision is to establish if there is a gap or potential future gap in the provision of pharmaceutical services in BSOL.

6.1 Pharmaceutical services and health needs

The health needs and pharmaceutical service provision for BSOL have been analysed, taking into consideration the priorities outlined in the NHS LTP, JSNA, HWS, other local policies, strategies and health needs (Section 2 and Appendix H).

Several of the priorities in these strategies and policies can be supported by the provision of pharmaceutical services within BSOL. Some of these services are Essential Services and already provided, and some will be Advanced or Enhanced Services that are new.

6.2 Role of community pharmacies during the COVID-19 pandemic

It is important to note the role that community pharmacy has played in preventing and containing the C-19 pandemic.[45] The Pharmaceutical Services Negotiating Committee (PSNC) agreed changes with NHSE and the DHSC to allow pharmacy contractors and their teams to prioritise the provision of key services to patients during periods of time when capacity in pharmacies and the wider NHS became very stretched.[46] Pandemic-specific services introduced were temporary, with the Advanced Services now stopped, but it should be acknowledged how community pharmacy has contributed as a system provider and has been able to step up to national priorities to meet the needs of the population.

It should also be recognised that there was a significant increase in the demand for self-care, minor ailment treatment and advice during the pandemic. An audit conducted by the PSNC enabled them to measure the reliance that the public has had on pharmacies through the pandemic and the additional pressure that this had put on teams.[47]

At present it is not clear what shape services locally commissioned by ICB will take in the long-term future. The development of the ICS across Birmingham and Solihull will conceivably lead to an alignment of these LCS across the ICS area.

[45] Itani R et al. Community pharmacists' preparedness and responses to COVID-19 pandemic: A multinational study. Int J Clin Pract. 2021. DOI: https://doi.org/10.1111/ijcp.14421

[46] To note: there have been temporary changes to the service requirements within the NHS CPCF that were introduced during the pandemic.

[47] PSNC Pharmacy Advice Audit: 2022 audit. https://psnc.org.uk/contract-it/essential-service-clinical-governance/clinical-audit/psnc-pharmacy-advice-audit/

6.3 PNA localities

There are 320 contractors in BSOL, of which 317 are community pharmacies (including 15 DSPs (DSPs must not provide Essential Services face-to-face and therefore provision is by mail order and/or wholly internet)) and three DACs. Table 8 in Section 3.1 provides a breakdown by contractor type and Table 13 in Section 3.2.3.2 provides a breakdown of the number and percentage of community pharmacies open beyond 6.30 pm and weekends. Individual community pharmacy opening times are listed in Appendix A.

The health needs of the BSOL population influence pharmaceutical service provision in BSOL. Health and population information was not always provided on a locality basis; where it was provided it has been discussed in the relevant locality section. Where data was only provided at Birmingham/Solihull level it will be discussed in Sections 6.4 and 6.5.

For the purpose of the PNA, all Essential Services are Necessary Services in BSOL.

All remaining services are 'other relevant services' and include Advanced, Enhanced and Locally Commissioned Services. These are also those pharmaceutical services that secure improvements or better access or that have contributed towards meeting the need for pharmaceutical services in the HWB areas.

The breakdown of Advanced, Enhanced and Locally Commissioned Service provision by locality can be found in Section 3.2.4, Section 3.2.5 and Section 4 respectively.

For the purpose of the PNA, the BSOL geography has six localities:

- North
- East
- South
- West
- Central
- Solihull

North, East, South, West and Central are all in Birmingham. Solihull geography fits into the Solihull for this PNA.

6.3.1 North

6.3.1.1 Necessary Services: current provision

North has a population of 200,274.

There are 42 community pharmacies (including one DSP) in this locality. The estimated average number of community pharmacies per 100,000 population is 21.0, similar to the England average of 20.6 and slightly lower than the BSOL average of 23.3 (Section 3.2). There are 37 pharmacies (excluding the DSP) that hold a standard 40-core hour contract and four 100-hour pharmacies.

Other than Essential Services, the DSP in North locality provides the Advanced NMS service and does not provide any other Advanced, Enhanced or Locally Commissioned Services.

Of the 42 community pharmacies:

- 13 pharmacies (31%) are open after 6.30 pm on weekdays
- 30 pharmacies (71%) are open on Saturdays
- 11 pharmacies (26%) are open on Sundays

There are also a number of accessible providers open in neighbouring localities and HWB areas.

100% of the population can travel to their pharmacy by car within 10 minutes, irrespective of day.

6.3.1.2 Necessary Services: gaps in provision

When assessing the provision of pharmaceutical services in BSOL, the HWB has considered the following:

- Population growth is discussed for the whole of BSOL in Section 6.4, as this information is not broken down by locality
- Housing projections are discussed in Section 2.5.4 and there are due to be 2,850 new dwellings built per annum across Birmingham; there are currently 175 new dwellings under construction in this locality
- There are pharmacies open beyond what may be regarded as normal hours in that they provide pharmaceutical services during supplementary hours in the evening during the week and are open on Saturday and Sunday.

Generally, there is adequate pharmaceutical service provision across the whole locality to ensure continuity of provision to the new developments.

Birmingham HWB will continue to monitor pharmaceutical service provision in specific areas within the locality where major housing developments are planned, to ensure there is the capacity to meet potential increases in service demand.

No gaps in the provision of Necessary Services have been identified for North locality.

6.3.1.3 Other relevant services: current provision

Tables 14 and 15 show the pharmacies providing Advanced and Enhanced services in North locality. The DSP provides the NMS.

It can be seen that there is good availability of NMS (100%), CPCS (98%), flu vaccination service (88%) and hypertension case-finding (76%) in the locality. There is currently a lower number of providers of the smoking cessation (33%) Advanced Service, however, at the time of writing, this was a recently introduced service and more pharmacies may sign up.

Regarding access to **Enhanced** Services:

- 1 pharmacy provides the C-19 vaccination service
- 29 pharmacies (69%) provide the extended care – tier 1 service

- 19 pharmacies (45%) provide the extended care – tier 2 service

Regarding access to **Locally Commissioned Services** in the 42 community pharmacies:

- 20 pharmacies (48%) provide sexual health services
- 12 pharmacies (29%) provide the smoking cessation LCS
- 22 pharmacies (52%) provide the NRT voucher scheme
- 16 pharmacies (38%) provide supervised consumption services
- 11 pharmacies (26%) provide a needle exchange service
- 3 pharmacies (7%) provide CUES-MS
- Two pharmacies (5%) provide SPCD supply
- No pharmacy provides the MAS

6.3.1.4 Improvements and better access: gaps in provision

North locality has the largest population of those of White British ethnicity in the five Birmingham localities (80.8%). Deprivation varies within the locality, with Sutton Coldfield being the least deprived area in North locality and Edrington being one the most deprived areas.

Some variations in the health of the population of North locality are:

- Diabetes prevalence is higher than the England average (8.3% v 7.1%)
- Asthma prevalence is higher than the England average (6.1% v 5.4%)
- Mental health prevalence is higher than the England average (1.2% v 1.0)

With the exception of the MAS (which is not commissioned in all areas) all of the Advanced, Enhanced and Locally Commissioned Services are available in North locality and have varying opening times.

Lifestyle factors such as smoking prevalence and sexual health indicators are not available by locality but are discussed for Birmingham as a whole in Section 2.7 and Appendix H, and are expanded upon in Section 6.4.4.

Consideration should be given to incentives for further uptake from current providers and extending provision through community pharmacies including plans for the implementation of the recently introduced Advanced Service – the hypertension case-finding service – and the smoking cessation Advanced Service.

No gaps have been identified that if provided either now or in the future would secure improvements or better access to services across North locality.

6.3.2 East

6.3.2.1 Necessary Services: current provision

East has a population of 241,737.

There are 64 community pharmacies (including four DSPs) in this locality. The estimated average number of community pharmacies per 100,000 population is 26.5, above the England average of 20.6 and the BSOL average of 23.3 (Section 3.2). There are 51 pharmacies (excluding the DSPs) that hold a standard 40-core hour contract, and there are nine 100-hour pharmacies.

Other than Essential Services, all DSPs in East locality provide the Advanced NMS service and one provides the CPCS and flu vaccination service. They do not provide any Advanced, Enhanced or Locally Commissioned Services.

Of the 64 community pharmacies:

- 21 pharmacies (33%) are open after 6.30 pm on weekdays
- 40 pharmacies (63%) are open on Saturdays
- 11 pharmacies (17%) are open on Sundays

There are also a number of accessible providers open in neighbouring localities and HWB areas.

100% of the population can travel to their pharmacy by car within 10 minutes, irrespective of day.

6.3.2.2 Necessary Services: gaps in provision

When assessing the provision of pharmaceutical services in BSOL, the HWB has considered the following:

- Population growth is discussed for the whole of BSOL in Section 6.4, as this information is not broken down by locality
- Housing projections are discussed in Section 2.5.4 and there are due to be 2,850 new dwellings built per annum across Birmingham; there are currently about 70 new dwellings under construction and 385 due to begin construction in this locality
- There are pharmacies open beyond what may be regarded as normal hours in that they provide pharmaceutical services during supplementary hours in the evening during the week and are open on Saturday and Sunday

Generally, there is good pharmaceutical service provision across the whole locality to ensure continuity of provision to the new developments.

Birmingham HWB will continue to monitor pharmaceutical service provision in specific areas within the locality where major housing developments are planned, to ensure there is capacity to meet potential increases in service demand.

No gaps in the provision of Necessary Services have been identified for East locality

6.3.2.3 Other relevant services: current provision

Tables 14 and 15 show the pharmacies providing Advanced and Enhanced Services in East locality. All DSPs provide the NMS and one provides the flu vaccination and CPCS service.

It can be seen that there is good availability of NMS (100%), CPCS (91%), flu vaccination (69%) and hypertension case-finding (52%) in the locality. There is currently a lower number of providers of the smoking cessation (25%) Advanced Service, however, at the time of writing, this was a recently introduced service and more pharmacies may sign up.

Regarding access to **Enhanced** Services:

- 5 pharmacies (8%) provide the C-19 vaccination service
- 33 pharmacies (52%) provide the extended care – tier 1 service
- 29 pharmacies (42%) provide the extended care – tier 2 service

Regarding access to **Locally Commissioned Services** in the 64 community pharmacies:

- 32 pharmacies (50%) provide sexual health services
- 28 pharmacies (44%) provide the smoking cessation LCS
- 34 pharmacies (53%) provide the NRT voucher scheme
- 32 pharmacies (50%) provide supervised consumption services
- 18 pharmacies (28%) provide a needle exchange service
- 15 pharmacies (23%) provide CUES-MS
- 3 pharmacies (5%) provide SPCD supply
- 3 pharmacies (5%) provide the MAS

6.3.2.4 Improvements and better access: gaps in provision

East locality has a higher percentage of the population identifying as being of Asian ethnicity, at 37.6% compared with the England average of 7.8%. This is of note in terms of the correlation between ethnicity and health in areas such as diabetes and heart disease.

East locality is the most deprived locality, with Hodge Hill being the most deprived constituency in Birmingham. The ratio of pharmacies per 100,000 population is well above the national average, which is important in terms of access in areas of higher deprivation.

Some variations in the health of the population of East locality are:

- Diabetes prevalence is higher than the England average (11.1% v 7.1%)
- Asthma prevalence is higher than the England average (6.0% v 5.4%)
- Mental health prevalence is higher than the England average (1.2% v 1.0%)

Section 7.1.5 identifies some services that may be provided from community pharmacies in future regarding these areas.

Many areas of ill health have not been broken down by locality and are discussed on a Birmingham-wide basis in Section 2.7 and Appendix H, and are expanded upon in Section 6.4.4.

All of the available Advanced, Enhanced and Locally Commissioned Services are provided in East locality.

Consideration should be given to incentives for further uptake from current providers and extending provision through current community pharmacies, including plans for the implementation of the recently introduced Advanced Service – the hypertension case-finding service – and the smoking cessation Advanced Service, and of current locally commissioned services, to further support those areas of higher deprivation within this locality.

No gaps have been identified that if provided either now or in the future would secure improvements or better access to services across East locality.

6.3.3 South

6.3.3.1 Necessary Services: current provision

South locality has a population of 209,291.

There are 38 community pharmacies (including one DSP) in this locality. The estimated average number of community pharmacies per 100,000 population is 18.2, below the England average of 20.6 and the BSOL average of 23.3 (Section 3.2). There are 33 pharmacies (excluding the DSP) that hold a standard 40-core hour contract and there are four 100-hour pharmacies.

Other than Essential Services, the DSP in South locality provides the Advanced NMS service and the CPCS. It does not provide any Advanced, Enhanced or Locally Commissioned Services.

Of the 38 community pharmacies:

- 10 pharmacies (26%) are open after 6.30 pm on weekdays
- 29 pharmacies (76%) are open on Saturdays
- 8 pharmacies (21%) are open on Sundays

There are also a number of accessible providers open in neighbouring localities and HWB areas.

6.3.3.2 Necessary Services: gaps in provision

When assessing the provision of pharmaceutical services in BSOL, the HWB has considered the following:

- Population growth is discussed for the whole of BSOL in Section 6.4 as this information is not broken down by locality.
- Housing projections are discussed in Section 2.5.4 and there are due to be 2,850 new dwellings built per annum across Birmingham; there are currently about 360 new dwellings under construction and over 500 due to begin construction in this locality
- There are pharmacies open beyond what may be regarded as normal hours in that they provide pharmaceutical services during supplementary hours in the evening during the week and are open on Saturday and Sunday

While the ratio of community pharmacies to population is lower than the national and BSOL averages, access to community pharmacies remains good:

- There are a significant number of community pharmacies (over 20) either on or within 400 m of the locality border in West and Central localities and in other HWB areas to the northwest and southwest
- 100% of the population can reach a community pharmacy in less than 15 minutes by driving at peak times (Map F)
- 99.8% of the population can reach a community pharmacy by public transport in less than 25 minutes (Maps G and H)
- 99.5% of the population can reach a community pharmacy by walking in less than 30 minutes (Map I)

Generally, there is adequate pharmaceutical service provision across the whole locality to ensure continuity of provision to the new developments.

Birmingham HWBs will continue to monitor pharmaceutical service provision in specific areas within the locality where major housing developments are planned, to ensure there is capacity to meet potential increases in service demand.

No gaps in the provision of Necessary Services have been identified for South locality.

6.3.3.3 Other relevant services: current provision

Tables 14 and 15 show the pharmacies providing Advanced and Enhanced Services in South locality. The DSP provides the NMS and CPCS service.

It can be seen that there is good availability of NMS (100%), CPCS (100%), flu vaccination (82%) and the hypertension case-finding service (82%) in the locality. There is currently a lower number of providers of the smoking cessation (29%) Advanced Service, however, at the time of writing this was a recently introduced service and more pharmacies may sign up.

Regarding access to **Enhanced** Services:

- No pharmacy provides the C-19 vaccination service (this service is available from other providers)
- 24 pharmacies (63%) provide the extended care – tier 1 service
- 19 pharmacies (50%) provide the extended care – tier 2 service

Regarding access to **Locally Commissioned Services** in the 38 community pharmacies:

- 23 pharmacies (61%) provide sexual health services
- 15 pharmacies (39%) provide the smoking cessation LCS
- 26 pharmacies (68%) provide the NRT voucher scheme
- 19 pharmacies (50%) provide supervised consumption services
- 13 pharmacies (34%) provide a needle exchange service
- 2 pharmacies (5%) provide CUES-MS

- 2 pharmacies (5%) provide SPCD supply
- No pharmacies provide the MAS, but this service is not commissioned in all geographical areas

6.3.3.4 Improvements and better access: gaps in provision

South locality has a majority White population (77.5%), compared with the Birmingham average of 57.9%.

South locality has significant amounts of deprivation, with most areas being in the second or third worst decile, although it is not the most deprived locality in Birmingham. The ratio of pharmacies per 100,000 population is below the national average.

Some variations in the health of the population of South locality are:

- Asthma prevalence is higher than the England average (6.1% v 5.4%)
- Mental health prevalence is higher than the England average (1.1% v 1.0%)

Many areas of ill health have not been broken down by locality and are discussed on a Birmingham-wide basis in Section 2.7 and Appendix H, and are expanded upon in Section 6.4.4.

Most of the available Advanced, Enhanced and Locally Commissioned Services are provided in South locality except C-19 vaccinations and the MAS.

No gaps have been identified that if provided either now or in the future would secure improvements or better access to services across South locality.

6.3.4 West

6.3.4.1 Necessary Services: current provision

West has a population of 263,146.

There are 74 community pharmacies (including five DSPs) in this locality. The estimated average number of community pharmacies per 100,000 population is 28.1, significantly above the England average of 20.6 and the BSOL average of 23.3 (Section 3.2). 56 pharmacies (excluding the DSP) hold a standard 40-core hour contract and there are 13 100-hour pharmacies.

In addition, there are two DACs in West locality.

Of the 74 community pharmacies:

- 37 pharmacies (50%) are open after 6.30 pm on weekdays
- 43 pharmacies (58%) are open on Saturdays
- 19 pharmacies (26%) are open on Sundays

There are also a number of accessible providers open in neighbouring localities and HWB areas.

100% of the population can travel to their pharmacy by car within 10 minutes, irrespective of day.

6.3.4.2 Necessary Services: gaps in provision

When assessing the provision of pharmaceutical services in BSOL, the HWB has considered the following:

- Population growth is discussed for the whole of BSOL in Section 6.4 as this information is not broken down by locality
- Housing projections is discussed in Section 2.5.4 and there are due to be 2,850 new dwellings built per annum across Birmingham; there appears to be very little construction in this locality
- There are pharmacies open beyond what may be regarded as normal hours in that they provide pharmaceutical services during supplementary hours in the evening during the week and are open on Saturday and Sunday

Generally, there is good pharmaceutical service provision across the whole locality to ensure continuity of provision to the population.

No gaps in the provision of Necessary Services have been identified for West locality.

6.3.4.3 Other relevant services: current provision

Tables 14 and 15 show the pharmacies providing Advanced and Enhanced Services in West locality. It can be seen that there is good availability of NMS (100%) and flu vaccination (64%) in the locality. There is currently a lower number of providers of the smoking cessation (15%) Advanced Service, however, at the time of writing this was a recently introduced services and more pharmacies may sign up.

There are relatively low numbers of pharmacies signed up to provide the CPCS (35%) and hypertension case-finding services (30%) when compared with other localities in Birmingham.

All of the DSPs in West locality provide the NMS Advanced Service, three provide the CPCS and two the flu vaccination, stop smoking and hypertension case-finding services. One DSP also provides several Enhanced Services (C-19 vaccination and both extended care services). One DSP provides several LCS (sexual health, smoking cessation and NRT).

Regarding access to **Enhanced** Services:

- 15 pharmacies (20%) provide the C-19 vaccination service
- 25 pharmacies (34%) provide the extended care – tier 1 service
- 18 pharmacies (24%) provide the extended care – tier 2 service

Regarding access to **Locally Commissioned Services** in the 74 community pharmacies:

- 44 pharmacies (59%) provide sexual health services

- 32 pharmacies (43%) provide the smoking cessation LCS
- 42 pharmacies (57%) provide the NRT voucher scheme
- 33 pharmacies (45%) provide supervised consumption services
- 26 pharmacies (35%) provide a needle exchange service
- 8 pharmacies (11%) provide CUES-MS
- 5 pharmacies (7%) provide SPCD supply
- 19 pharmacies (26%) provide the MAS

6.3.4.4 Improvements and better access: gaps in provision

West locality has the highest percentage of population of Asian ethnicity, at 39.7% compared with the England average of 7.8%. West locality also has the largest percentage of population of Black ethnicity (19.3%) which is significantly higher than England (3.0%) averages. This is of note in terms of the correlation between ethnicity and health in areas such as diabetes, heart disease and dementia. It is of note that West locality has relatively low prevalence of stroke, hypertension and CHD, which may be more reflective of the age of the population rather than the overall risk.

West locality has high levels of deprivation, with Ladywood constituency being the second most deprived area in Birmingham. The ratio of pharmacies per 100,000 population is well above the national average, which is important in terms of access in areas of higher deprivation.

Some variations in the health of the population of West locality are:

- Diabetes prevalence is higher than the England average (9.8% v 7.1%)
- Mental health prevalence is higher than the England average (1.3% v 1.0%)

Although the prevalence of hypertension in the West locality is relatively low (10.8% v England rate of 13.9%), having a greater proportion of community pharmacies providing the hypertension case-finding services than the current 30% could be beneficial, based on the population risks.

Many areas of ill health have not been broken down by locality and are discussed on a Birmingham-wide basis in Section 2.7 and Appendix H, and are expanded upon in Section 6.4.4.

All of the available Advanced, Enhanced and Locally Commissioned Services are provided in West locality.

Consideration should be given to incentives for further uptake from current providers and extending provision through current community pharmacies including plans for the implementation of the recently introduced Advanced Service – the hypertension case-finding service – and the smoking cessation Advanced Service, and of current LCS to further support those areas of higher deprivation within this locality.

No gaps have been identified that if provided either now or in the future would secure improvements or better access to services across West locality.

6.3.5 Central

6.3.5.1 Necessary Services: current provision

Central has a population of 229,072.

There are 55 community pharmacies (including three DSPs) in this locality. The estimated average number of community pharmacies per 100,000 population is 24.0, above the England average of 20.6 and the BSOL average of 23.3 (Section 3.2). There are 42 pharmacies (excluding the DSPs) that hold a standard 40-core hour contract, and there are ten 100-hour pharmacies.

Of the 55 community pharmacies:

- 24 pharmacies (44%) are open after 6.30 pm on weekdays
- 40 pharmacies (73%) are open on Saturdays
- 12 pharmacies (22%) are open on Sundays

There are also a number of accessible providers open in neighbouring localities and HWB areas.

100% of the population can travel to their pharmacy by car within 10 minutes, irrespective of day.

6.3.5.2 Necessary Services: gaps in provision

When assessing the provision of pharmaceutical services in BSOL, the HWB has considered the following:

- Population growth is discussed for the whole of BSOL in Section 6.4 as this information is not broken down by locality
- Housing projections are discussed in Section 2.5.4, and there are due to be 2,850 new dwellings built per annum across Birmingham; there is very little construction in this locality
- There are pharmacies open beyond what may be regarded as normal hours in that they provide pharmaceutical services during supplementary hours in the evening during the week and are open on Saturday and Sunday.

Generally, there is good pharmaceutical service provision across the whole locality to ensure continuity of provision to the new developments.

Birmingham HWBs will continue to monitor pharmaceutical service provision in specific areas within the locality where major housing developments are planned, to ensure there is capacity to meet potential increases in service demand.

No gaps in the provision of Necessary Services have been identified for Central locality.

6.3.5.3 Other relevant services: current provision

Tables 14 and 15 show the pharmacies providing Advanced and Enhanced Services in Central locality. All of the DSPs in Central locality provide the NMS Advanced Service and one provides the CPCS and flu vaccination. The DSPs do not provide any Enhanced or Locally Commissioned Services and cannot provide Essential Services face-to-face, and so they are only included in the discussion in the Advanced Service provision section.

It can be seen that there is good availability of NMS (100%), CPCS (96%), flu vaccination (67%) and hypertension case-finding (75%) in the locality. There is currently a lower number of providers of the smoking cessation (44%) Advanced Service, however, at the time of writing this was a recently introduced service and more pharmacies may sign up.

Regarding access to **Enhanced** Services:

- 5 pharmacies (9%) provide the C-19 vaccination service
- 26 pharmacies (47%) provide the extended care – tier 1 service
- 20 pharmacies (36%) provide the extended care – tier 2 service

Regarding access to **Locally Commissioned Services** in the 52 community pharmacies:

- 31 pharmacies (56%) provide sexual health services
- 26 pharmacies (47%) provide the smoking cessation LCS
- 31 pharmacies (56%) provide the NRT voucher scheme
- 27 pharmacies (49%) provide supervised consumption services
- 17 pharmacies (31%) provide a needle exchange service
- 5 pharmacies (9%) provide CUES-MS
- 2 pharmacies (4%) provide SPCD supply
- No pharmacies provide the MAS (this scheme is only commissioned in the west of Birmingham)

6.3.5.4 Improvements and better access: gaps in provision

The proportion of the population of Central locality that is of Asian ethnicity is 31.9%, compared with the England average of 7.8%. This is of note in terms of the correlation between ethnicity and health in areas such as diabetes and heart disease.

Central locality has high levels of deprivation with both constituencies being in the second or third worst deciles; compared with the other localities in Birmingham it is relatively less deprived. The ratio of pharmacies per 100,000 population is above the national average, which is important in terms of access in areas of higher deprivation.

Some variations in the health of the population of Central locality are:

- Diabetes prevalence is higher than the England average (8.9% v 7.1%)
- Asthma prevalence is higher than the England average (6.2% v 5.4%)

- Mental health prevalence is higher than the England average (1.3% v 1.0%)

Many areas of ill health have not been broken down by locality and are discussed on a Birmingham-wide basis in Section 2.7 and Appendix H, and are expanded upon in Section 6.4.4.

All of the available Advanced, Enhanced and Locally Commissioned Services are provided in Central locality.

No gaps have been identified that if provided either now or in the future, would secure improvements, or better access to services across the Central locality.

6.3.6 Solihull

6.3.6.1 Necessary Services: current provision

Solihull has a population of 217,487.

There are 44 community pharmacies (including one DSP) in this locality. The estimated average number of community pharmacies per 100,000 population is 20.2, similar to the England average of 20.6 and slightly below the BSOL average of 23.3 (Section 3.2). There are 37 pharmacies (excluding the DSP) that hold a standard 40-core hour contract, and there are six 100-hour pharmacies.

Of the 44 community pharmacies:

- 15 pharmacies (34%) are open after 6.30 pm on weekdays
- 38 pharmacies (86%) are open on Saturdays
- 10 pharmacies (23%) are open on Sundays

There are also a number of accessible providers open in neighbouring localities and HWB areas.

Although the geography of Solihull is relatively larger than the other localities, 100% of the population can travel to their pharmacy by car within 10 minutes, irrespective of day.

6.3.6.2 Necessary Services: gaps in provision

When assessing the provision of pharmaceutical services in BSOL, the HWB has considered the following:

- Population growth in Solihull is projected to increase by approximately 1,150 per annum, i.e. 3,450 people over the lifespan of the PNA, which should not have a significant impact on access to pharmacy services
- Housing projections are discussed in Section 2.5.4, and there are due to be 851 new dwellings built per annum across Solihull
- There are pharmacies open beyond what may be regarded as normal hours in that they provide pharmaceutical services during supplementary hours in the evening during the week and are open on Saturday and Sunday

Generally, there is good pharmaceutical service provision across the whole locality to ensure continuity of provision to the new developments.

Solihull HWB will continue to monitor pharmaceutical service provision in specific areas within the locality where major housing developments are planned, to ensure there is capacity to meet potential increases in service demand.

No gaps in the provision of Necessary Services have been identified for Solihull.

6.3.6.3 Other relevant services: current provision

Tables 14 and 15 show the pharmacies providing Advanced and Enhanced Services in Solihull.

The DSP in Solihull provides the NMS Advanced Service and the CPCS. The DSP does not provide any Enhanced or Locally Commissioned Services and cannot provide Essential Services face-to-face, and so it is only included in the discussion in the Advanced Service provision section.

It can be seen that there is good availability of NMS (100%), CPCS (98%), flu vaccination (86%) and hypertension case-finding (64%) in the locality. There is currently a lower number of providers of the smoking cessation service (16%) Advanced Service, however, at the time of writing this was a recently introduced service and more pharmacies may sign up.

Regarding access to **Enhanced** Services:

- 1 pharmacy (2%) provides the C-19 vaccination service
- 27 pharmacies (61%) provide the extended care – tier 1 service
- 19 pharmacies (43%) provide the extended care – tier 2 service

Regarding access to **Locally Commissioned Services** in the 44 community pharmacies:

- 24 pharmacies (55%) provide sexual health services
    - Note: the sexual health service in Solihull only provides EHC and not the more comprehensive screening and administration service available in Birmingham
- No pharmacies provide the smoking cessation LCS
- 20 pharmacies (45%) provide supervised consumption services
- 10 pharmacies (23%) provide a needle exchange service
- 4 pharmacies (9%) provide CUES-MS
- 4 pharmacies (9%) provide SPCD supply
- 8 pharmacies (18%) provide the MAS

6.3.6.4 Improvements and better access: gaps in provision

The Solihull has a predominantly White population (89%) and has a greater portion of over-65s than the England average (21.1% v 18.6%).

Solihull is the least deprived locality within BSOL. There is significant variation in deprivation, with large parts of the borough ranking among the least deprived areas of England and a concentration of neighbourhoods among the most deprived. When ranked based on the proportion of LSOAs in the most deprived decile, the IMD ranking drops to 98th.

The mortality rate for Solihull for under-75s overall saw a rate of 296.7 per 100,000 for the year 2018-20, which is lower than the England average (336.5 per 100,000).

The HLE in (2017-19) is 67.4 years for men and 65.7 for women, which is higher than but statistically similar to the national average (male, 63.2 years; female, 63.5 years).

Some variations in the health of the population of Solihull are:

- Stroke prevalence is slightly higher than the England average at 1.9% (v 1.8%), as is hypertension prevalence 14.7% (v 13.9%); CHD prevalence is the same as for England, at 3.1%
- Asthma prevalence is higher than the England average (6.7% v 5.4%)
- Solihull QOF prevalence for COPD is (2.2%), which is higher than the England average (1.9%)
- Mental health prevalence is lower than the England average (0.8% v 1.0%)
- The chlamydia detection rate in Solihull of 77 diagnoses per 100,000 population aged 15–24 was significantly below the Public Health England (PHE) target; the proportion of this age group being screened for chlamydia (8%) was also significantly below the England average (14.3%)
- The rate of new STI diagnoses (excluding chlamydia) in Solihull was significantly lower than the national average
- Smoking prevalence in Solihull is 10.3%, which is lower than England (12.8%), however there may be higher pockets of prevalence within Solihull.

Should these areas of health need be a priority target area for commissioners, they may want to give consideration to incentives for further uptake of existing services from current providers and extending provision through community pharmacies including:

- Inclusion of chlamydia screening within the sexual health service, as seen in Birmingham. Current providers of the sexual health services should be encouraged to signpost to other sexual health providers for chlamydia screening.
- Encourage the further uptake of the hypertension case-finding service through more community pharmacies.
- Existing community pharmacies may wish to consider participating in the locally commissioned smoking cessation service, which would contribute to reducing a major risk factor in cancer, stroke, respiratory conditions and CVD.

No gaps have been identified that if provided either now or in the future would secure improvements or better access to services across Solihull.

6.4 Necessary Services provision across BSOL

Much of the health information was only available on a Birmingham-wide and Solihull basis; this section looks at this amalgamated information in relation to pharmacy services.

When assessing the provision of pharmaceutical services in BSOL the HWB has considered the following:

- The health needs of the population of BSOL from the JNSAs and HWSs, and nationally from the NHS LTP
- The map showing the location of pharmacies within BSOL (Section 3, Figure 1)
- Population information (Section 2.5), including specific populations
- Health needs of specific populations and vulnerable groups
- Projected population growth
- Housing developments
- Access to community pharmacies via various types of transport (Section 3.2.3).
- The number, distribution and opening times of pharmacies across the whole of BSOL (Appendix A)
- Service provision from community pharmacies and DSPs (Appendix A)
- The choice of pharmacies in BSOL (Appendix A)
- Results of the public questionnaire (Section 5 and Appendix D)
- Results of the contractor questionnaire (Appendix E)

6.4.1 Pharmaceutical service provision

There are 317 community pharmacies, including 15 DSPs, in BSOL. There are 23.3 community pharmacies per 100,000 population in BSOL, compared with 20.6 per 100,000 in England.

There are 46 100-hour pharmacies in BSOL and there are many pharmacies open on weekday evenings and weekends. The majority of community pharmacies (73%) are open on Saturdays and 40% of community pharmacies open after 6.30 pm on weekdays. There are 71 pharmacies (24%) open on Sundays in BSOL.

Access to pharmaceutical services on bank holidays is available in BSOL, although NHSE does not currently commission this as an Enhanced Service, it does remunerate community pharmacy contractors for the hours they are open. Details can be found on the NHSE website.

Although the public questionnaire showed that 92% have a regular or preferred pharmacy, there is good choice of community pharmacies within and outside BSOL. These are located within town centres, on high streets, next to GP practices or within supermarkets. Internet pharmacy services provided by DSPs are also available to BSOL residents. There are also a significant number of community pharmacies on or near the border of BSOL HWB area, which further improves the access to pharmaceutical services for the population and increases choice.

Birmingham's population is predicted to grow by about 4,500 (less than 0.5%) each year for the next ten years; over the duration of the PNA to 2025 the estimated expected population would grow by about 14,000. This growth should not make a material difference in terms of overall access to services; the ratio of community pharmacies per 100,000 population would be 23.6 with this anticipated population growth. Population growth in Solihull was discussed in Section 6.3.6. No gaps have been identified in the need for pharmaceutical services in specified future circumstances across BSOL.

6.4.2 Access

Community pharmacies are well positioned to promote health and wellbeing to their local community, including those from under-served groups, because 90% of people in England (including more than 99% of people in the most deprived communities) live within a 20-minute walk of one. The location of community pharmacies, unlike other healthcare outlets, does not comply with the usual 'inverse care law' in that there is a greater concentration of community pharmacies in areas of deprivation.[48]

In Maps A and B it can be seen that all high population density areas and those with higher levels of deprivation (West, East and parts of North) are particularly well supplied with access to community pharmacies.

In Section 2.5.5 it is noted that 80% of Solihull households and 64% of households in Birmingham have access to a car or van. The lower percentage in Birmingham would mean access to a pharmacy would be by walking or public transport.

There is good access to pharmaceutical services in BSOL, where 100% of the population can drive to a pharmacy within 10 minutes regardless of time of day, and 90% of the population can walk to a pharmacy within 15 minutes (97.8% within 20 minutes), including those living in the most deprived areas. Furthermore, access via public transport is within 20 minutes for 98.7% of the population in Birmingham and Solihull.

However, there are rural areas within Solihull and North localities with a low population density, and therefore will mean the travel time to the nearest pharmacy is longer within these localities. These residents are able to access their nearest pharmacist within 20 minutes by car (see Maps E and F).

Opening hours are detailed within each PNA locality in Section 6.3. Pharmaceutical services out of hours are supported by evening opening and the 46 100-hour pharmacies in BSOL. Together, the current 100-hour contract pharmacies offer the local population good access to pharmaceutical services during evenings, weekends and bank holidays. Each locality is also well served with 100-hour pharmacies and evening-opening pharmacies.

All localities within BSOL have good provision inside and outside of normal working hours.

[48] NICE. Community pharmacies: promoting health and wellbeing [NG102], 2 August 2018. (Accessed October 2022.) www.nice.org.uk/guidance/ng102/chapter/Context

6.4.3 Population and housing growth

To understand any increases in demand for services over the next three years, population growth and housing developments have been analysed.

Birmingham's population is predicted to grow by 9.7% from 2018 to 2043, and Solihull's population is predicted grow by 14.2% from the same time period.

Birmingham has a projected growth of 2,850 new dwellings per annum. Solihull has a projected growth of 851 new dwellings per annum.

Predicted population and these new-build plans suggest that population growth and all new housing areas in BSOL over the next three years would meet the needs to the BSOL residents, and as such no gaps have been identified.

6.4.4 Needs of specific population groups

In England, there are health inequalities between ethnic minority and white groups, and between different ethnic minority groups. Access to primary care health services is generally equitable for ethnic minority groups, but this is less consistently so across other health services. However, people from ethnic minority groups are more likely to report being in poorer health and to report poorer experiences of using health services than their white counterparts.[49]

Birmingham has a very diverse population, and a large proportion of the population are from an ethnic minority (see Section 2.5.6). Consequently, for many, English will not be their first language and this therefore creates a barrier to accessing pharmaceutical services. Resident may use apps, such as Google Translate, or a member of pharmacy staff to translate, however a commissioned translation and interpretation service would be beneficial for current pharmacy contractors (see Section 7.1.5).

There is no evidence to suggest there is a gap in service that would equate to the need for additional access to Necessary Services inside or outside normal hours anywhere in BSOL.

BSOL HWBs, through its local ICS partners, will continue to monitor pharmaceutical service provision to ensure there is capacity to meet potential increases in service demand.

No gaps in the provision of Necessary Services have been identified for BSOL.

6.5 Improvements and better access: gaps in provision across BSOL

The Steering Group considers that it is those services provided in addition to those considered Necessary for the purpose of this PNA that should reasonably be regarded as providing either an improvement or better access to pharmaceutical provision. This includes Advanced, Enhanced and Locally Commissioned Services.

[49] The Kings Fund. The health of people from ethnic minority groups in England. 17 September 2021. [Accessed October 2022.] www.kingsfund.org.uk/publications/health-people-ethnic-minority-groups-england

The PNA recognises that any addition of pharmaceutical services by location, provider, hours or services should be considered, however, a principle of proportionate consideration should apply.

There have been a number of changes in the services available from community pharmacies since the previous PNA, many of which support the health needs of the population, although the impact of these services may not have been fully realised at this stage. Most of these services are outlined below and earlier in this section and include the NMS and CPCS Advanced Services. It is worth noting that the CPCS is a 'push' service, i.e. it relies on referrals from other healthcare professionals and therefore the process for referral needs to be effective for the service to fully realise benefits. There is a good range of Enhanced and Locally Commissioned Services in BSOL, including minor ailments and extended care services that support the health needs of the local community, however, some can be extended further for current pharmacy contractors (see below and Section 7.1.5).

There are significant differences in deprivation scores and health between the Birmingham localities and Solihull, which are discussed in Section 6.3.

Causes of ill health in BSOL are discussed in detail in Section 2 and Appendix H, and more information can be found on the JSNA websites.[50,51]

Factors or areas of ill health for BSOL include:

- Obesity
- Smoking
- Alcohol misuse
- Sexual health
- CVD
- Diabetes
- Mental health
- Hepatitis C

Should these areas of health need be a priority target area for commissioners, they may want to give consideration to incentives for further uptake of existing services from current providers and extending provision through community pharmacies secured improvements or better access to pharmaceutical services.

The contractors in BSOL who responded to the questionnaire have mentioned varies service which may need these needs (see Appendix E).

There is good access to the Advanced, Enhanced and Locally Commissioned Services across the localities (see Section 6.3).

[50] Birmingham JSNA. www.birmingham.gov.uk/info/50268/joint_strategic_needs_assessment_jsna/1337/jsna_themes
[51] Solihull JSNA. www.solihull.gov.uk/About-Solihull/JSNA

While the uptake of existing services (e.g. NMS, CPCS) has been difficult to assess completely, methods to enhance the uptake should be considered, including awareness campaigns (for healthcare professionals and the public, where possible when service level agreements allow) and gaining a clear understanding of the pandemic impact. The public questionnaire does indicate a lack of awareness of some of these services from community pharmacies.

Consideration should be given to incentivise further uptake from current providers and extend provision through community pharmacies. Delivery of the stop smoking Advanced Service and smoking cessation LCS would seem appropriate. Where applicable, all pharmacies and pharmacists should be encouraged to become eligible to deliver existing services in all pharmacies across BSOL. This will mean that more eligible patients are able to access and benefit from these services.

The same conclusion is reached in considering whether there is any future specified circumstance that would result in creating a gap in pharmaceutical provision at certain times based upon the current information and evidence available.

It is anticipated that, in all cases, pharmaceutical service providers will make reasonable adjustments under the Equality Act 2010 to ensure that services are accessible to all populations. The HWBs were not provided with any evidence to identify a gap in service provision for any specific population.

The impact of the C-19 pandemic on service provision from community pharmacies has been significant during the life of the previous PNA:

- New Advanced Services have had their implementation delayed
- Community pharmacy priorities have been centred on pandemic service delivery, e.g. LFD distribution and C-19 vaccination
- Significantly increased demand for existing services, e.g. repeat dispensing

The successful implementation of new Advanced and Enhanced Services to support the pandemic response should be an indication that further implementation of new services from community pharmacies in the future is possible.

The PNA Steering Group recognises that there are potential opportunities to commission services from community pharmacy or other healthcare providers, which would promote health and wellbeing, address health inequalities and reduce pressures elsewhere in the health system. The Enhanced Services – extended care are good local examples of this approach with over half of community pharmacies providing tier 1 services and a third providing tier 2 services.

Where the potential exists for community pharmacies to contribute to the health and wellbeing of the population of BSOL, this has been included within the PNA. Section 7.1.5 discusses opportunities that may be available for services provision through community pharmacies, that could improve the health of the population of BSOL but are not part of the PNA process (examples include diabetes, respiratory disease and dementia).

While no gaps in pharmaceutical service provision have been identified, the Steering Group recognises that the burden of health needs in BSOL will increase as the population grows and ages, and would welcome proactive proposals from commissioners, including NHSE and all ICBs, to commission pharmacy services that meet local needs but are beyond the scope of the PNA.

Section 7: Conclusions

The Steering Group provides the following conclusions and recommendations on the basis that funding is at least maintained at current levels and or reflects future population changes.

There is a wide range of pharmaceutical services provided in BSOL to meet the health needs of the population. The provision of current pharmaceutical services and LCS are distributed across localities, providing good access throughout BSOL.

As part of this assessment, no gaps have been identified in provision either now or in the future (over the next three years) for pharmaceutical services deemed Necessary. Factors such as population growth and pharmacy closures have resulted, and will result, in a reduction of the number of pharmacies per population in the area. With future housing growth in BSOL, it is imperative that accessibility to pharmacy services is monitored, and the recommendations actioned to ensure that services remain appropriate to the needs. Any required amendments should made through the three-year life cycle of this PNA.

7.1 Statements of the PNA

The PNA is required to clearly state what is considered to constitute Necessary Services as required by paragraphs 1 and 3 of Schedule 1 to the Pharmaceutical Regulations 2013.

For the purposes of this PNA, Necessary Services for BSOL HWBsare defined as Essential Services.

Other Advanced, Enhanced and Locally Commissioned Services are considered relevant as they contribute toward improvement in provision and access to pharmaceutical services.

LCS are those services that secure improvements or better access to, or which have contributed towards meeting the need for, pharmaceutical services in BSOL HWB areas, and are commissioned by the ICB or local authority, rather than NHSE.

7.1.1 Current provision of Necessary Services

Necessary Services – gaps in provision

Necessary Services are Essential Services, which are described in Section 1.4.1.4.1. Access to Necessary Service provision by locality in BSOL is provided Section 6.3.

In reference to Section 6, and required by paragraph 2 of schedule 1 to the Pharmaceutical Regulations 2013:

Necessary Services – normal working hours

There is no gap in the provision of Necessary Services during normal working hours across BSOL to meet the needs of the population.

Necessary Services – outside normal working hours

There are no gaps in the provision of Necessary Services outside normal working hours across BSOL to meet the needs of the population.

7.1.2 Future provision of Necessary Services

No gaps have been identified in the need for pharmaceutical services in specified future circumstances across BSOL.

7.1.3 Other relevant services – gaps in provision

Advanced, Enhanced and Locally Commissioned Services are considered relevant as they contribute toward improvement in provision and access to pharmaceutical services.

7.1.3.1 Current and future access to Advanced Services

Details of the Advanced Services are outlined in Section 1.4.1.4.2 and the provision by locality in BSOL discussed in Section 6.3.

Section 6.5 discusses improvements and better access to services in relation to the health needs of BSOL.

Based on the information available at the time of developing this PNA, no gaps in the current provision of Advanced Services or in specified future circumstances have been identified in any of the localities across BSOL.

Section 7.1.5 discusses the opportunities that may be available for expansion of existing services or delivery of new services from community pharmacies that may benefit the population of BSOL.

There are no gaps in the provision of Advanced Services at present or in the future that would secure improvements or better access to services in BSOL.

7.1.3.2 Current and future access to Enhanced Services

Details of the Enhanced Services are outlined in Section 1.4.1.4.3 and the provision in BSOL discussed in Section 3.2.5 and by locality in Section 6.3.

Section 6.5 discusses improvements and better access to services in relation to the health needs of BSOL.

Based on the information available at the time of developing this PNA, no gaps in the current provision of Enhanced Services or in specified future circumstances have been identified in any of the localities across BSOL.

No gaps have been identified that if provided either now or in the future would secure improvements or better access to Enhanced Services across BSOL.

7.1.3.3 Current and future access to Locally Commissioned Services (LCS)

With regard to LCS, the PNA is mindful that only those commissioned by NHSE are regarded as pharmaceutical services. The absence of a particular service being commissioned by NHSE is in some cases addressed by a service being commissioned through the council or local authority; these services are described in Section 4.1 and Section 4.2.

Section 6.5 discusses improvements and better access to LCS in relation to the health needs of BSOL.

Based on the information available at the time of developing this PNA no gaps have been identified in LCS that if provided either now or in the future would secure improvements, or better access, in any of the localities. Future improvements and better access are best managed through working with existing contractors and improving integration with other services and within Primary Care Networks, rather than through the opening of additional pharmacies.

Based on current information, the Steering Group has not considered that any of these LCS should be decommissioned, however the HWBs and commissioning organisations may want to consider incentivising community pharmacies to encourage further uptake of services.

Section 7.1.5 discusses the opportunities that may be available for expansion of existing services or delivery of new services from community pharmacies that may have benefit to the population of BSOL.

A full analysis has not been conducted on which LCS might be of benefit as this is out of the scope of the PNA.

No gaps have been identified that if provided either now or in the future would secure improvements or better access to Locally Commissioned Services across BSOL.

7.1.4 Improvements and better access – gaps in provision

LCS are those services that secure improvements or better access to or that have contributed towards meeting the need for pharmaceutical services in BSOL HWB areas, and are commissioned by the ICB or local authority, rather than NHSE.

Based on current information, no gaps have been identified in respect of securing improvements or better access to Locally Commissioned Services, either now or in specific future circumstances across BSOL to meet the needs of the population.

7.1.5 Future opportunities for possible community pharmacy services in BSOL

7.1.5.1 Introduction

Any local commissioning of services for delivery by community pharmacy lies outside the requirements of a PNA; it is considered as being additional to any **Necessary Services** required under the Pharmaceutical Regulations 2013.

In reviewing the provision of **Necessary Services** and considering Advanced, Enhanced and Locally Commissioned Services for BSOL as part of the PNA process, it was possible to identify opportunities for service delivery via the community pharmacy infrastructure that could positively affect the population.

Not every service can be provided from every pharmacy and service development and delivery must be planned carefully. However, many of the health priorities either at a national or local level can be positively affected by services provided from community pharmacies, albeit being out of the scope of the PNA process.

National and BSOL health needs priorities have been considered when outlining opportunities for further community pharmacy provision below. The highest risk factors for causing death and disease for the BSOL population are listed in Section 2.7 and Appendix H and are considered when looking at opportunities for further community pharmacy provision.

7.1.5.2 Opportunities for pharmaceutical service provision

Health needs and highest risk factors for causing death and disease for the BSOL population are stated in Section 6. Should these be priority target areas for commissioners, they may want to consider the current and future service provision from community pharmacies, in particular the screening services they are able to offer.

Based on these priorities and health needs community pharmacy can be commissioned to provide services that can help and support the reduction of the variances seen in health outcomes across BSOL.

7.1.5.3 Existing services

Essential Services

- Signposting for issues such weight management and health checks
- Promote a self-referral route to the National Diabetes Prevention Programme (NDPP)

Advanced Services

Some of the existing Advanced Services could be used in a targeted way within BSOL, e.g. NMS, including a focus on particular health needs in the population for these services, e.g. diabetes, Coronary Heart Disease (CHD).

There are several new or recently introduced Advanced Services being implemented that could be beneficial to the population of BSOL based on the identified health needs, including:

- **Hypertension case-finding service**

This is a recently introduced Advanced Service. The service has two stages – the first is identifying people at risk of hypertension and offering them blood pressure measurement (a 'clinic check'). The second stage, where clinically indicated, is offering 24-hour ambulatory blood pressure monitoring. The blood pressure test results will then be shared with the patient's GP to inform a potential diagnosis of hypertension.

The ethnicity of the Birmingham population where CHD is a higher risk would benefit from full implementation of the service. Over half the community pharmacies in BSOL have signed up to the service.

- **Hepatitis C testing service**

The service is focused on provision of Point-of-Care Testing (POCT) for hepatitis C (Hep C) antibodies to People Who Inject Drugs (PWIDs), i.e. individuals who inject illicit drugs such as steroids or heroin, but who haven't yet moved to the point of accepting treatment for their substance use. Where people test positive for Hep C antibodies, they will be referred for a confirmatory test and treatment, where appropriate.

The Hep C detection rate in Birmingham is significantly higher than England. However, only 10% of community pharmacies have signed up to provide this service, whereas 30% currently provide a needle exchange service. The Hep C testing service has seen low uptake nationally as well as regionally. Existing pharmacy contractors would benefit from a re-launch or re-implementation of the service to encourage further sign up.

Furthermore, SMBC and BCC have signed up to support the Public Health England UK commitment to the elimination of Hep C as a major public health threat by 2030.

- **Smoking cessation Advanced Service**

There is a new smoking cessation Advanced Service for people referred to pharmacies by a hospital, which has been commissioned from March 2022. The service is aimed at stop smoking support for those beginning a programme of smoking cessation in secondary care and referred for completion in community pharmacy. The Department of Health and Social Care (DHSC) and NHSE proposed the commissioning of this service as an Advanced Service.

Smoking is the highest cause of preventable ill health and premature mortality in the UK. Smoking is a major risk factor for many diseases, such as lung cancer, Chronic Obstructive Pulmonary Disease (COPD) and heart disease. It is also associated with cancers in other organs, including lip, mouth, throat, bladder, kidney, stomach, liver and cervix. Levels of smoking in BSOL are above the England average, especially in Birmingham.

In Birmingham it is estimated that nearly 17% of the population are smokers, and 10% in Solihull. It is known that smoking levels in more deprived populations are higher and therefore existing pharmacy contractors across BSOL (especially in the deprived areas) may wish to sign up to the service to encourage uptake from those residents where there is a need.

This is a priority area for both Birmingham and Solihull Public Health.

Locally Commissioned Services

- **Sexual health services**

The chlamydia detection rate in Solihull of those aged 15–24 was significantly below the figures for England and West Midlands. The proportion of this age group being screened for chlamydia was also significantly below the England figure. The rate of new STI diagnoses (excluding chlamydia) in Solihull was significantly lower than the national average.

The Birmingham and Solihull sexual health services are different. The sexual health service in Solihull only provides Emergency Hormonal Contraception (EHC) and not the more comprehensive screening and administration service available in Birmingham, which could be beneficial based on the health issues identified.

In Birmingham, the chlamydia detection rate (for those aged 15–24), under-18 conception and new HIV rates were all higher than the England figures. Based on this, the promotion and future provision of these services may be beneficial to improve these rates. In addition, coupling such services with the Advanced Service of Hep C testing could be advantageous.

- **Smoking cessation services**

As mentioned earlier in this section, smoking cessation is a priority area for both Birmingham and Solihull Public Health. Smoking prevalence in Birmingham is significantly higher than England, whereas the prevalence is slightly lower in Solihull than in England, though usually higher within deprived populations.

The Birmingham and Solihull smoking cessation services are different. The smoking cessation service in Solihull only provides provision and supply of nicotine replacement therapy, whereas Birmingham also provides provision and supply of e-cigarettes and Champix via a PGD. An extended service provision, such as the Birmingham service, could be beneficial based on the health issues identified.

Currently there are no pharmacy contractors signed up to the smoking cessation service in Solihull, and therefore it would be recommended for existing pharmacy contractors to sign up to the service, especially those in more deprived areas.

New services

Based on the local and national health needs identified throughout this document, there are opportunities for community pharmacy to positively impact outcomes. The services detailed below are currently not commissioned within BSOL, however commissioners may wish to consider these to meet the health needs of BSOL.

- **NHS Health Check**

This is a national programme for people aged 40–74 that assesses a person's risk of developing **diabetes, heart disease, kidney disease** and **stroke**. It then provides the person with tailored support to help prevent the condition, advising on lifestyle changes to reduce their risk. Nationally, there are over 15 million people in this age group who should be offered an NHS Health Check once every five years, and local authorities are responsible for commissioning NHS Health Checks. Health Checks are available from other providers in BSOL, e.g. GP practices.

Diabetes prevalence is higher in BSOL than the England averages, although the prevalences of many of these other areas of ill health are not currently above the national averages. The BSOL population is at significantly higher risk of these diseases and they continue to have a significant impact on the health of the population.

- **Healthy Start**

Pregnant women, women with a child under 12 months and children aged up to 4 years who are receiving Healthy Start vouchers are entitled to free Healthy Start vitamins. Healthy Start vitamins contain vitamins A, C and D for children aged from birth to 4 years, and folic acid and vitamins C and D for pregnant and breastfeeding women.

Healthy Start vitamins are important because:

- 8% of children under 5 in the UK do not have enough vitamin A in their diet
- Families in lower-income groups tend to have less vitamin C in their diet
- All pregnant and breastfeeding women and young children are at risk of vitamin D deficiency (teenagers, younger women and those from ethnic minorities are particularly at risk)
- Folic acid taken before pregnancy and in early pregnancy reduced the risk of a neural tube defect

Healthcare professionals play a key role in signposting to the Healthy Start online application and promoting the free Healthy Start vitamins. Research shows that women who are introduced to the scheme by a health professional, who takes the time to explain its public health context and health benefits, are more likely to understand the benefits and make better use of the scheme.

The infant mortality rate in Birmingham is higher than England with an estimated 112 infants dying before age 1 each year. The Birmingham rate is 7.0 per 1,000 population compared with the England rate of 3.0 per 1,000 population.

It is important to state that infant mortality is significantly more complex than the use of vitamins, however there are demonstrable benefits in their use.

Healthy Start vitamins are available from a number of health providers; having them available from community pharmacies where there is good access and often extended opening hours could be of benefit. The uptake of Healthy Start vitamins for eligible beneficiaries in Birmingham as of March 2022 was 73% (approximately 13,000 of 18,000).[52]

- **Interpretation and translation services**

Birmingham has a very diverse population, and a large proportion of the population are from an ethnic minority (see Section 2.5.6). Consequently, for many, English will not be their first language and this creates a barrier to accessing pharmaceutical services. Residents may use apps such as Google Translate, or a member of pharmacy staff to translate, however a commissioned translation and interpretation service would be beneficial for current pharmacy contractors.

An example of such service exists in the South West Region: NHSE have commissioned an interpretation and translation service, which is available for pharmacy, optometry and dental practices when treating NHS patients. These services are commissioned and paid for by NHSE South West. Services include:

- Spoken face-to-face interpreting
- Telephone interpreting
- Translation/transcription services
- BSL interpreting

Possible disease-specific services

The following are examples of disease-specific services that have been commissioned in some areas of England either by NHSE or CCGs (replaced by ICBs). These would be seen as add-on services to Advanced Services or could be commissioned separately. There are many examples of different service types on the PSNC website, those below are described to give an idea of the type of service available. The conditions listed have been identified as health priorities either as causes of ill health in BSOL or in the NHS Long Term Plan.

- **Weight management**

There are many different examples of weight management services already provided from a number of community pharmacies in England. These may be targeted to localities, e.g. areas of higher deprivation, or coupled with programmes for other ill health, e.g. CVD or diabetes.

In 2019-20 the prevalence of overweight children in Year 6 (age 10–11) in Birmingham was at 39.6% (England average 35.2%). Whilst not statistically different from England, this level of obesity represents nearly two-thirds of the adult population and presents a significant health burden.

[52] NHS. Get help to buy food and milk (Healthy Start). [Accessed August 2022.] www.healthystart.nhs.uk/healthcare-professionals/

- **Diabetes**

Diabetes-focused pharmacy (Wessex LPN). The framework is categorised into six elements: 1. The pharmacy team, 2. Prevention and lifestyle, 3. Complications of diabetes, 4. Education programmes, 5. Medicines adherence; 6. Signposting.

Diabetes prevalence in BSOL is significantly higher than the England figure, and both the Black and Asian populations are at higher risk.

- **Mental health**

Mental Health Support Scheme (NHSE – South (Wessex)). Commissioned as a community pharmacy enhanced service pilot within Dorset. The aim of the pilot is to test a model of community pharmacy support for suitable clients who are under the care of the Dorset Healthcare University Foundation Trust Community Mental Health Team (CMHT). The pilot will assess whether community pharmacy support improves medicines optimisation in this group of clients and reduces the number of readmissions to the service.

Patient eligibility for the service is:

- Under care of CMHT;
- Recently discharged from in-patient services;
- Aged 18–65;
- No diagnosis of dementia; and
- Willing to use a regular pharmacy.

During the first appointment, the pharmacist, key worker and patient will discuss the referral and agree the support that will be given and the review period. The pharmacist will:

- Provide the service as agreed at the first appointment.
- Discuss with the patient at each interaction if there any issues with managing or taking their medicines.
- Contact the patient's CMHT and/or GP, if appropriate.
- Signpost to other services, if appropriate.

The BSOL population has a higher prevalence of severe mental health disorders (the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses) than the England average and a service such as the above will better support these patients.

- **Respiratory**

Asthma inhaler technique (Greater Manchester) The purpose of the Improving Inhaler Technique through Community Pharmacy service is to provide a brief intervention service to patients receiving inhaled medication for respiratory disease. The service is available to patients registered with a GP practice in Greater Manchester presenting a prescription for inhaled respiratory medication for the treatment of asthma or COPD to a participating pharmacy.

BSOL has a higher prevalence of asthma than the England average and Solihull has a higher prevalence of COPD.

7.1.5.4 Recommendations

Whilst no gaps have been identified in the current provision of pharmaceutical services across BSOL or in the future (over the next three years) there are opportunities to enhance provision and support improvement in the health of BSOL residents in the following areas:

a. Given the future housing growth anticipated in BSOL, the provision of pharmaceutical services should be monitored and reviewed to ensure the demands of the population are met.
b. Community pharmacy teams should promote healthy lifestyle messages and participate in national and local health campaigns.
c. Methods to enhance the awareness and uptake of all services on offer by community pharmacies should be considered. This could be through the adoption of a range of communication methods appropriate to professionals and the local community, especially those in the more deprived localities.
   This will help to manage the following issues:
   - The existing services can have improved utilisation
   - The public questionnaire made it clear that members of the public were not aware of all the available services
   - Members of the public wish to see many of these services provided (Section 5)
d. All pharmacies and pharmacists should be encouraged to sign up to deliver Advanced Services, particularly where there is identified need, i.e. smoking cessation Advanced Service and hypertension case-finding, which can meet the health needs of the BSOL population.
e. Incentives should be considered for existing providers to deliver all services within the localities where deprivation is higher.
f. Pharmacies, especially those in more deprived areas, should consider working to increase the offer and the uptake of smoking cessation services (Essential, Advanced, and Locally Commissioned).
g. Commissioners should consider the provision of new Locally Commissioned Services to help meet the health need in BSOL.
h. Additional approaches to improve stakeholder and public engagement should be adopted for future PNAs to increase response rates and better understand the needs of the community.

Appendix A.1: List of pharmaceutical service providers in BSOL HWB areas by locality

Central

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon - Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Masters Pharmacy	FCL95	Community	741A Stratford Road, Sparkhill, Birmingham	B11 4DG	09:00-19:00	09:00-18:00	Closed	-	-	Y	Y	Y	Y	-	-	Y	Y	-	Y	Y	-	-	-	Y	Y	Y	Y	Y
Newborough Pharmacy	FCP42	Community	284 Baldwins Lane, Hall Green, Birmingham	B28 0XB	09:00-13:00, 14:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	-	-	-	-	-	-	Y	-	-	-	-
Twilight Pharmacy	FD827	Community	56 Poplar Road, Kings Heath, Birmingham	B14 7AG	08:00-23:00	08:00-23:00	10:00-20:00	Y	-	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	-	-	-	-	-	-	-
Shire Pharmacy	FDG75	Community	214 Edward Road, Balsall Heath, Birmingham	B12 9LY	09:00-18:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	Y
Mediphar ma Chemist	FDQ04	Community	29 Oak Tree Lane, Selly Oak, Birmingham	B29 6JE	09:00-19:00	09:00-18:00	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	-	-	Y	Y	-	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon - Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Kings Pharmacy & Opticians	FDX63	Community	1-3 Pershore Road, Cotteridge, Birmingham	B30 3EE	09:00-19:00 (Wed 09:30-19:00; Thu 09:00-18:30)	09:00-15:00	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	-	-	-	-	-	-	Y	Y	Y	-	-
Sparkbrook Health Centre Pharmacy	FEH43	Community	Grantham Road, Sparkbrook, Birmingham	B11 1LU	09:15-18:15 (Wed 09:15-13:15)	Closed	Closed	-	-	Y	Y	-	-	-	-	-	-	-	Y	Y	-	-	-	-	-	Y	-	-
Sirpal Chemist	FEX08	Community	274-276 Ladypool Road, Sparkbrook, Birmingham	B12 8JU	09:00-19:00	09:00-18:00	Closed	-	-	Y	Y	Y	-	-	-	-	-	Y	-	-	-	-	-	Y	-	-	-	-
Lloyds Pharmacy	FF754	Community	280 Vicarage Road, Kings Heath, Birmingham	B14 7NH	09:00-19:00	09:00-18:00	Closed	-	-	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	-	-	-	Y	-	Y	Y	Y
The Pharmacy Practice	FFA63	Community	282 Stratford Road, Sparkhill, Birmingham	B11 1AA	09:30-19:00	09:30-18:00	Closed	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon - Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Kings Heath Pharmacy	FFK75	Community	294 Vicarage Road, Kings Heath, Birmingham	B14 7NH	08:00-23:00	08:00-23:00	09:00-19:00	Y	-	Y	Y	-	Y	-	-	-	Y	-	-	-	-	-	Y	Y	Y	Y	Y	-
Boots	FFY02	Community	145-147 High Street, Kings Heath, Birmingham	B14 7DG	09:00-13:30, 14:30-17:00	09:00-15:00	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	Y	-	-	-	-
Barkat Pharmacy	FG295	Community	775 Stratford Road, Sparkhill, Birmingham	B11 4DG	08:00-21:00	08:00-23:59	00:00-19:00	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Sparkhill Pharmacy	FG482	Community	805-807 Stratford Road, Sparkhill, Birmingham	B11 4DA	07:00-22:00	07:00-22:00	09:00-19:00	Y	-	Y	Y	-	Y	-	-	-	-	-	-	-	Y	-	-	-	-	-	Y	-
Askers Chemist	FHX90	Community	Kingsfield Medical Centre, 146 Alcester Road, Kings Heath, Birmingham	B14 6AA	09:00-18:30 (Thu 09:00-16:00)	Closed	Closed	-	-	Y	Y	Y	Y	-	-	Y	Y	-	Y	Y	-	-	-	Y	-	Y	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon - Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Shah Parmacy	FJ079	Community	491 Stratford Road, Sparkhill, Birmingham	B11 4LE	09:00-13:00, 14:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	Y	-	-	-	-	-	Y	Y	Y	Y	Y
Jhoots Pharmacy	FJ701	Community	Unit 2 (Adjacent to 480 Bristol Road), 480 Bristol Road, Selly Oak, Birmingham	B29 6BD	09:00-18:00	Closed	Closed	-	-	Y	Y	-	Y	-	-	Y	Y	-	Y	Y	-	-	-	Y	Y	-	-	-
Stag Chemist	FJF91	Community	230 Stoney Lane, Sparkbrook, Birmingham	B12 8AN	09:00-21:00	10:00-21:00	10:00-21:00	-	-	Y	Y	-	Y	-	-	-	Y	-	-	-	Y	-	Y	-	Y	Y	Y	-
Jhoots Pharmacy	FK423	Community	1533 Stratford Road, Hall Green, Birmingham	B28 9JA	09:00-18:00	Closed	Closed	-	-	Y	Y	-	Y	-	-	-	Y	-	-	-	-	-	-	Y	Y	Y	Y	-
Express Pharmacy Services	FK636	DSP	4 Poplar Road, Sparkhill, Birmingham	B11 1UW	10:00-18:00	Closed	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Well Pharmacy	FKA19	Community	979 Stratford Road, Hall Green, Birmingham	B28 8BG	08:15-18:45 (Wed 08:15-18:15)	Closed	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	-	Y	-	-	-	-	-	Y	-	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon - Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Bournville Pharmacy	FKR26	Community	45 Sycamore Road, Bournville, Birmingham	B30 2AA	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	Y	Y	-	Y	-	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-
Lloyds Pharmacy	FL799	Community	128-130 High Street, Kings Heath, Birmingham	B14 7LG	08:30-20:00	08:30-18:00	10:00-18:00	-	-	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	Y	-	-	Y	Y	Y	Y	Y
Evergreen Pharmacy	FLL07	Community	24 Watford Road, Cotteridge, Birmingham	B30 1JA	09:00-17:30	09:00-17:30	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	-	Y	Y	-	-	-	Y	Y	Y	Y	Y
Balsall Heath Pharmacy	FLV62	Community	43 Edward Road, Balsall Heath, Birmingham	B12 9LP	09:00-19:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	Y	Y	Y	Y
Boots	FM748	Community	137 Monyhull Hall Road, Kings Norton, Birmingham	B30 3QG	09:00-12:00, 13:00-18:00	09:00-13:00	Closed	-	Y	Y	Y	Y	Y	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-
Browns Pharmacy	FME55	Community	1054 Yardley Wood Road, Warstock, Birmingham	B14 4BW	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	Y	-	Y	Y	Y

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon - Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
A R K Healthcare Ltd	FMK17	Community	566-568 Stratford Road, Sparkhill, Birmingham	B11 4AN	08:45-19:00	08:45-13:00	Closed	-	-	Y	Y	Y	Y	-	-	-	-	Y	-	-	-	-	-	Y	-	-	-	-
Cotteridge Pharmacy	FMK97	Community	1889 Pershore Road, Cotteridge, Birmingham	B30 3DJ	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	-	Y	Y	-	-	-	Y	Y	Y	Y	-
Jhoots Pharmacy	FML46	Community	65 Raddlebarn Road, Selly Oak, Birmingham	B29 6HQ	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	Y	Y	-	Y	-	-	-	Y	-	-	-	Y	-	-	Y	-	Y	Y	-
Lloyds Pharmacy	FP600	Community	401 Highfield Road, Yardley Wood, Birmingham	B14 4DU	08:30-18:30	Closed	Closed	-	-	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	-	-	-	Y	Y	Y	-	-
Maverick Pharmacy	FP872	DSP	Office 11, The Old Bus Garage, Harborne Lane, Birmingham	B29 6SN	09:00-18:00	09:00-12:00	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon - Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Olive Tree Pharmacy	FPP39	Community	463 Stratford Road, Sparkhill, Birmingham	B11 4LD	07:00-23:00	07:00-23:00	08:00-12:00	Y	-	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Hall Green Pharmacy	FQ644	Community	1096 Stratford Road, Hall Green, Birmingham	B28 8AD	08:00-23:00	08:00-23:00	09:00-19:00	Y	-	Y	Y	Y	-	-	-	Y	-	-	Y	-	-	-	-	Y	Y	Y	Y	-
Shifa Pharmacy	FQK52	Community	512-514 Moseley Road, Balsall Heath, Birmingham	B12 9AH	Mon 08:00-20:30; Tue 08:00 non stop until Thu 20:30; Fri 08:00-20:30	08:00-22:30	Closed	Y	-	Y	Y	Y	Y	-	-	-	Y	-	Y	Y	-	-	-	Y	Y	-	Y	-
Highfield Road Pharmacy	FR246	Community	307 Highfield Road, Hall Green, Birmingham	B28 0BX	09:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	-	Y	Y	-	-	-	-	Y	Y	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon - Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Prince of Wales Pharmacy	FRE79	Community	161 Prince Of Wales Lane, Warstock, Birmingham	B14 4LR	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-17:30	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-
Chemycare Pharmacy	FRX47	Community	2D Wake Green Road, Moseley, Birmingham	B13 9EZ	08:00-22:30	08:30-22:30	09:00-22:30	Y	-	Y	Y	Y	Y	-	-	-	Y	-	Y	Y	-	-	-	Y	Y	Y	Y	Y
Evergreen Pharmacy Ltd	FRX85	Community	694 Yardley Wood Road, Kings Heath, Birmingham	B13 0HY	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	-	Y	Y	-	-	-	Y	Y	Y	Y	Y
Jhoots Pharmacy	FT127	Community	808-810 Pershore Road, Selly Park, Birmingham	B29 7LS	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	Y	Y	-	Y	-	-	Y	Y	-	Y	Y	-	-	-	Y	-	Y	-	-
Baggaley Chemist	FT623	Community	131 Alcester Road, Moseley, Birmingham	B13 8JP	09:00-18:00	09:00-17:00	Closed	-	-	Y	Y	Y	-	-	-	Y	-	-	-	-	-	-	-	Y	Y	Y	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon - Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Greet Pharmacy	FTN75	Community	Synergy House, 109-113 Percy Road, Sparkhill, Birmingham	B11 3NQ	09:30-18:30	Closed	Closed	-	-	Y	Y	Y	Y	-	-	-	-	Y	-	-	-	-	-	-	-	Y	-	-
Laser Pharmacy	FTP87	Community	854 Stratford Road, Sparkhill, Birmingham	B11 4BS	08:30-20:00	08:30-18:00	10:00-17:00	-	-	Y	Y	Y	Y	-	-	Y	Y	-	Y	Y	-	-	-	Y	Y	Y	Y	Y
Fakir Chemist	FTQ26	Community	2A Church Road, Moseley, Birmingham	B13 9AG	09:00-19:00 (Thu 09:00-18:00)	09:00-13:00	Closed	-	-	Y	Y	Y	Y	-	-	Y	Y	-	Y	Y	-	-	-	Y	Y	Y	Y	Y
Lloyds Pharmacy	FVM46	Community	698 Yardley Wood Road, Billesley, Birmingham	B13 0HY	08:30-18:30	09:00-17:30	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	-	-	Y	-	-	-	-
Sparkbrook Pharmacy	FVR41	Community	153A Stratford Road, Sparkbrook, Birmingham	B11 1RD	09:00-18:00	10:00-13:00, 14:15-17:00	Closed	-	-	Y	Y	Y	Y	-	-	Y	-	Y	-	-	-	-	-	Y	Y	Y	Y	Y

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon - Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Boots	FW137	Community	553-555 Stratford Road, Sparkhill, Birmingham	B11 4LP	09:00-19:00 (Fri 09:00-18:00)	11:00-17:00	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	-
Whites Pharmacy	FWG01	Community	788 Alcester Road South, Kings Heath, Birmingham	B14 5EZ	09:00-13:00, 14:00-18:15	Closed	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	-	Y	-	-	-	-	Y	Y	Y	Y	Y
Fakir Pharmacy Cannon Hill	FWL16	Community	200 Edward Road, Cannon Hill, Balsall Heath, Birmingham	B12 9LY	07:30-22:30	07:30-22:30	09:00-19:00	Y	-	Y	Y	-	Y	-	-	-	Y	-	-	-	-	-	-	-	Y	Y	Y	Y
Pharmacy Care Matters	FWM83	DSP	197 Alcester Road, Moseley, Birmingham	B13 8PX	09:00-17:00	Closed	Closed	-	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Boots	FWP20	Community	1005 Alcester Road South, Maypole, Birmingham	B14 5JA	09:00-12:00, 13:00-18:00	09:00-17:00	Closed	-	-	Y	Y	Y	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon - Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Oaks Pharmacy	FWV41	Community	564-566 Bristol Road, Bournbrook, Birmigham	B29 6BE	09:00-18:00	09:00-17:00	Closed	-	-	Y	Y	Y	-	-	-	-	-	-	Y	Y	-	-	-	Y	Y	Y	Y	Y
Robin Hood Pharmacy	FX123	Community	1518 Stratford Road, Hall Green, Birmingham	B28 9ET	08:00-22:00 (Fri 08:00-23:59)	00:00-22:00	10:00-16:00	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	Y	-	-	-	-	-	Y	-
Ashtree Pharmacy	FXR61	Community	1534 Pershore Road, Stirchley, Birmingham	B30 2NW	09:00-18:00 (Wed 09:00-17:00, Thu 09:00-15:00)	09:00-12:00	Closed	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	-	-
Druids Heath Pharmacy	FYY02	Community	17 Pound Road, Druids Heath, Birmingham	B14 5SB	09:00-18:00 (Wed 09:00-13:00)	Closed	Closed	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	Y	Y

East

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon - Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Supernet Pharmacy	FCL15	DSP	219 Mansel Road, Small Heath, Birmingham	B10 9NW	09:00-17:00	Closed	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Wellbeing Pharmacy	FCX02	Community	Washwood Heath Health & Wellbeing Centre, Clodeshall Road, Saltley, Birmingham	B8 3SW	09:15-18:30 (Fri 09:15-13:00, 14:00-18:30)	Closed	Closed	-	-	Y	Y	-	-	-	-	-	-	-	-	-	Y	-	-	Y	-	-	-	-
Yardley Pharmacy	FD274	Community	2 Willard Road, South Yardley, Birmingham	B25 8AA	08:30-18:30 (Wed 08:30-17:00)	Closed	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	Y
A+ Pharmacy	FDG60	Community	311 Bordesley Green East, Stechford, Birmingham	B33 8QF	09:00-20:00	09:00-14:00	Closed	-	-	Y	Y	Y	Y	-	Y	Y	Y	-	Y	Y	Y	-	-	Y	Y	Y	Y	-
Al-Shafa Pharmacy	FDW81	Community	674 Coventry Road, Small Heath, Birmingham	B10 0UU	08:00-23:00	08:00-23:00	08:00-18:00	Y	-	Y	Y	Y	Y	-	-	-	Y	-	-	-	Y	-	-	Y	Y	Y	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon - Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Hingley Pharmacy	FE187	Community	195-197 Alum Rock Road, Saltley, Birmingham	B8 1NJ	09:00-19:00	09:00-17:30	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	-	-	Y	-	-	Y	-	Y	Y	Y
Lloyds Pharmacy	FEG12	Community	Units 5-6, 1160 Warwick Road, Acocks Green, Birmingham	B27 6BP	09:00-18:00	09:00-17:30	Closed	-	-	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	-	-	-	Y	-	-	Y	Y
Lloyds Pharmacy	FEG78	Community	2154A-2156 Coventry Road, Sheldon, Birmingham	B26 3JB	08:30-17:30	09:00-17:30	Closed	-	-	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	-	-	Y	-	-	Y	Y
Saltley Pharmacy	FEL00	Community	118 Washwood Heath Road, Saltley, Birmingham	B8 1RE	09:00-18:30	09:00-12:00	Closed	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Hingley Pharmacy	FEN09	Community	48-52 Yardley Green Road, Bodesley Green, Birmingham	B9 5QE	09:00-19:00	Closed	Closed	-	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	Y	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon - Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Mohammedi Pharmacy	FEQ38	Community	545-547 Green Lane, Small Heath, Birmingham	B9 5PT	09:30-18:30	09:30-14:00	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	-	Y	Y	-	-	-	-	-	-	Y	-
Boots	FF210	Community	Yew Tree Retail Park, Unit 4, Stoney Lane, Yardley, Birmingham	B25 8RE	09:00-18:00	09:00-18:00	Closed	-	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	-
Hingley Pharmacy	FF991	Community	Yardley Green Medical Centre, 77 Yardley Green Road, Bordesley Green, Birmingham	B9 5PU	09:00-19:00	Closed	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	-	-	-	-	-	-	Y	-	-
Nationwide Care Pharmacy	FFW82	DSP	Amington House, 95 Amington Road, Birmingham	B25 8EP	09:00-17:00	Closed	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pak Pharmacy	FGC41	Community	38E Alum Rock Road, Alum Rock, Birmingham	B8 1JA	08:00-23:00	08:00-23:00	10:00-20:00	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon - Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Jhoots Pharmacy	FGF98	Community	184 School Road, Hall Green, Birmingham	B28 8PA	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	Y	Y	-	Y	-	-	Y	-	-	Y	Y	-	-	-	Y	Y	Y	-	-
Village Green Pharmacy	FGG94	Community	1095 Warwick Road, Acocks Green, Birmingham	B27 6QT	08:00-23:00	08:00-23:00	10:00-20:00	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Lloyds Pharmacy	FGX41	Community	82-84 Lea Village, Kitts Green, Birmingham	B33 9SD	08:30-18:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	-	-	Y	Y	Y	Y	Y
Ward End Pharmacy	FHF48	Community	617 Washwood Heath Road, Ward End, Birmingham	B8 2HB	08:00-23:00	09:00-23:00	09:00-20:00	Y	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	Y	-	-	Y	-
G Goulding Ltd	FHL53	Community	119 Church Lane, Stechford, Birmingham	B33 9EJ	09:00-18:00 (Wed 09:00-13:00)	Closed	Closed	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	-
Stag Chemist	FJQ52	Community	682 Coventry Road, Small Heath, Birmingham	B10 0UU	09:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	-	-	Y	Y	Y	Y	Y	Y	-	-	Y	Y	Y	Y	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon - Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Hustans Pharmacy	FJV46	Community	366 Green Lane, Small Heath, Birmingham	B9 5DT	09:00-19:00	09:00-14:00	Closed	-	-	Y	Y	Y	-	-	-	-	-	-	Y	Y	Y	-	-	-	Y	Y	Y	Y
Quantum Pharmacy	FKF57	DSP	Fairgate House Suite G14, 205 Kings Road, Tyseley, Birmingham	B11 2AA	09:30-17:30 (Fri 09:30-13:15, 14:15-18:30)	Closed	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Solomans Dispensing Chemist	FKL45	Community	188 Alum Rock Road, Saltley, Birmingham	B8 1HU	09:00-18:30	09:00-17:00	Closed	-	-	Y	Y	-	Y	-	-	-	-	-	-	-	Y	-	-	-	-	-	-	-
Lloyds Pharmacy	FKP49	Community	794 Washwood Heath Road, Ward End, Birmingham	B8 2JL	08:30-18:30	Closed	Closed	-	-	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	-	-	-	Y	Y	Y	-	-
Heathway Pharmacy	FKW87	Community	207 Heathway, Shard End, Birmingham	B34 6QU	09:00-18:00 (Wed 09:00-13:00)	09:00-13:00	Closed	-	-	Y	Y	Y	-	-	-	-	-	-	Y	Y	-	-	-	Y	-	-	Y	-
Well Pharmacy	FL174	Community	9 Olton Boulevard East, Acocks Green, Birmingham	B27 7RR	09:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	Y	Y	-	-	-	-	Y	-	Y	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon - Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Jhoots Pharmacy	FM776	Community	Acocks Green Medical Centre, 999 Warwick Road, Acocks Green, Birmingham	B27 6QJ	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	-	-	-	-	-	-	Y	Y	Y	-	-
Pan Pharmacy	FMP50	Community	160-160a Church Lane, Sheldon, Birmingham	B26 3DN	08:30-18:30	09:00-17:30	Closed	-	-	Y	Y	Y	-	-	-	-	-	-	Y	Y	-	-	-	-	Y	Y	Y	-
Pal Pharmacy	FN034	Community	508 Alum Rock Road, Ward End, Birmingham	B8 3HX	09:00-19:00 (Wed 09:00-14:00)	Closed	Closed	-	-	Y	Y	-	-	-	-	-	-	-	-	-	Y	-	-	-	-	-	-	-
Well Pharmacy	FNH35	Community	The Health Centre, 162 Shard End Crescent, Shard End, Birmingham	B34 7BP	08:30-18:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	-	Y	-	Y	Y	-	-	-	Y	Y	Y
Care Pharmacy	FP007	Community	742-744 Alum Rock Road, Ward End, Birmingham	B8 3PP	09:00-18:30	Closed	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	-	-	Y	-	-	Y	Y	Y	Y	Y

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon - Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Boots	FP394	Community	1104 Warwick Road, Acocks Green, Birmingham	B27 6BH	08:30-14:00, 15:00-17:30	08:30-14:00, 15:00-17:30	Closed	-	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Manor Pharmacy	FPE34	Community	1756-1758 Coventry Road	B26 1PB	09:00-18:00	09:00-17:30	Closed	-	-	Y	Y	-	Y	-	-	-	Y	-	-	-	-	-	-	-	-	-	Y	Y
Chesters Pharmacy	FPX85	Community	Unit 1, 123 Shard End Crescent, Shard End, Birmingham	B34 7AZ	08:30-18:30	09:00-17:00	Closed	-	-	Y	Y	Y	-	-	-	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	-
Medicare Chemist	FQ288	Community	676 Coventry Road, Small Heath, Birmingham	B10 0UU	09:00-19:00	09:00-18:00	Closed	-	-	Y	Y	Y	-	-	-	-	-	-	-	-	Y	-	-	Y	Y	Y	Y	Y
Dispharma Chemist	FQ688	Community	183 Alum Rock Road, Saltley, Birmingham	B8 1NJ	09:00-19:00	10:00-17:00	Closed	-	-	Y	Y	Y	-	-	-	-	-	Y	-	-	Y	-	-	-	Y	Y	Y	Y
Saini Pharmacy	FQH93	Community	38 East Meadway, Tilecross, Birmingham	B33 0AP	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	-	Y	Y	-	-	-	-	-	-	Y	Y

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon - Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Jhoots Pharmacy	FQH94	Community	Fox & Goose Shopping Centre, 898-902 Washwood Heath Road, Ward End, Birmingham	B8 2NB	09:00-18:00	Closed	Closed	-	-	Y	Y	-	Y	-	-	Y	Y	Y	Y	Y	-	-	Y	Y	Y	Y	Y	Y
Lloyds Pharmacy	FR870	Community	10 Glebe Farm Road, Stechford, Birmingham	B33 9LZ	08:30-18:30	09:00-17:30	Closed	-	-	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	-	-	-	Y	Y	Y	Y	-
Pal Pharmacy	FRC67	Community	117 Alum Rock Road, Saltley, Birmingham	B8 1ND	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Shawsdale Pharmacy	FRE36	Community	Hodge Hill Primary Care Centre, Roughlea Avenue, Hodge Hill, Birmingham	B36 8ND	08:00-23:59	09:00-19:00	09:00-19:00	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Shareef Pharmacy	FTK23	Community	149 Church Road, Yardley, Birmingham	B25 8UP	09:00-17:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	Y	Y	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon - Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Asif's Pharmacy	FTK44	Community	29 Alum Rock Road, Alum Rock, Birmingham	B8 1LR	09:00-18:30 (Wed 09:00-17:00, Thu, Fri 09:00-19:00)	09:00-12:00	Closed	-	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	Y
Lloyds Pharmacy	FTM06	Community	Yardley Green Medical Centre, Yardley Green Road, Bordesley Green, Birmingham	B9 5PU	08:30-23:00	08:30-23:00	10:00-23:00	Y	-	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	-	-	Y	Y	Y	-	-
Pan Pharmacy	FTQ27	Community	136 Garretts Green Lane, Sheldon, Birmingham	B26 2JN	09:00-13:00, 14:00-18:30 (Thu 09:00-13:00, 14:00-17:00)	Closed	Closed	-	-	Y	Y	Y	-	-	-	-	-	-	Y	Y	-	-	-	Y	-	-	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon - Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Care Services Pharmacy	FTQ71	DSP	Unit 1A, 154 Bordesley Green Road, Bordesley Green, Birmingham	B8 1BY	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tesco Pharmacy	FTT74	Community	Swan Shopping Centre, Coventry Road, Yardley, Birmingham	B26 1AD	07:00-23:00 (Mon 08:00-23:00)	07:00-22:00	11:00-17:00	Y	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	Y	-	-
Richyal Chemist	FTW08	Community	229-231 Alum Rock Road, Alum Rock, Birmingham	B8 3BH	09:00-18:00	09:00-15:00	Closed	-	-	Y	Y	-	Y	-	-	-	Y	-	Y	Y	Y	-	-	-	-	Y	-	-
Chemycare Pharmacy	FV301	Community	153 Station Road, Stechford, Birmingham	B33 8BA	09:00-18:00	09:00-17:30	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	-	Y	Y	-	-	-	Y	Y	Y	Y	-
Chemycare Pharmacy	FVK08	Community	159 Church Road	B25 8UP	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	-	Y	Y	-	-	-	Y	Y	Y	Y	Y
Lloyds Pharmacy	FVK42	Community	2222 Coventry Road, Sheldon, Birmingham	B26 3JH	09:00-22:00	09:00-22:00	10:00-17:00	-	-	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	Y	Y	-	Y	Y	Y	Y	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon - Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Jhoots Pharmacy	FVN72	Community	150 Bromford Drive, Bromford Bridge, Birmingham	B36 8TY	09:00-18:00	Closed	Closed	-	Y	Y	Y	Y	Y	-	-	-	Y	-	Y	Y	-	-	-	Y	Y	Y	Y	-
Pan Pharmacy	FVW90	Community	91-93 Partridge Road, Kitts Green, Birmingham	B26 2DD	09:00-18:00 (Wed 09:00-17:30)	09:00-13:00	Closed	-	-	Y	Y	Y	-	-	-	-	-	-	Y	Y	-	-	-	Y	-	-	-	Y
Richmond Pharmacy	FW084	Community	57 Richmond Road, Stechford, Birmingham	B33 8TL	08:00-23:00	08:00-23:00	10:00-20:00	Y	-	Y	Y	-	-	-	-	-	-	-	Y	Y	-	-	Y	Y	-	-	-	-
Jhoots Pharmacy	FW343	Community	6 Ermington Crescent, Hodge Hill, Birmingham	B36 8AP	09:00-18:00	Closed	Closed	-	-	Y	Y	-	Y	-	-	Y	Y	-	Y	Y		-	-	Y	Y	Y	Y	Y
Noor Pharmacy	FWP74	Community	72 Golden Hillock Road, Small Heath, Birmingham	B10 0LG	08:00-23:00	08:00-23:00	13:00-23:00	Y	-	Y	-	-	Y	-	-	-	-	-	Y	Y	-	-	-	-	-	-	-	-
Hay Mills Pharmacy	FWT64	Community	1222 Coventry Road, Hay Mills, Birmingham	B25 8BY	09:00-17:30 (Wed 09:00-13:00)	Closed	Closed	-	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	Y	Y	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon - Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Highfield Chemist - M G Fazal	FX593	Community	25 Highfield Road, Alum Rock, Birmingham	B8 3QD	09:15-13:45, 16:30-19:45 (Thu 09:15-18:30)	Closed	Closed	-	-	Y	Y	Y	-	-	Y	-	-	-	Y	-	-	-	-	-	Y	Y	-	-
Shelleys Pharmacy	FX651	Community	47 Yardley Green Road, Bordesley Green, Birmingham	B9 5PU	09:00-17:00	Closed	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	Y	Y	Y	-	-	-	-	-	-	-	-
Asda Pharmacy	FXQ03	Community	Asda Superstore, Coventry Road, Small Heath, Birmingham	B10 0HH	09:00-22:00	09:00-22:00	11:00-17:00	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	-	-	Y	Y	Y	-	-
Pan Pharmacy	FXR74	Community	299 Church Road, Sheldon, Birmingham	B26 3YH	08:30-13:00, 14:00-19:00	09:00-13:00, 14:00-17:00	Closed	-	-	Y	Y	-	-	-	-	-	-	-	Y	Y	-	-	-	Y	Y	Y	Y	Y
Washwood Heath Pharmacy	FXV00	Community	881 Washwood Heath Road, Washwood Heath, Birmingham	B8 2NA	09:00-18:00 (Wed 09:00-17:30)	09:00-13:00	Closed	-	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	Y	-	-	-	-
Lloyds Pharmacy	FYL76	Community	3 Bell Lane, Tile Cross, Birmingham	B33 0HS	09:00-18:00	09:00-17:30	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	-	-	Y	Y	Y	Y	-

North

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Prinja Pharmacy	FA760	Community	1128 Tyburn Road, Erdington, Birmingham	B24 0SY	08:30-18:30	Closed	Closed	-	-	Y	Y	-	Y	-	-	-	Y	-	-	-	-	-	-	-	Y	Y	-	-
N D Chemist Ltd	FAF31	Community	452 College Road, Kingstanding, Birmingham	B44 0HL	08:30-13:00, 14:00-19:00	09:00-17:00	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	Y	Y	-
K & K Pharmacy (1982) Ltd	FAL49	Community	2 High Street, Castle Vale, Birmingham	B35 7PR	09:00-19:00 (Wed 09:00-17:00)	09:00-14:00	Closed	-	-	Y	Y	-	**Y**	-	Y	-	Y	-	-	-	-	-	-	-	-	Y	Y	Y	-
Walmley Pharmacy	FCM22	Community	5 Walmley Close, Walmley, Sutton Coldfield	B76 1NQ	08:00-23:00	08:00-23:00	09:00-19:00	Y	-	Y	Y	Y	Y	-	-	-	Y	-	Y	Y	Y	-	-	Y	Y	Y	Y	Y
Lloyds Pharmacy	FDX77	Community	3 Tangmere Drive, Castle Vale, Birmingham	B35 7QX	08:30-18:30	09:00-17:30	Closed	-	-	Y	Y	Y	Y	-	Y	-	-	-	Y	Y.	-	-	-	Y	Y	Y	Y	Y
Prinja Pharmacy	FFH58	Community	1097 Chester Road, Pype Hayes, Erdington, Birmingham	B24 0PP	09:00-18:00	Closed	Closed	-	-	Y	Y	-	Y	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Boots	FG001	Community	44-46 Gracechurch Shopping Centre, The Parade, Sutton Coldfield	B72 1PD	09:00-12:00, 13:00-18:00	10:00-14:00	10:30-16:30	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	-	-	-	-	Y	-	-	-	-
Lloyds Pharmacy	FGD12	Community	Ley Hill Surgery, 228 Lichfield Road, Sutton Coldfield, West Midlands	B74 2UE	08:30-18:30	09:00-17:30	Closed	-	-	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	-	-	-	Y	-	-	-	-
Lloyds Pharmacy	FGH46	Community	416 Birmingham Road, Wylde Green, Sutton Coldfield	B72 1YJ	09:00-18:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	-	-	Y	-	-	Y	Y	Y	-	-	Y	-	-	Y	Y
Buchan's Chemist	FHF15	Community	7 Perry Common Road, Erdington, Birmingham	B23 7AB	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	Y	-	-
M W Phillips	FHP80	Community	Aylesbury Surgery, Warren Farm Road, Kingstanding	B42 0AJ	09:00-18:00 (Wed 09:00-13:00)	Closed	Closed	-	-	Y	Y	Y	Y	-	-	Y	Y	-	Y	Y	-	-	-	Y	-	Y	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
M W Phillips	FHR24	Community	Sutton Park Surgery, 34 Chester Road North, Sutton Coldfield	B73 6SP	09:00-13:00, 14:00-18:00	09:00-12:00	Closed	-	-	Y	Y	Y	Y	-	-	Y	Y	-	Y	Y	-	-	-	Y	-	Y	-	-
Lloyds Pharmacy	FHV62	Community	9 Walmley Close, Sutton Coldfield	B76 1NQ	08:30-20:00 (Thu-Fri 08:30-19:00)	09:00-17:00	Closed	-	-	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	Y	-	-	Y	Y	Y	-	-
Wylde Green Chemist	FHV66	Community	441A Birmingham Road, Wylde Green, Sutton Coldfield	B72 1AX	09:00-19:30	09:00-18:00	11:00-13:00	-	-	Y	Y	Y	-	-	-	-	-	-	Y	Y	-	-	-	-	Y	Y	-	-
Boots	FK024	Community	84 Walsall Road, Four Oaks, Sutton Coldfield	B74 4QY	09:30-17:30	09:30-17:30	Closed	-	Y	Y	Y	Y	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-
Wood End Pharmacy	FKD45	Community	103 Wood End Road, Erdington, Birmingham	B24 8NT	09:00-18:00 (Wed 09:00-13:00)	Closed	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	-	-	-	-	Y	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
M W Phillips	FKM17	Community	9 Twickenham Road, Kingstanding, Birmingham	B44 0NN	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	-	-	Y	Y	-	Y	Y	-	-	-	Y	-	Y	Y	Y
Boots	FKR57	Community	16 Mere Green Road, Sutton Coldfield, West Midlands	B75 5BP	08:30-14:00, 15:00-18:00	09:00-14:00, 15:00-17:30	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-
Asda Pharmacy	FKX92	Community	Walmley Ash Road, Minworth, Sutton Coldfield	B76 1XL	08:30-13:00, 13:30-22:30	08:00-13:00, 13:30-22:00	10:00-13:00, 14:00-16:00	-	Y	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	-	Y	-	Y	Y	-	-
Lloyds Pharmacy	FM501	Community	Stockland Green Health Centre, 192 Reservoir Road, Erdington, Birmingham	B23 6DJ	08:00-20:00 (Thu, Fri 08:00-19:00)	09:00-13:00	Closed	-	-	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	-	-	-	Y	Y	Y	Y	Y
Boots	FM661	Community	80-82 Boldmere Road, Boldmere, Sutton Coldfield	B73 5TJ	09:00-17:00	09:00-17:30	Closed	-	-	Y	Y	Y	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Tesco Pharmacy	FMF18	Community	11 Princess Alice Drive, Sutton Coldfield	B73 6RB	08:00-21:00	08:00-21:00	10:00-16:00	-	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	Y	Y	-	-
Boots	FMJ42	Community	352-354 Birmingham Road, Wylde Green, Sutton Coldfield	B72 1YH	09:00-17:30	09:00-17:30	11:00-17:00	-	-	Y	Y	Y	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-
Jhoots Pharmacy	FMT83	Community	Poplars Surgery Site, 17 Holly Lane, Erdington, Birmingham	B24 9JN	08:15-18:30	Closed	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	-	-	-	-	-	-	Y	Y	Y	Y	-
Boots	FNE59	Community	87 High Street, Erdington, Birmingham	B23 6SA	09:00-17:30	09:00-17:30	Closed	-	-	Y	Y	Y	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-
Boots	FNW35	Community	31 While Road, Sutton Coldfield	B72 1ND	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	Y	Y	Y	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-
Peak Pharmacy (Sutton Coldfield)	FP882	Community	7 Churchill Parade, Falcon Lodge, Sutton Coldfield	B75 7LD	09:00-13:00, 13:30-18:00	09:00-13:00	Closed	-	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	Y

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
M W Phillips	FQF94	Community	26 Rough Road, Kingstanding, Birmingham	B44 0UY	08:45-18:15 (Thu 08:45-16:00)	Closed	Closed	-	-	Y	Y	Y	Y	-	-	Y	Y	-	Y	Y	-	-	-	Y	-	Y	-	-
Your Local Pharmacy	FQR36	Community	238 Wheelwright Road, Erdington, Birmingham	B24 8EH	09:00-17:30	Closed	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	Y	-	-	-	-	-	-	-	-	Y	Y
M W Phillips	FR571	Community	273 Kingsbury Road, Erdington, Birmingham	B24 8RD	08:30-13:30, 14:00-18:15 (Thu 08:30-13:00, 14:00-18:15)	Closed	Closed	-	-	Y	Y	Y	Y	-	-	Y	Y	-	Y	Y	-	-	-	Y	-	Y	-	-
Boots	FRC69	Community	Unit 4-5 Princess Alice Retail Park, Sutton Coldfield	B73 6RB	08:00-00:00	09:00-00:00	11:00-16:00	Y	-	Y	Y	Y	-	-	-	-	-	-	Y	-	-	-	Y	Y	-	-	Y	Y
M W Phillips Chemists	FRN17	Community	517 Jockey Road, New Oscott, Sutton Coldfield	B73 5DF	08:30-13:00, 14:00-18:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	-	-	Y	Y	-	Y	Y	-	-	-	Y	-	Y	Y	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Superdrug Pharmacy	FRN48	Community	Unit 1, 94-100 High Street, Erdington, Birmingham	B23 6RS	08:30-17:30	08:30-17:30	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	-	-	-	-	Y	-	-
Ashfurlong Pharmacy	FRV61	Community	Ashfurlong Medical Centre, 233 Tamworth Road, Sutton Coldfield	B75 6DX	08:30-18:30	08:30-12:00	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-
Boots	FTD45	Community	631- 633 Kingstanding Road, Kingstanding, Birmingham	B44 9SU	09:00-17:30	09:00-17:00	Closed	-	-	Y	Y	Y	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	Y	Y
Vesey Pharmacy	FTD59	Community	2 Coles Lane, Sutton Coldfield	B72 1NE	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-
Lloyds Pharmacy	FTN49	Community	32-32A High Street, Erdington, Birmingham	B23 6RH	09:00-22:00	09:00-17:30	10:00-17:00	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	-	-	Y	-	-	Y	Y
Lloyds Pharmacy	FVN07	Community	30 Mere Green Road, Sutton Coldfield	B75 5BT	07:00-23:00	07:00-22:00	10:00-16:00	Y	-	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	-	-	Y	-	Y	-	-
Boots	FVY09	Community	Fort Parkway, Erdington, Birmingham	B24 9FP	09:00-18:00	09:00-18:00	11:00-15:00	-	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	Y	-	-	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Lodge Pharmacy	FXT87	Community	Dove Primary Care Centre, 60 Dovedale Road, Erdington, Birmingham	B23 5DD	09:00-19:00	09:00-18:00	Closed	-	-	Y	Y	Y	Y	-	-	Y	-	-	Y	Y	-	-	-	Y	Y	-	Y	Y
Erdington Day Night Chemist	FXV89	Community	213 High Street, Erdington, Birmingham	B23 6SS	07:30-20:00	07:30-20:00	06:30-20:00	Y	-	Y	Y	-	Y	-	-	-	-	-	Y	Y	-	-	-	Y	Y	Y	Y	-
Sumerhill Pharmacy	FXW77	DSP	Venture House, Slade Road, Erdington	B23 7JX	09:00-17:00	Closed	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Solihull

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Lloyds Pharmacy	FA558	Community	545 Stratford Road, Shirley, Solihull	B90 4AJ	08:00-21:00	08:00-20:00	10:30-16:30	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	-	-	Y	-	-	Y	-
Salts Medilink	FC714	DAC	226 Longmore Road, Shirley, Solihull	B90 3ES	08:00-13:00, 14:00-17:00	Closed	Closed	-	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-
Lloyds Pharmacy	FC877	Community	57-59 Yew Tree Lane, Solihull	B91 2NX	08:00-19:00	08:30-17:30	Closed	-	-	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	-	-	-	Y	-	-	Y	-
Konnect Pharmacy	FCV52	DSP	Unit 13, Radway Industrial Estate, Radway Road, Shirley, Solihull	B90 4NR	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Boots	FDC65	Community	Unit 4, Sears Retail Park, Oakenshaw Road, Solihill	B90 4QY	09:00-18:00 (Fri 09:00-00:00)	09:00-18:00	10:30-16:30	-	-	Y	Y	Y	-	-	-	-	-	-	Y	-	-	-	-	Y	-	-	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Buzz Doctor Pharmacy	FDP02	Community	229 Stratford Road, Shirley, Solihull	B90 3AH	09:00-17:30	Closed	Closed	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Buchans Chemist	FDY44	Community	Castle Practice, 2 Hawthorne Road, Castle Bromwich, Birmingham	B36 0HH	09:00-19:00	09:00-13:00	Closed	-	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	Y	-	-	-	-	-	-
Boots	FEF49	Community	3 Hatchford Brook Road, Solihull	B92 9AG	09:00-17:00	09:00-17:00	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	-	-	-	-	Y	-	-	-	-
Asterwell Pharmacy	FG081	Community	275 Longmore Road, Shirley, Solihull	B90 3ER	09:00-19:00 (Tue 09:00-20:00)	09:00-13:00	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	-	-	-	-	-	-	-
Boots	FG519	Community	7 Mell Square, Solihull, West Midlands	B91 3AZ	09:00-13:00, 14:00-18:00 (Thurs 09:00-13:00, 14:00-19:00)	09:00-18:00	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	-	-	-	-	Y	-	-	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Tanworth Lane Pharmacy	FG636	Community	198 Tanworth Lane, Shirley, Solihull	B90 4DD	08:30-19:00 (Wed 08:30-17:30)	Closed	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	-	Y	Y	-	-	-	-	-	-	Y	-
Northbrook Pharmacy	FGF28	Community	Northbrook Health Centre, 93 Northbrook Road, Shirley, Solihull	B90 3LX	08:30-18:30	Closed	Closed	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	Y	-	-	-	-
Gospel Lane Pharmacy	FGJ80	Community	368 Gospel Lane, Olton, Solihull	B27 7AJ	09:00-13:00, 14:00-18:30	09:00-13:00	Closed	-	-	Y	Y	-	-	-	-	-	-	-	Y	Y	-	-	-	-	-	-	Y	-
Boots	FHQ44	Community	29-31 Greenwood Way, Chelmsley Wood, Birmingham	B37 5TL	08:30-14:00, 15:00-17:30	08:30-16:00	Closed	-	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	Y
Dorridge Pharmacy	FJH05	Community	Unit 5 Forest Court, Dorridge, Solihull	B93 8JA	08:30-19:00	09:00-17:00	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	-	-	Y	-	-	-	-
Windridge Pharmacy	FJX45	Community	1709 High Street, Knowle, Solihull	B93 0LN	09:00-18:00	09:00-15:00	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	Y	-	-	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
The Olton Pharmacy Ltd	FK666	Community	159 Warwick Road, Olton, Solihull	B92 7AR	08:30-17:30	08:30-13:00	Closed	-	-	Y	Y	Y	-	-	Y	-	-	-	Y	-	-	-	-	Y	-	-	-	-
Tesco Pharmacy	FKH80	Community	21-35 Stratford Road, Shirley, Solihull	B90 3LU	06:30-22:30 (Mon 08:00-22:30)	06:30-22:00	11:00-17:00	Y	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Lloyds Pharmacy	FL821	Community	335 Chester Road, Castle Bromwich, Birmingham	B36 0JG	09:00-19:00	09:00-17:30	Closed	-	-	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	Y	Y	-	-	-	-	Y	-
Browns Pharmacy	FLE09	Community	12-14 The Parade, Kingshurst, Birmingham	B37 6BA	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y
Saydon Pharmacy	FMC23	Community	156 Green Lane, Castle Bromwich, Birmingham	B36 0BU	09:00-18:30 (Fri 08:30-18:30)	09:00-14:00	Closed	-	-	Y	Y	Y	-	-	-	-	-	-	-	-	Y	Y	-	-	-	-	Y	-
Balsall Common Pharmacy	FN505	Community	192-196-198 Station Road, Balsall Common, Coventry	CV7 7FD	06:00-21:00	06:00-21:00	07:00-17:00	Y	-	Y	Y	Y	Y	-	-	-	Y	-	Y	-	-	-	Y	-	-	-	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Boots	FN527	Community	Chelmsley Wood Primary Care Centre, Crabtree Drive, Birmingham	B37 5BU	09:00-18:00 (Wed 08:30-18:00)	09:00-13:00	Closed	-	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	Y	-	-	-	-	Y	Y
M R Pharmacy	FN833	Community	Unit 6, Farmhouse Way, Monkspath, Solihull	B90 4EH	09:00-18:15	09:00-13:00	Closed	-	Y	Y	Y	Y	Y	-	-	-	-	-	Y	-	-	-	-	Y	-	-	-	-
Lloyds Pharmacy	FNM33	Community	5 Union Road, Shirley, Solihull	B90 3BT	09:00-18:30	09:00-17:30	Closed	-	-	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	-	-	-	Y	-	-	Y	Y
Lloyds Pharmacy	FP749	Community	Balsall Common Health Centre, 1 Ashley Drive, Balsall Common, Coventry	CV7 7RW	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	-	-	-	Y	-	-	-	-
Hingleys Chemist	FP847	Community	101B Hobs Moat Road, Solihull	B92 8JL	09:00-18:00	09:00-17:00	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	-	Y	Y	Y	Y	-	-	-	-	Y	Y
Boots	FPF87	Community	239 Statford Road, Shirley, Solihull	B90 3AH	09:00-14:00, 15:00-17:30	09:00-14:00, 15:00-17:30	Closed	-	-	Y	Y	Y	-	-	-	-	-	-	Y	-	-	-	-	Y	-	-	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Morrisons Pharmacy	FPP87	Community	George Road, Solihull	B91 3BQ	08:30-13:00, 14:00-20:00	08:30-13:00, 14:00-20:00	10:00-16:00	-	-	Y	Y	Y	-	-	-	-	-	Y	Y	Y	-	-	-	Y	-	-	Y	Y
Jhoots Pharmacy	FQ117	Community	Unit 1, Beechcroft Road, Castle Bromwich, Parkfield	B36 9EJ	09:00-18:30	Closed	Closed	-	Y	Y	Y	-	Y	-	-	-	Y	-	-	-	-	Y	-	-	-	-	Y	Y
Knights Marston Green Pharmacy	FQD59	Community	60 Station Road, Marston Green, Birmingham	B37 7BA	09:00-13:00, 14:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	-
Tesco Pharmacy	FQF48	Community	1505 Stratford Road, Shirley, Solihull	B90 4EN	06:30-22:30 (Mon 08:00-22:30)	06:30-22:00	10:00-16:00	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	Y	-	-	-	-
Haslucks Green Pharmacy	FR827	Community	130 Haslucks Green Road, Shirley, Solihull	B90 2EH	09:00-18:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	-	-	-	-	-	-	Y	-	-	Y	-
Superdrug Pharmacy	FTT72	Community	34 Mill Lane Arcade, Touchwood Court Shopping Centre, Solihull	B91 3GS	08:30-18:00	08:30-18:00	11:00-17:00	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	-	-	Y	-	-	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
St Mary's Pharmacy	FVC24	Community	48 Fentham Road, Hampton In Arden, Solihull	B92 0AY	09:00-18:00 (Thu 09:00-13:00)	Closed	Closed	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	-	-	-	Y	-	-	-	-
Browns Pharmacy	FVH75	Community	351 Warwick Road, Solihull	B91 1BQ	08:00-20:00	09:00-17:30	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	-	-	Y	-	-	-	-
Late Night Yew Tree Pharmacy	FVX05	Community	49 Yew Tree Lane, Elmdon Heath, Birmingham	B91 2NX	07:00-22:00	07:00-22:00	09:00-19:00	Y	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	Y	Y	-	-	-	-
Croft Pharmacy	FW353	Community	Hedingham Grove, Solihull	B37 7TW	09:00-13:30, 14:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	Y	-	-	-	-	Y	Y
Cheswick Green Pharmacy	FW577	Community	12 Cheswick Way, Cheswick Green, Shirley, Solihull	B90 4JA	09:00-13:00, 14:00-18:15 (Wed 09:00-13:00)	09:00-13:00	Closed	-	Y	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	-	Y	Y	-	-	-	-
Dickens Heath Pharmacy	FW675	Community	114 Main Street, Dickens Heath, Shirley, Solihull	B90 1UA	09:00-13:00, 14:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	-	Y	Y	-	-	-	Y	-	-	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Knights Pharmacy	FX239	Community	3 Grove Road, Solihull	B91 2AG	08:00-22:30	08:00-22:00	08:00-21:30	Y	-	Y	Y	Y	Y	-	-	-	-	-	Y	-	-	-	-	-	-	-	Y	-
Asda Pharmacy	FXH78	Community	Bosworth Drive, Birmingham	B37 5EX	07:00-23:00 (Mon 07:00-22:00)	07:00-22:00	10:00-16:00	Y	-	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	-	-	-	-	-	Y	Y
Lloyds Pharmacy	FXJ50	Community	1 The Green, Meriden, Coventry	CV7 7LN	09:00-18:00	09:00-17:00	Closed	-	Y	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	-	-	-	Y	-	-	Y	-
Boots	FXV40	Community	255 Lyndon Road, Olton, Solihull	B92 7QP	08:30-18:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	Y	-	-	Y	Y
Boots	FYQ71	Community	352 Bradford Road, Castle Bromwich, Birmingham	B36 9AD	09:00-12:00, 13:00-17:00	09:00-15:00	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

South

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Bellevue Pharmacy	FA360	Community	69 Pershore Road, Edgbaston, Birmingham	B5 7NX	08:00-23:00	09:00-23:00	12:00-23:00	Y	-	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	Y	-	-
Noor Pharmacy	FAD47	Community	Waterworks Road, Edgbaston, Birmingham	B16 9AL	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	Y	Y	Y	Y	Y
Clock Pharmacy	FAW10	Community	891 Bristol Road South, Northfield, Birmingham	B31 2PA	09:00-17:00	09:00-13:00	Closed	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pershore Road Pharmacy	FCC38	Community	71 Pershore Road, Edgbaston, Birmingham	B5 7NX	09:00-12:00, 13:00-18:00	09:00-14:00	Closed	-	-	Y	Y	-	Y	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-
Boots	FCG18	Community	87-87A High Street, Harborne, Birmingham	B17 9NR	08:30-17:30	08:30-17:30	10:00-16:00	-	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	Y	Y	-	-	-	Y
Knights Pharmacy	FCH29	Community	5 Alvechurch Road, West Heath, Birmingham	B31 3JW	09:00-20:00	09:00-13:00, 13:30-16:00	10:30-13:00	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	-	-	-	-	Y	-	Y	-	-
Lloyds Pharmacy	FCN40	Community	Hollyhill Centre, 18 Arden Road, Rednal, Rubery, Birmingham	B45 0JA	09:00-18:00	Closed	Closed	-	Y	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	-	-	-	Y	Y	Y	Y	Y

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Boots	FCX95	Community	Woodgate Valley One Stop Primary Care Centre, 61 Stevens Avenue, Bartley Green, Birmingham	B32 3SD	09:00-14:00, 15:00-18:00	Closed	Closed	-	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	Y	-	-	-	-
Selcroft Pharmacy	FD522	Community	Selcroft Avenue, Quinton, Birmingham	B32 2BX	09:00-18:00 (Wed 09:00-13:00)	Closed	Closed	-	-	Y	Y	Y	Y	-	-	Y	Y	-	Y	Y	-	-	-	Y	-	Y	Y	Y
Lloyds Pharmacy	FD538	Community	Frankley Beeches Road, Northfield, Birmingham	B31 5AA	08:00-21:00	08:00-21:00	10:00-16:00	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	-	-	Y	-	Y	-	-
G R Pharmacy	FDG00	Community	44-46 Hillwood Road, Northfield, Birmingham	B31 1DJ	09:00-18:00 (Wed 09:00-17:00)	09:00-13:00	Closed	-	Y	Y	Y	Y	Y	-	-	-	Y	-	Y	Y	Y	-	-	-	Y	Y	Y	-
Zain The Chemist	FDL87	DSP	181a Pershore Road, Edgbaston, Birmingham	B5 7PF	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Aston Chemist Ltd	FDX11	Community	4 Shenley Green, Shenley Lane, Selly Oak, Birmingham	B29 4HH	09:00-13:00, 14:00-18:00	09:00-13:00	Closed	-	Y	Y	Y	-	Y	-	-	-	Y	-	Y	Y	-	-	-	-	Y	Y	-	-
Lloyds Pharmacy	FEM51	Community	228-230 Wychall Road, Northfield, Birmingham	B31 3AU	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	-	-	-	Y	-	-	Y	Y
Knights Bartley Green Pharmacy	FF431	Community	1 Curdale Road, Bartley Green, Birmingham	B32 4HD	09:00-18:00	09:00-15:30	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	-	-	Y	Y	Y	Y	Y
Boots	FHK79	Community	1 Middlemore Road, Northfield, Birmingham	B31 3UD	09:00-13:00, 14:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	-
K D Pharmacy	FHV47	Community	2 The Fold, Kings Norton, Birmingham	B38 9BL	09:00-18:00 (Thu 09:00-13:00)	Closed	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	-	Y	Y	-	-	-	-	Y	Y	Y	-
Knights Jiggins Lane Pharmacy	FJ513	Community	17 Jiggins Lane, Bartley Green, Birmingham	B32 3LA	08:30-18:30	09:00-12:00	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	-	-	-	-	Y	-	Y	Y	Y

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Lloyds Pharmacy	FK138	Community	Sherwood House Medical Practice, 9 Sandon Road, Edgbaston, Birmingham	B17 8DP	08:45-13:00, 14:00-18:30	Closed	Closed	-	-	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	-	-	-	Y	-	-	Y	-
Morrisons Pharmacy	FLD52	Community	Birmingham Great Park, Bristol Road South, Rubery	B45 9NY	08:30-13:30, 14:00-20:00 (Thu, Fri 08:30-13:30, 14:00-21:00)	08:00-13:30, 14:00-19:00	10:00-13:30, 14:00-16:00	-	-	Y	Y	Y	-	-	-	-	-	-	Y	Y	-	-	-	Y	Y	Y	-	-
Lloyds Pharmacy	FMQ25	Community	17 Faraday Avenue, Quinton, Birmingham	B32 1JP	09:00-19:00	09:00-17:30	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	Y	Y	Y	Y	-
Lloyds Pharmacy	FNA47	Community	175 Weoley Castle Road, Selly Oak, Birmingham	B29 5QH	09:00-19:00	09:00-17:30	Closed	-	-	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	-	-	-	Y	Y	Y	Y	Y
Jhoots Pharmacy	FNF93	Community	157 High Street, Harborne, Birmingham	B17 9QE	09:00-17:00	09:00-13:00	Closed	-	-	Y	Y	-	Y	-	-	Y	Y	-	Y	Y	-	-	-	Y	Y	Y	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Boots	FPF33	Community	11 Alvechurch Road, West Heath, Birmingham	B31 3JP	09:00-13:00, 14:00-18:00	10:00-16:00	Closed	-	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	-
Castle Chemist	FQ534	Community	104 Weoley Castle Square, Selly Oak, Birmingham	B29 5PT	09:00-18:00	09:00-17:30	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	-	-	-	Y	Y	-	-
Kings Pharmacy	FRF17	Community	118-120 Weoley Castle Road, Weoley Castle, Birmingham	B29 5PT	09:00-18:00 (Mon 09:00-13:00, 13:30-18:00)	09:00-16:00	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	-	Y	Y	Y	-	-	Y	Y	Y	-	-
Browns Pharmacy	FRF45	Community	16-18 Hawkesley Square, Hawkesley, Birmingham	B38 9TU	09:00-18:00 (Mon 09:00-19:00)	09:00-13:00	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	-	Y	Y	-	-	-	Y	Y	Y	Y	Y
Hyatt Pharmacy	FTD62	Community	49 Bristol Road, Edgbasto, Birmingham	B5 7TU	07:00-22:00	07:00-22:00	10:00-20:00	Y	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	Y	Y	Y	Y	-	-
Browns Pharmacy	FTL22	Community	5 The Green, Kings Norton, Birmingham	B38 8SD	09:00-18:00	09:00-14:30	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	-	-	-	-	Y	Y	Y

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Knights Royston Hall Pharmacy	FVX64	Community	15 St Heliers Road, Northfield, Birmingham	B31 1QT	08:30-18:30	Closed	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	-	-	-	-	Y	-	Y	Y	Y
Superdrug Pharmacy	FW167	Community	24-28 Grosvenor Shopping Centre, Bristol Road South, Northfield, Birmingham	B31 2JU	08:30-14:30, 15:00-17:30	09:00-14:30, 15:00-17:30	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	-	-	-	-	-	Y	Y
Superdrug Pharmacy	FW465	Community	124-140 High Street, Harborne, Birmingham	B17 9NN	09:00-18:00	09:00-17:30	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	-	-	-	-	-	-	-
Lordswood Pharmacy	FWF13	Community	54 Lordswood Road, Harborne, Birmingham	B17 9DB	08:30-19:00	09:00-16:00	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	Y	-	Y	-	-
Ridgeacre House Pharmacy	FWG91	Community	Ridgeace House Medical Centre, Ridgeacre House Surgery, Ridgeacre Road, Quinton, Birmingham	B32 2AD	07:30-22:15	07:30-22:15	10:00-21:30	Y	-	Y	Y	-	Y	-	-	Y	Y	-	-	-	-	-	-	Y	-	-	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Knights Pharmacy	FX156	Community	4 Sunbury Road, Longbridge, Birmingham	B31 4LJ	09:00-18:00	09:00-15:00	Closed	-	Y	Y	Y	Y	Y	-	-	-	-	-	Y	-	-	-	-	Y	-	Y	Y	Y
Pitman Pharmacy	FXD49	Community	622 Bristol Road South, Northfield, Birmingham	B31 2JR	08:00-23:00	08:00-23:00	10:00-20:00	Y	-	Y	Y	Y	Y	-	-	-	Y	-	Y	-	-	-	-	-	Y	Y	-	-
M E J Hingley & Co Ltd	FXR57	Community	Hollymoor Medical Centre, Manor Park Grove, Northfield, Birmingham	B31 5ER	09:00-18:00 (Wed 09:00-13:00)	Closed	Closed	-	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	Y	-	-
Rajja Chemists	FYA78	Community	5 Dwellings Lane, Quinton, Birmingham	B32 1RJ	09:00-13:00, 15:00-18:30 (Fri 09:00-13:00, 14:00-18:30)	09:00-13:00	Closed	-	-	Y	Y	Y	Y	-	-	Y	Y	-	Y	Y	-	-	-	Y	-	Y	Y	-

West

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Hurcomb Pharmacy	FA297	Community	Newtown Health Centre, 241 Wheeler Street, Newtown, Birmingham	B19 2ET	09:00-18:30 (Wed 09:00-13:00, 14:30-17:00)	09:30-11:30	Closed	-	-	Y	-	-	-	-	Y	-	-	-	-	-	Y	-	-	Y	Y	Y	Y	Y
Health Plus Pharmacy	FAM20	Community	221 Aston Lane, Perry Barr, Birmingham	B20 3HY	09:00-18:00	Closed	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	-	-	Y	Y
Dudley Road Late Night Pharmacy	FAQ95	Community	328-330 Dudley Road, Winson Green, Birmingham	B18 4HJ	09:00-18:00	Closed	Closed	-	-	Y	-	-	-	-	-	-	-	Y	Y	Y	Y	-	Y	Y	-	-	Y	Y
Villa Pharmacy	FC133	Community	66 Victoria Road, Aston, Birmingham	B6 5HA	09:00-19:00	Closed	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Attwood Green Pharmacy	FD732	Community	Attwood Green Health Centre, 30 Bath Row, Attwood Green, Birmingham	B15 1LZ	Mon 09:00-13:00, 14:00-18:30; Tue, Thu 09:00-18:30; Wed 09:00-13:00; Fri 09:00-13:15, 14:15-18:30	Closed	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	-	-	Y	Y	Y	Y	Y
Adams Pharmacy	FE315	Community	50-51 Nechells Park Road, Nechells, Birmingham	B7 5PR	08:00-23:59	08:00-23:59	10:00-14:00	Y	-	Y	Y	-	-	-	-	-	-	-	Y	-	-	-	Y	-	-	-	-	-
Well Pharmacy	FEF01	Community	604 Walsall Road, Great Barr, Birmingham	B42 1EZ	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	Y	-	-	-	-	-	Y	Y	Y	-	Y	-	Y	Y	Y	Y	Y

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Lloyds Pharmacy	FEF58	Community	The Medical Centre, Terrace Road, Handsworth, Birmingham	B19 1BP	09:00-17:30	09:00-15:30	Closed	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-	Y	-	Y	Y	Y	Y	Y
Nishkam Pharmacy	FEG72	Community	21 Soho Road, Handsworth, Birmingham	B21 9SN	08:00-22:30	08:00-22:30	08:00-21:00	Y	-	Y	-	-	-	-	-	-	-	Y	-	-	-	Y	Y	Y	-	-	Y	Y
Boots	FEK11	Community	Msu10, Middle Mall West, The Bull Ring Shopping Centre, Birmingham	B5 4BE	09:00-20:00	09:00-20:00	11:00-17:00	-	-	Y	Y	Y	Y	-	-	Y	-	-	-	-	-	-	-	Y	-	-	Y	Y
Nechells Pharmacy	FEK70	Community	55 Nechells Park Road, Nechells, Birmingham	B7 5PR	09:00-19:00 (Thurs 09:00-17:30)	09:00-13:00	Closed	-	-	Y	Y	Y	Y	-	Y	Y	Y	Y	-	-	-	-	-	Y	-	Y	Y	Y
Well Pharmacy	FEQ05	Community	110 Church Lane, Handsworth Wood, Birmingham	B20 2ES	08:15-18:30	Closed	Closed	-	-	Y	-	Y	-	-	-	-	-	-	Y	-	-	-	-	Y	-	-	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Al-Shifa Pharmacy	FEQ40	Community	164 Lozells Road, Lozells, Birmingham	B19 2SX	08:00-23:00	09:00-23:00	12:00-23:00	Y	-	Y	-	-	-	-	-	-	-	-	Y	Y	-	-	-	-	-	-	-	-
M W Phillips Chemists	FFR62	Community	6 Dyas Road, Kingstanding, Birmingham	B44 8SF	08:45-13:00, 14:00-18:15 (Wed 08:45-13:00, 14:00-16:00)	Closed	Closed	-	-	Y	Y	Y	Y	-	-	Y	Y	-	Y	Y	-	-	-	Y	-	Y	-	-
Calstar Pharmacy	FFT69	Community	151 Lozells Road, Lozells, Birmingham	B19 2TP	10:00-14:00, 14:30-19:00 (Thurs 10:00-14:00, 14:30-18:00)	10:00-14:00	Closed	-	-	Y	-	-	-	-	-	-	-	-	Y	Y	-	-	-	-	-	-	Y	Y
Tesco Pharmacy	FFT99	Community	Camden Street, Hockley, Birmingham	B18 7NZ	06:30-22:30 (Mon 08:00-22:30)	06:30-22:00	11:00-17:00	Y	-	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	Y	Y	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Co-Chem Pharmacy	FG666	Community	136 Heathfield Road, Handsworth, Birmingham	B19 1HJ	09:00-18:30 (Thurs 09:00-17:30)	Closed	Closed	-	-	Y	-	Y	-	-	-	-	-	Y	-	-	-	Y	-	Y	-	-	-	-
Evergreen Dispensing Chemist	FGD46	Community	147 Bordesley Green, Bordesley Green, Birmingham	B9 5EP	09:00-19:00 (Mon 09:00-19:30)	Closed	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	-	-	-	-	-	-	-	Y	Y	Y	Y
Ipharm (UK) Ltd	FGJ17	DSP	Unit 4A, 11 Jameson Road, Aston, Birmingham	B6 7SJ	09:00-17:00	Closed	Closed	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Bloomsbury Pharmacy	FGX88	Community	Oliver Street, Nechells, Birmingham	B7 4NY	Mon 07:30-20:00, Tue-Wed 08:00-20:30, Thu 08:00-23:59, Fri 00:00-23:59	00:00-22:30	Closed	Y	-	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	Y	-	Y	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Deu-Chem Ltd	FH800	Community	269 Soho Road, Handsworth, Birmingham	B21 9SA	09:00-19:00	10:00-13:00	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	Y	-	-	-	-	-	-
Nucare Pharmacy	FHA34	Community	229-233 Victoria Road, Aston, Birmingham	B6 5HP	09:00-14:00, 15:00-19:00 (Thurs 09:00-13:30)	Closed	Closed	-	-	Y	-	Y	-	-	-	-	-	Y	-	-	-	-	-	Y	Y	Y	-	-
M W Phillips Chemists	FJ047	Community	434 Kingstanding Road, Kingstanding, Birmingham	B44 9SA	08:30-18:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	-	-	Y	Y	-	Y	Y	-	-	-	Y	-	Y	Y	Y
Soho Pharmacy	FJ811	Community	249 Soho Road, Handsworth, Birmingham	B21 9RY	09:00-19:00	11:00-14:00	Closed	-	-	Y	-	Y	-	-	-	-	-	Y	-	-	Y	Y	-	Y	Y	Y	-	-
Hockley Medical Practice Pharmacy	FJ852	Community	100 Warstone Lane, Hockley, Birmingham	B18 6NZ	09:00-18:30 (Wed 09:00-17:00, Fri 09:00-18:00)	09:00-13:00	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	-	Y	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
M W Phillips	FJM76	Community	158 Old Oscott Lane, Kingstanding, Birmingham	B44 8TS	08:45-13:00, 14:00-18:15 (Wed 08:45-13:00, 14:00-15:45)	Closed	Closed	-	-	Y	Y	Y	Y	-	-	Y	Y	-	Y	Y	-	-	-	Y	-	Y	-	-
Boots Pharmacy	FJV53	Community	2A Brindley Place, Birmingham	B1 2JF	09:00-18:00	Closed	Closed	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Lloyds Pharmacy	FK284	Community	Summerfield Health Centre, Winson Green Road, Winson Green, Birmingham	B18 7AL	09:00-18:00	Closed	Closed	-	-	Y	-	Y	-	-	Y	-	-	-	-	-	-	Y	-	Y	Y	Y	Y	-
Healthstop Pharmacy	FK725	Community	168 Hamstead Road, Handsworth, Birmingham	B20 2QR	09:00-13:00, 13:30-18:30 (Wed 09:00-13:00)	Closed	Closed	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	Y	Y	Y	Y	Y

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Phlo – Digital Pharmacy	FKE36	DSP	Office 002M, Jennens Road, Birmingham	B7 4EJ	09:00-18:00	Closed	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Ladywood Pharmacy	FKE60	Community	16 King Edwards Road, Ladywood, Birmingham	B1 2PZ	09:00-19:00 (Wed 09:00-18:00)	09:00-13:00	Closed	-	-	Y	-	Y	-	-	-	-	-	Y	-	-	-	Y	-	Y	Y	Y	Y	Y
Asda Pharmacy	FKK81	Community	Old Horns Crescent, Great Barr, Birmingham	B43 7HA	07:00-23:00 (Mon 08:00-23:00)	07:00-22:00	10:00-16:00	Y	-	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	-	-	-	Y	Y	-	-
M W Phillips	FL227	DSP	121a Shady Lane, Great Barr	B44 9ET	09:00-17:00	Closed	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	Y	Y	Y	-	-	-	-	-	-	-	-
RX Pharmacy	FLH09	Community	256 Wellington Road, Handsworth, Birmingham	B20 2QL	08:00-23:59	08:00-23:59	10:00-14:00	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	Y	-	Y	Y	Y	Y	Y
Heartlands Pharmacy	FLQ98	Community	2 Towpath Close, Bordesley Village Centre, Bordesley, Birmingham	B9 4QA	09:00-18:30	Closed	Closed	-	-	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	-	Y	Y	Y	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
BSB Pharmacy	FLR22	Community	Bell House, Shady Lane, Great Barr, Birmingham	B44 9ER	08:30-18:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y
Click4Prescriptions	FM213	Community	2 Trafalgar Road, Handsworth, Birmingham	B21 9HN	09:00-19:00	09:00-14:00	Closed	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-	Y	-	-	Y	-	-	-
Horton Pharmacy	FM311	Community	8A Frank Street, Highgate, Birmingham	B12 0UF	09:00-19:00	Closed	Closed	-	-	Y	Y	Y	-	-	-	-	Y	-	-	-	-	-	-	Y	-	Y	Y	Y
Lloyds Pharmacy	FM674	Community	87 Holyhead Road, Handsworth, Birmingham	B21 0HH	09:00-19:00	09:00-17:30	Closed	-	-	Y	-	Y	-	-	Y	-	-	-	-	-	-	Y	-	Y	-	-	Y	Y
Quick Meds	FM828	DSP	153a Stamford Road, Handsworth, Birmingham	B20 3PS	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Saydon Pharmacy	FMA33	Community	408 Coventry Road, Small Heath, Birmingham	B10 0UF	09:00-19:00	09:00-17:00	Closed	-	-	Y	Y	-	Y	-	-	-	-	Y	Y	Y	Y	-	-	-	Y	Y	Y	Y
Madeenah Pharmacy	FML48	Community	373 Coventry Road, Small Heath, Birmingham	B10 0SW	Mon-Tue 08:00-23:30; Wed-Thu 08:00-23:00; Fri 08:00-12:30, 14:30-23:59	09:00-23:59	09:30-19:30	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Medisina Pharmacy	FMN19	Community	11 Canford Close, Highgate, Birmingham	B12 0YU	08:00-23:00	08:00-23:00	09:00-19:00	Y	-	Y	Y	Y	Y	-	-	-	-	Y	Y	Y	-	-	-	Y	Y	Y	Y	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
M W Phillips	FMP63	Community	599 Kings Road, Kingstanding, Birmingham	B44 9HN	09:00-13:00, 14:00-19:00 (Wed, Fri 09:00-13:00, 14:00-18:00)	Closed	Closed	-	-	Y	Y	Y	Y	-	-	Y	Y	-	Y	Y	-	-	-	Y	-	Y	-	-
R & R Pharmacy	FMQ34	Community	Broadway Health Centre, Cope Street, Ladywood, Birmingham	B18 7BA	09:00-18:00 (Mon 09:00-19:00)	Closed	Closed	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-	Y	-	-	Y	Y	-	-
Rana Dispensing Chemist	FN006	Community	Finch Road Primary Care Centre, 2 Finch Road, Lozells, Birmingham	B19 1HS	09:00-14:00, 16:00-19:00 (Thu 09:00-14:00)	10:00-13:00	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Boots	FNM58	Community	66 High Street, Birmingham	B4 7TA	08:00-19:00	08:00-19:00	11:00-17:00	-	-	Y	-	Y	-	-	-	-	-	-	Y	-	-	-	-	Y	-	-	Y	Y

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Zenith Pharmacy	FP234	Community	Ground Floor, 7 Birchfield Road, Birchfield, Birmingham	B19 1SU	07:00-22:00	07:00-22:00	12:00-22:00	Y	-	Y	-	Y	-	-	Y	-	-	-	Y	Y	-	Y	Y	Y	Y	Y	Y	Y
Star Pharmacy	FP335	Community	295 Walsall Road, Perry Barr, Birmingham	B42 1TY	09:00-19:00 (Thu 09:00-13:00)	09:00-13:00	Closed	-	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	-
Salts Medilink	FPE43	DAC	Apollo Building, Aston Hall Road, Aston, Birmingham	B6 6BQ	09:00-17:00	Closed	Closed	-	-	-	-	-	-	Y-DAC	Y-DAC	-	-	-	-	-	-	-	-	-	-	-	-	-
Buckingham Chemist	FPG17	Community	408 Aston Lane, Aston, Birmingham	B6 6QN	09:00-18:00	Closed	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	Y	Y	-	-
Marks Chemist	FPL21	Community	144 Soho Road, Handsworth, Birmingham	B21 9LN	09:00-19:00	09:00-19:00	Closed	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-	Y	Y	-	Y	Y	Y	Y	Y
Asda Pharmacy	FQD64	Community	Walsall Road, Perry Barr, Birmingham	B42 1AA	09:00-20:00	09:00-20:00	11:00-17:00	-	-	Y	-	Y	-	-	-	-	-	-	-	-	Y	-	-	Y	Y	Y	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Lloyds Pharmacy	FRA53	Community	81 Thornbridge Avenue, Great Barr, Birmingham	B42 2PW	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	-	-	Y	Y	Y	-	-
Walkers Pharmacy	FRD28	Community	James Pearce House, 377 Queslett Road, Great Barr, Birmingham	B43 7HB	09:00-18:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	Y	Y	Y	-	-	-	Y	Y	Y	-	-
Pike Pharmacy	FRG16	Community	Laurie Pike Health Centre, 2 Fentham Road, Handsworth, Birmingham	B19 1LH	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	Y	-	Y	-	-
Five Ways Pharmacy	FRK99	DSP	192A Saint Vincent Street West, Ladywood, Birmingham	B16 8RP	09:00-17:00	Closed	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	-	-	-	-	-	-	Y	Y	Y	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Boots	FRV46	Community	Units 28-29, The One Stop Shopping Centre, 2 Walsall Road, Perry Barr, Birmingham	B42 1AA	09:00-17:30	09:00-17:30	10:30-16:00	-	-	Y	-	Y	-	-	-	-	-	-	Y	-	-	-	-	Y	-	-	-	-
Chemipharm	FRW73	Community	113 Lozells Road, Lozells, Birmingham	B19 2TR	09:00-14:00, 16:00-19:00	09:00-14:00, 16:00-19:00	11:00-13:00	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
My Local Chemist	FT012	Community	Small Health Medical Centre, 2 Great Wood Road, Small Heath, Birmingham	B10 9QE	09:00-18:30	Closed	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	-	-	-	Y	Y	-	-
Gill Pharmacy	FT325	Community	341 Rookery Road, Handsworth, Birmingham	B21 9PP	09:00-18:00	09:00-14:00	Closed	-	-	Y	-	Y	-	-	-	-	-	-	-	-	Y	Y	-	Y	Y	Y	Y	Y

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Wards Chemist Ltd	FT515	Community	49 Coopers Road, Handsworth Wood, Birmingham	B20 2JU	08:00-18:00	09:00-13:00	Closed	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-	Y	-	-	-	-	-	-
Xtreme Pharmacy	FVA95	Community	199 Birchfield Road, Perry Barr, Birmingham	B19 1LL	09:00-18:00	Closed	Closed	-	-	Y	-	Y	-	-	-	-	-	-	Y	Y	-	Y	-	-	-	-	Y	-
Boots	FVJ51	Community	102 New Street, Birmingham	B2 4HQ	09:00-18:00 (Fri 09:00-19:00)	08:30-17:00	11:00-17:00	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	Y	-	-	Y	Y
Vantage Chemist	FW679	Community	24 Church Road, Aston, Birmingham	B6 5UP	09:00-18:30 (Thu 09:00-16:45)	Closed	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	Y	-	-	-	Y	Y	-
Medichem	FWG95	Community	51 Prestbury Road, Aston, Birmingham	B6 6EH	09:00-14:00, 15:00-19:00	11:00-13:00	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	Y
Heathfield Pharmacy	FWH99	Community	147A Heathfield Road, Handsworth, Birmingham	B19 1HL	08:00-23:00	09:00-23:00	12:00-23:00	Y	-	Y	-	-	-	-	-	-	-	Y	Y	Y	-	-	-	Y	-	Y	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Morrisons Pharmacy	FWM18	Community	280 Coventry Road, Small Heath, Birmingham	B10 0XA	09:00-13:00, 14:00-20:00	09:00-13:00, 14:00-18:00	10:00-16:00	-	-	Y	Y	Y	Y	-	-	-	-	Y	Y	Y	-	-	-	Y	Y	Y	-	-
Tower Hill Pharmacy	FWT77	Community	435 Walsall Road, Perry Barr, Birmingham	B42 1BT	07:00-21:30	07:00-21:30	08:00-21:00	Y	-	Y	-	Y	-	-	-	-	-	Y	-	-	Y	Y	-	Y	Y	Y	-	-
Roots Chemist	FWX61	Community	168 Trinity Road, Aston, Birmingham	B6 6HZ	09:00-19:00	09:00-19:00	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Twilight Pharmacy	FX767	Community	The Memorial Health Centre, 309 Bolton Road, Small Heath, Birmingham	B10 0AU	08:00-23:00	08:00-23:00	10:00-20:00	Y	-	Y	Y	Y	Y	-	-	-	-	-	Y	-	-	-	-	-	-	-	Y	Y
Hamstead Pharmacy	FXE08	Community	409 Rocky Lane, Great Barr, Birmingham	B42 1NL	09:00-18:00	Closed	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Salts Medilink	FXF13	DAC	Unit 1, Richard Street, Birmingham	B7 4AA	09:00-17:00	Closed	Closed	-	-	-	-	-	-	Y-DAC	Y-DAC	-	-	-	-	-	-	-	-	-	-	-	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Pauls Pharmacy	FXK80	Community	31 Revesby Walk, Vauxhall Road, Nechells, Birmingham	B7 4LG	09:00-17:00	Closed	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	-	-	-	-	-	-	Y	Y	Y	Y	-
J Docter	FY954	Community	67 Rupert Street, Nechells, Birmingham	B7 5DT	09:00-18:30	Closed	Closed	-	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	Y	Y	Y	-
Hallmark Chemists	FYX05	Community	245A Bevington Road, Aston, Birmingham	B6 6HT	09:00-19:00 (Fri 09:00-13:00)	Closed	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Appendix A.2: Alphabetical list of pharmaceutical service providers in BSOL HWB areas

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
A R K Healthcare Ltd	FMK17	Community	566-568 Stratford Road, Sparkhill, Birmingham	B11 4AN	08:45-19:00	08:45-13:00	Closed	-	-	Y	Y	Y	Y	-	-	-	-	Y	-	-	-	-	-	Y	-	-	-	-
A+ Pharmacy	FDG60	Community	311 Bordesley Green East, Stechford, Birmingham	B33 8QF	09:00-20:00	09:00-14:00	Closed	-	-	Y	Y	Y	Y	-	Y	Y	Y	-	Y	Y	Y	-	-	Y	Y	Y	Y	-
Adams Pharmacy	FE315	Community	50-51 Nechells Park Road, Nechells, Birmingham	B7 5PR	08:00-23:59	08:00-23:59	10:00-14:00	Y	-	Y	Y	-	-	-	-	-	-	-	Y	-	-	-	Y	-	-	-	-	-
Al-Shafa Pharmacy	FDW81	Community	674 Coventry Road, Small Heath, Birmingham	B10 0UU	08:00-23:00	08:00-23:00	08:00-18:00	Y	-	Y	Y	Y	Y	-	-	-	Y	-	-	-	Y	-	-	Y	Y	Y	-	-
Al-Shifa Pharmacy	FEQ40	Community	164 Lozells Road, Lozells, Birmingham	B19 2SX	08:00-23:00	09:00-23:00	12:00-23:00	Y	-	Y	-	-	-	-	-	-	-	-	Y	Y	-	-	-	-	-	-	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Asda Pharmacy	FKK81	Community	Old Horns Crescent, Great Barr, Birmingham	B43 7HA	07:00-23:00 (Mon 08:00-23:00)	07:00-22:00	10:00-16:00	Y	-	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	-	-	-	Y	Y	-	-
Asda Pharmacy	FQD64	Community	Walsall Road, Perry Barr, Birmingham	B42 1AA	09:00-20:00	09:00-20:00	11:00-17:00	-	-	Y	-	Y	-	-	-	-	-	-	-	-	Y	-	-	Y	Y	Y	-	-
Asda Pharmacy	FKX92	Community	Walmley Ash Road, Minworth, Sutton Coldfield	B76 1XL	08:30-13:00, 13:30-22:30	08:00-13:00, 13:30-22:00	10:00-13:00, 14:00-16:00	-	Y	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	-	Y	-	Y	Y	-	-
Asda Pharmacy	FXH78	Community	Bosworth Drive, Birmingham	B37 5EX	07:00-23:00 (Mon 07:00-22:00)	07:00-22:00	10:00-16:00	Y	-	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	-	-	-	-	-	Y	Y
Asda Pharmacy	FXQ03	Community	Asda Superstore, Coventry Road, Small Heath, Birmingham	B10 0HH	09:00-22:00	09:00-22:00	11:00-17:00	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	-	-	Y	Y	Y	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Ashfurlong Pharmacy	FRV61	Community	Ashfurlong Medical Centre, 233 Tamworth Road, Sutton Coldfield	B75 6DX	08:30-18:30	08:30-12:00	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-
Ashtree Pharmacy	FXR61	Community	1534 Pershore Road, Stirchley, Birmingham	B30 2NW	09:00-18:00 (Wed 09:00-17:00, Thu 09:00-15:00)	09:00-12:00	Closed	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	-	-
Asif's Pharmacy	FTK44	Community	29 Alum Rock Road, Alum Rock, Birmingham	B8 1LR	09:00-18:30 (Wed 09:00-17:00, Thu, Fri 09:00-19:00)	09:00-12:00	Closed	-	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	Y
Askers Chemist	FHX90	Community	Kingsfield Medical Centre, 146 Alcester Road, Kings Heath, Birmingham	B14 6AA	09:00-18:30 (Thu 09:00-16:00)	Closed	Closed	-	-	Y	Y	Y	Y	-	-	Y	Y	-	Y	Y	-	-	-	Y	-	Y	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Asterwell Pharmacy	FG081	Community	275 Longmore Road, Shirley, Solihull	B90 3ER	09:00-19:00 (Tue 09:00-20:00)	09:00-13:00	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	-	-	-	-	-	-	-
Aston Chemist Ltd	FDX11	Community	4 Shenley Green, Shenley Lane, Selly Oak, Birmingham	B29 4HH	09:00-13:00, 14:00-18:00	09:00-13:00	Closed	-	Y	Y	Y	-	Y	-	-	-	Y	-	Y	Y	-	-	-	-	Y	Y	-	-
Attwood Green Pharmacy	FD732	Community	Attwood Green Health Centre, 30 Bath Row, Attwood Green, Birmingham	B15 1LZ	Mon 09:00-13:00, 14:00-18:30; Tue, Thu 09:00-18:30; Wed 09:00-13:00; Fri 09:00-13:15, 14:15-18:30	Closed	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	-	-	Y	Y	Y	Y	Y

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Baggaley Chemist	FT623	Community	131 Alcester Road, Moseley, Birmingham	B13 8JP	09:00-18:00	09:00-17:00	Closed	-	-	Y	Y	Y	-	-	-	Y	-	-	-	-	-	-	-	Y	Y	Y	-	-
Balsall Common Pharmacy	FN505	Community	192-196-198 Station Road, Balsall Common, Coventry	CV7 7FD	06:00-21:00	06:00-21:00	07:00-17:00	Y	-	Y	Y	Y	Y	-	-	-	Y	-	Y	-	-	-	Y	-	-	-	-	-
Balsall Heath Pharmacy	FLV62	Community	43 Edward Road, Balsall Heath, Birmingham	B12 9LP	09:00-19:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	Y	Y	Y	Y
Barkat Pharmacy	FG295	Community	775 Stratford Road, Sparkhill, Birmingham	B11 4DG	08:00-21:00	08:00-23:59	00:00-19:00	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Bellevue Pharmacy	FA360	Community	69 Pershore Road, Edgbaston, Birmingham	B5 7NX	08:00-23:00	09:00-23:00	12:00-23:00	Y	-	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	Y	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Bloomsbury Pharmacy	FGX88	Community	Oliver Street, Nechells, Birmingham	B7 4NY	Mon 07:30-20:00, Tue-Wed 08:00-20:30, Thu 08:00-23:59, Fri 00:00-23:59	00:00-22:30	Closed	Y	-	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	-	Y	-	Y	-	-
Boots	FCG18	Community	87-87A High Street, Harborne, Birmingham	B17 9NR	08:30-17:30	08:30-17:30	10:00-16:00	-	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	Y	Y	-	-	-	Y
Boots	FCX95	Community	Woodgate Valley One Stop Primary Care Centre, 61 Stevens Avenue, Bartley Green, Birmingham	B32 3SD	09:00-14:00, 15:00-18:00	Closed	Closed	-	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	Y	-	-	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Boots	FDC65	Community	Unit 4, Sears Retail Park, Oakenshaw Road, Solihill	B90 4QY	09:00-18:00 (Fri 09:00-00:00)	09:00-18:00	10:30-16:30	-	-	Y	Y	Y	-	-	-	-	-	-	Y	-	-	-	-	Y	-	-	-	-
Boots	FEK11	Community	Msu10, Middle Mall West, The Bull Ring Shopping Centre, Birmingham	B5 4BE	09:00-20:00	09:00-20:00	11:00-17:00	-	-	Y	Y	Y	Y	-	-	Y	-	-	-	-	-	-	-	Y	-	-	Y	Y
Boots	FEF49	Community	3 Hatchford Brook Road, Solihull	B92 9AG	09:00-17:00	09:00-17:00	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	-	-	-	-	Y	-	-	-	-
Boots	FNM58	Community	66 High Street, Birmingham	B4 7TA	08:00-19:00	08:00-19:00	11:00-17:00	-	-	Y	-	Y	-	-	-	-	-	-	Y	-	-	-	-	Y	-	-	Y	Y
Boots	FRV46	Community	Units 28-29, The One Stop Shopping Centre, 2 Walsall Road, Perry Barr, Birmingham	B42 1AA	09:00-17:30	09:00-17:30	10:30-16:00	-	-	Y	-	Y	-	-	-	-	-	-	Y	-	-	-	-	Y	-	-	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Boots	FVJ51	Community	102 New Street, Birmingham	B2 4HQ	09:00-18:00 (Fri 09:00-19:00)	08:30-17:00	11:00-17:00	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	Y	-	-	Y	Y
Boots	FF210	Community	Yew Tree Retail Park, Unit 4, Stoney Lane, Yardley, Birmingham	B25 8RE	09:00-18:00	09:00-18:00	Closed	-	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	-
Boots	FFY02	Community	145-147 High Street, Kings Heath, Birmingham	B14 7DG	09:00-13:30, 14:30-17:00	09:00-15:00	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	Y	-	-	-	-
Boots	FG001	Community	44-46 Gracechurch Shopping Centre, The Parade, Sutton Coldfield	B72 1PD	09:00-12:00, 13:00-18:00	10:00-14:00	10:30-16:30	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	-	-	-	-	Y	-	-	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Boots	FG519	Community	7 Mell Square, Solihull, West Midlands	B91 3AZ	09:00-13:00, 14:00-18:00 (Thurs 09:00-13:00, 14:00-19:00)	09:00-18:00	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	-	-	-	-	Y	-	-	-	-
Boots	FHK79	Community	1 Middlemore Road, Northfield, Birmingham	B31 3UD	09:00-13:00, 14:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	-
Boots	FHQ44	Community	29-31 Greenwood Way, Chelmsley Wood, Birmingham	B37 5TL	08:30-14:00, 15:00-17:30	08:30-16:00	Closed	-	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	Y
Boots	FK024	Community	84 Walsall Road, Four Oaks, Sutton Coldfield	B74 4QY	09:30-17:30	09:30-17:30	Closed	-	Y	Y	Y	Y	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-
Boots	FKR57	Community	16 Mere Green Road, Sutton Coldfield, West Midlands	B75 5BP	08:30-14:00, 15:00-18:00	09:00-14:00, 15:00-17:30	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Boots	FM661	Community	80-82 Boldmere Road, Boldmere, Sutton Coldfield	B73 5TJ	09:00-17:00	09:00-17:30	Closed	-	-	Y	Y	Y	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-
Boots	FM748	Community	137 Monyhull Hall Road, Kings Norton, Birmingham	B30 3QG	09:00-12:00, 13:00-18:00	09:00-13:00	Closed	-	Y	Y	Y	Y	Y	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-
Boots	FMJ42	Community	352-354 Birmingham Road, Wylde Green, Sutton Coldfield	B72 1YH	09:00-17:30	09:00-17:30	11:00-17:00	-	-	Y	Y	Y	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-
Boots	FN527	Community	Chelmsley Wood Primary Care Centre, Crabtree Drive, Birmingham	B37 5BU	09:00-18:00 (Wed 08:30-18:00)	09:00-13:00	Closed	-	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	Y	-	-	-	-	Y	Y
Boots	FNE59	Community	87 High Street, Erdington, Birmingham	B23 6SA	09:00-17:30	09:00-17:30	Closed	-	-	Y	Y	Y	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Boots	FNW35	Community	31 While Road, Sutton Coldfield	B72 1ND	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	Y	Y	Y	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-
Boots	FP394	Community	1104 Warwick Road, Acocks Green, Birmingham	B27 6BH	08:30-14:00, 15:00-17:30	08:30-14:00, 15:00-17:30	Closed	-	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Boots	FPF33	Community	11 Alvechurch Road, West Heath, Birmingham	B31 3JP	09:00-13:00, 14:00-18:00	10:00-16:00	Closed	-	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	-
Boots	FPF87	Community	239 Statford Road, Shirley, Solihull	B90 3AH	09:00-14:00, 15:00-17:30	09:00-14:00, 15:00-17:30	Closed	-	-	Y	Y	Y	-	-	-	-	-	-	Y	-	-	-	-	Y	-	-	-	-	-
Boots	FRC69	Community	Unit 4-5 Princess Alice Retail Park, Sutton Coldfield	B73 6RB	08:00-00:00	09:00-00:00	11:00-16:00	Y	-	Y	Y	Y	-	-	-	-	-	-	Y	-	-	-	Y	Y	-	-	Y	Y
Boots	FTD45	Community	631- 633 Kingstanding Road, Kingstanding, Birmingham	B44 9SU	09:00-17:30	09:00-17:00	Closed	-	-	Y	Y	Y	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	Y	Y

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Boots	FVY09	Community	Fort Parkway, Erdington, Birmingham	B24 9FP	09:00-18:00	09:00-18:00	11:00-15:00	-	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	Y	-	-	-	-
Boots	FW137	Community	553-555 Stratford Road, Sparkhill, Birmingham	B11 4LP	09:00-19:00 (Fri 09:00-18:00)	11:00-17:00	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	-
Boots	FWP20	Community	1005 Alcester Road South, Maypole, Birmingham	B14 5JA	09:00-12:00, 13:00-18:00	09:00-17:00	Closed	-	-	Y	Y	Y	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-
Boots	FXV40	Community	255 Lyndon Road, Olton, Solihull	B92 7QP	08:30-18:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	Y	-	-	Y	Y
Boots	FYQ71	Community	352 Bradford Road, Castle Bromwich, Birmingham	B36 9AD	09:00-12:00, 13:00-17:00	09:00-15:00	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Boots Pharmacy	FJV53	Community	2A Brindley Place, Birmingham	B1 2JF	09:00-18:00	Closed	Closed	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Bournville Pharmacy	FKR26	Community	45 Sycamore Road, Bournville, Birmingham	B30 2AA	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	Y	Y	-	Y	-	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-
Browns Pharmacy	FLE09	Community	12-14 The Parade, Kingshurst, Birmingham	B37 6BA	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	Y	Y	Y	Y	-	-	-	Y	Y
Browns Pharmacy	FME55	Community	1054 Yardley Wood Road, Warstock, Birmingham	B14 4BW	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	Y	-	Y	Y	Y
Browns Pharmacy	FRF45	Community	16-18 Hawkesley Square, Hawkesley, Birmingham	B38 9TU	09:00-18:00 (Mon 09:00-19:00)	09:00-13:00	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	-	Y	Y	-	-	-	Y	Y	Y	Y	Y
Browns Pharmacy	FTL22	Community	5 The Green, Kings Norton, Birmingham	B38 8SD	09:00-18:00	09:00-14:30	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	-	-	-	-	Y	Y	Y
Browns Pharmacy	FVH75	Community	351 Warwick Road, Solihull	B91 1BQ	08:00-20:00	09:00-17:30	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	-	-	Y	-	-	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
BSB Pharmacy	FLR22	Community	Bell House, Shady Lane, Great Barr, Birmingham	B44 9ER	08:30-18:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y
Buchans Chemist	FDY44	Community	Castle Practice, 2 Hawthorne Road, Castle Bromwich, Birmingham	B36 0HH	09:00-19:00	09:00-13:00	Closed	-	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	Y	-	-	-	-	-	-
Buchan's Chemist	FHF15	Community	7 Perry Common Road, Erdington, Birmingham	B23 7AB	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	Y	-	-
Buckingham Chemist	FPG17	Community	408 Aston Lane, Aston, Birmingham	B6 6QN	09:00-18:00	Closed	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	Y	Y	-	-
Buzz Doctor Pharmacy	FDP02	Community	229 Stratford Road, Shirley, Solihull	B90 3AH	09:00-17:30	Closed	Closed	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Calstar Pharmacy	FFT69	Community	151 Lozells Road, Lozells, Birmingham	B19 2TP	10:00-14:00, 14:30-19:00 (Thurs 10:00-14:00, 14:30-18:00)	10:00-14:00	Closed	-	-	Y	-	-	-	-	-	-	-	-	Y	Y	-	-	-	-	-	-	Y	Y
Care Pharmacy	FP007	Community	742-744 Alum Rock Road, Ward End, Birmingham	B8 3PP	09:00-18:30	Closed	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	-	-	Y	-	-	Y	Y	Y	Y	Y
Care Services Pharmacy	FTQ71	DSP	Unit 1A, 154 Bordesley Green Road, Bordesley Green, Birmingham	B8 1BY	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Castle Chemist	FQ534	Community	104 Weoley Castle Square, Selly Oak, Birmingham	B29 5PT	09:00-18:00	09:00-17:30	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	-	-	-	Y	Y	-	-
Chemipharm	FRW73	Community	113 Lozells Road, Lozells, Birmingham	B19 2TR	09:00-14:00, 16:00-19:00	09:00-14:00, 16:00-19:00	11:00-13:00	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Chemycare Pharmacy	FRX47	Community	2D Wake Green Road, Moseley, Birmingham	B13 9EZ	08:00-22:30	08:30-22:30	09:00-22:30	Y	-	Y	Y	Y	Y	-	-	-	Y	-	Y	Y	-	-	-	Y	Y	Y	Y	Y
Chemycare Pharmacy	FV301	Community	153 Station Road, Stechford, Birmingham	B33 8BA	09:00-18:00	09:00-17:30	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	-	Y	Y	-	-	-	Y	Y	Y	Y	-
Chemycare Pharmacy	FVK08	Community	159 Church Road	B25 8UP	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	-	Y	Y	-	-	-	Y	Y	Y	Y	Y
Chesters Pharmacy	FPX85	Community	Unit 1, 123 Shard End Crescent, Shard End, Birmingham	B34 7AZ	08:30-18:30	09:00-17:00	Closed	-	-	Y	Y	Y	-	-	-	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	-
Cheswick Green Pharmacy	FW577	Community	12 Cheswick Way, Cheswick Green, Shirley, Solihull	B90 4JA	09:00-13:00, 14:00-18:15 (Wed 09:00-13:00)	09:00-13:00	Closed	-	Y	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	-	Y	Y	-	-	-	-
Click4Prescriptions	FM213	Community	2 Trafalgar Road, Handsworth, Birmingham	B21 9HN	09:00-19:00	09:00-14:00	Closed	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-	Y	-	-	Y	-	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Clock Pharmacy	FAW10	Community	891 Bristol Road South, Northfield, Birmingham	B31 2PA	09:00-17:00	09:00-13:00	Closed	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Co-Chem Pharmacy	FG666	Community	136 Heathfield Road, Handsworth, Birmingham	B19 1HJ	09:00-18:30 (Thurs 09:00-17:30)	Closed	Closed	-	-	Y	-	Y	-	-	-	-	-	Y	-	-	-	Y	-	Y	-	-	-	-
Cotteridge Pharmacy	FMK97	Community	1889 Pershore Road, Cotteridge, Birmingham	B30 3DJ	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	-	Y	Y	-	-	-	Y	Y	Y	Y	-
Croft Pharmacy	FW353	Community	Hedingham Grove, Solihull	B37 7TW	09:00-13:30, 14:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	Y	-	-	-	-	Y	Y
Deu-Chem Ltd	FH800	Community	269 Soho Road, Handsworth, Birmingham	B21 9SA	09:00-19:00	10:00-13:00	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	Y	-	-	-	-	-	-
Dickens Heath Pharmacy	FW675	Community	114 Main Street, Dickens Heath, Shirley, Solihull	B90 1UA	09:00-13:00, 14:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	-	Y	Y	-	-	-	Y	-	-	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Dispharma Chemist	FQ688	Community	183 Alum Rock Road, Saltley, Birmingham	B8 1NJ	09:00-19:00	10:00-17:00	Closed	-	-	Y	Y	Y	-	-	-	-	-	Y	-	-	Y	-	-	-	Y	Y	Y	Y
Dorridge Pharmacy	FJH05	Community	Unit 5 Forest Court, Dorridge, Solihull	B93 8JA	08:30-19:00	09:00-17:00	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	-	-	Y	-	-	-	-
Druids Heath Pharmacy	FYY02	Community	17 Pound Road, Druids Heath, Birmingham	B14 5SB	09:00-18:00 (Wed 09:00-13:00)	Closed	Closed	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	Y	Y
Dudley Road Late Night Pharmacy	FAQ95	Community	328-330 Dudley Road, Winson Green, Birmingham	B18 4HJ	09:00-18:00	Closed	Closed	-	-	Y	-	-	-	-	-	-	-	Y	Y	Y	Y	-	Y	Y	-	-	Y	Y
Erdington Day Night Chemist	FXV89	Community	213 High Street, Erdington, Birmingham	B23 6SS	07:30-20:00	07:30-20:00	06:30-20:00	Y	-	Y	Y	-	Y	-	-	-	-	-	Y	Y	-	-	-	Y	Y	Y	Y	-
Evergreen Dispensing Chemist	FGD46	Community	147 Bordesley Green, Bordesley Green, Birmingham	B9 5EP	09:00-19:00 (Mon 09:00-19:30)	Closed	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	-	-	-	-	-	-	-	Y	Y	Y	Y

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Evergreen Pharmacy	FLL07	Community	24 Watford Road, Cotteridge, Birmingham	B30 1JA	09:00-17:30	09:00-17:30	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	-	Y	Y	-	-	-	Y	Y	Y	Y	Y
Evergreen Pharmacy Ltd	FRX85	Community	694 Yardley Wood Road, Kings Heath, Birmingham	B13 0HY	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	-	Y	Y	-	-	-	Y	Y	Y	Y	Y
Express Pharmacy Services	FK636	DSP	4 Poplar Road, Sparkhill, Birmingham	B11 1UW	10:00-18:00	Closed	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Fakir Chemist	FTQ26	Community	2A Church Road, Moseley, Birmingham	B13 9AG	09:00-19:00 (Thu 09:00-18:00)	09:00-13:00	Closed	-	-	Y	Y	Y	Y	-	-	Y	Y	-	Y	Y	-	-	-	Y	Y	Y	Y	Y
Fakir Pharmacy Cannon Hill	FWL16	Community	200 Edward Road, Cannon Hill, Balsall Heath, Birmingham	B12 9LY	07:30-22:30	07:30-22:30	09:00-19:00	Y	-	Y	Y	-	Y	-	-	-	Y	-	-	-	-	-	-	-	Y	Y	Y	Y
Five Ways Pharmacy	FRK99	DSP	192A Saint Vincent Street West, Ladywood, Birmingham	B16 8RP	09:00-17:00	Closed	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	-	-	-	-	-	-	Y	Y	Y	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
G Goulding Ltd	FHL53	Community	119 Church Lane, Stechford, Birmingham	B33 9EJ	09:00-18:00 (Wed 09:00-13:00)	Closed	Closed	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	-
G R Pharmacy	FDG00	Community	44-46 Hillwood Road, Northfield, Birmingham	B31 1DJ	09:00-18:00 (Wed 09:00-17:00)	09:00-13:00	Closed	-	Y	Y	Y	Y	Y	-	-	-	Y	-	Y	Y	Y	-	-	-	Y	Y	Y	-
Gill Pharmacy	FT325	Community	341 Rookery Road, Handsworth, Birmingham	B21 9PP	09:00-18:00	09:00-14:00	Closed	-	-	Y	-	Y	-	-	-	-	-	-	-	-	Y	Y	-	Y	Y	Y	Y	Y
Gospel Lane Pharmacy	FGJ80	Community	368 Gospel Lane, Olton, Solihull	B27 7AJ	09:00-13:00, 14:00-18:30	09:00-13:00	Closed	-	-	Y	Y	-	-	-	-	-	-	-	Y	Y	-	-	-	-	-	-	Y	-
Greet Pharmacy	FTN75	Community	Synergy House, 109-113 Percy Road, Sparkhill, Birmingham	B11 3NQ	09:30-18:30	Closed	Closed	-	-	Y	Y	Y	Y	-	-	-	-	Y	-	-	-	-	-	-	-	Y	-	-
Hall Green Pharmacy	FQ644	Community	1096 Stratford Road, Hall Green, Birmingham	B28 8AD	08:00-23:00	08:00-23:00	09:00-19:00	Y	-	Y	Y	Y	-	-	-	Y	-	-	Y	-	-	-	-	Y	Y	Y	Y	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Hallmark Chemists	FYX05	Community	245A Bevington Road, Aston, Birmingham	B6 6HT	09:00-19:00 (Fri 09:00-13:00)	Closed	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Hamstead Pharmacy	FXE08	Community	409 Rocky Lane, Great Barr, Birmingham	B42 1NL	09:00-18:00	Closed	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Haslucks Green Pharmacy	FR827	Community	130 Haslucks Green Road, Shirley, Solihull	B90 2EH	09:00-18:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	-	-	-	-	-	-	Y	-	-	Y	-
Hay Mills Pharmacy	FWT64	Community	1222 Coventry Road, Hay Mills, Birmingham	B25 8BY	09:00-17:30 (Wed 09:00-13:00)	Closed	Closed	-	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	Y	Y	-	-
Health Plus Pharmacy	FAM20	Community	221 Aston Lane, Perry Barr, Birmingham	B20 3HY	09:00-18:00	Closed	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	-	-	Y	Y
Healthstop Pharmacy	FK725	Community	168 Hamstead Road, Handsworth, Birmingham	B20 2QR	09:00-13:00, 13:30-18:30 (Wed 09:00-13:00)	Closed	Closed	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	Y	Y	Y	Y	Y

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Heartlands Pharmacy	FLQ98	Community	2 Towpath Close, Bordesley Village Centre, Bordesley, Birmingham	B9 4QA	09:00-18:30	Closed	Closed	-	-	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	-	Y	Y	Y	-	-
Heathfield Pharmacy	FWH99	Community	147A Heathfield Road, Handsworth, Birmingham	B19 1HL	08:00-23:00	09:00-23:00	12:00-23:00	Y	-	Y	-	-	-	-	-	-	-	Y	Y	Y	-	-	-	Y	-	Y	-	-
Heathway Pharmacy	FKW87	Community	207 Heathway, Shard End, Birmingham	B34 6QU	09:00-18:00 (Wed 09:00-13:00)	09:00-13:00	Closed	-	-	Y	Y	Y	-	-	-	-	-	-	Y	Y	-	-	-	Y	-	-	Y	-
Highfield Chemist - M G Fazal	FX593	Community	25 Highfield Road, Alum Rock, Birmingham	B8 3QD	09:15-13:45, 16:30-19:45 (Thu 09:15-18:30)	Closed	Closed	-	-	Y	Y	Y	-	-	Y	-	-	-	Y	-	-	-	-	-	Y	Y	-	-
Highfield Road Pharmacy	FR246	Community	307 Highfield Road, Hall Green, Birmingham	B28 0BX	09:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	-	Y	Y	-	-	-	-	Y	Y	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Hingley Pharmacy	FE187	Community	195-197 Alum Rock Road, Saltley, Birmingham	B8 1NJ	09:00-19:00	09:00-17:30	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	-	-	Y	-	-	Y	-	Y	Y	Y
Hingley Pharmacy	FEN09	Community	48-52 Yardley Green Road, Bodesley Green, Birmingham	B9 5QE	09:00-19:00	Closed	Closed	-	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	Y	-
Hingley Pharmacy	FF991	Community	Yardley Green Medical Centre, 77 Yardley Green Road, Bordesley Green, Birmingham	B9 5PU	09:00-19:00	Closed	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	-	-	-	-	-	-	Y	-	-
Hingleys Chemist	FP847	Community	101B Hobs Moat Road, Solihull	B92 8JL	09:00-18:00	09:00-17:00	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	-	Y	Y	Y	Y	-	-	-	-	Y	Y

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Hockley Medical Practice Pharmacy	FJ852	Community	100 Warstone Lane, Hockley, Birmingham	B18 6NZ	09:00-18:30 (Wed 09:00-17:00, Fri 09:00-18:00)	09:00-13:00	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	-	Y	-	-
Horton Pharmacy	FM311	Community	8A Frank Street, Highgate, Birmingham	B12 0UF	09:00-19:00	Closed	Closed	-	-	Y	Y	Y	-	-	-	-	Y	-	-	-	-	-	-	Y	-	Y	Y	Y
Hurcomb Pharmacy	FA297	Community	Newtown Health Centre, 241 Wheeler Street, Newtown, Birmingham	B19 2ET	09:00-18:30 (Wed 09:00-13:00, 14:30-17:00)	09:30-11:30	Closed	-	-	Y	-	-	-	-	Y	-	-	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y
Hustans Pharmacy	FJV46	Community	366 Green Lane, Small Heath, Birmingham	B9 5DT	09:00-19:00	09:00-14:00	Closed	-	-	Y	Y	Y	-	-	-	-	-	-	Y	Y	Y	-	-	-	Y	Y	Y	Y
Hyatt Pharmacy	FTD62	Community	49 Bristol Road, Edgbasto, Birmingham	B5 7TU	07:00-22:00	07:00-22:00	10:00-20:00	Y	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	Y	Y	Y	Y	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Ipharm (UK) Ltd	FGJ17	DSP	Unit 4A, 11 Jameson Road, Aston, Birmingham	B6 7SJ	09:00-17:00	Closed	Closed	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
J Docter	FY954	Community	67 Rupert Street, Nechells, Birmingham	B7 5DT	09:00-18:30	Closed	Closed	-	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	Y	Y	Y	-
Jhoots Pharmacy	FGF98	Community	184 School Road, Hall Green, Birmingham	B28 8PA	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	Y	Y	-	Y	-	-	Y	-	-	Y	Y	-	-	-	Y	Y	Y	-	-
Jhoots Pharmacy	FJ701	Community	Unit 2 (Adjacent to 480 Bristol Road), 480 Bristol Road, Selly Oak, Birmingham	B29 6BD	09:00-18:00	Closed	Closed	-	-	Y	Y	-	Y	-	-	Y	Y	-	Y	Y	-	-	-	Y	Y	-	-	-
Jhoots Pharmacy	FK423	Community	1533 Stratford Road, Hall Green, Birmingham	B28 9JA	09:00-18:00	Closed	Closed	-	-	Y	Y	-	Y	-	-	-	Y	-	-	-	-	-	-	Y	Y	Y	Y	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Jhoots Pharmacy	FM776	Community	Acocks Green Medical Centre, 999 Warwick Road, Acocks Green, Birmingham	B27 6QJ	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	-	-	-	-	-	-	Y	Y	Y	-	-
Jhoots Pharmacy	FML46	Community	65 Raddlebarn Road, Selly Oak, Birmingham	B29 6HQ	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	Y	Y	-	Y	-	-	-	Y	-	-	-	Y	-	-	Y	-	Y	Y	-
Jhoots Pharmacy	FMT83	Community	Poplars Surgery Site, 17 Holly Lane, Erdington, Birmingham	B24 9JN	08:15-18:30	Closed	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	-	-	-	-	-	-	Y	Y	Y	Y	-
Jhoots Pharmacy	FNF93	Community	157 High Street, Harborne, Birmingham	B17 9QE	09:00-17:00	09:00-13:00	Closed	-	-	Y	Y	-	Y	-	-	Y	Y	-	Y	Y	-	-	-	Y	Y	Y	-	-
Jhoots Pharmacy	FQ117	Community	Unit 1, Beechcroft Road, Castle Bromwich, Parkfield	B36 9EJ	09:00-18:30	Closed	Closed	-	Y	Y	Y	-	Y	-	-	-	Y	-	-	-	-	Y	-	-	-	-	Y	Y

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Jhoots Pharmacy	FQH94	Community	Fox & Goose Shopping Centre, 898-902 Washwood Heath Road, Ward End, Birmingham	B8 2NB	09:00-18:00	Closed	Closed	-	-	Y	Y	-	Y	-	-	Y	Y	Y	Y	Y	-	-	Y	Y	Y	Y	Y	Y
Jhoots Pharmacy	FT127	Community	808-810 Pershore Road, Selly Park, Birmingham	B29 7LS	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	Y	Y	-	Y	-	-	Y	Y	-	Y	Y	-	-	-	Y	-	Y	-	-
Jhoots Pharmacy	FVN72	Community	150 Bromford Drive, Bromford Bridge, Birmingham	B36 8TY	09:00-18:00	Closed	Closed	-	Y	Y	Y	Y	Y	-	-	-	Y	-	Y	Y	-	-	-	Y	Y	Y	Y	-
Jhoots Pharmacy	FW343	Community	6 Ermington Crescent, Hodge Hill, Birmingham	B36 8AP	09:00-18:00	Closed	Closed	-	-	Y	Y	-	Y	-	-	Y	Y	-	Y	Y		-	-	Y	Y	Y	Y	Y
K & K Pharmacy (1982) Ltd	FAL49	Community	2 High Street, Castle Vale, Birmingham	B35 7PR	09:00-19:00 (Wed 09:00-17:00)	09:00-14:00	Closed	-	-	Y	Y	-	**Y**	-	Y	-	Y	-	-	-	-	-	-	-	Y	Y	Y	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
K D Pharmacy	FHV47	Community	2 The Fold, Kings Norton, Birmingham	B38 9BL	09:00-18:00 (Thu 09:00-13:00)	Closed	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	-	Y	Y	-	-	-	-	Y	Y	Y	-
Kings Heath Pharmacy	FFK75	Community	294 Vicarage Road, Kings Heath, Birmingham	B14 7NH	08:00-23:00	08:00-23:00	09:00-19:00	Y	-	Y	Y	-	Y	-	-	-	Y	-	-	-	-	-	Y	Y	Y	Y	Y	-
Kings Pharmacy	FRF17	Community	118-120 Weoley Castle Road, Weoley Castle, Birmingham	B29 5PT	09:00-18:00 (Mon 09:00-13:00, 13:30-18:00)	09:00-16:00	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	-	Y	Y	Y	-	-	Y	Y	Y	-	-
Kings Pharmacy & Opticians	FDX63	Community	1-3 Pershore Road, Cotteridge, Birmingham	B30 3EE	09:00-19:00 (Wed 09:30-19:00; Thu 09:00-18:30)	09:00-15:00	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	-	-	-	-	-	-	Y	Y	Y	-	-
Knights Bartley Green Pharmacy	FF431	Community	1 Curdale Road, Bartley Green, Birmingham	B32 4HD	09:00-18:00	09:00-15:30	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	-	-	Y	Y	Y	Y	Y

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Knights Jiggins Lane Pharmacy	FJ513	Community	17 Jiggins Lane, Bartley Green, Birmingham	B32 3LA	08:30-18:30	09:00-12:00	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	-	-	-	-	Y	-	Y	Y	Y
Knights Marston Green Pharmacy	FQD59	Community	60 Station Road, Marston Green, Birmingham	B37 7BA	09:00-13:00, 14:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	-
Knights Pharmacy	FCH29	Community	5 Alvechurch Road, West Heath, Birmingham	B31 3JW	09:00-20:00	09:00-13:00, 13:30-16:00	10:30-13:00	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	-	-	-	-	Y	-	Y	-	-
Knights Pharmacy	FX156	Community	4 Sunbury Road, Longbridge, Birmingham	B31 4LJ	09:00-18:00	09:00-15:00	Closed	-	Y	Y	Y	Y	Y	-	-	-	-	-	Y	-	-	-	-	Y	-	Y	Y	Y
Knights Pharmacy	FX239	Community	3 Grove Road, Solihull	B91 2AG	08:00-22:30	08:00-22:00	08:00-21:30	Y	-	Y	Y	Y	Y	-	-	-	-	-	Y	-	-	-	-	-	-	-	Y	-
Knights Royston Hall Pharmacy	FVX64	Community	15 St Heliers Road, Northfield, Birmingham	B31 1QT	08:30-18:30	Closed	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	-	-	-	-	Y	-	Y	Y	Y

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Konnect Pharmacy	FCV52	DSP	Unit 13, Radway Industrial Estate, Radway Road, Shirley, Solihull	B90 4NR	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Ladywood Pharmacy	FKE60	Community	16 King Edwards Road, Ladywood, Birmingham	B1 2PZ	09:00-19:00 (Wed 09:00-18:00)	09:00-13:00	Closed	-	-	Y	-	Y	-	-	-	-	-	Y	-	-	-	Y	-	Y	Y	Y	Y	Y
Laser Pharmacy	FTP87	Community	854 Stratford Road, Sparkhill, Birmingham	B11 4BS	08:30-20:00	08:30-18:00	10:00-17:00	-	-	Y	Y	Y	Y	-	-	Y	Y	-	Y	Y	-	-	-	Y	Y	Y	Y	Y
Late Night Yew Tree Pharmacy	FVX05	Community	49 Yew Tree Lane, Elmdon Heath, Birmingham	B91 2NX	07:00-22:00	07:00-22:00	09:00-19:00	Y	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	Y	Y	-	-	-	-
Lloyds Pharmacy	FA558	Community	545 Stratford Road, Shirley, Solihull	B90 4AJ	08:00-21:00	08:00-20:00	10:30-16:30	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	-	-	Y	-	-	Y	-
Lloyds Pharmacy	FC877	Community	57-59 Yew Tree Lane, Solihull	B91 2NX	08:00-19:00	08:30-17:30	Closed	-	-	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	-	-	-	Y	-	-	Y	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Lloyds Pharmacy	FCN40	Community	Hollyhill Centre, 18 Arden Road, Rednal, Rubery, Birmingham	B45 0JA	09:00-18:00	Closed	Closed	-	Y	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	-	-	-	Y	Y	Y	Y	Y
Lloyds Pharmacy	FD538	Community	Frankley Beeches Road, Northfield, Birmingham	B31 5AA	08:00-21:00	08:00-21:00	10:00-16:00	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	-	-	Y	-	Y	-	-
Lloyds Pharmacy	FEG78	Community	2154A-2156 Coventry Road, Sheldon, Birmingham	B26 3JB	08:30-17:30	09:00-17:30	Closed	-	-	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	-	-	Y	-	-	Y	Y
Lloyds Pharmacy	FGD12	Community	Ley Hill Surgery, 228 Lichfield Road, Sutton Coldfield, West Midlands	B74 2UE	08:30-18:30	09:00-17:30	Closed	-	-	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	-	-	-	Y	-	-	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Lloyds Pharmacy	FGH46	Community	416 Birmingham Road, Wylde Green, Sutton Coldfield	B72 1YJ	09:00-18:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	-	-	Y	-	-	Y	Y	Y	-	-	Y	-	-	Y	Y
Lloyds Pharmacy	FGX41	Community	82-84 Lea Village, Kitts Green, Birmingham	B33 9SD	08:30-18:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	-	-	Y	Y	Y	Y	Y
Lloyds Pharmacy	FHV62	Community	9 Walmley Close, Sutton Coldfield	B76 1NQ	08:30-20:00 (Thu-Fri 08:30-19:00)	09:00-17:00	Closed	-	-	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	Y	-	-	Y	Y	Y	-	-
Lloyds Pharmacy	FK138	Community	Sherwood House Medical Practice, 9 Sandon Road, Edgbaston, Birmingham	B17 8DP	08:45-13:00, 14:00-18:30	Closed	Closed	-	-	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	-	-	-	Y	-	-	Y	-
Lloyds Pharmacy	FKP49	Community	794 Washwood Heath Road, Ward End, Birmingham	B8 2JL	08:30-18:30	Closed	Closed	-	-	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	-	-	-	Y	Y	Y	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Lloyds Pharmacy	FL799	Community	128-130 High Street, Kings Heath, Birmingham	B14 7LG	08:30-20:00	08:30-18:00	10:00-18:00	-	-	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	Y	-	-	Y	Y	Y	Y	Y
Lloyds Pharmacy	FL821	Community	335 Chester Road, Castle Bromwich, Birmingham	B36 0JG	09:00-19:00	09:00-17:30	Closed	-	-	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	Y	Y	-	-	-	-	Y	-
Lloyds Pharmacy	FK284	Community	Summerfield Health Centre, Winson Green Road, Winson Green, Birmingham	B18 7AL	09:00-18:00	Closed	Closed	-	-	Y	-	Y	-	-	Y	-	-	-	-	-	-	Y	-	Y	Y	Y	Y	-
Lloyds Pharmacy	FM674	Community	87 Holyhead Road, Handsworth, Birmingham	B21 0HH	09:00-19:00	09:00-17:30	Closed	-	-	Y	-	Y	-	-	Y	-	-	-	-	-	-	Y	-	Y	-	-	Y	Y
Lloyds Pharmacy	FRA53	Community	81 Thornbridge Avenue, Great Barr, Birmingham	B42 2PW	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	-	-	Y	Y	Y	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Lloyds Pharmacy	FM501	Community	Stockland Green Health Centre, 192 Reservoir Road, Erdington, Birmingham	B23 6DJ	08:00-20:00 (Thu, Fri 08:00-19:00)	09:00-13:00	Closed	-	-	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	-	-	-	Y	Y	Y	Y	Y
Lloyds Pharmacy	FMQ25	Community	17 Faraday Avenue, Quinton, Birmingham	B32 1JP	09:00-19:00	09:00-17:30	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	Y	Y	Y	Y	-
Lloyds Pharmacy	FNA47	Community	175 Weoley Castle Road, Selly Oak, Birmingham	B29 5QH	09:00-19:00	09:00-17:30	Closed	-	-	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	-	-	-	Y	Y	Y	Y	Y
Lloyds Pharmacy	FNM33	Community	5 Union Road, Shirley, Solihull	B90 3BT	09:00-18:30	09:00-17:30	Closed	-	-	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	-	-	-	Y	-	-	Y	Y
Lloyds Pharmacy	FP600	Community	401 Highfield Road, Yardley Wood, Birmingham	B14 4DU	08:30-18:30	Closed	Closed	-	-	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	-	-	-	Y	Y	Y	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Lloyds Pharmacy	FP749	Community	Balsall Common Health Centre, 1 Ashley Drive, Balsall Common, Coventry	CV7 7RW	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	-	-	-	Y	-	-	-	-
Lloyds Pharmacy	FR870	Community	10 Glebe Farm Road, Stechford, Birmingham	B33 9LZ	08:30-18:30	09:00-17:30	Closed	-	-	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	-	-	-	Y	Y	Y	Y	-
Lloyds Pharmacy	FTM06	Community	Yardley Green Medical Centre, Yardley Green Road, Bordesley Green, Birmingham	B9 5PU	08:30-23:00	08:30-23:00	10:00-23:00	Y	-	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	-	-	Y	Y	Y	-	-
Lloyds Pharmacy	FTN49	Community	32-32A High Street, Erdington, Birmingham	B23 6RH	09:00-22:00	09:00-17:30	10:00-17:00	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	-	-	Y	-	-	Y	Y
Lloyds Pharmacy	FVK42	Community	2222 Coventry Road, Sheldon, Birmingham	B26 3JH	09:00-22:00	09:00-22:00	10:00-17:00	-	-	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	Y	Y	-	Y	Y	Y	Y	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Lloyds Pharmacy	FVM46	Community	698 Yardley Wood Road, Billesley, Birmingham	B13 0HY	08:30-18:30	09:00-17:30	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	-	-	Y	-	-	-	-
Lloyds Pharmacy	FVN07	Community	30 Mere Green Road, Sutton Coldfield	B75 5BT	07:00-23:00	07:00-22:00	10:00-16:00	Y	-	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	-	-	Y	-	Y	-	-
Lloyds Pharmacy	FXJ50	Community	1 The Green, Meriden, Coventry	CV7 7LN	09:00-18:00	09:00-17:00	Closed	-	Y	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	-	-	-	Y	-	-	Y	-
Lloyds Pharmacy	FDX77	Community	3 Tangmere Drive, Castle Vale, Birmingham	B35 7QX	08:30-18:30	09:00-17:30	Closed	-	-	Y	Y	Y	Y	-	Y	-	-	-	Y	Y.	-	-	-	Y	Y	Y	Y	Y
Lloyds Pharmacy	FEG12	Community	Units 5-6, 1160 Warwick Road, Acocks Green, Birmingham	B27 6BP	09:00-18:00	09:00-17:30	Closed	-	-	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	-	-	-	Y	-	-	Y	Y
Lloyds Pharmacy	FEM51	Community	228-230 Wychall Road, Northfield, Birmingham	B31 3AU	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	-	-	-	Y	-	-	Y	Y

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Lloyds Pharmacy	FF754	Community	280 Vicarage Road, Kings Heath, Birmingham	B14 7NH	09:00-19:00	09:00-18:00	Closed	-	-	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	-	-	-	Y	-	Y	Y	Y
Lloyds Pharmacy	FEF58	Community	The Medical Centre, Terrace Road, Handsworth, Birmingham	B19 1BP	09:00-17:30	09:00-15:30	Closed	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-	Y	-	Y	Y	Y	Y	Y
Lloyds Pharmacy	FYL76	Community	3 Bell Lane, Tile Cross, Birmingham	B33 0HS	09:00-18:00	09:00-17:30	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	-	-	Y	Y	Y	Y	-
Lodge Pharmacy	FXT87	Community	Dove Primary Care Centre, 60 Dovedale Road, Erdington, Birmingham	B23 5DD	09:00-19:00	09:00-18:00	Closed	-	-	Y	Y	Y	Y	-	-	Y	-	-	Y	Y	-	-	-	Y	Y	-	Y	Y
Lordswood Pharmacy	FWF13	Community	54 Lordswood Road, Harborne, Birmingham	B17 9DB	08:30-19:00	09:00-16:00	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	Y	-	Y	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
M E J Hingley & Co Ltd	FXR57	Community	Hollymoor Medical Centre, Manor Park Grove, Northfield, Birmingham	B31 5ER	09:00-18:00 (Wed 09:00-13:00)	Closed	Closed	-	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	Y	-	-
M R Pharmacy	FN833	Community	Unit 6, Farmhouse Way, Monkspath, Solihull	B90 4EH	09:00-18:15	09:00-13:00	Closed	-	Y	Y	Y	Y	Y	-	-	-	-	-	Y	-	-	-	-	Y	-	-	-	-
M W Phillips	FHP80	Community	Aylesbury Surgery, Warren Farm Road, Kingstanding	B42 0AJ	09:00-18:00 (Wed 09:00-13:00)	Closed	Closed	-	-	Y	Y	Y	Y	-	-	Y	Y	-	Y	Y	-	-	-	Y	-	Y	-	-
M W Phillips	FHR24	Community	Sutton Park Surgery, 34 Chester Road North, Sutton Coldfield	B73 6SP	09:00-13:00, 14:00-18:00	09:00-12:00	Closed	-	-	Y	Y	Y	Y	-	-	Y	Y	-	Y	Y	-	-	-	Y	-	Y	-	-
M W Phillips	FKM17	Community	9 Twickenham Road, Kingstanding, Birmingham	B44 0NN	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	-	-	Y	Y	-	Y	Y	-	-	-	Y	-	Y	Y	Y

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
M W Phillips	FJM76	Community	158 Old Oscott Lane, Kingstanding, Birmingham	B44 8TS	08:45-13:00, 14:00-18:15 (Wed 08:45-13:00, 14:00-15:45)	Closed	Closed	-	-	Y	Y	Y	Y	-	-	Y	Y	-	Y	Y	-	-	-	Y	-	Y	-	-
M W Phillips	FL227	DSP	121a Shady Lane, Great Barr	B44 9ET	09:00-17:00	Closed	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	Y	Y	Y	-	-	-	-	-	-	-	-
M W Phillips	FMP63	Community	599 Kings Road, Kingstanding, Birmingham	B44 9HN	09:00-13:00, 14:00-19:00 (Wed, Fri 09:00-13:00, 14:00-18:00)	Closed	Closed	-	-	Y	Y	Y	Y	-	-	Y	Y	-	Y	Y	-	-	-	Y	-	Y	-	-
M W Phillips	FQF94	Community	26 Rough Road, Kingstanding, Birmingham	B44 0UY	08:45-18:15 (Thu 08:45-16:00)	Closed	Closed	-	-	Y	Y	Y	Y	-	-	Y	Y	-	Y	Y	-	-	-	Y	-	Y	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
M W Phillips	FR571	Community	273 Kingsbury Road, Erdington, Birmingham	B24 8RD	08:30-13:30, 14:00-18:15 (Thu 08:30-13:00, 14:00-18:15)	Closed	Closed	-	-	Y	Y	Y	Y	-	-	Y	Y	-	Y	Y	-	-	-	Y	-	Y	-	-
M W Phillips Chemists	FFR62	Community	6 Dyas Road, Kingstanding, Birmingham	B44 8SF	08:45-13:00, 14:00-18:15 (Wed 08:45-13:00, 14:00-16:00)	Closed	Closed	-	-	Y	Y	Y	Y	-	-	Y	Y	-	Y	Y	-	-	-	Y	-	Y	-	-
M W Phillips Chemists	FJ047	Community	434 Kingstanding Road, Kingstanding, Birmingham	B44 9SA	08:30-18:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	-	-	Y	Y	-	Y	Y	-	-	-	Y	-	Y	Y	Y
M W Phillips Chemists	FRN17	Community	517 Jockey Road, New Oscott, Sutton Coldfield	B73 5DF	08:30-13:00, 14:00-18:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	-	-	Y	Y	-	Y	Y	-	-	-	Y	-	Y	Y	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Madeenah Pharmacy	FML48	Community	373 Coventry Road, Small Heath, Birmingham	B10 0SW	Mon-Tue 08:00-23:30; Wed-Thu 08:00-23:00; Fri 08:00-12:30, 14:30-23:59	09:00-23:59	09:30-19:30	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Manor Pharmacy	FPE34	Community	1756-1758 Coventry Road	B26 1PB	09:00-18:00	09:00-17:30	Closed	-	-	Y	Y	-	Y	-	-	-	Y	-	-	-	-	-	-	-	-	-	Y	Y
Marks Chemist	FPL21	Community	144 Soho Road, Handsworth, Birmingham	B21 9LN	09:00-19:00	09:00-19:00	Closed	-	-	Y	-	Y	-	-	-	-	-	-	-	-	Y	Y	-	Y	Y	Y	Y	Y
Masters Pharmacy	FCL95	Community	741A Stratford Road, Sparkhill, Birmingham	B11 4DG	09:00-19:00	09:00-18:00	Closed	-	-	Y	Y	Y	Y	-	-	Y	Y	-	Y	Y	-	-	-	Y	Y	Y	Y	Y

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Maverick Pharmacy	FP872	DSP	Office 11, The Old Bus Garage, Harborne Lane, Birmingham	B29 6SN	09:00-18:00	09:00-12:00	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Medicare Chemist	FQ288	Community	676 Coventry Road, Small Heath, Birmingham	B10 0UU	09:00-19:00	09:00-18:00	Closed	-	-	Y	Y	Y	-	-	-	-	-	-	-	-	Y	-	-	Y	Y	Y	Y	Y
Medichem	FWG95	Community	51 Prestbury Road, Aston, Birmingham	B6 6EH	09:00-14:00, 15:00-19:00	11:00-13:00	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	Y
Mediphar ma Chemist	FDQ04	Community	29 Oak Tree Lane, Selly Oak, Birmingham	B29 6JE	09:00-19:00	09:00-18:00	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	-	-	Y	Y	-	-	-
Medisina Pharmacy	FMN19	Community	11 Canford Close, Highgate, Birmingham	B12 0YU	08:00-23:00	08:00-23:00	09:00-19:00	Y	-	Y	Y	Y	Y	-	-	-	-	Y	Y	Y	-	-	-	Y	Y	Y	Y	-
Mohamme di Pharmacy	FEQ38	Community	545-547 Green Lane, Small Heath, Birmingham	B9 5PT	09:30-18:30	09:30-14:00	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	-	Y	Y	-	-	-	-	-	-	Y	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Morrisons Pharmacy	FLD52	Community	Birmingham Great Park, Bristol Road South, Rubery	B45 9NY	08:30-13:30, 14:00-20:00 (Thu, Fri 08:30-13:30, 14:00-21:00)	08:00-13:30, 14:00-19:00	10:00-13:30, 14:00-16:00	-	-	Y	Y	Y	-	-	-	-	-	-	Y	Y	-	-	-	Y	Y	Y	-	-
Morrisons Pharmacy	FWM18	Community	280 Coventry Road, Small Heath, Birmingham	B10 0XA	09:00-13:00, 14:00-20:00	09:00-13:00, 14:00-18:00	10:00-16:00	-	-	Y	Y	Y	Y	-	-	-	-	Y	Y	Y	-	-	-	Y	Y	Y	-	-
Morrisons Pharmacy	FPP87	Community	George Road, Solihull	B91 3BQ	08:30-13:00, 14:00-20:00	08:30-13:00, 14:00-20:00	10:00-16:00	-	-	Y	Y	Y	-	-	-	-	-	Y	Y	Y	-	-	-	Y	-	-	Y	Y
My Local Chemist	FT012	Community	Small Health Medical Centre, 2 Great Wood Road, Small Heath, Birmingham	B10 9QE	09:00-18:30	Closed	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	-	-	-	Y	Y	-	-
N D Chemist Ltd	FAF31	Community	452 College Road, Kingstanding, Birmingham	B44 0HL	08:30-13:00, 14:00-19:00	09:00-17:00	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	Y	Y	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Nationwide Care Pharmacy	FFW82	DSP	Amington House, 95 Amington Road, Birmingham	B25 8EP	09:00-17:00	Closed	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nechells Pharmacy	FEK70	Community	55 Nechells Park Road, Nechells, Birmingham	B7 5PR	09:00-19:00 (Thurs 09:00-17:30)	09:00-13:00	Closed	-	-	Y	Y	Y	Y	-	Y	Y	Y	Y	-	-	-	-	-	Y	-	Y	Y	Y
Newborough Pharmacy	FCP42	Community	284 Baldwins Lane, Hall Green, Birmingham	B28 0XB	09:00-13:00, 14:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	-	-	-	-	-	-	Y	-	-	-	-
Nishkam Pharmacy	FEG72	Community	21 Soho Road, Handsworth, Birmingham	B21 9SN	08:00-22:30	08:00-22:30	08:00-21:00	Y	-	Y	-	-	-	-	-	-	-	Y	-	-	-	Y	Y	Y	-	-	Y	Y
Noor Pharmacy	FAD47	Community	Waterworks Road, Edgbaston, Birmingham	B16 9AL	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	Y	Y	Y	Y	Y
Noor Pharmacy	FWP74	Community	72 Golden Hillock Road, Small Heath, Birmingham	B10 0LG	08:00-23:00	08:00-23:00	13:00-23:00	Y	-	Y	-	-	Y	-	-	-	-	-	Y	Y	-	-	-	-	-	-	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Northbrook Pharmacy	FGF28	Community	Northbrook Health Centre, 93 Northbrook Road, Shirley, Solihull	B90 3LX	08:30-18:30	Closed	Closed	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	Y	-	-	-	-
Nucare Pharmacy	FHA34	Community	229-233 Victoria Road, Aston, Birmingham	B6 5HP	09:00-14:00, 15:00-19:00 (Thurs 09:00-13:30)	Closed	Closed	-	-	Y	-	Y	-	-	-	-	-	Y	-	-	-	-	-	Y	Y	Y	-	-
Oaks Pharmacy	FWV41	Community	564-566 Bristol Road, Bournbrook, Birmigham	B29 6BE	09:00-18:00	09:00-17:00	Closed	-	-	Y	Y	Y	-	-	-	-	-	-	Y	Y	-	-	-	Y	Y	Y	Y	Y
Olive Tree Pharmacy	FPP39	Community	463 Stratford Road, Sparkhill, Birmingham	B11 4LD	07:00-23:00	07:00-23:00	08:00-12:00	Y	-	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pak Pharmacy	FGC41	Community	38E Alum Rock Road, Alum Rock, Birmingham	B8 1JA	08:00-23:00	08:00-23:00	10:00-20:00	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Pal Pharmacy	FN034	Community	508 Alum Rock Road, Ward End, Birmingham	B8 3HX	09:00-19:00 (Wed 09:00-14:00)	Closed	Closed	-	-	Y	Y	-	-	-	-	-	-	-	-	-	Y	-	-	-	-	-	-	-
Pal Pharmacy	FRC67	Community	117 Alum Rock Road, Saltley, Birmingham	B8 1ND	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pan Pharmacy	FMP50	Community	160-160a Church Lane, Sheldon, Birmingham	B26 3DN	08:30-18:30	09:00-17:30	Closed	-	-	Y	Y	Y	-	-	-	-	-	-	Y	Y	-	-	-	-	Y	Y	Y	-
Pan Pharmacy	FTQ27	Community	136 Garretts Green Lane, Sheldon, Birmingham	B26 2JN	09:00-13:00, 14:00-18:30 (Thu 09:00-13:00, 14:00-17:00)	Closed	Closed	-	-	Y	Y	Y	-	-	-	-	-	-	Y	Y	-	-	-	Y	-	-	-	-
Pan Pharmacy	FVW90	Community	91-93 Partridge Road, Kitts Green, Birmingham	B26 2DD	09:00-18:00 (Wed 09:00-17:30)	09:00-13:00	Closed	-	-	Y	Y	Y	-	-	-	-	-	-	Y	Y	-	-	-	Y	-	-	-	Y

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Pan Pharmacy	FXR74	Community	299 Church Road, Sheldon, Birmingham	B26 3YH	08:30-13:00, 14:00-19:00	09:00-13:00, 14:00-17:00	Closed	-	-	Y	Y	-	-	-	-	-	-	-	Y	Y	-	-	-	Y	Y	Y	Y	Y
Pauls Pharmacy	FXK80	Community	31 Revesby Walk, Vauxhall Road, Nechells, Birmingham	B7 4LG	09:00-17:00	Closed	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	-	-	-	-	-	-	Y	Y	Y	Y	-
Peak Pharmacy (Sutton Coldfield)	FP882	Community	7 Churchill Parade, Falcon Lodge, Sutton Coldfield	B75 7LD	09:00-13:00, 13:30-18:00	09:00-13:00	Closed	-	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	Y
Pershore Road Pharmacy	FCC38	Community	71 Pershore Road, Edgbaston, Birmingham	B5 7NX	09:00-12:00, 13:00-18:00	09:00-14:00	Closed	-	-	Y	Y	-	Y	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-
Pharmacy Care Matters	FWM83	DSP	197 Alcester Road, Moseley, Birmingham	B13 8PX	09:00-17:00	Closed	Closed	-	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Phlo – Digital Pharmacy	FKE36	DSP	Office 002M, Jennens Road, Birmingham	B7 4EJ	09:00-18:00	Closed	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Pike Pharmacy	FRG16	Community	Laurie Pike Health Centre, 2 Fentham Road, Handsworth , Birmingham	B19 1LH	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	Y	-	Y	-	-
Pitman Pharmacy	FXD49	Community	622 Bristol Road South, Northfield, Birmingham	B31 2JR	08:00-23:00	08:00-23:00	10:00-20:00	Y	-	Y	Y	Y	Y	-	-	-	Y	-	Y	-	-	-	-	-	Y	Y	-	-
Prince of Wales Pharmacy	FRE79	Community	161 Prince Of Wales Lane, Warstock, Birmingham	B14 4LR	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-17:30	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-
Prinja Pharmacy	FA760	Community	1128 Tyburn Road, Erdington, Birmingham	B24 0SY	08:30-18:30	Closed	Closed	-	-	Y	Y	-	Y	-	-	-	Y	-	-	-	-	-	-	-	Y	Y	-	-
Prinja Pharmacy	FFH58	Community	1097 Chester Road, Pype Hayes, Erdington, Birmingham	B24 0PP	09:00-18:00	Closed	Closed	-	-	Y	Y	-	Y	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Quantum Pharmacy	FKF57	DSP	Fairgate House Suite G14, 205 Kings Road, Tyseley, Birmingham	B11 2AA	09:30-17:30 (Fri 09:30-13:15, 14:15-18:30)	Closed	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Quick Meds	FM828	DSP	153a Stamford Road, Handsworth, Birmingham	B20 3PS	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
R & R Pharmacy	FMQ34	Community	Broadway Health Centre, Cope Street, Ladywood, Birmingham	B18 7BA	09:00-18:00 (Mon 09:00-19:00)	Closed	Closed	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-	Y	-	-	Y	Y	-	-
Rajja Chemists	FYA78	Community	5 Dwellings Lane, Quinton, Birmingham	B32 1RJ	09:00-13:00, 15:00-18:30 (Fri 09:00-13:00, 14:00-18:30)	09:00-13:00	Closed	-	-	Y	Y	Y	Y	-	-	Y	Y	-	Y	Y	-	-	-	Y	-	Y	Y	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Rana Dispensing Chemist	FN006	Community	Finch Road Primary Care Centre, 2 Finch Road, Lozells, Birmingham	B19 1HS	09:00-14:00, 16:00-19:00 (Thu 09:00-14:00)	10:00-13:00	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Richmond Pharmacy	FW084	Community	57 Richmond Road, Stechford, Birmingham	B33 8TL	08:00-23:00	08:00-23:00	10:00-20:00	Y	-	Y	Y	-	-	-	-	-	-	-	Y	Y	-	-	Y	Y	-	-	-	-
Richyal Chemist	FTW08	Community	229-231 Alum Rock Road, Alum Rock, Birmingham	B8 3BH	09:00-18:00	09:00-15:00	Closed	-	-	Y	Y	-	Y	-	-	-	Y	-	Y	Y	Y	-	-	-	-	Y	-	-
Ridgeacre House Pharmacy	FWG91	Community	Ridgeace House Medical Centre, Ridgeacre House Surgery, Ridgeacre Road, Quinton, Birmingham	B32 2AD	07:30-22:15	07:30-22:15	10:00-21:30	Y	-	Y	Y	-	Y	-	-	Y	Y	-	-	-	-	-	-	Y	-	-	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Robin Hood Pharmacy	FX123	Community	1518 Stratford Road, Hall Green, Birmingham	B28 9ET	08:00-22:00 (Fri 08:00-23:59)	00:00-22:00	10:00-16:00	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	Y	-	-	-	-	-	Y	-
Roots Chemist	FWX61	Community	168 Trinity Road, Aston, Birmingham	B6 6HZ	09:00-19:00	09:00-19:00	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
RX Pharmacy	FLH09	Community	256 Wellington Road, Handsworth, Birmingham	B20 2QL	08:00-23:59	08:00-23:59	10:00-14:00	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	Y	-	Y	Y	Y	Y	Y
Saini Pharmacy	FQH93	Community	38 East Meadway, Tilecross, Birmingham	B33 0AP	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	-	Y	Y	-	-	-	-	-	-	Y	Y
Saltley Pharmacy	FEL00	Community	118 Washwood Heath Road, Saltley, Birmingham	B8 1RE	09:00-18:30	09:00-12:00	Closed	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Salts Medilink	FC714	DAC	226 Longmore Road, Shirley, Solihull	B90 3ES	08:00-13:00, 14:00-17:00	Closed	Closed	-	-	-	-	-	-	-	Y-DAC	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Salts Medilink	FPE43	DAC	Apollo Building, Aston Hall Road, Aston, Birmingham	B6 6BQ	09:00-17:00	Closed	Closed	-	-	-	-	-	-	Y-DAC	Y-DAC	-	-	-	-	-	-	-	-	-	-	-	-	-
Salts Medilink	FXF13	DAC	Unit 1, Richard Street, Birmingham	B7 4AA	09:00-17:00	Closed	Closed	-	-	-	-	-	-	Y-DAC	Y-DAC	-	-	-	-	-	-	-	-	-	-	-	-	-
Saydon Pharmacy	FMC23	Community	156 Green Lane, Castle Bromwich, Birmingham	B36 0BU	09:00-18:30 (Fri 08:30-18:30)	09:00-14:00	Closed	-	-	Y	Y	Y	-	-	-	-	-	-	-	-	Y	Y	-	-	-	-	Y	-
Saydon Pharmacy	FMA33	Community	408 Coventry Road, Small Heath, Birmingham	B10 0UF	09:00-19:00	09:00-17:00	Closed	-	-	Y	Y	-	Y	-	-	-	-	Y	Y	Y	Y	-	-	-	Y	Y	Y	Y
Selcroft Pharmacy	FD522	Community	Selcroft Avenue, Quinton, Birmingham	B32 2BX	09:00-18:00 (Wed 09:00-13:00)	Closed	Closed	-	-	Y	Y	Y	Y	-	-	Y	Y	-	Y	Y	-	-	-	Y	-	Y	Y	Y
Shah Parmacy	FJ079	Community	491 Stratford Road, Sparkhill, Birmingham	B11 4LE	09:00-13:00, 14:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	Y	-	-	-	-	-	Y	Y	Y	Y	Y

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Shareef Pharmacy	FTK23	Community	149 Church Road, Yardley, Birmingham	B25 8UP	09:00-17:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	Y	Y	-	-
Shawsdale Pharmacy	FRE36	Community	Hodge Hill Primary Care Centre, Roughlea Avenue, Hodge Hill, Birmingham	B36 8ND	08:00-23:59	09:00-19:00	09:00-19:00	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Shelleys Pharmacy	FX651	Community	47 Yardley Green Road, Bordesley Green, Birmingham	B9 5PU	09:00-17:00	Closed	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	Y	Y	Y	-	-	-	-	-	-	-	-
Shifa Pharmacy	FQK52	Community	512-514 Moseley Road, Balsall Heath, Birmingham	B12 9AH	Mon 08:00-20:30; Tue 08:00 non stop until Thu 20:30; Fri 08:00-20:30	08:00-22:30	Closed	Y	-	Y	Y	Y	Y	-	-	-	Y	-	Y	Y	-	-	-	Y	Y	-	Y	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Shire Pharmacy	FDG75	Community	214 Edward Road, Balsall Heath, Birmingham	B12 9LY	09:00-18:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	Y
Sirpal Chemist	FEX08	Community	274-276 Ladypool Road, Sparkbrook, Birmingham	B12 8JU	09:00-19:00	09:00-18:00	Closed	-	-	Y	Y	Y	-	-	-	-	-	Y	-	-	-	-	-	Y	-	-	-	-
Soho Pharmacy	FJ811	Community	249 Soho Road, Handsworth , Birmingham	B21 9RY	09:00-19:00	11:00-14:00	Closed	-	-	Y	-	Y	-	-	-	-	-	Y	-	-	Y	Y	-	Y	Y	Y	-	-
Solomans Dispensing Chemist	FKL45	Community	188 Alum Rock Road, Saltley, Birmingham	B8 1HU	09:00-18:30	09:00-17:00	Closed	-	-	Y	Y	-	Y	-	-	-	-	-	-	-	Y	-	-	-	-	-	-	-
Sparkbrook Health Centre Pharmacy	FEH43	Community	Grantham Road, Sparkbrook, Birmingham	B11 1LU	09:15-18:15 (Wed 09:15-13:15)	Closed	Closed	-	-	Y	Y	-	-	-	-	-	-	-	Y	Y	-	-	-	-	-	Y	-	-
Sparkbrook Pharmacy	FVR41	Community	153A Stratford Road, Sparkbrook, Birmingham	B11 1RD	09:00-18:00	10:00-13:00, 14:15-17:00	Closed	-	-	Y	Y	Y	Y	-	-	Y	-	Y	-	-	-	-	-	Y	Y	Y	Y	Y

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Sparkhill Pharmacy	FG482	Community	805-807 Stratford Road, Sparkhill, Birmingham	B11 4DA	07:00-22:00	07:00-22:00	09:00-19:00	Y	-	Y	Y	-	Y	-	-	-	-	-	-	-	Y	-	-	-	-	-	Y	-
St Mary's Pharmacy	FVC24	Community	48 Fentham Road, Hampton In Arden, Solihull	B92 0AY	09:00-18:00 (Thu 09:00-13:00)	Closed	Closed	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	-	-	-	Y	-	-	-	-
Stag Chemist	FJF91	Community	230 Stoney Lane, Sparkbrook, Birmingham	B12 8AN	09:00-21:00	10:00-21:00	10:00-21:00	-	-	Y	Y	-	Y	-	-	-	Y	-	-	-	Y	-	Y	-	Y	Y	Y	-
Stag Chemist	FJQ52	Community	682 Coventry Road, Small Heath, Birmingham	B10 0UU	09:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	-	-	Y	Y	Y	Y	Y	Y	-	-	Y	Y	Y	Y	-
Star Pharmacy	FP335	Community	295 Walsall Road, Perry Barr, Birmingham	B42 1TY	09:00-19:00 (Thu 09:00-13:00)	09:00-13:00	Closed	-	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	-
Sumerhill Pharmacy	FXW77	DSP	Venture House, Slade Road, Erdington	B23 7JX	09:00-17:00	Closed	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Superdrug Pharmacy	FRN48	Community	Unit 1, 94-100 High Street, Erdington, Birmingham	B23 6RS	08:30-17:30	08:30-17:30	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	-	-	-	-	Y	-	-
Superdrug Pharmacy	FTT72	Community	34 Mill Lane Arcade, Touchwood Court Shopping Centre, Solihull	B91 3GS	08:30-18:00	08:30-18:00	11:00-17:00	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	-	-	Y	-	-	-	-
Superdrug Pharmacy	FW167	Community	24-28 Grosvenor Shopping Centre, Bristol Road South, Northfield, Birmingham	B31 2JU	08:30-14:30, 15:00-17:30	09:00-14:30, 15:00-17:30	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	-	-	-	-	-	Y	Y
Superdrug Pharmacy	FW465	Community	124-140 High Street, Harborne, Birmingham	B17 9NN	09:00-18:00	09:00-17:30	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	-	-	-	-	-	-	-
Supernet Pharmacy	FCL15	DSP	219 Mansel Road, Small Heath, Birmingham	B10 9NW	09:00-17:00	Closed	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Tanworth Lane Pharmacy	FG636	Community	198 Tanworth Lane, Shirley, Solihull	B90 4DD	08:30-19:00 (Wed 08:30-17:30)	Closed	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	-	Y	Y	-	-	-	-	-	-	Y	-
Tesco Pharmacy	FKH80	Community	21-35 Stratford Road, Shirley, Solihull	B90 3LU	06:30-22:30 (Mon 08:00-22:30)	06:30-22:00	11:00-17:00	Y	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tesco Pharmacy	FMF18	Community	11 Princess Alice Drive, Sutton Coldfield	B73 6RB	08:00-21:00	08:00-21:00	10:00-16:00	-	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	Y	Y	-	-
Tesco Pharmacy	FQF48	Community	1505 Stratford Road, Shirley, Solihull	B90 4EN	06:30-22:30 (Mon 08:00-22:30)	06:30-22:00	10:00-16:00	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	Y	-	-	-	-
Tesco Pharmacy	FTT74	Community	Swan Shopping Centre, Coventry Road, Yardley, Birmingham	B26 1AD	07:00-23:00 (Mon 08:00-23:00)	07:00-22:00	11:00-17:00	Y	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	Y	Y	-	-
Tesco Pharmacy	FFT99	Community	Camden Street, Hockley, Birmingham	B18 7NZ	06:30-22:30 (Mon 08:00-22:30)	06:30-22:00	11:00-17:00	Y	-	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	Y	Y	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
The Olton Pharmacy Ltd	FK666	Community	159 Warwick Road, Olton, Solihull	B92 7AR	08:30-17:30	08:30-13:00	Closed	-	-	Y	Y	Y	-	-	Y	-	-	-	Y	-	-	-	-	Y	-	-	-	-
The Pharmacy Practice	FFA63	Community	282 Stratford Road, Sparkhill, Birmingham	B11 1AA	09:30-19:00	09:30-18:00	Closed	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tower Hill Pharmacy	FWT77	Community	435 Walsall Road, Perry Barr, Birmingham	B42 1BT	07:00-21:30	07:00-21:30	08:00-21:00	Y	-	Y	-	Y	-	-	-	-	-	Y	-	-	Y	Y	-	Y	Y	Y	-	-
Twilight Pharmacy	FD827	Community	56 Poplar Road, Kings Heath, Birmingham	B14 7AG	08:00-23:00	08:00-23:00	10:00-20:00	Y	-	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	-	-	-	-	-	-	-
Twilight Pharmacy	FX767	Community	The Memorial Health Centre, 309 Bolton Road, Small Heath, Birmingham	B10 0AU	08:00-23:00	08:00-23:00	10:00-20:00	Y	-	Y	Y	Y	Y	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	Y	Y
Vantage Chemist	FW679	Community	24 Church Road, Aston, Birmingham	B6 5UP	09:00-18:30 (Thu 09:00-16:45)	Closed	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	Y	-	-	-	Y	Y	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Vesey Pharmacy	FTD59	Community	2 Coles Lane, Sutton Coldfield	B72 1NE	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-
Villa Pharmacy	FC133	Community	66 Victoria Road, Aston, Birmingham	B6 5HA	09:00-19:00	Closed	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Village Green Pharmacy	FGG94	Community	1095 Warwick Road, Acocks Green, Birmingham	B27 6QT	08:00-23:00	08:00-23:00	10:00-20:00	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Walkers Pharmacy	FRD28	Community	James Pearce House, 377 Queslett Road, Great Barr, Birmingham	B43 7HB	09:00-18:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	Y	Y	Y	-	-	-	Y	Y	Y	-	-
Walmley Pharmacy	FCM22	Community	5 Walmley Close, Walmley, Sutton Coldfield	B76 1NQ	08:00-23:00	08:00-23:00	09:00-19:00	Y	-	Y	Y	Y	Y	-	-	-	Y	-	Y	Y	Y	-	-	Y	Y	Y	Y	Y

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Ward End Pharmacy	FHF48	Community	617 Washwood Heath Road, Ward End, Birmingham	B8 2HB	08:00-23:00	09:00-23:00	09:00-20:00	Y	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	Y	-	-	Y	-
Wards Chemist Ltd	FT515	Community	49 Coopers Road, Handsworth Wood, Birmingham	B20 2JU	08:00-18:00	09:00-13:00	Closed	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-	-	Y	-	-	-	-	-	-
Washwood Heath Pharmacy	FXV00	Community	881 Washwood Heath Road, Washwood Heath, Birmingham	B8 2NA	09:00-18:00 (Wed 09:00-17:30)	09:00-13:00	Closed	-	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	Y	-	-	-	-
Well Pharmacy	FKA19	Community	979 Stratford Road, Hall Green, Birmingham	B28 8BG	08:15-18:45 (Wed 08:15-18:15)	Closed	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	-	Y	-	-	-	-	-	Y	-	-	-	-
Well Pharmacy	FL174	Community	9 Olton Boulevard East, Acocks Green, Birmingham	B27 7RR	09:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	Y	Y	-	-	-	-	Y	-	Y	-	-

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Well Pharmacy	FNH35	Community	The Health Centre, 162 Shard End Crescent, Shard End, Birmingham	B34 7BP	08:30-18:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	-	Y	-	Y	Y	-	-	-	Y	Y	Y
Well Pharmacy	FEF01	Community	604 Walsall Road, Great Barr, Birmingham	B42 1EZ	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	Y	-	-	-	-	-	Y	Y	-	-	Y	-	Y	Y	Y	Y	Y
Well Pharmacy	FEQ05	Community	110 Church Lane, Handsworth Wood, Birmingham	B20 2ES	08:15-18:30	Closed	Closed	-	-	Y	-	Y	-	-	-	-	-	-	Y	-	-	-	-	Y	-	-	-	-
Wellbeing Pharmacy	FCX02	Community	Washwood Heath Health & Wellbeing Centre, Clodeshall Road, Saltley, Birmingham	B8 3SW	09:15-18:30 (Fri 09:15-13:00, 14:00-18:30)	Closed	Closed	-	-	Y	Y	-	-	-	-	-	-	-	-	-	Y	-	-	Y	-	-	-	-
Whites Pharmacy	FWG01	Community	788 Alcester Road South, Kings Heath, Birmingham	B14 5EZ	09:00-13:00, 14:00-18:15	Closed	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	-	Y	-	-	-	-	Y	Y	Y	Y	Y

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Windridge Pharmacy	FJX45	Community	1709 High Street, Knowle, Solihull	B93 0LN	09:00-18:00	09:00-15:00	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	Y	-	-	-	-
Wood End Pharmacy	FKD45	Community	103 Wood End Road, Erdington, Birmingham	B24 8NT	09:00-18:00 (Wed 09:00-13:00)	Closed	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	-	-	-	-	Y	-	-
Wylde Green Chemist	FHV66	Community	441A Birmingham Road, Wylde Green, Sutton Coldfield	B72 1AX	09:00-19:30	09:00-18:00	11:00-13:00	-	-	Y	Y	Y	-	-	-	-	-	-	Y	Y	-	-	-	-	Y	Y	-	-
Xtreme Pharmacy	FVA95	Community	199 Birchfield Road, Perry Barr, Birmingham	B19 1LL	09:00-18:00	Closed	Closed	-	-	Y	-	Y	-	-	-	-	-	-	Y	Y	-	Y	-	-	-	-	Y	-
Yardley Pharmacy	FD274	Community	2 Willard Road, South Yardley, Birmingham	B25 8AA	08:30-18:30 (Wed 08:30-17:00)	Closed	Closed	-	-	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	Y
Your Local Pharmacy	FQR36	Community	238 Wheelwright Road, Erdington, Birmingham	B24 8EH	09:00-17:30	Closed	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	Y	-	-	-	-	-	-	-	-	Y	Y

Pharmacy name	ODS number	Pharmacy Type	Address	Post code	Open hours Mon-Fri	Open hours Sat	Open hours Sun	100 hrs	PhAS	Advanced - NMS	Advanced - CPCS	Advanced - Flu vaccination	Advanced - Hypertension case-finding	Advanced - AUR	Advanced - SAC	Advanced - Hep C testing	Advanced - Stop smoking	Enhanced - C-19 vaccination	Enhanced - Extended care- Tier 1	Enhanced - Extended care- Tier 2	ICB - CUES	ICB - MAS (West Birmingham + North Solihull)	ICB - PCMS	LA - Sexual Health	LA - Stop smoking (main)	LA - Stop smoking (voucher)	LA - Supervised consumption	LA - Needle exchange
Zain The Chemist	FDL87	DSP	181a Pershore Road, Edgbaston, Birmingham	B5 7PF	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Zenith Pharmacy	FP234	Community	Ground Floor, 7 Birchfield Road, Birchfield, Birmingham	B19 1SU	07:00-22:00	07:00-22:00	12:00-22:00	Y	-	Y	-	Y	-	-	Y	-	-	-	Y	Y	-	Y	Y	Y	Y	Y	Y	Y

Appendix B: PNA Steering Group terms of reference

Objective / Purpose

To support the production of the Pharmaceutical Needs Assessment (PNA) on behalf of the BSOL Health and Wellbeing Board (HWB), to ensure that it satisfies the relevant regulations including consultation requirements.

Delegated responsibility

Solihull and Birmingham HWBs have delegated the authority to sign off the PNA to their respective Director of Public Health.

Accountability

The Steering Group is to report to the Head of Public Health Integration.

Membership

Core members:

- Head of Public Health Integration
- Local Medical Committee representative
- Local Pharmaceutical Committee (LPC) representative
- ICB representative
- Healthwatch representative (lay member)

Soar Beyond is not to be a core member but will chair the meetings. Each core member has one vote. The Head of Public Health Integration will have the casting vote, if required. Core members may provide a deputy to meetings in their absence. The Steering Group shall be quorate with representation from three different organisations in attendance, one of which must be an LPC member. Non-attending members are unable to cast a vote – that vote may otherwise sway the casting decision.

Additional members (if required):

- ICB commissioning managers
- NHS Trust chief pharmacists

In attendance at meetings will be representatives of Soar Beyond Ltd who have been commissioned by BSOL councils to support the development of the PNA. Other additional members may be co-opted if required.

Frequency of meetings

Four Steering Group meetings will be arranged at key stages of the project plan. The Steering Group will meet on 12 January 2023 to sign off the PNA for submission to the HWB.

Responsibilities

- Provide a clear and concise PNA process
- Review and validate information and data on population, demographics, pharmaceutical provision, and health needs

- To consult with the bodies stated in Regulation 8 of the Pharmaceutical Regulations 2013:
    - Any LPC for its area
    - Any local medical committee for its area
    - Any persons on the pharmaceutical lists and any dispensing GP practices list for its area
    - Any LPS chemist in its area
    - Any local Healthwatch organisation for its area
    - Any NHS trust or NHS foundation trust in its area
    - NHSE
    - Any neighbouring HWB
- Ensure that due process is followed
- Report to HWB on both the draft and final PNA
- Publish the final PNA as soon as practically possible

Appendix C: PNA project plan

	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Stage 1: Project planning and governance • Stakeholders identified • First Steering Group meeting conducted • Project plan, communications plan and terms of reference agreed • PNA localities agreed • Questionnaire templates shared and agreed	■	■								
Stage 2: Research and analysis • Collation of data from NHSE, Public Health, LPC and other providers of services • Listing and mapping of services and facilities with the borough • Collation of information regarding housing and new care home developments • Equalities Impact Assessment • Electronic, distribution and collation • Analysis of questionnaire responses • Steering Group meeting two • Draft update for HWB		■	■	■						
Stage 3: PNA development • Triangulation, review and analysis of all data and information collated to identify gaps in services based on current and future population needs • Develop consultation plan • Draft PNA • Engagement for consultation • Steering Group meeting three • Draft update for HWB				■	■	■				
Stage 4: Consultation and final draft production • Coordination and management of consultation • Analysis of consultation responses • Production of consultation findings report • Draft final PNA for approval • Steering Group meeting four • Minutes to meetings • Edit and finalise final PNA 2022 • Update for HWB							■	■	■	

Appendix D: Public questionnaire

Total responses received:[1] **533**

1) Do you have a regular or preferred local community pharmacy? (Please select one answer)

Answered – 530; skipped – 3

Response options	%	Total
Yes	92%	486
No	4%	23
I prefer to use an internet / online pharmacy*	2%	11
I use a combination of traditional and internet pharmacy	2%	10

*An internet pharmacy is one which is operated partially or totally online where prescriptions are sent electronically and dispensed medication is sent via a courier to your home.

2) On a scale of 1 to 10 how well does your local community pharmacy meet your needs? (Please select one answer) (1 = Poorly and 10 = Extremely well)

Answered – 528; skipped – 5

Response options	%	Total
1	3%	15
2	2%	12
3	2%	11
4	2%	13
5	6%	31
6	4%	23
7	8%	40
8	15%	77
9	16%	87
10	42%	219

3–4) How often have you visited/contacted (spoken to, emailed or visited in person) a pharmacy in the last six months? (Please select one answer for yourself and one for someone else)

For yourself: Answered – 524; skipped – 9

Response options	%	Total
Once a week or more	6%	33
A few times a month	24%	124
Once a month	33%	172
Once every few months	25%	133
Once in six months	7%	38
I haven't visited / contacted a pharmacy in the last six months	5%	24

[1] Please note that some percentage figures will add up to more or less than 100%. This is either due to respondents being able to give more than one response to a question, or figures have been rounded up to the nearest whole percent.

For someone else: Answered – 420; skipped – 113

Response options	%	Total
Once a week or more	5%	20
A few times a month	18%	76
Once a month	24%	102
Once every few months	20%	84
Once in six months	8%	35
I haven't visited/contacted a pharmacy in the last six months	25%	103

5) How important are each of the following aspects to you when choosing a pharmacy? (Please select one answer for each factor)

Answered – 532; skipped – 1

Quality of service (friendly staff, expertise)	%	Total
Extremely important	69%	365
Very important	25%	133
Moderately important	4%	23
Fairly important	2%	8
Not at all important	1%	3

Location of pharmacy	%	Total
Extremely important	59%	312
Very important	32%	171
Moderately important	8%	43
Fairly important	0%	2
Not at all important	0%	2

Opening times	%	Total
Extremely important	54%	284
Very important	35%	183
Moderately important	11%	56
Fairly important	1%	4
Not at all important	0%	2

Parking	%	Total
Extremely important	33%	172
Very important	23%	122
Moderately important	20%	105
Fairly important	5%	28
Not at all important	19%	101

Public transport	%	Total
Extremely important	16%	82
Very important	15%	76
Moderately important	17%	88
Fairly important	6%	33
Not at all important	46%	241

Accessibility (wheelchair/buggy access)	%	Total
Extremely important	24%	126
Very important	16%	80
Moderately important	14%	74
Fairly important	7%	35
Not at all important	39%	201

Communication (languages/interpreting service)	%	Total
Extremely important	23%	119
Very important	15%	79
Moderately important	13%	68
Fairly important	6%	31
Not at all important	42%	218

Space to have a private consultation	%	Total
Extremely important	35%	183
Very important	28%	146
Moderately important	20%	104
Fairly important	10%	53
Not at all important	8%	42

Availability of medication/services (stocks, specific services)	%	Total
Extremely important	73%	383
Very important	22%	116
Moderately important	4%	19
Fairly important	0%	2
Not at all important	1%	5

Other responses	Total
Speed of service	12
Pharmacist knowledge and flexibility	11
Stock levels	7
Staff attitude and behaviour	6
Delivery service	5
Waiting times	3
Confidentiality	2
Open on weekends	2
Prescriptions dispensed prior to arrival	2
Reliability	2
Vaccine services	2
Able to help those with hearing issues	1
Alerts when prescription is ready	1
Blister pack availability	1
Boots Longbridge needs to have a pharmacy	1
Children prescriptions	1
Cleanliness	1
Close ties with GP	1

Other responses	Total
Having a prescribing pharmacist	1
Interviews and correcting errors	1
Medical tests check for diabetes, blood pressure, referral for health screening	1
Not closing suddenly	1
Only one pharmacy	1
Range of products	1
Sourcing non-standard medicines	1
This is a poorly designed scale	1
Weight management	1
Within walking distance	1

6) On average, how long does it take you to travel to a pharmacy? (Please select one answer)

Answered – 528; skipped – 5

Response options	%	Total
0 to 15 minutes	84%	443
16 to 30 minutes	15%	78
Over 30 minutes	1%	7

7) Is your preferred pharmacy open on the most convenient day for you? (Please select one answer)

Answered – 527; skipped – 6

Response options	%	Total
Yes	92%	483
No	8%	44

8) Is your preferred pharmacy open at a time convenient for you? (Please select one answer)

Answered – 523; skipped – 10

Response options	%	Total
Yes	91%	477
No	9%	46

9) If you answered no to questions 7 or 8, what alternate arrangement would you find useful?

Responses	Total
Needs to be open weekends	38
Needs to be open longer hours	23
Boots Longbridge needs to have a pharmacy	1
Long wait times	1
Medication never in stock	1
Needs to be more accessible	1
Pharmacy changed opening hours	1

10) Which of the following pharmacy services are you aware that a pharmacy may provide? (Please select Yes or No for each service – even if you do not use the service)

Service	Yes (Total)	Yes (%)	No (Total)	No (%)	Answered
Advice from your pharmacist	512	96%	19	4%	531
Discuss your prescription medicines	478	90%	52	10%	530
COVID-19 vaccination services	330	63%	194	37%	524
Flu vaccination services	424	81%	101	19%	525
Buying over-the-counter (non-prescription) medicines	515	98%	13	2%	528
Home delivery and prescription collection services	419	80%	104	20%	523
Emergency supply of prescription medicines	287	55%	234	45%	521
Disposal of unwanted medicines	426	81%	101	19%	527
Dispensing prescription medicines	503	95%	26	5%	529
Advice on healthy living, self-care advice and treatment for common ailments	391	75%	131	25%	522
Stopping smoking/nicotine replacement therapy	311	60%	206	40%	517
Sexual health services (chlamydia testing/treating, condom distribution, emergency contraception)	248	48%	268	52%	516
Blood tests	71	14%	448	86%	519
Health tests e.g. cholesterol, blood pressure check	197	38%	322	62%	519
Substance misuse (including advice on alcohol consumption)	155	30%	358	70%	513
Advice on mental health	114	22%	400	78%	514
Minor ailment service	298	57%	223	43%	521
Child immunisation	76	15%	434	85%	510
End of life care	63	12%	448	88%	511
Other (please specify below)	14	11%	111	89%	125

Other responses	Total
Consultation and advice on minor health problems	1
Not aware of end of life care	1
Health care advices	1
N/A	1
Needs an ‘I don’t know’ options	1
No knowledge	1
Signposting	1
I could give advice on how to improve things for medicines	1

10) And which of the following pharmacy services would you like to see always provided by your pharmacy? (Please select one of the three options for each service)

Service	Yes (%)	Yes (total)	No (%)	No (total)	No opinion (%)	No opinion (total)	Answered
Advice from your pharmacist	94%	493	1%	6	5%	24	523
Discuss your prescription medicines	89%	466	3%	18	8%	41	525
COVID-19 vaccination services	72%	371	7%	37	21%	108	516
Flu vaccination services	79%	414	7%	36	14%	71	521
Buying over-the-counter (non-prescription) medicines	95%	492	1%	4	4%	22	518
Home delivery and prescription collection services	81%	424	4%	20	15%	78	522
Emergency supply of prescription medicines	89%	465	2%	10	9%	48	523
Disposal of unwanted medicines	86%	451	3%	14	11%	57	522
Dispensing prescription medicines	95%	491	1%	4	4%	22	517
Advice on healthy living, self-care advice and treatment for common ailments	74%	382	6%	33	20%	103	518
Stopping smoking/nicotine replacement therapy	47%	241	9%	48	44%	224	513
Sexual health services (chlamydia testing/treating, condom distribution, emergency contraception)	49%	252	9%	47	41%	211	510
Blood tests	65%	335	13%	67	22%	111	513
Health tests e.g. cholesterol, blood pressure check	77%	397	8%	39	16%	81	517
Substance misuse (including advice on alcohol consumption)	40%	205	12%	64	48%	244	513
Advice on mental health	51%	260	15%	76	35%	177	513
Minor ailment service	84%	437	5%	25	11%	56	518
Child immunisation	40%	203	18%	90	43%	218	511
End of life care	38%	194	24%	122	38%	195	511
Other (please specify below)	24%	34	15%	22	61%	88	144

Other responses	Total
Stick to core jobs	3
Immediate dispensation	2

Other responses	Total
Medication advice	2
Advice and consultation on medicines and minor ailments	1
As many services as possible to reduce GP pressure	1
Blood Pressure checking	1
Feet support	1
Free delivery service	1
Health scares	1
HRT Support	1
Immunisation clinic	1
Knowledge of non-statutory services	1
Referrals for health screening	1
Signposting for homelessness	1
Text service	1
Urine testing	1

11) Do you have any other comments you would like to make about your pharmacy?

Comments	Total
Pharmacy offers a good service	136
Long wait times	24
Pharmacy is understaffed	23
Poor service from staff	14
No / N/A	13
Needs to be open longer hours	12
Stock levels are often too low to fulfil prescriptions	7
Repeat prescriptions are unreliable	6
Delivery service is unreliable/non-existent	5
Shop is too small physically	5
Needs to have close links with GP	3
Parking issues	3
Doctors should always be first treatment source	2
Pharmacy picked up where GP failed	2
Prescribing service is very useful	2
Bring back more walk in centres	1
Can be disorganised but a good service overall	1
Cannot dispose of used medicine	1
GPs are overstretched and should charge £10 for visit	1
I do not visit often	1
Needle provision service would be helpful	1
Not willing to give advice	1
Pharmacy closed and now there is a gap in service	1
Pharmacy has recently become more wheelchair accessible	1
Pharmacy is overloaded taking work from GPs	1
Prescriptions are often inaccurate, and can be double dosed	1
Sourcing non-standard medicines would be useful	1
Text notifications would be much appreciated	1

12) What is your age?

Answered – 528; skipped – 5

Response options	%	Total
Under 18	0%	1
18–24	2%	10
25–39	12%	62
40–49	12%	65
50–59	26%	135
60–64	13%	68
65–74	23%	120
75+	13%	67

13) Gender/sex: What is/was your sex at birth?

Answered – 527; skipped – 6

Response options	%	Total
Female	74%	391
Male	26%	136

14) Gender identity: Is the gender you identify with the same as your sex registered at birth?

Answered – 519; skipped – 14

Response options	%	Total
Yes	99%	514
No	1%	5

15) Sexual orientation: Which of the following best describes your sexual orientation?

Answered – 518; skipped – 15

Response options	%	Total
Straight/Heterosexual	93%	483
Gay or Lesbian	4%	20
Bisexual	1%	5
Other (please write below)	2%	10

Other responses	Total
Not relevant / N/A / Prefer not to say	10
Experimenting	1

16) Disability: Do you have any physical or mental health conditions or illnesses lasting or expected to 12 months or more?

Answered – 522; skipped – 11

Response options	%	Total
Yes (please write below)	44%	228
No	56%	294

Other responses	Total
Arthritis	30
Diabetic/diabetes	31
Depression	25
HBP	18
Asthma	12
Anxiety	11
Thyroid	11
Heart condition	9
Cancer	7
Fibromyalgia	7
Hypertension	7
COPD	6
High cholesterol	6
Back pain	4
Hearing loss	4
Replacement hip/knee	4
Bipolar disorder	3
Epilepsy	3
Mobility issues with wheelchair	3
Atrial fibrillation	2
Cerebral palsy	2
Chronic fatigue	2
Deafness	2
Dyslexia	2
Dyspraxia	2
Hiatal hernia	2
Menière’s disease	2
Menopause	2
Mental health	2
Parkinson’s disease	4
Sleep apnoea	2
Ulcerative colitis	2
Allergies	1
Autism	1
BAM	1
Bile acid malabsorption	1
Blood cancer	1
Bronchiectasis	1
Bronchitis	1
Chronic back problems	1
Chronic pain	1
Collagenous colitis	1
CRPS	1
Drug misuse	1
Emphysema	1
Gastric reflux	1

Other responses	Total
GERD	1
Gravis	1
Haemochromatosis	1
Hearing impairment	1
ITP	1
Kidney disease	1
Kidney failure	1
Learning difficulties	1
Leukaemia	1
Lymphoedema	1
Lymphoma	1
Macular degeneration	1
Multiple sclerosis	1
Multiple system atrophy	1
Myasthenia	1
Nerve deafness	1
Neurological disorder	1
Osteoporosis	1
Paralysis	1
PCOS	1
Physical disabilities	1
Polychondritis	1
Psoriasis	1
PTSD	1
Radiation enteritis	1
Scoliosis	1
Skin condition	1
Spinal injury	1
TMJ	1

17) Disability continued: Do your conditions or illnesses have an impact on the way SMBC/Birmingham City Council deliver services to you?

Answered – 480; skipped – 53

Response options	%	Total
Yes (please write below)	8%	39
No	92%	441

Other responses	Total
Better provision for hard-of-hearing customers	3
No	3
Already given support I need	2
Collection of bins	2
Physical disability support	2
Advice on medication	1
Back and stomach problems	1

Other responses	Total
Delivery service	1
Door to door	1
End of life care	1
Eyesight testing and support	1
Free prescriptions / sharps collection service	1
Hand rail	1
Information needs to be available for visually impaired	1
Money should be allocated more appropriately	1
Need access to doctors	1
Not sure what they offer	1
Pressure me with correct allowance	1
Private consultation area needed	1
Sharps collection is overly complicated	1
Sourcing of non-standard medicines	1
Supply levels need to be kept up	1
Waiting lists are too long	1

18) National identity: What is your national identity?

Answered – 517; skipped – 16

Response options	%	Total
British	69%	356
English	25%	131
Welsh	1%	3
Scottish	2%	9
Northern Irish	0%	0
Other (please write below)	3%	18

Other responses	Total
European	3
Irish	3
Polish	2
Black African	1
Black	1
Italian	1
Indian	1
Peruvian	1
South Asian	1

19) Ethnic origin: What is your ethnic origin?

Answered – 513; skipped – 20

Response options	%	Total
White English, Welsh, Scottish, Northern Irish or British	80%	409
White Irish	2%	12
Gypsy or Irish Traveller	0%	1
Roma	0%	0
Any other white background	2%	8
White & Black Caribbean	2%	8
White & Black African	0%	0
White & Asian	1%	3
Any other mixed or multiple ethnic background	0%	1
Indian	6%	30
Pakistani	4%	21
Kashmiri	0%	1
Bangladeshi	0%	1
Chinese	0%	0
Any other Asian background	0%	0
Caribbean	1%	6
African background	1%	5
Any other Black, Black British or Caribbean background	1%	6
Arab	0%	0
Any other ethnic group (please write below)	0%	1

Other responses	Total
Not relevant	2
Portuguese Goan	1
Sikh	1
Hispanic Latin American	1

20) Religion: What is your religion?

Answered – 515; skipped – 18

Response options	%	Total
No religion	31%	157
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	55%	285
Buddhist	1%	3
Hindu	3%	16
Muslim	6%	29
Sikh	2%	11
Judaism	0%	2
Any other (please write below)	2%	12

Other responses	Total
Not relevant	3
Jehovah's Witness	2
Pagan	2
Christadelphian	1
Islam	1
Spiritualism	1
Quaker	1
Methodist	1

21) Marital/legal partnership status: What is your legal marital or registered civil partnership status?

Answered – 487; skipped – 46

Response options	%	Total
Never married or never registered a civil partnership	19%	94
Married	66%	323
In a registered civil partnership	1%	3
Separated but still legally married	1%	6
Separated but still legally in a civil partnership	0%	2
Formally in a civil partnership which is now legally dissolved	3%	15
Widowed	8%	41
Surviving partner from a registered civil partnership	1%	3

Appendix E: Pharmacy contractor questionnaire

Total responses received:[1] **84 responses**

1) Premises and contact details

76 unique pharmacies provided their ODS code, pharmacy name and address

2) Does the pharmacy dispense appliances?

Answered – 84; skipped – 0

Response options	%	Total
None	4%	3
Yes – All types	83%	70
Yes, excluding stoma appliances, or	1%	1
Yes, excluding incontinence appliances, or	1%	1
Yes, excluding stoma and incontinence appliances, or	2%	2
Yes, just dressings, or	8%	7
Other (please specify)	0%	0

3) Is there a particular need for a locally commissioned service in your area?

Answered – 83; skipped – 1

Response options	%	Total
Yes	48%	40
No	52%	43

If so, what is the service requirement and why?	Total
Minor ailments service	8
MDS	6
Weight management	5
EHC	4
Supervised consumption and needle exchange	4
Diabetes check	3
Umbrella, Phlebotomy	3
Stop smoking	2
Antibiotics for sore throat	1
Due to local demographics and deprivation levels in Birmingham (which is ranked 7th in the top 10 deprived LAs in the UK), there is a need for various locally commissioned services as mentioned in Q7 to improve the health inequality and outcomes in Birmingham.	1
Ear syringing service	1
A fee for deliveries	1
Sexual health services	1

[1] Please note that some percentage figures will add up to more or less than 100%. This is either due to respondents being able to give more than one response to a question, or figures have been rounded up to the nearest whole percent.

4) Are you facing any barriers in providing services currently commissioned by NHSE&I, local authority or CCG?

Answered – 84; skipped – 0

Response options	%	Total
Yes	35%	29
No	65%	55

If so, what are the barriers?	Total
Very few are being commissioned, communication about any that are is poor & we receive very few referrals for them. Prescription direction to other pharmacies	7
Comms issues with surgery	2
Commission of advanced services	1
Commissioning	1
Company not agreeing to PGD for EHC	1
Delay in payment from Birmingham City Council for stop smoking service	1
Easier referral into CPCS for GP teams, feedback is that set up on Emis prevents engagement of practices currently interested. Lack of coordination e.g. ooh still rx uti for patients with no existing conditions. I have communicated but perhaps a better system of triage implemented not just reliant on pharmacy contractors conversation (these conversations will of course continue). Just demand pressures on UHB for STI kits meaning supply issues. Pharmacy service ready for DMS and smoking cessation but no/very few Secondary care engaged to make these referral so we are chasing discharges to ensure best patient care.	1
Extremely small consultation room and low staff numbers	1
Funding constraints for staffing	1
GP CPCS. Surgeries are not ready and trained for it	1
Lack of training for non-registered staff. This hampers their engagement into the service.	1
Locum pharmacist is not accredited and staffing challenges	1
No consultation room	1
Not all services are open to all the pharmacies in Birmingham, creating inequality	1
Reduced GP services mean increased pressure on pharmacies for telephone and walk in queries.	1
Repeat prescription requests from pharmacies, collection of prescriptions	1
Staff issues	1
The surgeries in the area not very cooperative in sending patients GP CPCS referrals or UTI or any other clinic	1
Timely and accurate payment of smoking cessation; Referral into Umbrella (this is improving, via website, public awareness, etc.), Extended care services not supported e.g. UTI consultations and prescriptions from Katie Road where patient could have been referred into pharmacy. Often awareness of all locally commissioned services has been from conversations by our pharmacy team with local practices and patients, there is no co-ordinated approach by commissioners include pharmacies into triage	1

If so, what are the barriers?	Total
Umbrella service revoked from store by local authority	1
Umbrella services, hard to get hold of STI kits	1
Very few are being commissioned	1

5) Non-commissioned services: Does the pharmacy provide any of the following?

Answered – 84; skipped – 0

Services	Yes (%)	Yes (total)	No (%)	No (total)	Total
Collection of prescriptions from GP practices	87%	71	13%	11	82
Delivery of dispensed medicines – Selected patient groups (please list patient groups below)	73%	57	27%	21	78
Delivery of dispensed medicines – Selected areas (please list areas below)	78%	56	22%	16	72
Delivery of dispensed medicines – Free of charge on request	75%	59	25%	20	79
Delivery of dispensed medicines – With charge	35%	26	65%	48	74

Please list your criteria for selected patient groups	Total
Elderly/housebound/disable or vulnerable patients	27
All patients	12
End of life care	2
All paying customers	2
Care home patients	1

Please list your criteria for selected areas	Total
Local area	16
5 mile radius	7
3 mile radius	5
2 mile radius	2
5-6 mile radius	2
1 mile radius	1

6) Do you dispense medicines into compliance aids?

Answered – 84; skipped – 0

Response options	%	Total
Yes – free of charge	81%	68
Yes – with charge	0%	0
No	19%	16

7) Are there any services you would like to provide that are not currently commissioned in your area?

Answered – 84; skipped – 0

Response options	%	Total
Yes	51%	43
No	49%	41

What are the services?	Total
Minor ailments scheme	5
Minor ailments, MDS, shingles, insect bites, ear syringing, acne, eczema	5
Umbrella, phlebotomy	3
Weight loss/management	3
COVID-19 vaccination	2
Diabetes testing	2
EHC	2
All services	1
Antibiotics for various illnesses	1
Care home service	1
Commissioned prescribing	1
Compliance aids	1
Ear Infection	1
Ear services	1
Health checks	1
MAS	1
Medication reviews	1
Minor ailments, phlebotomy, NHS health checks, pneumonia and shingles vaccination and travel vaccination	1
Minor ailments, shingles, insect bites, ear syringing, acne, eczema	1
Needle exchange	1
NHS Vaccination services	1
Stop smoking clinic	1
Substance misuse, supervised consumption service	1
Supervised consumption of methadone	1
Throat infection	1
UTI clinic	1
We have trained people to provide phlebotomy services, vaccination services e.g. shingles, hep b, pneumonia, whooping cough. Needs assessed minor ailments service. We have trained pharmacist who can provide instant HIV tests as advocated by HIV charities. Ear services (listed in extended care 3). Medium (6–12 months) is to train pharmacist as IP this in in place. Longer term (2–3 years) is to have 2 IP to cover all contracted hours but this is dependent on national/ local community pharmacy framework supporting community pharmacy within the NHS framework and innovation to ensure NHS able to meet future needs.	1

8) Are there any other services you are providing that are not commissioned currently?

Answered – 84; skipped – 0

Response options	%	Total
Yes	31%	26
No	69%	58

What are the services?	Total
Emergency supplies of medication when surgeries fail to supply prescriptions in a timely manner (we are not supposed to refer patients to NHS 111 for this service)	4
Travel vaccinations	4
Ear syringing services	2
Minor ailments, MDS, shingles, insect bites, ear syringing, acne, eczema	2
Substance misuse supervised	2
Dispensing into compliance aids	1
Free delivery of prescriptions and free compliance aid service	1
PGD – travel	1
Prescription management service specifically for those who are unable to manage this themselves and have nobody else to manage it for them	1
Private hair loss, weight loss, period delay etc	1
Private travel clinic, private blood immunity testing services and other vaccination services, fit to fly	1
Private travel health vaccination, private occupational health vaccination and immunity blood testing services. Nail care services. Private sexual health testing services. Fit to travel PCR/antigen testing services. We are looking into other private phlebotomy services e.g. well women checks or blood groups but currently service partners have paused this	1
Private weight loss, hair loss, travel vaccination, period delay, malaria prophylaxis, erectile dysfunction. Free smoking cessation, EHC via Umbrella services	1
Travel vaccines, sexual health screening, children's vaccination	1
Travel vaccs, COVID testing, HPV, hepatitis, malaria, chicken pox, shingles, hair retention, shin scanning, mole scanning.	1
Weight management – free weigh-ins	1
Yellow fever vaccinations, all other travel and occupational health vaccinations	1
Yes, I have just completed ear health service including ear micro suction	1

9) Details of the person completing this form

Answered – 82; skipped – 2

Appendix F: Consultation plan and list of stakeholders

Consultee as required by Pharmaceutical Regulations 2013 Part 2 (8)

Stakeholder role	PNA briefing letter sent	Steering Group representation	Questionnaire (pharmacy contractor/public)	Draft PNA link sent
LPC – Birmingham and Solihull	Y	Y	All	Y
LMC – Birmingham and Solihull	Y	Y	All	Y
Any person on pharmaceutical list (Community Pharmacies)	-	-	Contractor	Y
Healthwatch – Birmingham and Solihull	Y	Y	All	Y
Hosted on Birmingham and Solihull websites	-	-	Public	Y
Council social media (Facebook, Twitter, Instagram, E-Newsletters, internal channels)	-	-	Public	Y
Local groups (pharmacies, GP practices, community hubs, faith leaders, libraries, and community development team)	-	-	Public	Y
Birmingham Women's and Children's NHS Foundation Trust – Chief Pharmacist and Deputy Chief Pharmacist	-	-	-	Y
City Hospital - Chief Pharmacist	-	-	-	Y
Good Hope Hospital – Clinical Director of Pharmacy	-	-	-	Y
Heartlands Hospital - Clinical Director of Pharmacy	-	-	-	Y
Queen Elizabeth Hospital - Chief Pharmacist	-	-	-	Y
Royal Orthopaedic Hospital - Chief Pharmacist	-	-	-	Y
West Heath Hospital - Chief Pharmacist	-	-	-	Y
Solihull Hospital - Clinical Director of Pharmacy	-	-	-	Y
Birmingham and Solihull Mental Health Foundation Trust	-	-	-	Y

NHS England	Y	Y	All	Y
Worcestershire HWB	-	-	-	Y
Warwickshire HWB	-	-	-	Y
Coventry HWB	-	-	-	Y
Staffordshire HWB	-	-	-	Y
Walsall HWB	-	-	-	Y
Sandwell HWB	-	-	-	Y
Dudley HWB	-	-	-	Y

Other consultees

Stakeholder role	**PNA briefing letter sent**	**Steering Group representation**	**Questionnaire (pharmacy contractor/public)**	**Draft PNA link sent**
CCG	Y	Y	All	Y
Bromsgrove LMC	-	-	-	Y
Stratford-Upon-Avon LMC	-	-	-	Y
Warwick LMC	-	-	-	Y
Coventry LMC	-	-	-	Y
North Warwickshire LMC	-	-	-	Y
Lichfield LMC	-	-	-	Y
Walsall LMC	-	-	-	Y
Sandwell LMC	-	-	-	Y
Dudley LMC	-	-	-	Y

Bromsgrove LPC	-	-	-	Y
Stratford-Upon-Avon LPC	-	-	-	Y
Warwick LPC	-	-	-	Y
Coventry LPC	-	-	-	Y
North Warwickshire LPC	-	-	-	Y
Lichfield LPC	-	-	-	Y
Walsall LPC	-	-	-	Y
Sandwell LPC	-	-	-	Y
Dudley LPC	-	-	-	Y
Head of Commissioning and Performance, Solihull MBC PH	Y	Y	All	Y
Assistant Director of Public Health, Birmingham CC PH	Y	Y	All	Y
Senior Public Health Analyst, Solihull MBC PH	Y	Y	All	Y
Public Health Analyst, Birmingham CC PH	-	-	Public	Y
Knowledge, Evidence and Governance Team, Birmingham PH	Y	Y	All	Y
Public Health Commissioning Support Officer, Solihull MBC PH	Y	Y	All	Y
Commissioning & Contract Manager for Domestic Abuse, Sexual Abuse and Sexual Health, Solihull MBC PH	Y	Y	All	Y
Public Health Service Lead, Birmingham CC PH	Y	Y	All	Y
Senior Programme Officer Governance, Birmingham CC PH	Y	Y	All	Y
Communications Officer, Solihull MBC PH	Y	Y	All	Y
Portfolio Support Officer, Solihull MBC PH	-	-	Public	Y
Senior Analyst, Business Intelligence & Improvement, Solihull MBC PH	-	-	Public	Y

Appendix G: Summary of consultation responses

As required by the Pharmaceutical Regulations 2013, Birmingham and Solihull HWBs held a 60-day consultation on the draft PNA from 31 October to 30 December 2022.

The draft PNA was hosted on the Birmingham City Council and the Solihull Metropolitan Borough Council websites and invitations to review the assessment, and comment, were sent to a wide range of stakeholders including all community pharmacies in Birmingham and Solihull. A number of members of the public had expressed an interest in the PNA and were invited to participate in the consultation as well as a range of public engagement groups in Birmingham and Solihull as identified by the councils and Healthwatch. Responses to the consultation were possible via an online survey.

There were in total 51 responses. Responses received:

- 38 (75%) from a member of the public
- 3 (6%) from a business/organisation
- 2 (4%) from a pharmacist
- 2 (4%) from a healthcare or social care professional
- 2 (4%) who described themselves as other
- 1 (2%) from a carer
- 1 (2%) from a GP
- 1 (2%) from an elected member (Councillor/ MP)
- 1 (2%) from an employee of the Council

The following are the main themes, and PNA Steering Group's response, to feedback received during the consultation on the draft PNA:

- Information provided in the PNA
- Issues over access to services
- Correction of data in the PNA

All responses were considered by the PNA Steering Group at its meeting on 12 January 2023 for the final report.

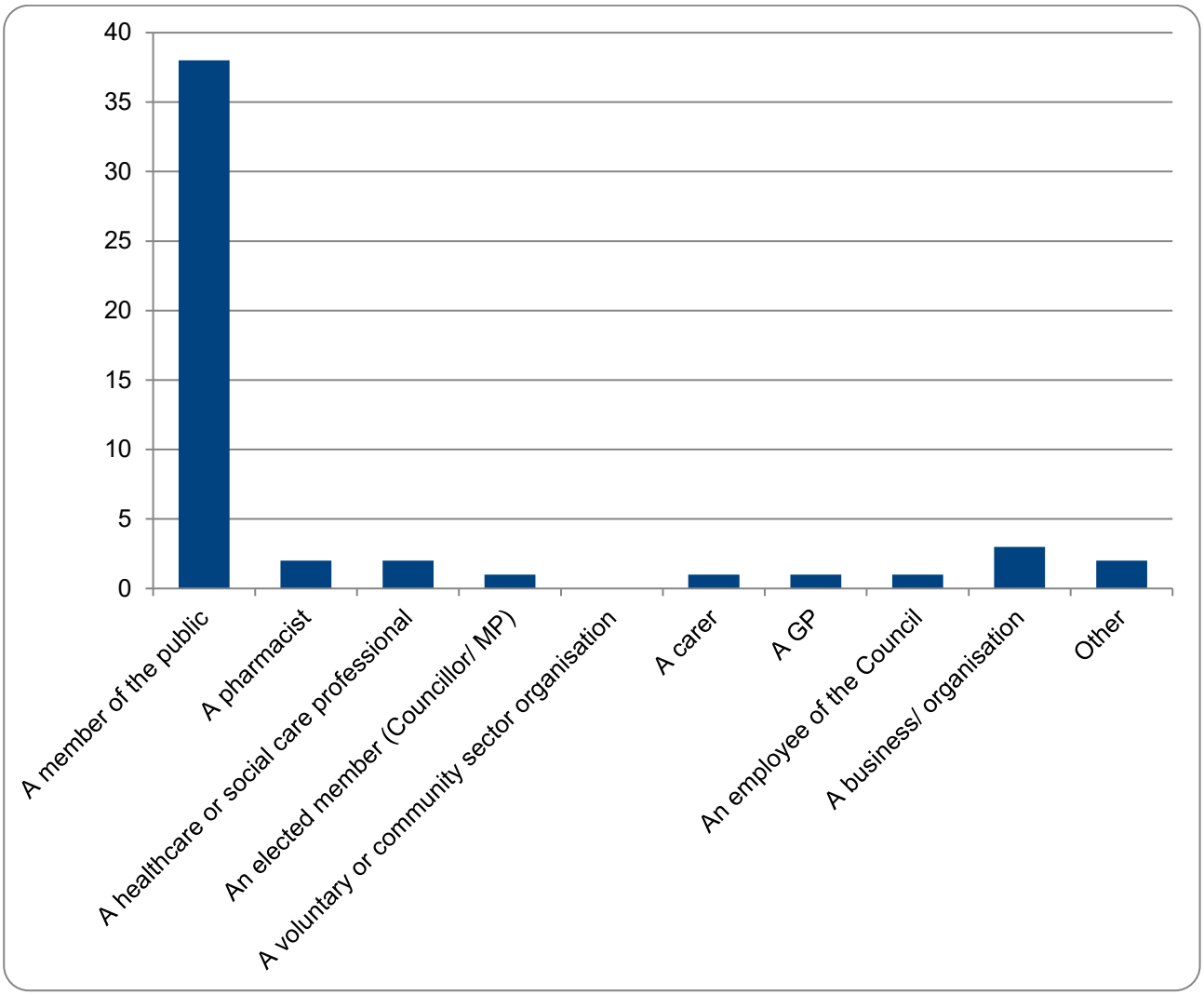
Below is a summary of responses to the specific questions, asked during the consultation. In addition, all consultation comments received can be found in the BSOL PNA consultation comments report which can be found via the below links:

BSOL PNA consultation comments report – Birmingham

BSOL PNA consultation comments report - Solihull

Consultation questions and responses:

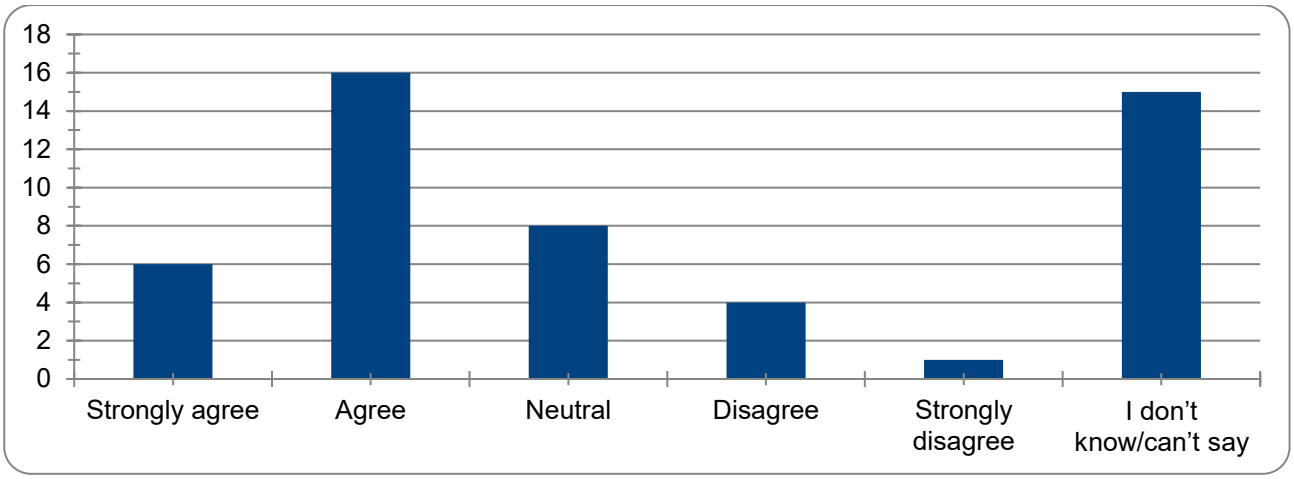
Q1- Are you mainly responding as? (Please select one option)



Response options	%	Total
A member of the public	75%	38
A pharmacist	4%	2
A healthcare or social care professional	4%	2
An elected member (Councillor/ MP)	2%	1
A voluntary or community sector organisation	0%	0
A carer	2%	1
A GP	2%	1
An employee of the Council	2%	1
A business/ organisation	6%	3
Other	4%	2

Answered – 51; skipped – 0

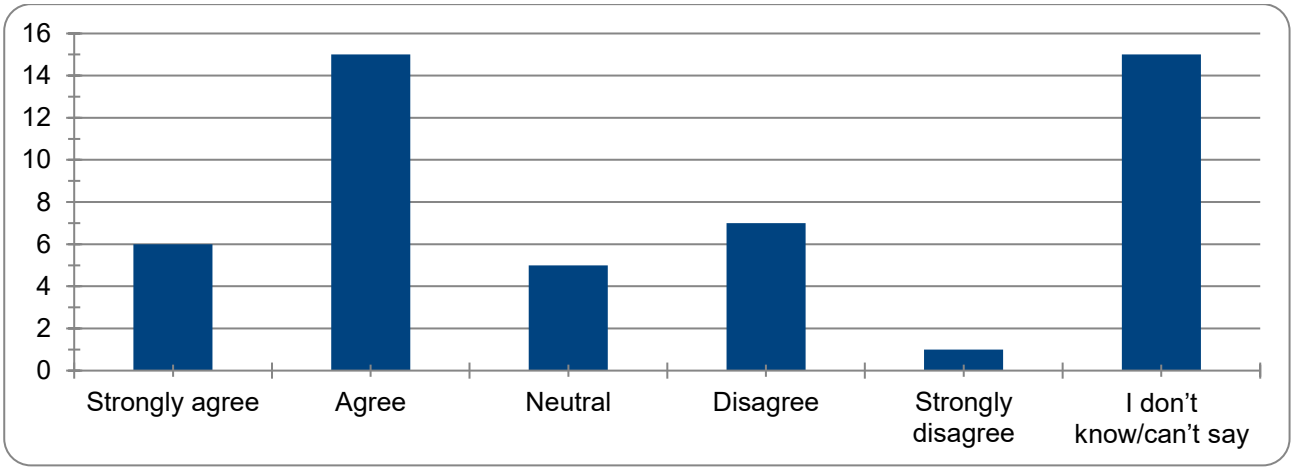
Q2- The Draft Birmingham and Solihull PNA reflects the current supply of pharmaceutical services within Birmingham and Solihull. (See Sections 3, 4 & 6 of the Draft PNA)



Response options	%	Total
Strongly agree	12%	6
Agree	32%	16
Neutral	16%	8
Disagree	8%	4
Strongly disagree	2%	1
I don't know/can't say	30%	15

Answered – 50; skipped – 1

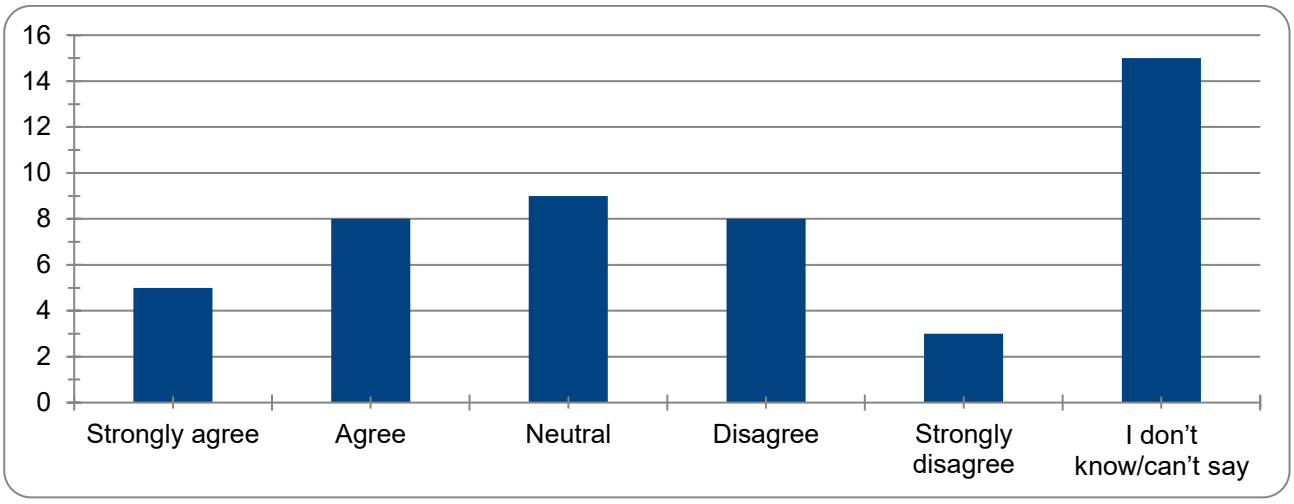
Q3- The Draft PNA reflects the current pharmaceutical needs of Birmingham and Solihull residents. (See Section 7 of the Draft PNA)



Response options	%	Total
Strongly agree	12%	6
Agree	31%	15
Neutral	10%	5
Disagree	14%	7
Strongly disagree	2%	1
I don't know/can't say	31%	15

Answered – 49; skipped – 2

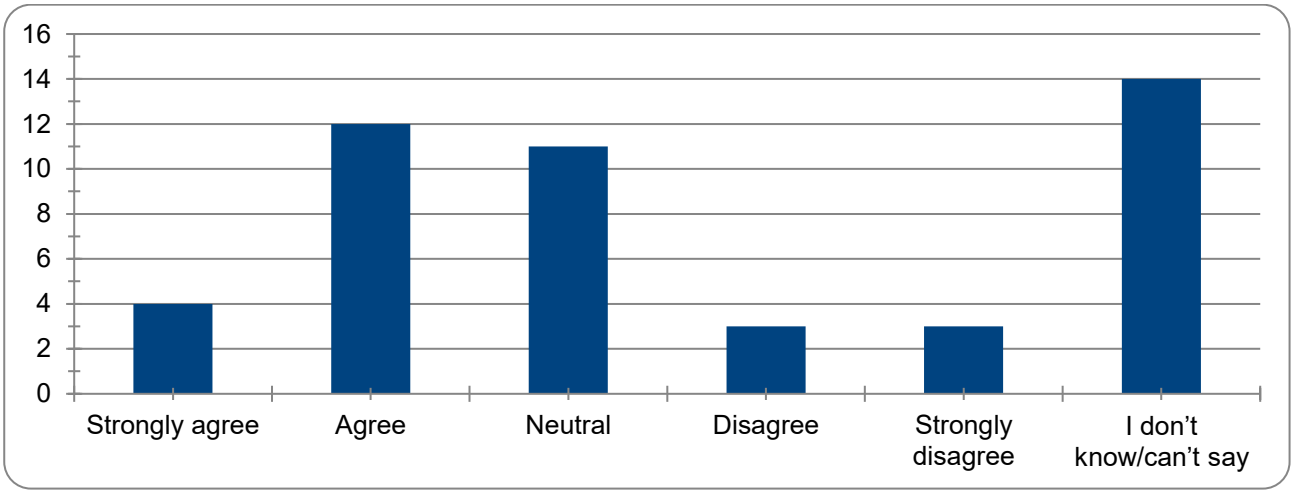
Q4- There are no gaps identified in the provision of pharmaceutical services in the Draft PNA.



Response options	%	Total
Strongly agree	10%	5
Agree	17%	8
Neutral	19%	9
Disagree	17%	8
Strongly disagree	6%	3
I don't know/can't say	31%	15

Answered – 48; skipped – 3

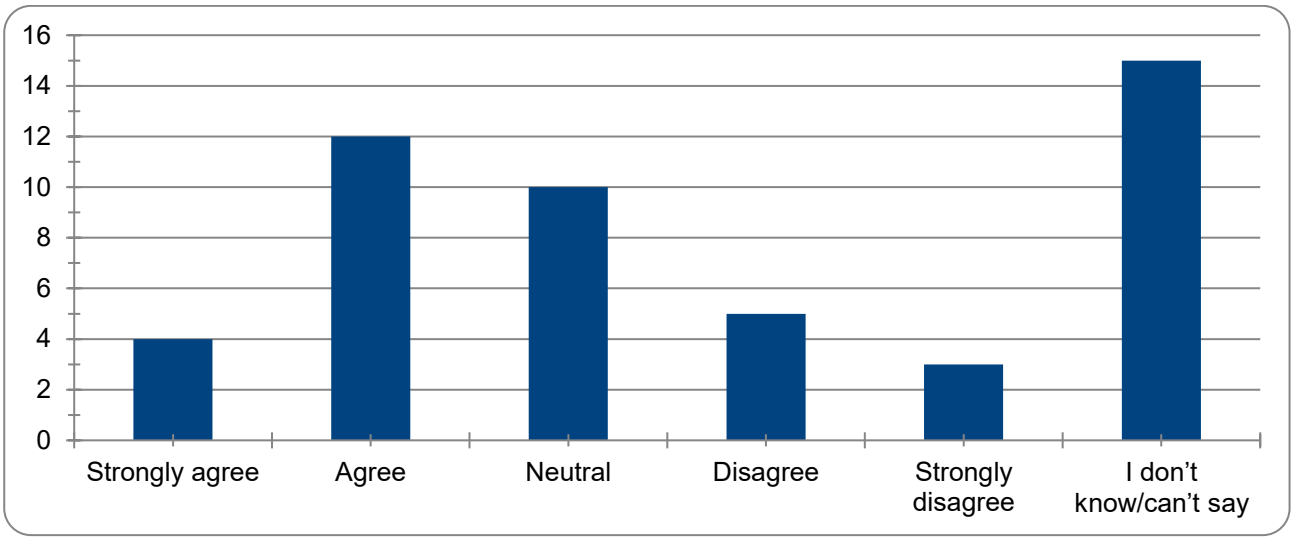
Q5- The Draft PNA reflects the future (over the next three years) pharmaceutical needs of Birmingham and Solihull residents. (See Section 7 of the Draft PNA)



Response options	%	Total
Strongly agree	9%	4
Agree	26%	12
Neutral	23%	11
Disagree	6%	3
Strongly disagree	6%	3
I don't know/can't say	30%	14

Answered – 47; skipped – 4

Q6- How strongly do you agree with the conclusions found in the Draft PNA? (See the Executive Summary and Section 7 of the Draft PNA)



Response options	%	Total
Strongly agree	8%	4
Agree	24%	12
Neutral	20%	10
Disagree	10%	5
Strongly disagree	6%	3
I don't know/can't say	31%	15

Answered – 49; skipped – 2

Appendix H: BSOL demographics and health needs

Overview[1]

The BSOL areas are in the West Midland region, with a combined population of 1,358,012. The total geographical area covers 337 square kilometres. The population is diverse and classified as 'urban with major conurbation' under the Rural Urban Classification 2011.[2]

The most recent mid-year 2021 estimates show that the total population decreased for Birmingham by 1,291 since 2020. This was caused by an increased number of deaths. Solihull's population increased by 1,113, which was primarily due to net international immigration. Therefore, the population of BSOL decreased by 178.

Birmingham is the second-largest city in the UK, located in the West Midlands region with an area of 268 square kilometres. The 2021 population estimate for Birmingham is 1,144,900, which is a 6.7% increase from 2011. Birmingham is ranked 1 (out of 7 metropolitan districts in the West Midlands region) in terms of total population (with 1 being the largest).

Solihull is a metropolitan district in the West Midlands region with an area of 69 square kilometres. The 2021 census estimated the total population of Solihull as 216,200, which is a 4.6% increase from 2011. Solihull is ranked 7 (out of 7 metropolitan districts in the West Midlands region) in terms of total population (with 1 being the largest).

For the purpose of the PNA, the BSOL geography has six localities:

- North
- East
- South
- West
- Central
- Solihull

North, East, South, West and Central are all in Birmingham. The Solihull geography fits into one locality for this PNA.

Note: At the time of writing, 2021 census figures for local authorities are available at local authority geography level only.

Table F1 shows both the total population and registered population by locality for BSOL using the most recent mid-year estimates for 2020.

[1] ONS Population projections. [Accessed July 2022.] www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/populationandhouseholdestimatesenglandandwales/census2021

[2] Rural Urban Classification (2011) map of the Local Authority Districts in England. [Accessed July 2022.] https://geoportal.statistics.gov.uk/documents/ons::rural-urban-classification-2011-map-of-the-local-authority-districts-in-england/explore

Table F1: Total population by locality

Locality	Parliamentary constituency	Resident population all ages (MYE mid-2020)
North	Sutton Coldfield	93,486
North	Erdington	103,788
North Total		**200,274**
East	Hodge Hill	128,694
East	Yardley	113,048
East Total		**241,737**
South	Edgbaston	106,340
South	Northfield	102,951
South Total		**209,291**
West	Ladywood	151,748
West	Perry Barr	111,398
West Total		**263,146**
Central	Hall Green	118,904
Central	Selly Oak	110,168
Central Total		**229,072**
Solihull	Solihull	103,317
Solihull	Meriden	114,170
Solihull Total		**217,487**
Total		**1,358,012**

Source: Office for National Statistics (ONS). Mid-Year Estimates 2020

The population density and distribution in BSOL vary considerably from low density in the more rural areas to high density in the urban areas. Map A shows the distribution of population across all the Middle Layer Super Output Areas (MSOA) areas.[3]

Age

Table F2 shows the 2021 census age structure estimates for BSOL. Birmingham has a relatively large working-age population, with nearly 87% of the total population being under the age of 65, which is above the England average (81.5%). Solihull has up to 78% of the population under the age of 65, which is below the England average.

[3] OHID. Population Density maps. [Accessed July 2022.] https://localhealth.org.uk/#c=indicator&i=t1.popden&view=map8

Table F2: Age structure of the population, 2021

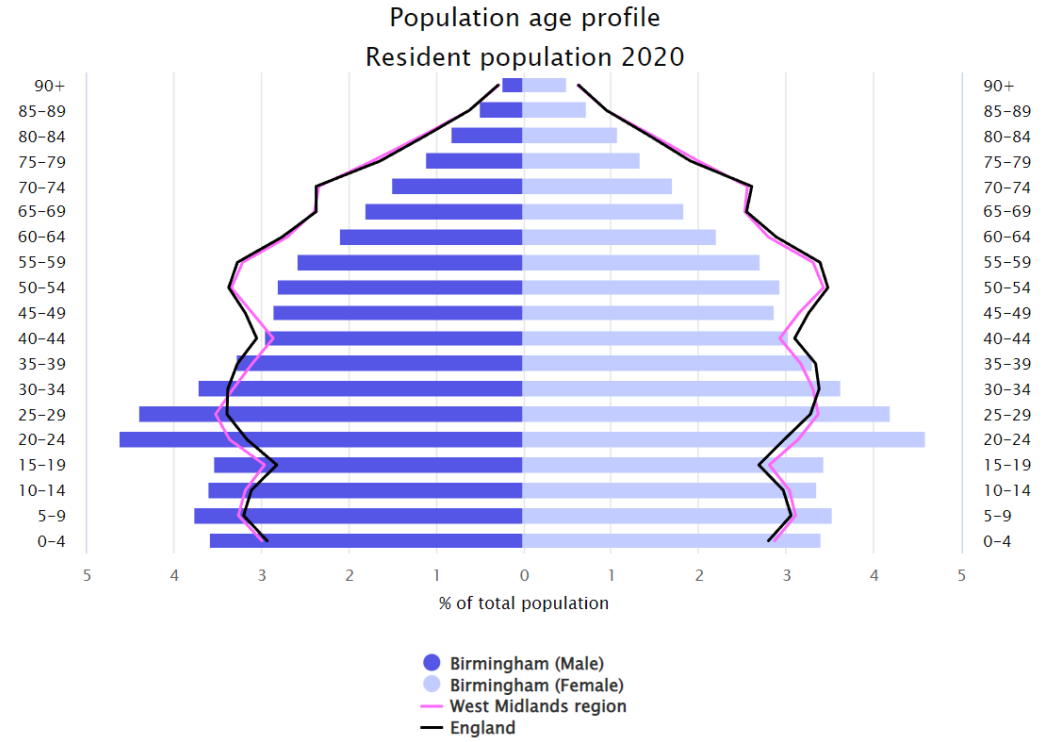
	Under 15	15–64	65+
Birmingham	20.9%	65.9%	13.1%
Solihull	18.1%	60.8%	21.1%
England	17.4%	64.1%	18.6%

Source: ONS. 2021 Census

Birmingham

Figure F1 shows a 2021 population pyramid depicting the age structure of Birmingham in five-year age brackets.[4] The pyramid compares Birmingham with England and the West Midlands. Birmingham has an old-age dependency ratio (working-age population: over-65 population) of 20.4 per 100 working-age population, which is the second lowest out of seven metropolitan districts in the West Midlands region.

Figure F1: Birmingham population age profile, 2020



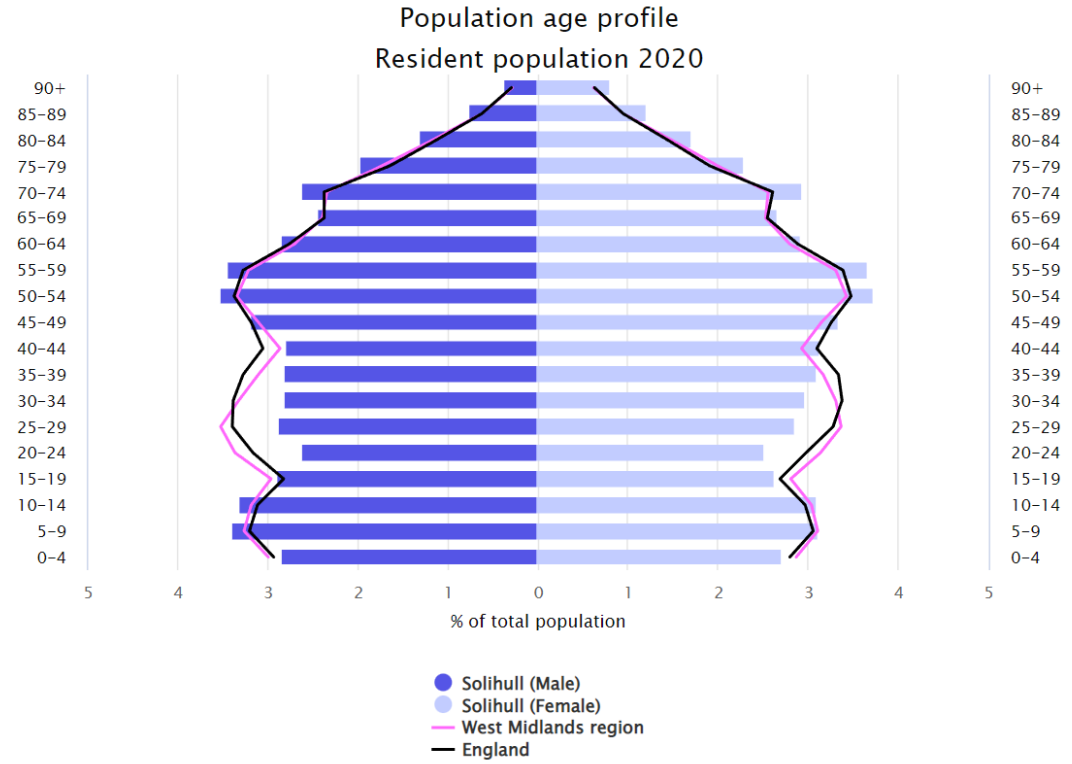
Source: ONS. Mid-Year Estimates 2020

Solihull

Figure F2 shows a 2021 population pyramid depicting the age structure of Solihull in five-year age brackets.[5] The pyramid compares Solihull with England and West Midlands. Solihull has an old-age dependency ratio (working-age population: over-65 population) of 35.3 per 100 working-age population, which is the highest out of seven metropolitan districts in the West Midlands region.

[4] ONS. 2011 census, accessed through LG Inform. [Accessed July 2022.] https://lginform.local.gov.uk/
[5] ONS. 2011 census, accessed through LG Inform. [Accessed July 2022.] https://lginform.local.gov.uk/

Figure F2: Solihull population age profile, 2020



Source: ONS. Mid-Year Estimates 2020

Ethnicity

Ethnicity across BSOL varies significantly by locality, and this can be seen in Map C.

Birmingham

Table F3 shows the proportions of the population in each ethnic group in 2011, the most recent year for which census data is currently available by ethnic group.[6] In ascending order, the table shows how the population identified themselves:

Table F3: Birmingham ethnicity comparison with West Midlands and England, 2011

Ethnicity	Birmingham	West Midlands	England
White	57.9%	82.7%	85.4%
Asian or Asian British	26.6%	10.8%	7.8%
Black or Black British	9.0%	3.3%	3.5%
Mixed race	4.4%	2.4%	2.3%
Other ethnic group	2.0%	0.9%	1.0%

Source: ONS Population estimates 2011

[6] ONS. 2011 census, accessed through LG Inform. [Accessed July 2022.] https://lginform.local.gov.uk/

Birmingham community health profiles

Birmingham City Council community health profiles[7] provide short evidence summaries focusing on specific communities of interest. These are based on religion, ethnicity, disability and sexual orientation, and provide an insight into the inequalities (health needs) within the community.

Solihull

Table F4 shows the proportions of the population in each ethnic group in 2011, the most recent year for which census data is currently available by ethnic group.[8] In ascending order, the table shows how the population identified themselves.

Table F4: Solihull ethnicity comparison with West Midlands and England, 2011

Ethnicity	Solihull	West Midlands	England
White	89.1%	82.7%	85.4%
Asian or Asian British	6.6%	10.8%	7.8%
Black or Black British	1.6%	3.3%	3.5%
Mixed race	2.1%	2.4%	2.3%
Another ethnic group	0.6%	0.9%	1.0%

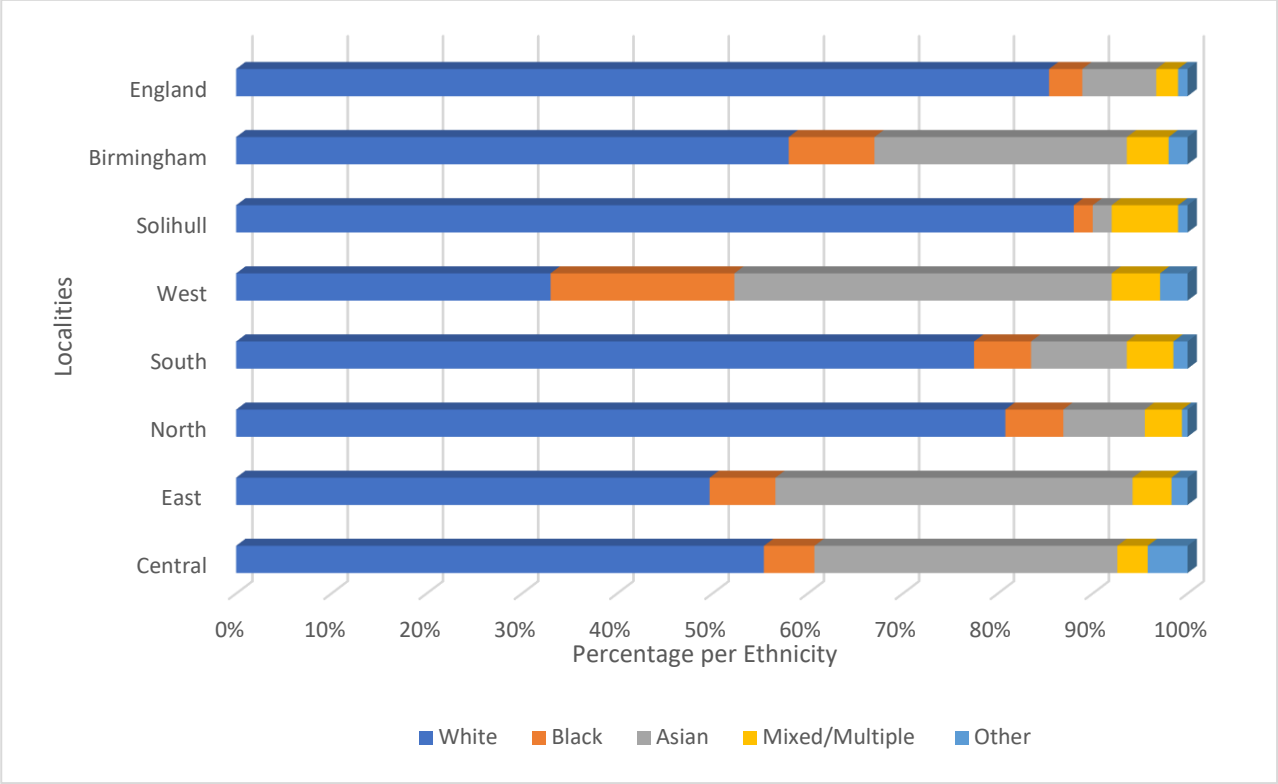
Source: ONS Population estimates 2011

Locality ethnicity profiles

Figure F3 shows ethnicity by locality in 2011. The localities with the largest groups of people of Asian ethnicity are West (39.7%), East (37.6%) and Central (31.9%), and these proportions are significantly higher than England (7.8%). West locality has the largest percentage of people with Black ethnicity (19.3%), which is significantly higher than England (3.0%). The areas with the largest groups of people of White British ethnicity are Solihull (88%), South (77.5%) and North (80.8%) localities, which are similar to England (85.8%).[9]

[7] Birmingham City Council. Community health profiles. [Accessed August 2022.] www.birmingham.gov.uk/info/50265/supporting_healthier_communities/2463/community_health_profiles
[8] ONS. 2011 census, accessed through LG Inform. [Accessed July 2022.] https://lginform.local.gov.uk/
[9] Birmingham locality ethnicity profiles. [Accessed July 2022.] www.birmingham.gov.uk/info/50268/joint_strategic_needs_assessment_jsna/1332/local_area_health_profiles

Figure F3: Locality ethnicity profiles, 2011



Source: ONS. 2011/Birmingham locality profiles

Religion

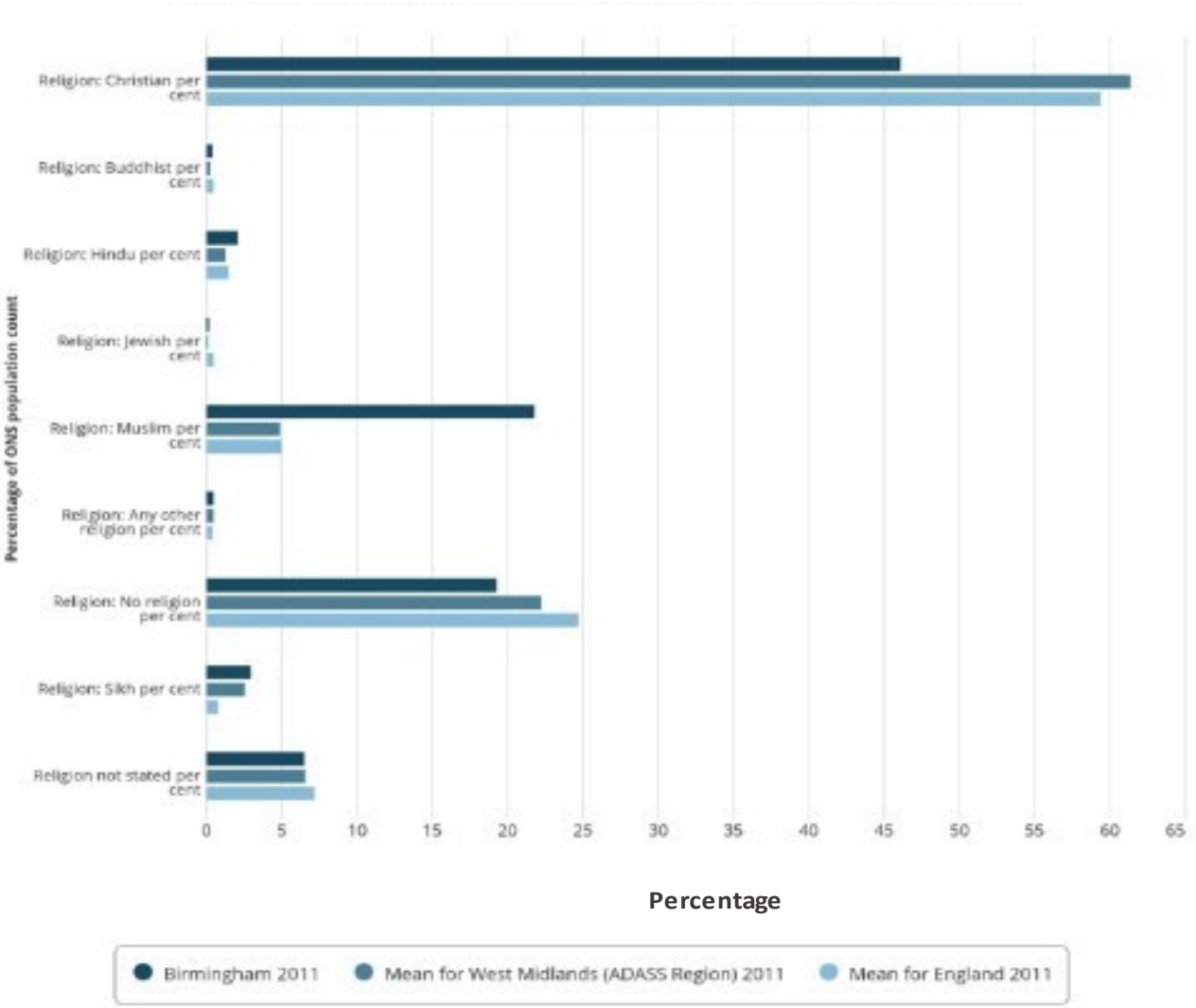
Birmingham

Religious affiliations for Birmingham, as at the 2011 Census, are shown in the bar chart in Figure F4.[10] The chart shows the percentage of people who identified with a particular religious group, as defined by a set of census categories. The three largest religious groups in ascending order for Birmingham compared with the England averages are:

- Christian – percentage of ONS population count 46.1% (England 64.3%)
- Muslim – percentage of ONS population count 21.8% (England 5%)
- No religion – percentage of ONS population count 19.3% (England 31.9%)

[10] ONS. 2011 census, accessed through LG Inform. [Accessed July 2022.] https://lginform.local.gov.uk/

Figure F4: Religion in Birmingham, West Midlands and England, 2011



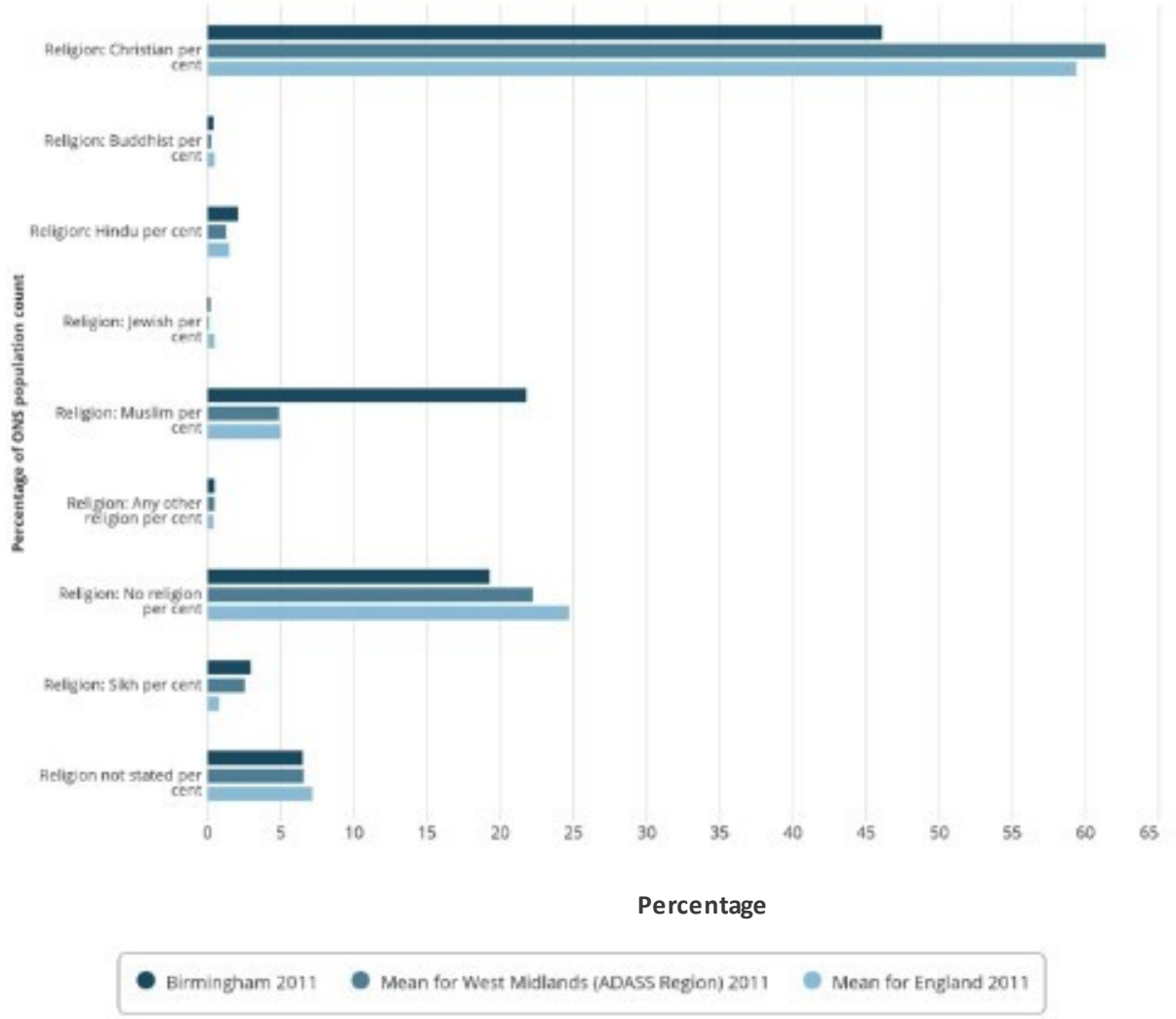
Source: ONS. Population estimates 2011

Solihull

Religious affiliations for Solihull, as at the 2011 census, are shown in Figure F5. This shows the percentage of people who identified with a particular religious group, as defined by a set of census categories. The three largest religious groups in ascending order for Solihull compared with the England averages are:

- Christian – percentage of ONS population count 65.6% (England 64.3%)
- No religion – percentage of ONS population count 21.4% (England 31.9%)
- Religion not stated – percentage of ONS population count 6.4% (England 6.8%)

Figure F5: Religion in Solihull, West Midlands and England, 2011



Source: ONS. Population estimates 2011

Predicted population growth

Table F5 shows the prediction population change from ONA 2018-subnational population projections, 2020[11].

[11] ONS. 2018 ONS 2018-subnational population projections, 2020. www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandtable2 [Accessed October 2022]

Table F5: Prediction population change by age, 2018-43

Age group	Birmingham 2018	Birmingham 2043	Birmingham % growth	Solihull 2018	Solihull 2043	Solihull % growth	England 2018	England 2043	England % growth
0–4	83,536	89,211	6.8%	12,393	14,201	14.6%	3,346,727	3,382,106	1.1%
5–9	83,354	82,904	-0.5%	13,695	15,028	9.7%	3,523,866	3,325,016	-5.6%
10–14	78,407	78,264	-0.2%	13,419	15,451	15.1%	3,274,119	3,282,891	0.3%
15–19	79,682	84,907	6.6%	11,932	13,975	17.1%	3,096,575	3,346,708	8.1%
20–24	104,627	109,046	4.2%	10,903	11,146	2.2%	3,512,654	3,557,592	1.3%
25–29	96,630	103,139	6.7%	12,405	13,839	11.6%	3,815,924	3,912,677	2.5%
30–34	83,027	95,696	15.3%	12,039	14,855	23.4%	3,787,597	4,036,971	6.6%
35–39	77,134	81,491	5.6%	12,685	14,768	16.4%	3,717,483	3,728,328	0.3%
40–44	66,599	71,071	6.7%	12,410	14,708	18.5%	3,390,584	3,482,451	2.7%
45–49	68,260	71,010	4.0%	15,323	16,044	4.7%	3,799,242	3,720,774	-2.1%
50–54	65,745	69,115	5.1%	15,813	16,260	2.8%	3,915,451	3,870,476	-1.1%
55–59	58,417	61,937	6.0%	14,778	14,598	-1.2%	3,573,329	3,757,048	5.1%
60–64	48,012	56,813	18.3%	11,888	13,456	13.2%	3,044,374	3,614,092	18.7%
65–69	41,140	47,474	15.4%	11,665	11,731	0.6%	2,822,593	3,201,433	13.4%
70–74	36,104	46,025	27.5%	12,054	12,727	5.6%	2,724,800	3,372,728	23.8%
75–79	27,271	40,774	49.5%	8,340	11,915	42.9%	1,863,126	3,153,288	69.2%
80–84	21,729	31,106	43.2%	6,429	9,832	52.9%	1,403,756	2,442,069	74.0%
85–89	13,879	19,053	37.3%	4,209	6,192	47.1%	865,702	1,519,953	75.6%
90+	7,821	12,652	61.8%	2,529	4,618	82.6%	499,276	1,037,497	107.8%
All ages	1,141,374	1,251,689	9.7%	214,909	245,342	14.2%	55,977,178	61,744,098	10.3%

Source: ONA 2018-subnational population projections, 2020

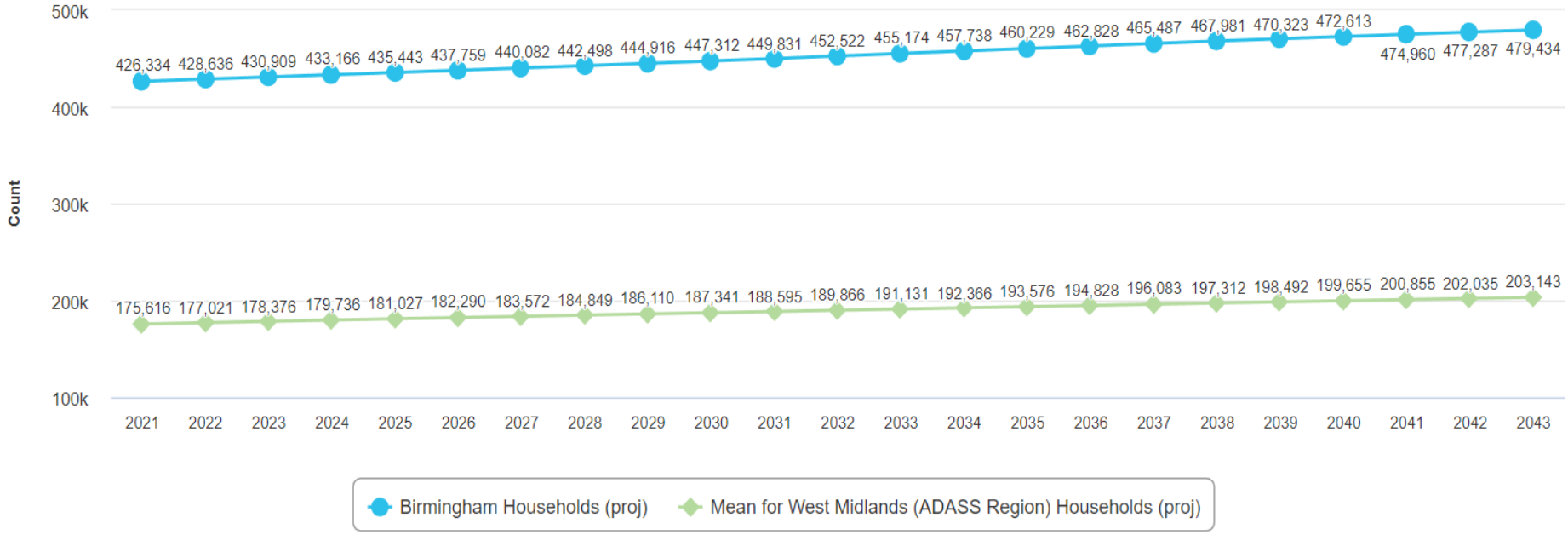
Birmingham

Based on the ONS 2018-subnational population projections, 2020, the largest increase is projected among those aged 90 years and older, with the next largest is amongst those aged 75–84. Populations of those aged 5–14 are expected to fall.

Figure F6 shows the total projected number of households (all ages) based on figures from 2016. There is expected to be a 12.5% increase in the number of households from 2021 to 2043 in Birmingham, compared with a 15.7% increase in the West Midlands.[12]

[12] ONS. 2011 census, accessed through LG Inform [Accessed July 2022.] https://lginform.local.gov.uk/

Figure F6: Birmingham number of households (projections) (from 2021 to 2043)



Source: ONS. Number of households projections

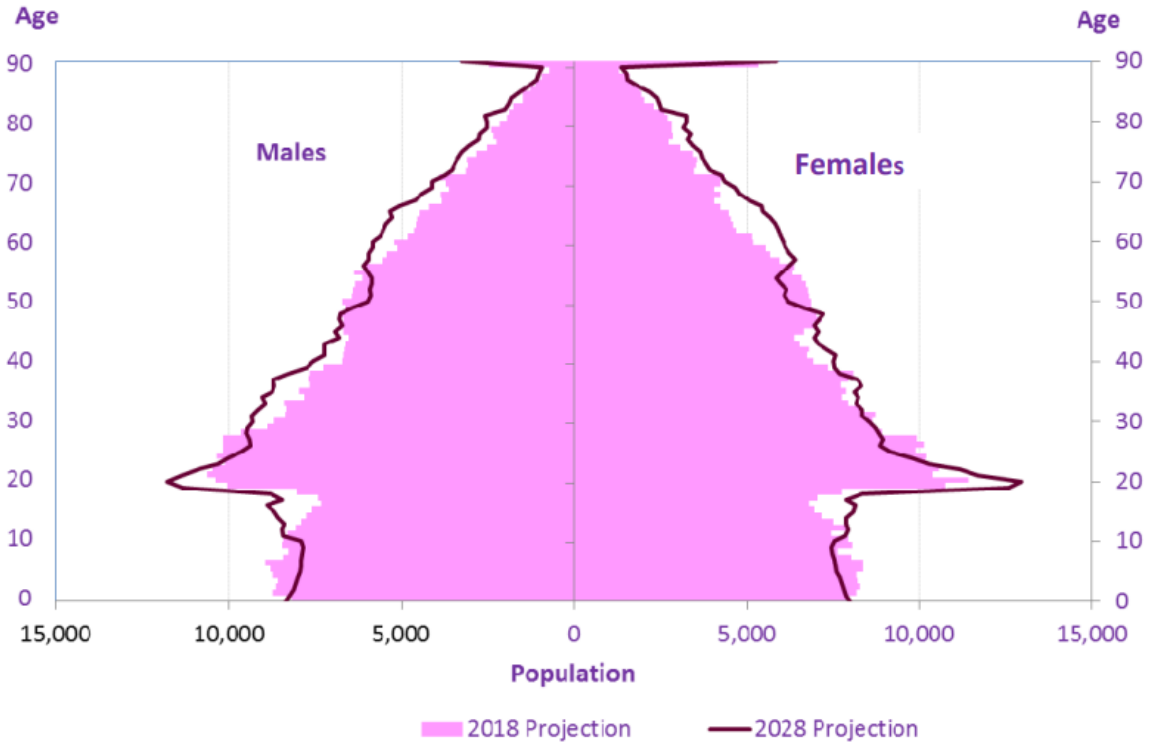
If recent trends continue, the population of Birmingham is projected to grow from 1,141,400 in 2018 to 1,186,000 (3.9%) in 2028 and to 1,230,000 (7.8%) in 2038. Figure F7 shows the comparison of the age structure between 2018 and 2028. Birmingham has a young age structure with relatively high proportions of young people and lower proportions of older people. The large student population is reflected in the bulge around the early 20s. The spike at the top right side of the pyramid in Figure F7 illustrates greater female life expectancy.[79]

The 2028 pyramid base shows the impact of declining birth rates. The increase of those in their 60s can be attributed to the high birth rates in the 1960s. Similarly, the decrease of those in their 50s can be attributed to a decline in birth rates in the 1970s.[80]

Note: These estimates do not incorporate planned housing and regeneration development within the borough as accurate numbers and timelines are not yet known. The true rate of growth could be even higher once these are accounted for.

Those aged 65+ are the highest users of adult social care and wider health services, and are also more likely to develop multiple long-term conditions, which results in increased demand for health and social care services with fewer working-age people that can be taxed to pay for this increased demand.

Figure F7: Birmingham age pyramid – 2018 compared with 2028



Source: ONS population projections

[79] ONS. 2011 census, accessed through LG Inform. [Accessed July 2022.] https://lginform.local.gov.uk/
[80] ONS. Population projections [Accessed July 2022.] www.birmingham.gov.uk/info/20057/about_birmingham/1294/population_and_census/7

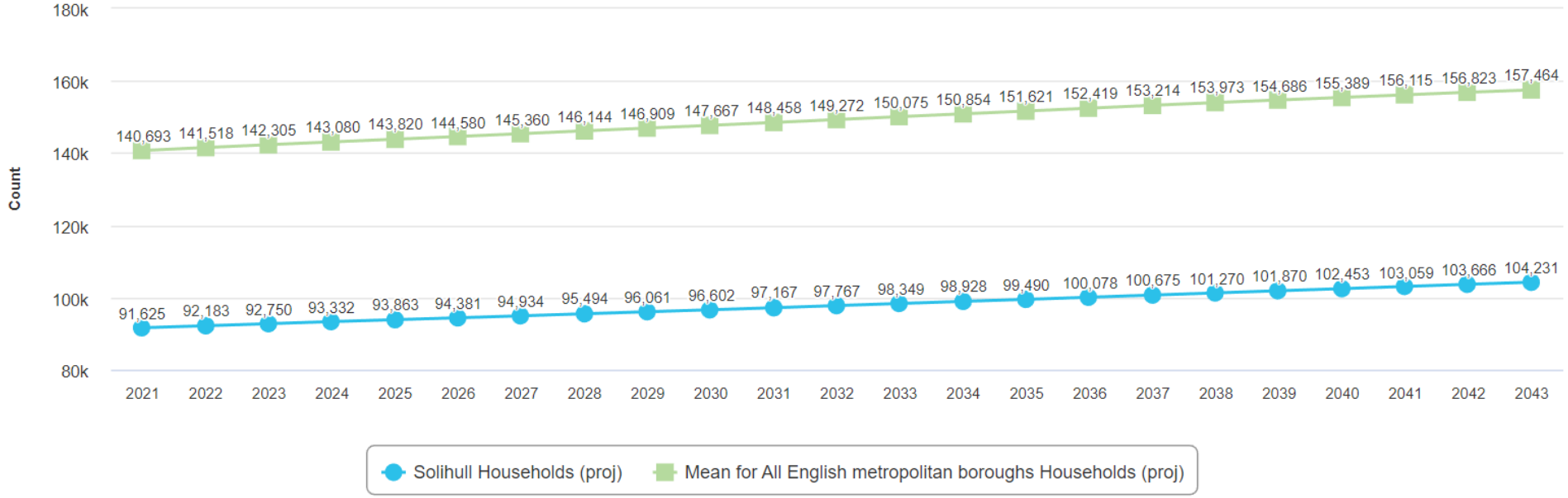
Solihull

The largest increase is projected among those aged 90 years and older, with the next largest is among those aged 75–84. Populations of those aged 55–59 are expected to fall.

Figure F8 shows the total projected number of households (all ages) based on figures from 2016. There is a 13.8% increase in the number of households from 2021 to 2043 in Solihull, compared with a 15.7% increase in the West Midlands.[81]

[81] ONS. 2011 census, accessed through LG Inform. [Accessed July 2022.] https://lginform.local.gov.uk

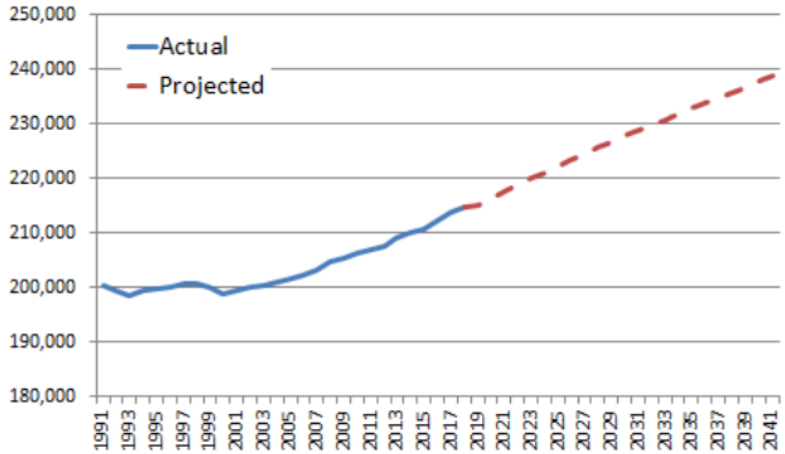
Figure F8: Solihull number of households (projections) (from 2021 to 2043)



Source: ONS. Number of households projections

Figure F9 shows the Solihull population projection to 2038. The Solihull population is projected to increase by 11,523 people (5.4%) between 2018 and 2028 and by a further 10,145 (4.5%) between 2028 and 2038. The total increase is 9.9% between 2018 and 2028.[70]

Figure F9: Solihull population projection 2018–2038



Source: ONS. Mid-year population estimates

Figure F9 shows that between 2018 and 2038 the number of children aged 0–15 is projected to increase by 7.2%, although growth is expected to be much higher in the first ten years of this projection than between 2028 and 2038 (+5.5% compared with +1.6%). The largest growth in Solihull population in both numbers and percentage over the 20 years is in the 65+ range (+5,174, +77%). By 2038 it is likely that the 85+ population will increase by 2% from 3% to 5%.[71]

Population change

Population change is calculated using three statistics: natural change (number of live births and number of deaths), migration (internal and international inflows and outflows) and other adjustments.[72]

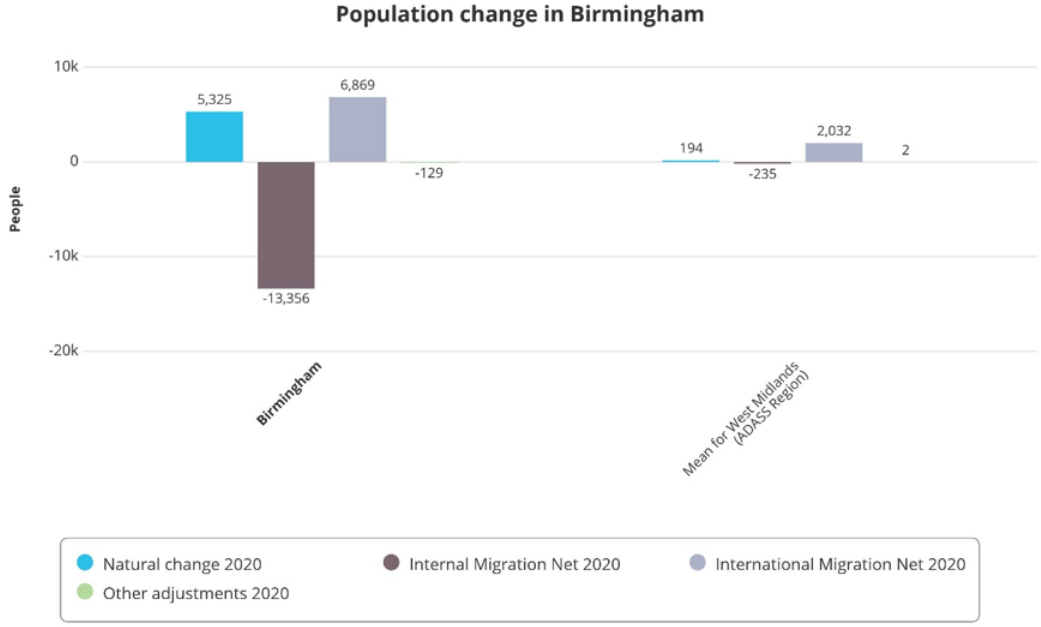
Birmingham

Figure F10 shows that the change in Birmingham for the year 2020 was -1,291 people. Natural change was less than in previous years (from 7,479 down to 5,325 in 2019) caused by an increase in deaths (up by 1,656 in 2020), linked to the continuing decrease in births (down 498 in 2020).

An increase in immigration and a decrease in emigration have both contributed to the increase in net international migration by 2,442 in 2020 from previous year.

[70] ONS. Population projections. [Accessed July 2022.] www.solihull.gov.uk/sites/default/files/migrated/InfoandIntelligence_Solihull-People-Place.pdf
[71] ONS. Population projections. [Accessed July 2022.] www.solihull.gov.uk/sites/default/files/migrated/InfoandIntelligence_Solihull-People-Place.pdf
[72] ONS. 2011 census, accessed through LG Inform. [Accessed July 2022.] https://lginform.local.gov.uk/

Figure F10: Birmingham population change, 2019-20

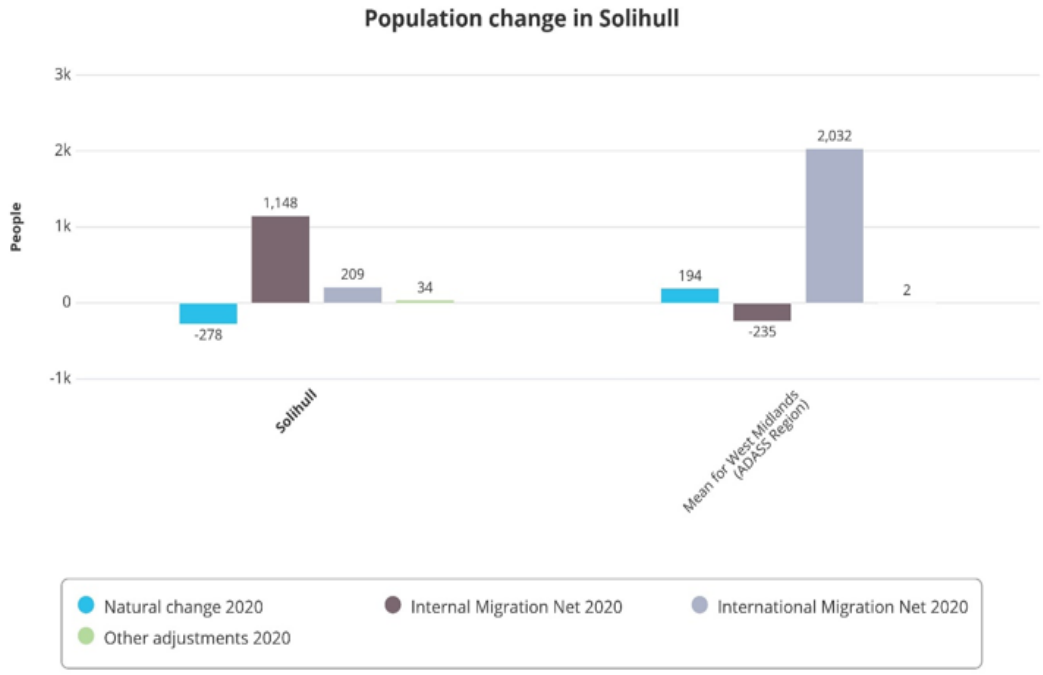


Source: ONS. Population change 2019-20

Solihull

The total population change in Solihull for the year to 2020 was 1,113 people. Natural change was lower than in previous years (down to -278 people from 234 people in 2019) caused by an increase in the number of deaths (up by 471 in 2020), linked to the continuing decrease in the number of births (down by 41 in 2020). A decrease in immigration and emigration both added to a small increase in net international migration by 22 in 2020 from previous year**.**

Figure F11: Solihull population change, 2019-20



Source: ONS. Population change 2019-20

Housing projections

Birmingham

The Birmingham development plan[73] sets the following ambitions with regard to housing: 'At the heart of the City's growth agenda will be the promotion of sustainable neighbourhoods as a means of supporting the City's increasing and diverse population in the most sustainable way possible. For sustainable neighbourhoods to flourish they will be supported by high quality local infrastructure and services, including a thriving network of local centres that provide for the local population and are accessible by a range of sustainable travel options.'

The housing requirement will be delivered in accordance with the following indicative average annual rates:

- 1,650 dwellings per annum (2011/12-2014/15)
- 2,500 dwellings per annum (2015/16-2017/18)
- 2,850 dwellings per annum (2018/19-2030/31)

As of July 2022, Birmingham has the following housing developments under construction or due to start:

Table F6: Dwellings under construction and due, June 2022

Locality	Dwellings under construction	Dwellings not yet started
North	Farnborough Road – 123 Abbey Fields 4 – 19 Gladstone Street, Aston – 32	
East	Ward End Park Road – 14 Lowden Croft – 3 Bromford – Stonecroft/Bailey – 53	Yardley Brook – 298 Gressel Lane – 36 Dawberry Fields Road – 48 Clements Road – 4
South	Kings Norton (phase I near complete) – 292 Monmouth – 68 Highfield Lane – 9 properties	Highgate Road – 60 Beech and Alfred – 31 Kings Norton extension – 82 Pool Farm – 267 Long Nuke Road – 65 Trescott Road – 10 Boleyn Road, Frankley – 70
West	Birchfield phase II – 18	
Central	Hollybank Road – 5	

Source: Birmingham City Council

[73] Birmingham Council. Adopted Birmingham development plan. [Accessed July 2022.] www.birmingham.gov.uk/info/20054/planning_strategies_and_policies/78/birmingham_development_plan

Solihull

The Solihull Local Plan[74] review sets the following ambitions for housing supply: 'To ensure that an adequate supply of housing will be available throughout the plan period consideration has been given to the likely delivery rates of both existing commitments and the proposed allocations over the plan period. A number of small–medium sites will gain permission and commence development within the first five years of adoption of the plan from 2021. However, some of the larger sites will not make a significant contribution to completions until the mid-delivery phase.'

The council will allocate sufficient land for at least 5,270 net additional homes, to ensure sufficient housing land supply to deliver 15,017 additional homes in the period 2020-36. The allocations will be part of the overall housing land supply detailed in Table F7. The average annual housing land provision target is 938 net additional homes per year (2020-36).

Table F7: Net additional housing for Solihull, 2021

Delivery phase	Stepped requirement	Annualised requirement
I – 2020-26	5,106	851
II and III – 2026-36	9,911	991
Total	15,017	938

Source: Solihull Draft Local Plan 2021

GP-registered population

Table F8 shows the registered GP population for BSOL is 1,535,563,[75] as of December 2021. This is slightly higher than the ONS mid-2020 resident population estimate (1,358,018) and due to including people living outside BSOL.

[74] Solihull Housing projections – Solihull draft local plan. [Accessed July 2022.] www.solihull.gov.uk/Planning-and-building-control/Local-Plan-Review

[75] NHS Digital. Patients registered at a GP Practice. [Accessed July 2022.] https://digital.nhs.uk/data-and-information/publications/statistical/patients-registered-at-a-gp-practice/july-2020

Table F8: Total GP-registered population by locality, June 2020

Locality	Parliamentary constituency	GP-registered population
North	Sutton Coldfield	81,093
North	Erdington	142,293
North Total		223,386
East	Hodge Hill	189,464
East	Yardley	95,912
East Total		282,376
South	Edgbaston	169,648
South	Northfield	118,616
South Total		288,264
West	Ladywood	151,696
West	Perry Barr	99,247
West Total		250,943
Central	Hall Green	188,918
Central	Selly Oak	43,432
Central Total		232,350
Solihull	Solihull	107,437
Solihull	Meriden	121,184
Solihull Total		229,221
Total		**1,535,563**

Source: ONS. Mid-Year Estimates 2020
Source: NHS Digital, patients registered at a GP practice – July 2020: LSOA

Working-age population

Birmingham[76]

The working-age population (15–64) for Birmingham is 65.9% of the population.

The top three industries for residents in Birmingham are in:

- Wholesale and retail trade; repair of motor vehicles and motorcycles (13.8%)
- Human, health and social work activities (15.9%)
- Education (10.5%)

Birmingham's economic activity (28.3%) is higher than England's (21.5%). The top two economic segments are the student population, which accounts for 41.5%, followed by looking after the family home, at 24%.

[76] Nomis Web Labour Market Profile. [Accessed July 2022.] www.nomisweb.co.uk/reports/lmp/la/1946157186/report.aspx

The percentage of unemployed people in Birmingham is 8%; this figure is significantly higher than both the West Midlands (5%) and England (4.4%).

Solihull[77]

The working age population (15–64) for Solihull is 60.8% of the population.

The top three industries for residents in Solihull are:

- Administrative and supply services activities (27.5%)
- Wholesale and retail trade; repair of motor vehicles and motorcycles (9.9%)
- Jointly manufacturing, professional, scientific and technical activities (8.5%.)

Solihull's economic activity (28.3%) is lower than England (19%). The student population accounts for 37.1% of economic activity, followed by the retired population at 20.8%.

The percentage of unemployed in Solihull is 4.3%: this figure is lower than both the West Midlands (5%) and England (4.4%).

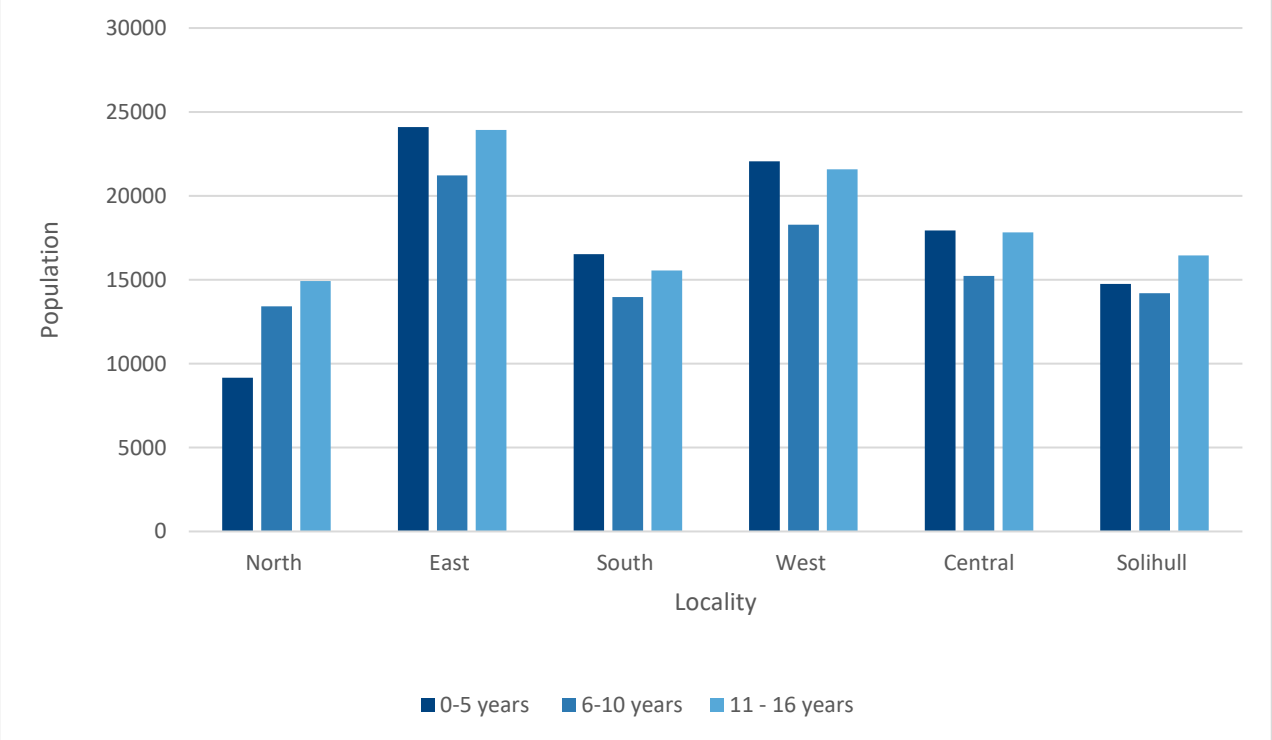
Specific populations

Children and young people

In 2019 there were 15,483 live births in Birmingham and 2,221 in Solihull.[78]

The figure below shows the 0–16 population by locality in five-year bands.

Figure F12: 0–16-year-old population by locality in 5-year bands, 2020



Source: ONS. Mid-Year Estimates 2020

[77] Nomis Web Labour Market Profile. [Accessed July 2022.] www.nomisweb.co.uk/reports/lmp/la/1946157190/report.aspx
[78] OHID. Child Health profiles – Birmingham. [Accessed June 2022.] https://fingertips.phe.org.uk/profile/child-health-profiles

Birmingham

Figure F13 shows a summary of the Birmingham child health profile (2020-21) produced by the Office for Health Improvement and Disparities (OHID). Overall, comparing Birmingham's indicators with England, the health and wellbeing of children in Birmingham is worse than for England.

- The infant mortality rate per 1,000 is higher in Birmingham (6.6) than England (3.9)
- The under-18 conception rate per 1,000 in Birmingham is higher (16.1) than the England rate (13.0)
- In Birmingham the percentage of newborns that received breast milk as their first feed is similar (68.2%) to England (67.4%)
- The population coverage of the MMR vaccination in Birmingham (83.7%) is lower than England (90.3%)
- Birmingham has a higher prevalence of obesity at reception (10.9%) and Year 6 (25.5%) than England (9.9% and 21% respectively)
- The rate of hospital admissions as a result to self-harm (10–24 years), at 320.8 per 100,000, is better than England (421.9 per 100,000)

Figure F13: Birmingham child health profile, 2020-21

Indicator	Period	Birmingham			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Infant mortality rate	2018 - 20	–	307	6.6	5.6	3.9	6.8		1.7
Child mortality rate (1-17 years)	2018 - 20	–	109	13.2	11.0	10.3	17.7		6.1
Population vaccination coverage - MMR for one dose (2 years old) <90% 90% to 95% ≥95%	2020/21	↓	13,221	83.7%	90.2%	90.3%	70.7%		97.9%
Population vaccination coverage - Dtap / IPV / Hib (2 years old) <90% 90% to 95% ≥95%	2020/21	↓	14,271	90.3%	94.2%	93.8%	77.8%		99.2%
Children in care immunisations	2021	↓	1,145	76.0%	85.0%	86.0%	22.0%		100%
School readiness: percentage of children achieving a good level of development at the end of Reception	2018/19	↑	10,736	68.0%	70.1%	71.8%	63.1%		
Average Attainment 8 score	2020/21	–	717,403	49.2	49.5	50.9	42.9		
Average Attainment 8 score of children in care	2020	–	3,281	25.8	23.1	21.4	10.6		
16-17 year olds not in education, employment or training (NEET) or whose activity is not known	2020	↓	2,600	8.5%	5.7%	5.5%	13.8%		1.4%
First time entrants to the youth justice system	2021	↓	196	158.0	134.8	146.9	446.9		56.3
Children in absolute low income families (under 16s)	2020/21	↑	76,183	29.6%	20.0%	15.1%	39.2%		5.2%
Children in relative low income families (under 16s)	2020/21	↑	91,470	35.6%	24.6%	18.5%	42.4%		6.2%
Homelessness - households with dependent children owed a duty under the Homelessness Reduction Act	2020/21	–	2,211	15.7	11.8	11.6	32.2		3.6
Children in care	2021	→	1,921	67	85	67	210		24
Children killed and seriously injured (KSI) on England's roads	2018 - 20	–	160	20.6	16.1	15.9	55.0		2.6
Low birth weight of term babies	2020	→	492	3.6%	3.1%	2.9%	4.9%		.3%
Reception: Prevalence of obesity (including severe obesity)	2019/20	→	-	10.9%*	11.2%	9.9%	14.6%		
Year 6: Prevalence of obesity (including severe obesity)	2019/20	→	-	25.5%	23.9%	21.0%	30.1%		
Percentage of 5 year olds with experience of visually obvious dental decay	2018/19	–	-	28.6%	22.7%	23.4%	50.9%		8.7%
Hospital admissions for dental caries (0-5 years)	2018/19 - 20/21	–	110	37.3	87.0	220.8	7.5		
Under 18s conception rate / 1,000	2020	↓	-	16.1	15.1	13.0	30.4		2.7
Teenage mothers	2020/21	→	100	0.7%	0.8%	0.6%	1.8%		0.0%
Admission episodes for alcohol-specific conditions - Under 18s	2018/19 - 20/21	–	150	17.4	24.9	29.3	83.8		7.7
Hospital admissions due to substance misuse (15-24 years)	2018/19 - 20/21	–	280	51.0	66.9	81.2	229.4		16.9
Smoking status at time of delivery	2020/21	↑	-	9.3%	10.6%	9.6%	21.4%		1.8%
Baby's first feed breastmilk	2018/19	–	10,100	68.2%	62.5%	67.4%	43.6%		
Breastfeeding prevalence at 6-8 weeks after birth - current method	2020/21	–	-	*	*	47.6%*	-	*Insufficient number of values for a spine chart*	
A&E attendances (0-4 years)	2019/20	↑	53,490	655.4	644.4	659.8	1,700.5		28.2
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)	2020/21	→	1,840	76.1	77.0	75.7	144.0		26.5
Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years)	2020/21	→	1,620	87.8	95.6	112.4	264.7		45.8
Hospital admissions for asthma (under 19 years)	2020/21	↓	395	131.0	91.4	74.2	290.2		22.5
Hospital admissions for mental health conditions (<18 yrs)	2020/21	→	180	62.8	85.7	87.5	263.5		21.0
Hospital admissions as a result of self-harm (10-24 years)	2020/21	→	840	320.8	379.6	421.9	1,173.7		112.4

Solihull

Figure F14 shows a summary of the Solihull child health profile (2020-21) produced by the OHID.[79]

- The infant mortality rate per 1,000 in Solihull (4.7) is similar to England (3.9)

[79] OHID. Child Health Profiles – Solihull. [Accessed June 2022.] https://fingertips.phe.org.uk/profile/child-health-profiles

- The under-18 conception rate per 1,000 in Solihull is lower (5.4) than in England (13.0)
- In Solihull the percentage of newborns that received breast milk as their first feed is lower (63%) than for England (67.4%); breastfeeding prevalence at 6–8 weeks after birth is similar in Solihull (46.4%) to England (47.6%)
- The population coverage of the MMR vaccination in Solihull (90.2%) is similar to England (90.3%)
- Solihull has a lower prevalence of obesity at reception (8.8%) and Year 6 (19.2%) than England (9.9% and 21% respectively)
- The rate of hospital admissions as a result to self-harm (10–24 years), at 304.2 per 100,000, is better than England (421.9 per 100,000)

Figure F14: Solihull child health profile, 2020-21

Indicator	Period	Solihull			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Infant mortality rate	2018 - 20	–	30	4.7	5.6	3.9	6.8		1.7
Child mortality rate (1-17 years)	2018 - 20	–	10	7.6	11.0	10.3	17.7		6.1
Population vaccination coverage - MMR for one dose (2 years old) <90% 90% to 95% ≥95%	2020/21	↓	2,086	90.2%	90.2%	90.3%	70.7%		97.9%
Population vaccination coverage - Dtap / IPV / Hib (2 years old) <90% 90% to 95% ≥95%	2020/21	→	2,202	95.2%	94.2%	93.8%	77.8%		99.2%
Children in care immunisations	2021	→	348	89.0%	85.0%	86.0%	22.0%		100%
School readiness: percentage of children achieving a good level of development at the end of Reception	2018/19	↑	1,956	72.6%	70.1%	71.8%	63.1%		
Average Attainment 8 score	2020/21	–	123,098	53.3	49.5	50.9	42.9		
Average Attainment 8 score of children in care	2020	–	672	21.7	23.1	21.4	10.6		
16-17 year olds not in education, employment or training (NEET) or whose activity is not known	2020	↓	220	4.4%	5.7%	5.5%	13.8%		1.4%
First time entrants to the youth justice system	2021	→	20	90.6	134.8	146.9	446.9		56.3
Children in absolute low income families (under 16s)	2020/21	↑	4,565	10.7%	20.0%	15.1%	39.2%		5.2%
Children in relative low income families (under 16s)	2020/21	↑	5,649	13.2%	24.6%	18.5%	42.4%		6.2%
Homelessness - households with dependent children owed a duty under the Homelessness Reduction Act	2020/21	–	309	12.0	11.8	11.6	32.2		3.6
Children in care	2021	↑	531	111	85	67	210		24
Children killed and seriously injured (KSI) on England's roads	2018 - 20	–	14	11.0	16.1	15.9	55.0		2.6
Low birth weight of term babies	2020	→	48	2.6%	3.1%	2.9%	4.9%		.3%
Reception: Prevalence of obesity (including severe obesity)	2019/20	→	-	8.8%	11.2%	9.9%	14.6%		
Year 6: Prevalence of obesity (including severe obesity)	2019/20	→	-	19.2%	23.9%	21.0%	30.1%		
Percentage of 5 year olds with experience of visually obvious dental decay	2018/19	–	-	14.5%	22.7%	23.4%	50.9%		8.7%
Hospital admissions for dental caries (0-5 years)	2018/19 - 20/21	–	-	*	87.0	220.8	7.5		
Under 18s conception rate / 1,000	2020	→	-	8.1	15.1	13.0	30.4		2.7
Teenage mothers	2020/21	→	10	0.5%	0.8%	0.6%	1.8%		0.0%
Admission episodes for alcohol-specific conditions - Under 18s	2018/19 - 20/21	–	30	21.1	24.9	29.3	83.8		7.7
Hospital admissions due to substance misuse (15-24 years)	2018/19 - 20/21	–	45	65.8	66.9	81.2	229.4		16.9
Smoking status at time of delivery	2020/21	→	-	9.3%	10.6%	9.6%	21.4%		1.8%
Baby's first feed breastmilk	2018/19	–	1,005	63.0%	62.5%	67.4%	43.6%		
Breastfeeding prevalence at 6-8 weeks after birth - current method	2020/21	–	-	46.4%	*	47.6%*	-	*Insufficient number of values for a spine chart*	
A&E attendances (0-4 years)	2019/20	↑	6,690	544.7	644.4	659.8	1,700.5		28.2
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)	2020/21	→	355	88.5	77.0	75.7	144.0		26.5
Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years)	2020/21	→	210	90.7	95.6	112.4	264.7		45.8
Hospital admissions for asthma (under 19 years)	2020/21	→	30	59.6	91.4	74.2	290.2		22.5
Hospital admissions for mental health conditions (<18 yrs)	2020/21	→	35	73.0	85.7	87.5	263.5		21.0
Hospital admissions as a result of self-harm (10-24 years)	2020/21	→	115	304.2	379.6	421.9	1,173.7		112.4

Children Looked After (CLA)

Table F9 shows the rate of Children Looked After (CLA) per 10,000 population according to the Local Authority Interactive Tool.[80]

[80] DfE. Local Authority Interactive Tool (LAIT). December 2021. [Accessed July 2022.] www.gov.uk/government/publications/local-authority-interactive-tool-lait

Birmingham

The 2021 rate for CLA for under-18s in Birmingham is 67 CLA per 10,000 children. By comparison, the rate of CLA in the West Midlands was 83 CLA per 10,000 children, and in England it was 67 CLA per 10,000 children.

Out of the CLA who had been looked after continuously for at least 12 months in Birmingham, 88% had received a health check (lower than England, 91%), 76% had their immunisations up to date (lower than England, 86%) and 3% had substance misuse (same as England, 3%).

Solihull

The 2021 rate for CLA for under-18s in Solihull is 111 CLA per 10,000 children. By comparison, the rate of CLA in the West Midlands was 83 CLA per 10,000 children, and in England it was 67 CLA per 10,000 children.

Out of the CLA who had been looked after continuously for at least 12 months in Solihull, 98% had received a health check (higher than England, 91%), 89% had their immunisations up to date (higher than England, 86%) and 2% had substance misuse (lower than England, 3%).

Table F9: BSOL Children Looked After (CLA), 2021

	Birmingham	Solihull	West Midlands	England
CLA (rate per 10,000)	67	111	85	67
Percentage of CLA having Health Checks	88%	98%	89%	91%
Percentage having immunisation up to date	76%	89%	85%	86%
Percentage of CLA substance misuse	3%	2%	3%	3%

Source: Department for Education (DfE), Children looked after in England

People with physical and learning disabilities

The number of people in the population with a physical or learning disability increases as the population grows. Rates of physical, visual and hearing disability tend to increase with age. People with learning disabilities may have complex care needs and are at increased risk of mental illness, epilepsy, cardiovascular and respiratory diseases, and poor dental care. People with learning disabilities may also be more likely to be either under- or overweight. Regular health screening of adults with learning disabilities enables their unmet needs to be assessed. The needs of children with learning disabilities in the area can be assessed from the data reported on Special Educational Needs (SEN).

Birmingham[81]

Table F10 indicates the proportion of children and adults in GP and local authority records who are recorded as having learning disabilities. In Birmingham, the rate of children whom the school identify as having a moderate learning difficulty is 55.7 per 1,000 children, which is significantly higher than England (29.1 per 1,000). Children with autism known to schools is 24 per 1,000, and also significantly higher than England (18 per 1,000). The number of eligible adults with a learning disability who receive their annual GP Health Check is 46 per 1,000, lower than England (52.3 per 1,000).

Solihull[82]

Table F10 indicates the proportion of children and adults in GP and local authority records who are recorded as having learning disabilities. In Solihull, the rate of children whom the school identify as having a moderate learning difficulty is 26.6 per 1,000 children, which is significantly lower than England (29.1 per 1,000). Children with autism known to schools is 33.6 per 1,000, and also significantly higher than England (18 per 1,000). The number of eligible adults with a learning disability who receive their annual GP Health Check is 55.2 per 1,000, similar to England (52.3 per 1,000).

[81] OHID Learning difficulty profiles. [Accessed July 2022.] https://fingertips.phe.org.uk/profile/learning-disabilities/data#page/1/gid/1938132702/pat/6/ati/302/are/E08000025/iid/92127/age/217/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

[82] OHID Learning difficulty profiles. [Accessed July 2022.] https://fingertips.phe.org.uk/profile/learning-disabilities/data#page/1/gid/1938132702/pat/6/par/E12000005/ati/302/are/E08000029/yrr/1/cid/4/tbm/1

Table F10: BSOL learning difficulty indicators, 2020-21

Indicator	Period	Solihull Count	Solihull Value*	Region Count	Region Value*	England Count	England Value*	England Lowest
Children with moderate learning difficulties known to schools	2020	11,284	55.7	1,060	26.6	43.6	29.1	7.9
Children with severe learning difficulties known to schools	2020	681	3.4	80	2.0	4.4	4.0	0.7
Children with profound & multiple learning difficulty known to schools	2020	286	1.41	19	0.48	1.28	1.29	0.00
Children with autism known to schools	2020	4,865	24.0	1,338	33.6	17.2	18.0	5.8
Children with learning difficulties known to schools	2020	12,251	60.5	11.159	29.1	49.3	34.4	11.3
Adults (18+) with learning disability receiving long-term support from local authorities (per 1000 population)	2019/20	2.510	2.94	605	3.58	3.14	3.46	2.00
Learning disability: QOF prevalence	2019/20	8,365	0.6%	1.167	0.5%	0.5%	0.5%	0.2%
Proportion of eligible adults with a learning disability having a GP Health Check %	2018/19	3,869	46.4%	574	52.2	46.1	52.3	3.4

* per 1,000
Source QOF/local authority profiles

Homeless populations[83]

Homelessness is associated with severe poverty and is a social determinant of health. It often results from a combination of events such as relationship breakdown, debt, adverse experiences in childhood and through ill health.

Homelessness is associated with poor health, education and social outcomes, particularly for children.

The Homelessness Reduction Act (HRA) introduced new homelessness duties which meant significantly more households are being provided with a statutory service by local housing authorities than before the HRA came into force in April 2018. The HRA introduced new prevention and relief duties, that are owed to all eligible households who are homeless or threatened with becoming homeless, including those single adult households who do not have 'priority need' under the legislation

[83] OHID Homelessness indicators. [Accessed July 2022.] https://fingertips.phe.org.uk/search/homeless

Homelessness covers those known to services (rough sleepers, and those without a permanent address living in hostels, temporary accommodation and supported housing) as well as individuals and families in inadequate or insecure housing that may be unknown to services.

Support is defined in this data in terms of a 'prevention duty', where there is a threat of homelessness within 56 days, and a 'relief duty', where an individual is already homeless.

It is impossible to project the future numbers of homeless in BSOL households or future service demand due to the impact of welfare reforms, cost of living increases and the impact of COVID-19.

Birmingham

Table F11 shows the number of rough sleepers figures for Birmingham for 2020-21.

Households owed a duty under the HRA figure (Households owed a prevention or relief duty under the HRA, crude rate per 1,000 estimated total households) of 11.2 per 1,000 is similar to England (11.3 per 1,000).

Birmingham is significantly better (at 1.7 per 1,000) for households owed a duty under the HRA (main applicant aged 16–24) compared with England (2.6 per 1,000).

Birmingham is worse for households with dependent children owed a duty under the HRA with 15.7 per 1,000, compared with England (11.6 per 1,000).

Table F11: Birmingham rough sleeper count, by year, 2020-21

Year	2011	2012	2013	2014	2015	2016	2017	2018	2019
Rough sleeper count	7	8	14	20	36	55	57	91	52

Solihull

Table F12 shows the homelessness figures for Solihull for 2020-21.

Households owed a duty under the HRA figure of 9.7 per 1,000 is better than England (11.3 per 1,000).

Solihull is significantly worse (at 3.5 per 1,000), for households owed a duty under the HRA (main applicant aged 16–24) compared with England (2.6 per 1,000).

Solihull is similar for households with dependent children owed a duty under the HRA with 12.0 per 1,000, compared with England (11.6 per 1,000).

Table F12: BSOL Homelessness, 2020-21

Indicator	Period	Birmingham Count	Birmingham Value*	Solihull Count	Solihull Value*	Region Value*	England Value*	England Lowest
Homelessness – Households in temporary accommodation	2020-21	–	–	149	1.6	2.1	4.0	48.6
Homelessness – Households owed a duty under the HRA	2020-21	4,784	11.2	886	9.7	10.2	11.3	31.0
Homelessness – Households owed a duty under the HRA (main applicant 16–24)	2020-21	729	1.7	325	3.5	2.4	2.6	8.7
Homelessness – Households owed a duty under the HRA (main applicant 55+)	2020-21	333	2.0	51	1.1	1.8	2.3	10.7
Homelessness – Households with dependent children owed a duty under the HRA	2020-21	2.211	15.7	309	12.0	11.8	11.6	32.2

*per 1,000
Source: OHID. Homelessness indicators

Deprivation

IMD 2019 is a combined measure of deprivation in the domains of:

- Income
- Employment
- Health deprivation and disability
- Education, skills and training
- Barriers to housing and services
- Crime
- Living environment

Income and employment domains carry the most weight in the overall IMD rank. Deprivation varies significantly across BSOL and this can be seen in Map B.

The 32,844 small areas (LSOAs) in England are split into ten equally sized deciles, with the most deprived (10%) areas grouped into decile 1, up to the least deprived (10%) in decile 10.

Table F13[84] shows the deprivation ranks by constituency. The deprivation rank only shows how deprived an area is relative to other areas in England and does not measure the depth of deprivation. The ranks are based on data released in 2019 and are mostly based on data from 2015-16.

Table F14 shows how Birmingham and Solihull rank across the deprivation sub-domain compared with all constituencies in the England.

Table F13: Locality deprivation, IMD rank, 2019

Locality	Parliamentary constituency	IMD decile	IMD rank*
East	Birmingham, Hodge Hill	1	2
East	Birmingham, Yardley	1	19
South	Birmingham, Edgbaston	2	83
South	Birmingham, Northfield	1	26
West	Birmingham, Ladywood	1	7
West	Birmingham, Perry Barr	1	36
Central	Birmingham, Hall Green	1	24
Central	Birmingham, Selly Oak	2	89
North	Sutton Coldfield	8	416
North	Birmingham, Erdington	1	5
Solihull	Solihull, Meriden	5	238
Solihull	Solihull, Solihull	9	441

* Rank 1 = most deprived constituency, 533 = least deprived
Source: Constituency data: Indices of deprivation, UK Parliament

Table F14: Birmingham and Solihull deprivation sub-domains, 2019

Locality	Parliamentary constituency	A*	B*	C*	D*	E*	F*	G*
East	Birmingham, Hodge Hill	4	63	99	24	5	4	1
East	Birmingham, Yardley	48	93	62	23	49	25	30
South	Birmingham, Edgbaston	292	160	133	81	144	24	109
South	Birmingham, Northfield	84	86	69	136	40	38	35
West	Birmingham, Ladywood	40	66	38	12	23	1	3
West	Birmingham, Perry Barr	113	143	142	33	65	21	45
Central	Birmingham, Hall Green	122	128	125	28	39	17	18
Central	Birmingham, Selly Oak	252	125	126	64	186	39	130

[84] UK Parliament, House of Commons Library. Constituency data: Indices of deprivation. https://commonslibrary.parliament.uk/constituency-data-indices-of-deprivation/ [Accessed October 2022]

Locality	Parliamentary constituency	A*	B*	C*	D*	E*	F*	G*
North	Birmingham, Sutton Coldfield	514	338	379	240	415	178	447
North	Birmingham, Erdington	30	35	87	15	13	28	9
Solihull	Solihull, Meriden	202	365	196	437	184	190	206
Solihull	Solihull, Solihull	490	428	273	375	430	343	428

A – Education, skills, and training
B – Health deprivation and disability
C – Crime
D – Living Environment
E – Employment
F – Barriers to housing and services
G – Income
* Rank 1 = most deprived constituency, 533 = least deprived
Source: Constituency data: Indices of deprivation, UK Parliament

Birmingham[85]

Birmingham is ranked the seventh most deprived local authority in England, and the third most deprived English City after Liverpool and Manchester. The city is the most deprived in the West Midlands region. Birmingham suffers from high levels of deprivation, with 43% of the population living in LSOAs in the 10% most deprived in England, and 51% of children (under-16s) living in the 10% most deprived areas.

Table F13 shows deprivation for Birmingham localities. While there are pockets of deprivation in all parts of the city, deprivation is most heavily clustered in the area surrounding the city centre. It is important to note that Hodge Hill is the second most deprived area in England, Erdington is fifth, and Ladywood is seventh. Those living in the most deprived areas of England face the worst healthcare inequalities in relation to healthcare access, experience and outcomes.

Overall, 41% of Birmingham's LSOAs are among the 1st decile or 10% most deprived LSOAs in England, and 1.3% of Birmingham's LSOAs are among the 10th decile or 10% least deprived LSOAs in England. Seven of Birmingham's LSOAs are ranked among the top 1% of deprived areas nationally.

[85] DLUHC. Local authority Indices of Deprivation. [Accessed July 2022.] www.gov.uk/guidance/english-indices-of-deprivation-2019-mapping-resources

Table F14 shows how the Birmingham localities rank across the deprivation sub-domains compared with all constituencies in England. Hodge Hill, Erdington and Ladywood are ranked as the most deprived across all domains. Hodge Hill is ranked the most income deprived constituency in England. It is important to note that those areas of high income deprivation are more likely to have a range of health conditions including serious mental illness, obesity, diabetes and learning disabilities.[86]

Solihull[87]

Solihull is the 32nd (of 151) least deprived of the upper tier local authorities in England and sits in the second least deprived quintile nationally. There is significant variation in deprivation, with large parts of the borough ranking among the least deprived areas of England and a concentration of neighbourhoods among the most deprived. When ranked based on the proportion of LSOAs in the most deprived decile, the IMD ranking drops to 98th.[88]

Over half of the north Solihull population live in the most deprived (10%) neighbourhoods in England, including one in five living in the most deprived (5%) LSOAs. Deprivation in north Solihull is consistent with that found in neighbouring east Birmingham. Green Hill (Shirley East ward, 14th percentile) and Hobs Moat North (Lyndon, 13th percentile) are the only LSOAs outside the regeneration area in the most deprived (20%) of neighbourhoods in England.

Table F14 shows how Solihull ranks across the deprivation sub-domain compared with all local authorities in England and overall, Solihull ranks highly across all the deprivation sub-domains.

Map B shows the deprivation across Birmingham and Solihull by LSOA.

High-level health and wellbeing

Life expectancy

Birmingham[89]

Life expectancy at birth for Birmingham residents was 77.1 years for males and 81.8 years for females (2018-20), which is significantly lower than England's life expectancy, which was 79.4 years for males and 83.1 years for females.

[86] UK Parliament, House of Commons Library. Health inequalities: Income deprivation and north/south divides. 29 January 2019. https://commonslibrary.parliament.uk/health-inequalities-income-deprivation-and-north-south-divides/#:~:text=It%E2%80%99s%20widely%20recognised%20that%20social%20and%20economic%20factors,serious%20mental%20illness%2C%20obesity%2C%20diabetes%2C%20and%20learning%20disabilities.

[87] Solihull deprivation profile. [Accessed July 2022.] www.solihull.gov.uk/About-Solihull/JSNA

[88] Solihull Metropolitan Council. Deprivation in Solihull: The Index of Multiple Deprivation 2019. [Accessed August 2022.] www.solihull.gov.uk/sites/default/files/migrated/InfoandIntelligence_Index-of-Multiple-Deprivation-Summary.pdf

[89] ONS. Life expectancy estimates, all ages, UK (via PHE fingertips). [Accessed July 2022.] www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/datasets/lifeexpectancyestimatesallagesuk

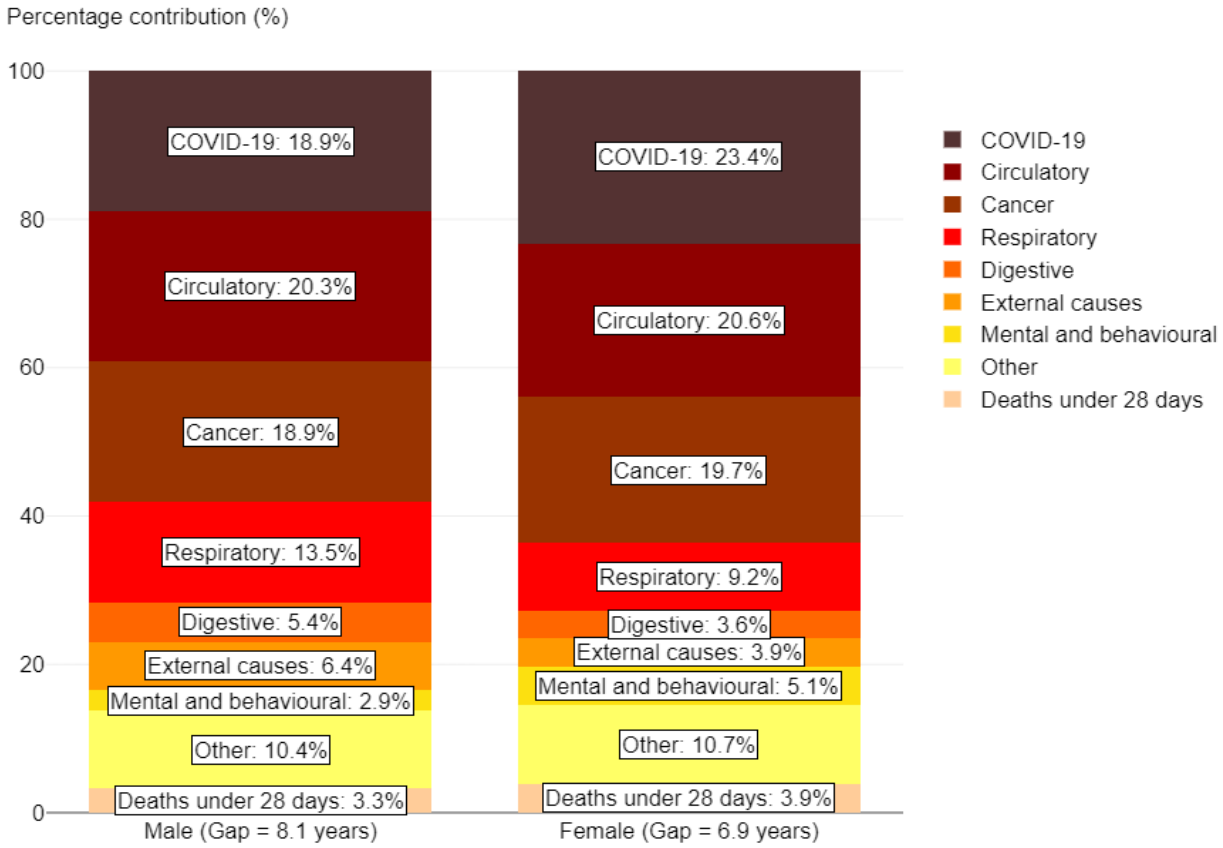
Table F15 shows a range of life expectancy indicators. Healthy Life Expectancy (HLE) in Birmingham (2017-19) is 59.2 years for men and 60.2 years for women, which is statistically significantly different from the national figures (male 63.2 years; female 63.5 years). The same pattern is also evident for HLE at 65 years for men at 8.1 years and for women at 9.1 years, when compared with England figures (male 10.6 years; female 11.1 years).

The disability-free life expectancy in Birmingham is significantly lower at 65 years for men at 8.0 years, and similar for women at 8.5 years.

The gap in life expectancy for Birmingham residents is almost 10 years for men and 8 years for women. Figure F15 shows the breakdown of the life expectancy gap between the most and least deprived quintiles for Birmingham by cause of death, 2020-21 (provisional). The top three main causes for this gap are:[90]

- COVID-19 (18.9% males; 23.4% females)
- Circulatory (20.3% males; 20.6% females)
- Cancer (18.9% males; 19.7% females)

Figure F15: Birmingham breakdown of the life expectancy gap between the most and least deprived quintiles of Birmingham by cause of death, 2020-21 (provisional)



Source: OHID, based on ONS death registration data (provisional for 2021) and 2020 mid-year population estimates; Department for Levelling Up, Housing and Communities (DLUHC). IMD 2019

[90] OHID. Gap in life expectancy, cause of death. [Accessed July 2022.] https://analytics.phe.gov.uk/apps/segment-tool/

Solihull[91]

Life expectancy at birth for Solihull residents was 80.4 years for males and 84 years for females (2018-20), which is significantly higher than England life expectancy, which was 79.4 years for males and 83.1 years for females.

Table F15 shows a range of life expectancy indicators. The HLE in 2017-19 was 67.4 years for men and 65.7 for women, which is statistically similar to England (male 63.2 years; female 63.5 years). The same pattern is also evident for HLE at 65 years for men (12.3 years) and women (11.1 years), when compared with England (male 10.6 years; female 11.1 years).

The disability-free life expectancy in Solihull is similar to England, with disability-free life expectancy at 65 for men at 9.8 years, and similar for women at 9.9 years.

Table F15: BSOL Healthy Life Expectancy (HLE) and disability-free life expectancy, 2018-20

Indicator	Period	Birmingham Value*	Solihull Value*	England Value	England Lowest
HLE at birth (male)	2018-20	59.2	67.4	63.1	53.5
HLE at birth (female)	2018-20	60.2	65.7	63.9	54.3
Inequality in HLE at birth LA (male)	2020	16.5	17.8	–	–
Inequality in HLE at birth LA (female)	2020	18.8	17.7	–	–
HLE at 65 (male)	2018-20	8.1	12.3	10.5	5.9
HLE at 65 (female)	2018-20	9.1	11.1	11.3	6.9
Disability-free life expectancy at 65 (male)	2018-20	8.0	9.8	9.8	6.2
Disability-free life expectancy at 65 (female)	2018-20	8.5	9.9	9.9	6.4

* years

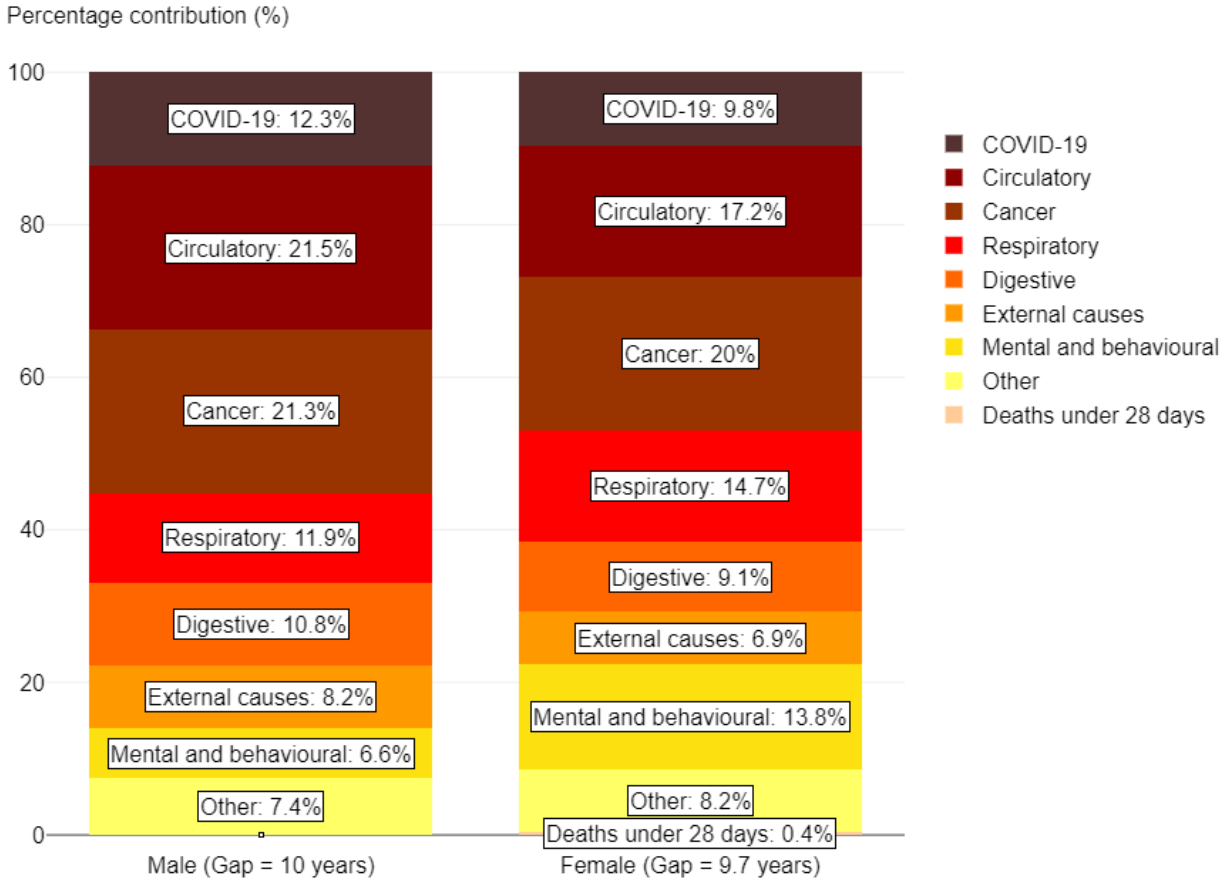
The gap in life expectancy for Solihull residents is almost 2 years for men and 1 year for women. Figure F16 shows the breakdown of the life expectancy gap between the most and least deprived quintiles of Solihull by cause of death, 2020 to 2021 (provisional). The top three main causes for this gap are:[92]

- COVID-19 (20.3% males; 20.6% females)
- Circulatory (18.9% males; 19.7% females)
- Cancer (21.3% males; 20% females)

[91] ONS. Life expectancy estimates, all ages, UK (via PHE fingertips). [Accessed July 2022.] www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/datasets/lifeexpectancyestimatesallagesuk

[92] OHID. Gap in life expectancy, cause of death. [Accessed July 2022.] https://analytics.phe.gov.uk/apps/segment-tool/

Figure F16: Solihull breakdown of the life expectancy gap between the most and least deprived quintiles of Solihull by cause of death, 2020 to 2021 (provisional)



Source: OHID, based on ONS death registration data (provisional for 2021) and 2020 mid-year population estimates; DLUHC. IMD 2019

Wellbeing indicators

Birmingham

In Birmingham, the self-reported wellbeing indicators for the year 2020-21 show that all the indicators for self-reported wellbeing are higher than the regional and England averages (see Table F16).

Solihull

In Solihull, the self-reported wellbeing indicators for the year 2020-21 show that all the indicators for self-reported wellbeing are lower than the regional and England figures (see Table F16).

Table F16: BSOL self-reported wellbeing indicators, 2020-21

Indicator	Period	Birmingham	Solihull	West Midlands	England
Self-reported wellbeing – people with a low satisfaction score	2020-21	10.4%	*	6.5%	6.1%
Self-reported wellbeing – people with a low worthwhile score	2020-21	*	*	4.7%	4.4%
Self-reported wellbeing – people with a low happiness score	2020-21	11.6%	7.5%	9.9%	9.2%
Self-reported wellbeing – people with a high anxiety score	2020-21	26.8%	21.5%	24.5%	24.2*

* Value missing due to small sample size
Source: OHID. Public Health Profiles. 2021

Inequalities in health (place/people)[93]

Wider determinants, also known as social determinants, are a diverse range of social, economic and environmental factors that affect people's health. Such factors are influenced by the local, national and international distribution of power and resources, which shape the conditions of daily life. They determine the extent to which different individuals have the physical, social and personal resources to identify and achieve goals, meet their needs, and deal with changes to their circumstances.

The Marmot review, published in 2010, raised the profile of wider determinants of health by emphasising the strong and persistent link between social inequalities and disparities in health outcomes. Variation in the experience of wider determinants (i.e. social inequalities) is considered the fundamental cause (the 'causes of the causes') of health outcomes, and, as such, health inequalities are likely to persist through changes in disease patterns and behavioural risks, so long as social inequalities persist. Addressing the wider determinants of health has a key role to play in reducing health inequalities.

Birmingham

The Birmingham natural and built environment indicators show those determinants related to people and place. Birmingham is significantly lower than the England average for several indicators, which can be seen in Figure F17. Some examples are:

- Percentage of adults walking for travel at least three days per week in Birmingham (16.8%) is similar to England
- Air pollution for Birmingham (8.4µg/m^3 of fine particle matter) is higher than for England (7.5µg/m^3 of fine particle matter)

[93] OHID. Place and people wider determinants indicators. [Accessed July 2022.] https://fingertips.phe.org.uk/profile/wider-determinants/data#page/1

- Fuel poverty for Birmingham (14.2%) is higher than in England (10.3%)

Figure F17: Birmingham natural and built environment wider determinant indicators, 2019-20

Indicator	Period	Birmingham			Region	England
		Recent Trend	Count	Value	Value	Value
Transport						
Percentage of adults walking for travel at least three days per week	2019/20	–	-	16.8%	12.6%	15.1%
Percentage of adults cycling for travel at least three days per week	2019/20	–	-	2.0%	1.4%	2.3%
Neighbourhood design						
Killed and seriously injured (KSI) casualties on England's roads (historic data)	2016 - 18	–	1,388	40.7	38.4	42.6*
The rate of complaints about noise	2019/20	–	5,314	4.6*	4.5*	6.4*
Number of premises licensed to sell alcohol per square kilometre	2017/18	–	2,766	10.3	1.3*	1.3*
Density of fast food outlets	2014	–	1,058	96.1	83.2	88.2
Natural and sustainable environments						
Access to Healthy Assets & Hazards Index	2017	–	91,505	8.0%	11.8%	21.1%
Air pollution: fine particulate matter (new method - concentrations of total PM2.5)	2020	–	-	8.4	7.3	7.5
Air pollution: fine particulate matter (historic indicator)	2020	–	-	7.9	6.7	6.9
Housing						
Overcrowded households	2011	–	37,205	9.1%	4.6%	4.8%
Affordability of home ownership	2021	–	207,000	7.1	7.6	9.1
Fuel poverty (low income, high cost methodology)	2018	→	61,560	14.2%	11.4%	10.3%
Fuel poverty (low income, low energy efficiency methodology)	2019	–	92,990	21.2%	17.5%	13.4%
Excess winter deaths index	Aug 2019 - Jul 2020	–	590	22.2%	18.0%	17.4%
Emergency hospital admissions due to falls in people aged 65 and over	2020/21	→	3,575	2,266	1935	2023

Solihull

The Solihull natural and built environment indicators show those determinants related to people and place. Solihull is similar to the England averages for the majority of the indicators. Solihull's indicators that are significantly different are:

- The number of emergency admissions due to falls in people aged 65 and over Solihull (2,275 per 100,000 population) is higher than in England (2,023 per 100,000 population)

Figure F18: Solihull natural and built environment wider determinant indicators, 2019-20

Indicator	Period	Solihull			Region	England
		Recent Trend	Count	Value	Value	Value
Transport						
Percentage of adults walking for travel at least three days per week	2019/20	–	-	14.0%	12.6%	15.1%
Percentage of adults cycling for travel at least three days per week	2019/20	–	-	1.3%	1.4%	2.3%
Neighbourhood design						
Killed and seriously injured (KSI) casualties on England's roads (historic data)	2016 - 18	–	162	25.2	38.4	42.6*
The rate of complaints about noise	2019/20	–	564	2.6*	4.5*	6.4*
Number of premises licensed to sell alcohol per square kilometre	2017/18	–	633	3.6	1.3*	1.3*
Density of fast food outlets	2014	–	114	54.3	83.2	88.2
Natural and sustainable environments						
Access to Healthy Assets & Hazards Index	2017	–	23,559	11.0%	11.8%	21.1%
Air pollution: fine particulate matter (new method - concentrations of total PM2.5)	2020	–	-	7.6	7.3	7.5
Air pollution: fine particulate matter (historic indicator)	2020	–	-	7.1	6.7	6.9
Housing						
Overcrowded households	2011	–	2,366	2.7%	4.6%	4.8%
Affordability of home ownership	2021	–	325,000	9.2	7.6	9.1
Fuel poverty (low income, high cost methodology)	2018	→	7,428	8.2%	11.4%	10.3%
Fuel poverty (low income, low energy efficiency methodology)	2019	–	11,483	12.5%	17.5%	13.4%
Excess winter deaths index	Aug 2019 - Jul 2020	–	80	12.2%	18.0%	17.4%
Emergency hospital admissions due to falls in people aged 65 and over	2020/21	→	1,125	2,275	1935	2023

Lifestyle

Physical activity and diet[94]

Birmingham

Only 47.9% of adults in Birmingham ate the recommended five-a-day intake of fruit and vegetables in 2020-21. This was significantly lower than in England (55.4%).

Table F17 shows that, in 2019-20, 58.3% of adults met the recommended physical activity levels per week in Birmingham, which is lower than England (66.4%). Meanwhile, 28.8% of adults were classified as physically inactive, which is higher than England (22.9%). In 2020-21, only 32% of reported children aged 5–16 were meeting the UK Chief Medical Officer's recommendations for physical activity (an average of at least 60 minutes moderate–vigorous intensity activity per day across the week).

[94] OHID, based on Sport England Active Lives Adult Survey (via PHE fingertips). [Accessed July 2022.] https://fingertips.phe.org.uk/search/physical%20activity

Solihull

In 2020-21, 58.3% of adults in Solihull ate the recommended five-a-day intake of fruit and vegetables. This was significantly higher than in England (55.4%).

Table F17 shows that in 2020-21, 68.8% of adults met recommended physical activity levels per week in Solihull, which is higher than England (66.4%). Meanwhile, 24.3% of adults were classified as physically inactive, which is higher than England (22.9%).

Table F17: BSOL physical activity, 2019-20

Indicator	Period	Birmingham Count	Birmingham Value %	Solihull Count	Solihull Value %	Region Value %	England Value %	England Lowest %
Percentage physically active for at least one hour per day, seven days a week at age 15	2014-15	–	12.3	–	12.6	13.8	13.9	Insufficient values
Percentage of physically active adults	2020-21	–	58.3	–	68.8	63.0	65.9	48.8
Percentage of physically inactive adults	2020-21	–	28.8	–	24.3	25.6	23.4	38.1
Percentage of physically active children and young people	2020-21	–	32.0	–	–	42.0	44.6	Insufficient values

Obesity

Birmingham

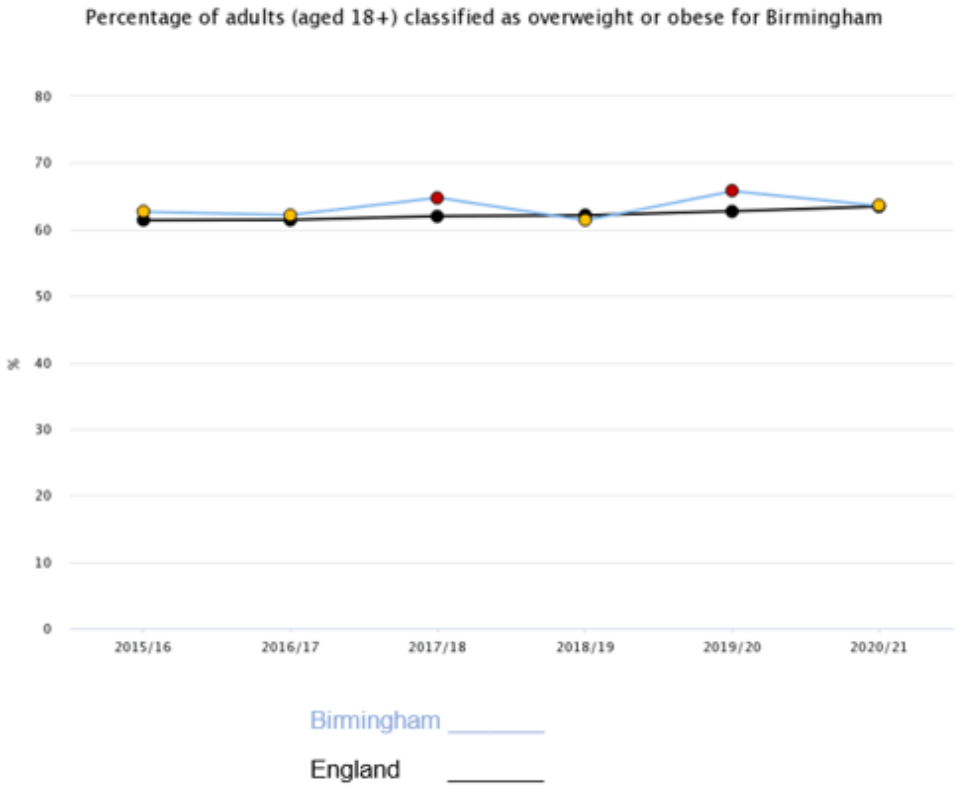
In 2019-20 the prevalence of overweight children in Year 6 of school (age 10–11) in Birmingham was 39.6%, significantly above the figures for England (35.2%). Furthermore, the prevalence of obesity (including severe obesity) in the same age group was 25.5%, which was above England (21%).[95]

Figure F19 shows the trends for adult obesity in Birmingham. The percentage of obesity in adults is 63.5%, which is similar to England (63.5%) and has remained above the England average since 2015-16.[96]

[95] OHID. National Child Measurement Programme (NCMP) Indicators (via PHE fingertips). [Accessed July 2022.] https://fingertips.phe.org.uk/search/obesity

[96] OHID. Obesity profiles: Obesity profile. [Accessed July 2022.] https://fingertips.phe.org.uk/search/obesity#page/1/gid/1/pat/6/ati/402/are/E08000029/iid/20601/age/200/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

Figure F19: Trends in adult obesity in Birmingham compared with England average, 2020-21



Solihull

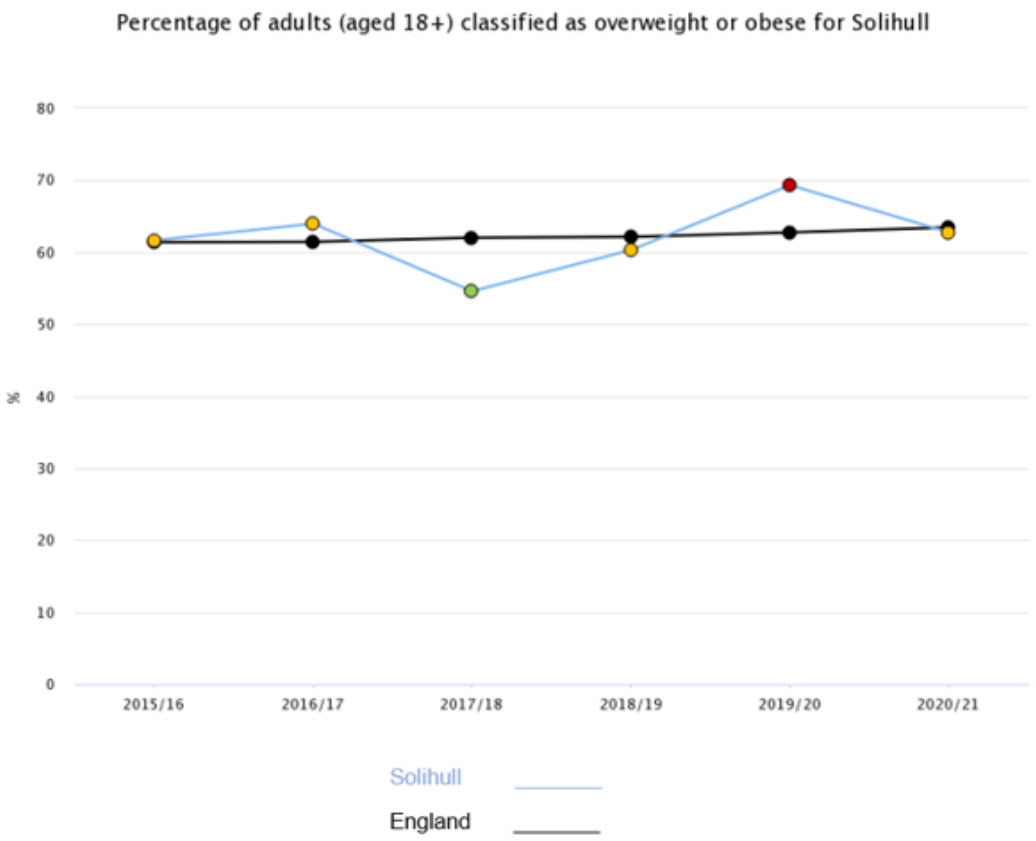
In 2019-20 the prevalence of overweight children in Year 6 of school (age 10–11) in Solihull was 20.9%, significantly better than England (35.2%). Furthermore, the prevalence of obesity (including severe obesity) in the same age group was 19.2%, which is below England (21%).[97]

Figure F20 shows the trends for adult obesity in Solihull. The percentage of obesity in adults is 62.8%, which is similar to England (63.5%).[98]

[97] OHID. NCMP Indicators (via PHE fingertips). [Accessed July 2022.] https://fingertips.phe.org.uk/search/obesity

[98] OHID. Obesity profiles: Obesity profile. [Accessed July 2022.] https://fingertips.phe.org.uk/search/obesity#page/1/gid/1/pat/6/ati/402/are/E08000029/iid/20601/age/200/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

Figure F20: Trends in adult obesity in Solihull compared with England average, 2020-21



Smoking[99]

Birmingham

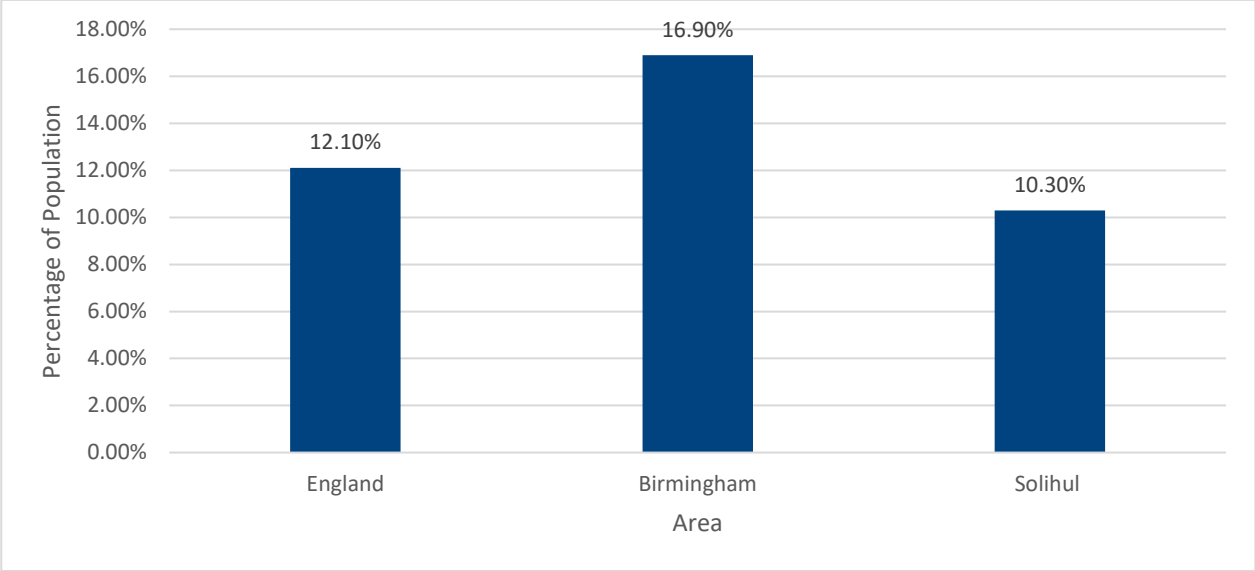
Figure F21 shows that the smoking prevalence in Birmingham is 16.9%, which is significantly higher than England (12.1%) and the West Midlands (12.8%). The smoking prevalence in at-risk groups (e.g. routine and manual workers) is also higher, at 28.2%, than England (21.4%) and the West Midlands (22.0%). Smoking status at time of delivery for pregnant women is, at 9.3%, similar to England (9.6%) and the West Midlands (10.6%).

Solihull

Figure F21 shows that the smoking prevalence in Solihull is 10.3%, which is similar to England (12.1%) and West Midlands (12.8%) averages. The smoking prevalence in at-risk groups (e.g. routine and manual workers) is, at 20.2%, also similar to England (21.4%) and the West Midlands (22.0 %). Smoking status at time of delivery is, at 9.3%, similar to England (9.6%) and the West Midlands (10.6%).

[99] OHID. Local Tobacco Control profiles. [Accessed July 2022.] https://fingertips.phe.org.uk/profile/tobacco-control/data#page/0/gid/1938132885/pat/6/par/E12000005/ati/402/are/E08000025/iid/93798/age/168/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

Figure F21: BSOL smoking prevalence, 2020



Alcohol and drug misuse

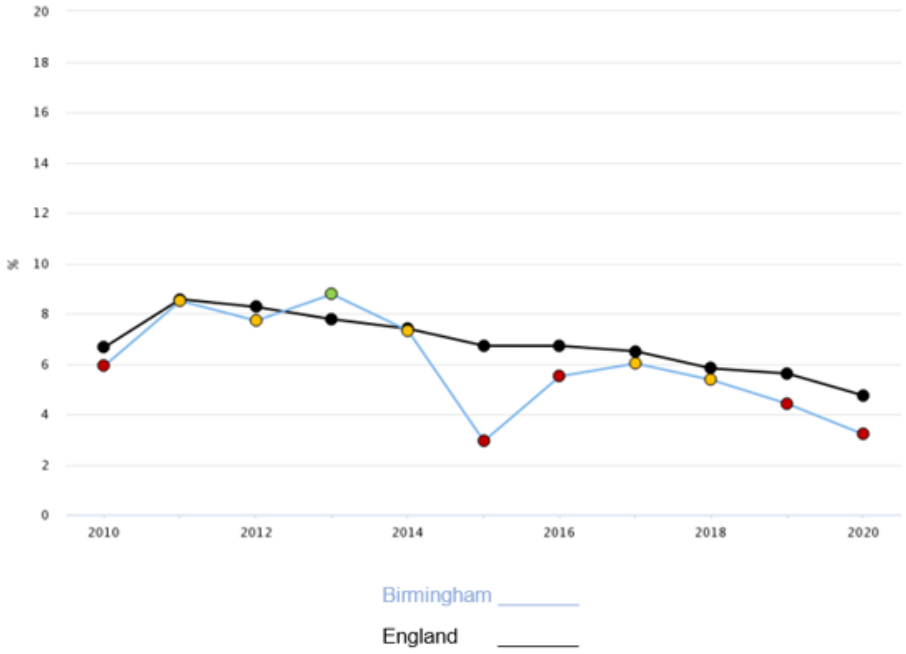
Birmingham[100]

Local alcohol profiles for 2020-21 indicates that Birmingham, with a rate of 44 per 100,000, had a higher alcohol-related mortality than England (37.8 per 100,000).

In 2020-21, admission episodes for alcohol-specific conditions for Birmingham were above England, at 769 per 100,000 compared with 581 per 100,000.

[100] OHID. Local Alcohol Profiles. [Accessed July 2022.] https://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/1

Figure F22: Birmingham successful completion of drug treatment, 2020-21



Source: Calculated by OHID using data from the National Drug Treatment Monitoring System

Solihull[101]

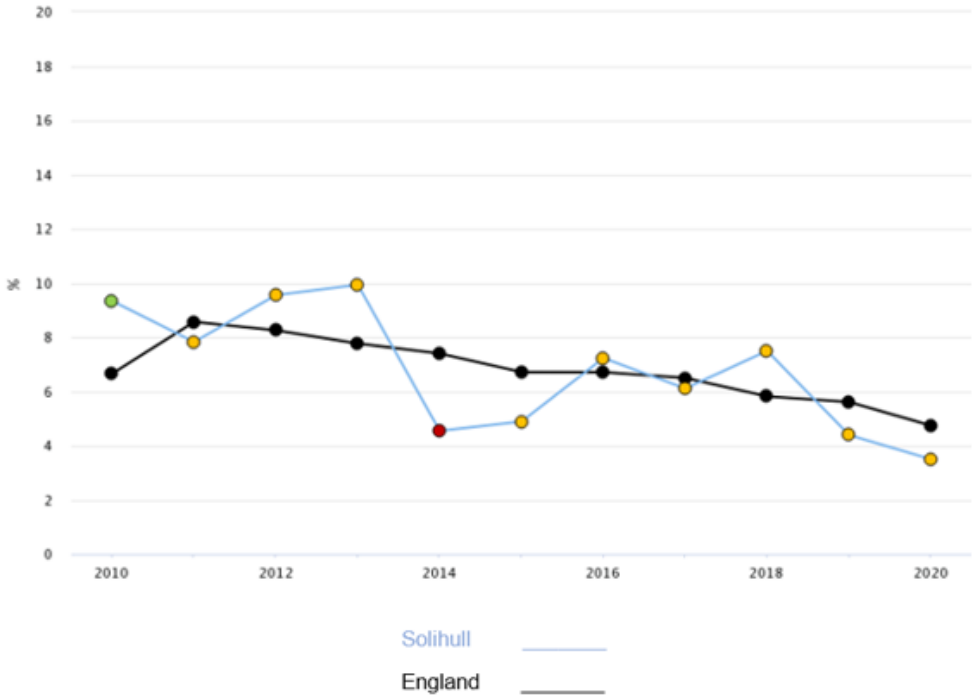
Local alcohol profiles for 2020-21 indicate that Solihull's alcohol mortality of 38 per 100,000 population was similar to England (37.8 per 100,000 population).

In 2020-21, admission episodes for alcohol-specific conditions for Solihull in 2020-21 were lower than England, at 491 per 100,000 compared with 581 per 100,000.

Figure F23 shows the successful completion of drug treatment, the trend data shows that there is a decline in completions since 2017 for Solihull.

[101] OHID. Local Alcohol Profiles. [Accessed July 2022.] https://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/1

Figure F23: Solihull successful completion of drug treatment, 2020-21



Source: Calculated by OHID using data from the National Drug Treatment Monitoring System

Sexual health

Birmingham[102]

Table F18 provides a summary of the key indicators for sexual health and teenage pregnancy for 2020-21:

- The chlamydia detection rate (for those aged 15–24) and new STI diagnoses (excluding chlamydia, under 25 years) in Birmingham was similar to England, but higher than West Midlands
- The under-18 conception rate was significantly higher than England and the West Midlands figures, however the proportion of these leading to abortion was signification lower than in England and West Midlands
- The rate of total prescribed LARC (excluding injections) was lower than England and West Midlands.
- The new HIV rate is significantly higher than England and West Midlands

[102] OHID. Sexual and Reproductive Health Profiles. [Accessed October 2022.] https://fingertips.phe.org.uk/profile/sexualhealth/data#page/1/gid/8000057/pat/6/ati/401/are/E08000025/iid/90742/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/tre-do-1_car-do-0

Solihull[103]

Table F18 provides a summary of the key indicators for sexual health and teenage pregnancy for 2020-21:

- The chlamydia detection rate (15–24) and new STI diagnoses (excluding chlamydia, under 25 years) in Solihull was significantly below England and West Midlands
- The under-18 conception rate was significantly lower than England and the West Midlands figures, however the proportion of these leading to abortion was signification higher than England and West Midlands figures
- The rate of total prescribed LARC (excluding injections) was similar to West Midlands but lower than England.
- The new HIV rate is significantly lower than England and West Midlands

Table F18: Key sexual and reproductive indicators, BSOL, 2020-21

	Period	Birmingham	Solihull	West Midlands	England
Chlamydia detection rate per 100,000 aged 15–24	2021	1,334	735	1,121	1,302
New STI diagnoses (ex chlamydia aged <25)/100,000	2021	387	201	291	394
Total prescribed LARC excluding injections rate/1,000	2020	26.5	28.9	27.3	34.6
Under-18 conception rate/1,000	2020	16.1	8.1	15.1	13.0
Under-18 conceptions leading to abortion (%)	2020	45.4%	66.7%	49.6%	53.0%
New HIV diagnosis rate per 100,000	2021	6.6	2.3	4.2	4.8

Burden of disease

The mortality rate for Birmingham for under-75s overall saw a rate of 431.3 per 100,000 for 2018-20, which is significantly higher than the England average (336.5 per 100,000). The mortality rate for Solihull for under-75s overall saw a rate of 296.7 per 100,000 for 2018-20, which is lower than the England average.[104]

Please note that the locality figures below show the QOF prevalence for BSOL.[105] QOF data shows recorded prevalence, therefore the anticipated prevalence may be higher with unmet need for the conditions which contribute to premature mortality.

[103] OHID. Sexual and Reproductive Health Profiles. [Accessed October 2022.] https://fingertips.phe.org.uk/profile/sexualhealth/data#page/1/gid/8000057/pat/6/ati/401/are/E08000029/iid/90742/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/tre-do-1_car-do-0

[104] OHID. Mortality Profile. [Accessed July 2022.] https://fingertips.phe.org.uk/profile/mortality-profile/data#page/1/gid/1938133009/pat/6/ati/401/are/E08000025/iid/108/age/163/sex/4/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1

[105] NHS Digital. QOF 2020-21. [Accessed July 2022.] https://app.powerbi.com/view?r=eyJrIjoiMzhjYmE3YjEtMDJjNS00MTBhLTllYWUtZTE1MjE4ODMxNzU1IiwidCI6IjUwZjYwNzFmLWJiZmUtNDAxYS04ODAzLTY3Mzc0OGU2MjllMiIsImMiOjh9

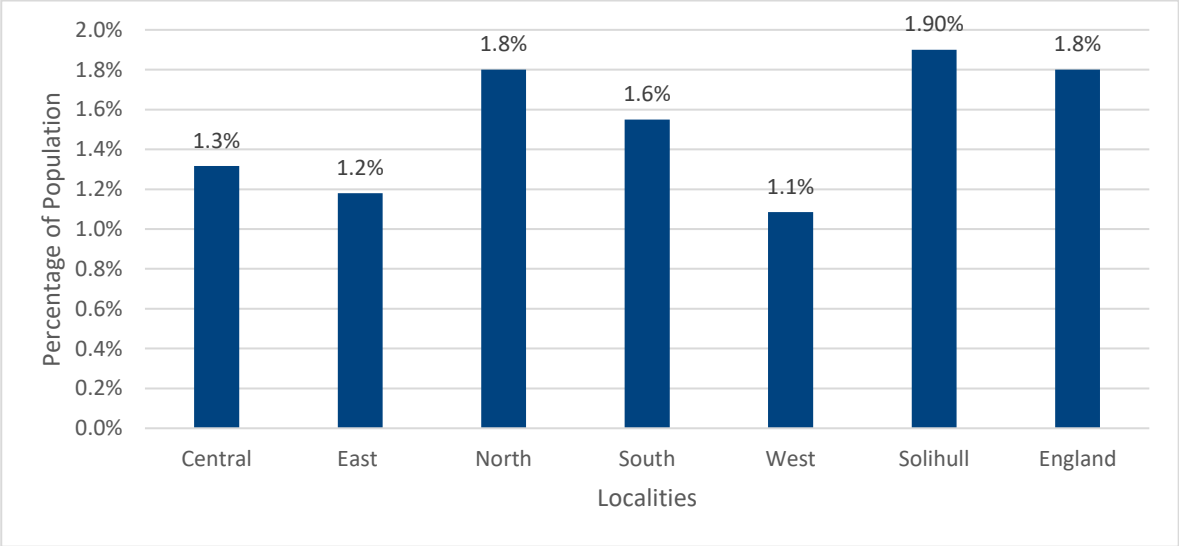
Birmingham has been divided into localities (North, South, East, West and Central) using a local method to calculate the QOF profiles for each locality. This is so comparisons can be made at a locality level, including Solihull as one of the localities.

Cardiovascular Diseases (CVD) – CHD, stroke, hypertension

Stroke

Figure F24 shows the 2020-21 stroke QOF prevalence rate in the six BSOL localities. All localities are similar to England (1.80%); however, Solihull (1.9%) is the only locality that is above the England figure.

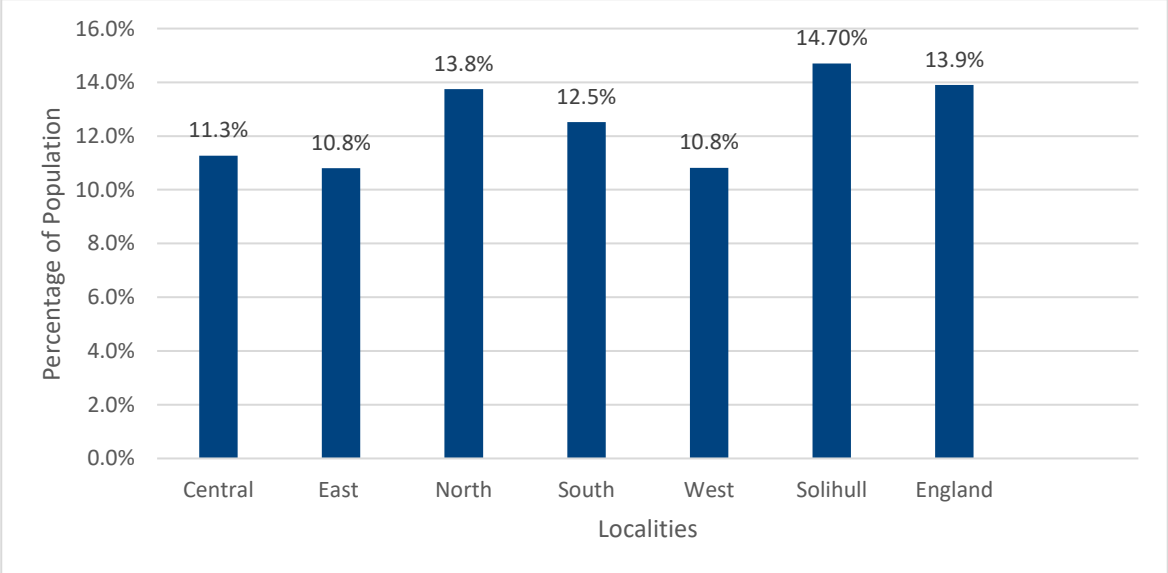
Figure F24: Prevalence of stroke by locality, QOF data, 2020-21



Hypertension

The QOF prevalence of hypertension across the BSOL localities is lower than England (13.9%), other than in North locality (13.8%), which is similar to the England figure of 13.9%. Solihull (14.7%) has a higher prevalence of hypertension than England.

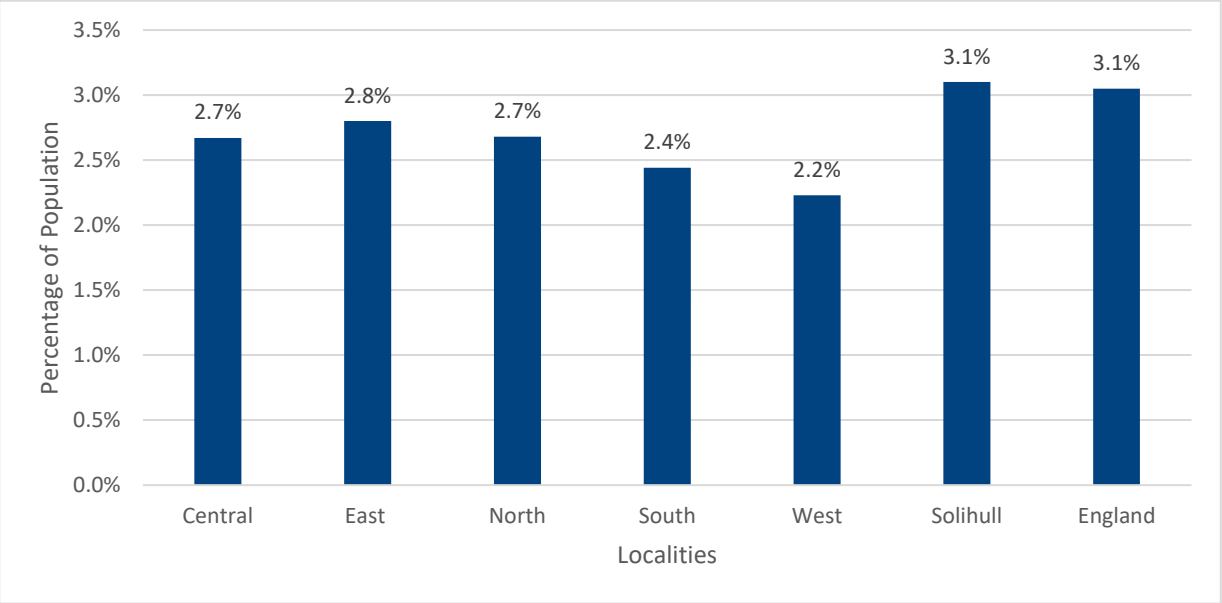
Figure F25: Prevalence of hypertension by locality, QOF data, 2020-21



Coronary Heart Disease (CHD)

The current QOF 2020-21 prevalence for CHD across all Birmingham localities is lower than the England figure (3.1%). East locality has the highest (2.8%) and West (2.2%) the lowest rates. Solihull prevalence is the same as across England (3.1%).

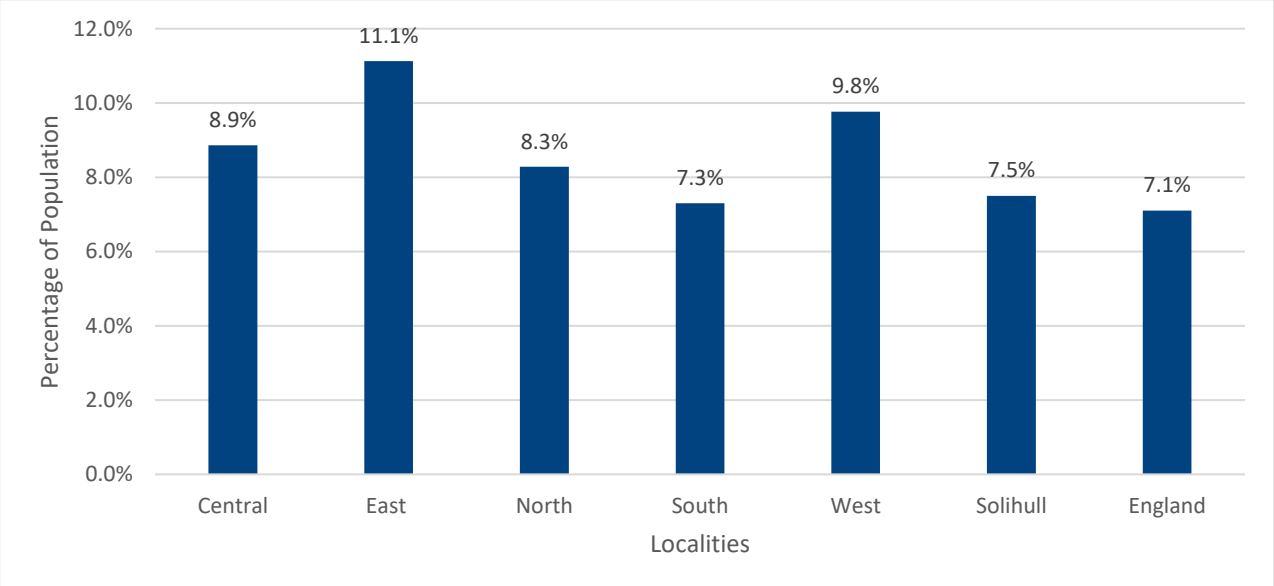
Figure F26: Prevalence of CHD by locality, QOF data, 2020-21



Diabetes and hyperglycaemia

Figure F27 shows the 2020-21 diabetes mellitus QOF of the localities in BSOL. Only South and Solihull (7.3% and 7.5%, respectively) have a similar prevalence to the England figure (7.1%). All the other localities have a prevalence that is significantly higher than England (East 11.1%, West 9.8%, Central 8.9% and North 8.3%).

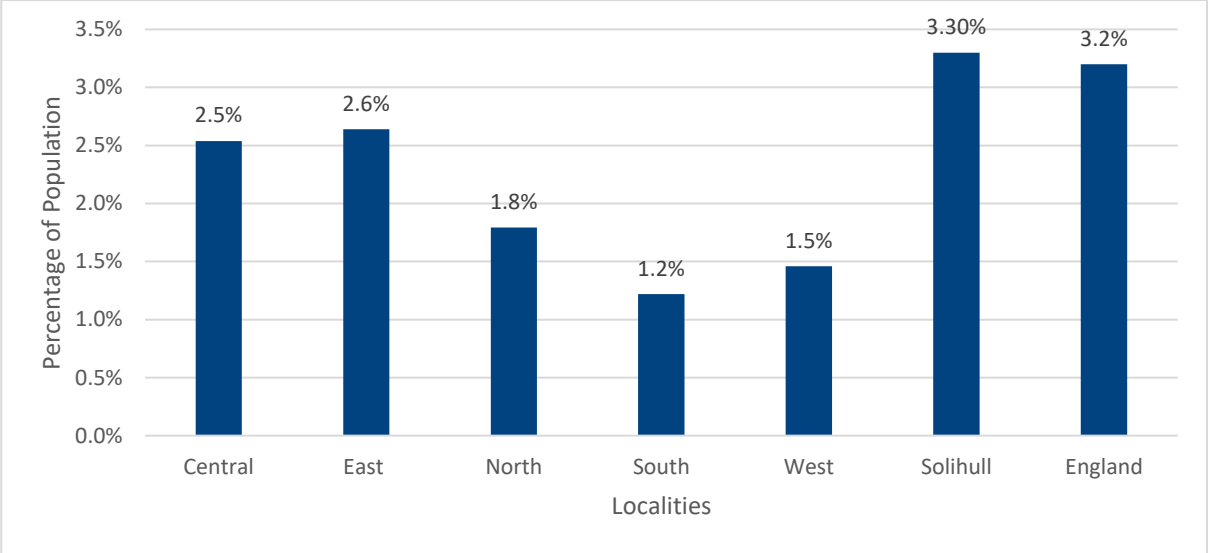
Figure F27: Prevalence of diabetes by locality, QOF data, 2020-21



Cancers

Figure F28 shows the 2020-21 QOF prevalence of all cancers in the BSOL localities in. Birmingham localities all have prevalences that are lower than the England figure (3.2%). The highest prevalence is in East (2.6%) and lowest in South (1.2%). Solihull (3.3%) is similar to England (3.2%).

Figure F28: Prevalence of cancer by locality, QOF data, 2020-21

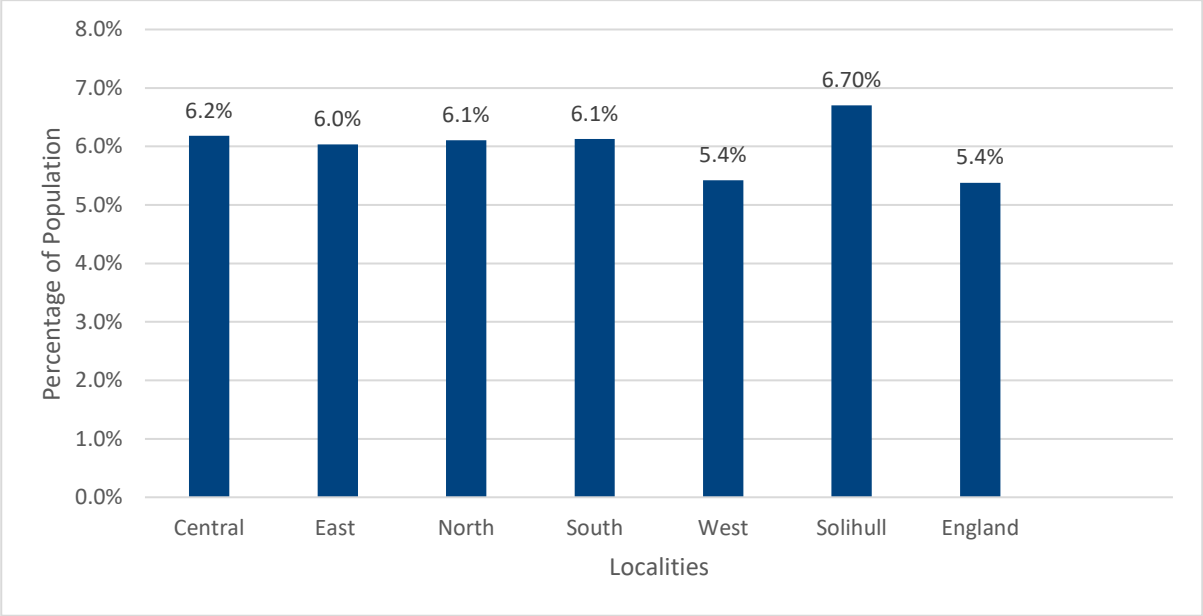


Respiratory diseases

Asthma

Figure F29 shows the 2020-21 QOF prevalence of asthma. All the localities in BSOL have a prevalence higher than England (5.4%), other than West (5.4%), which is same as England.

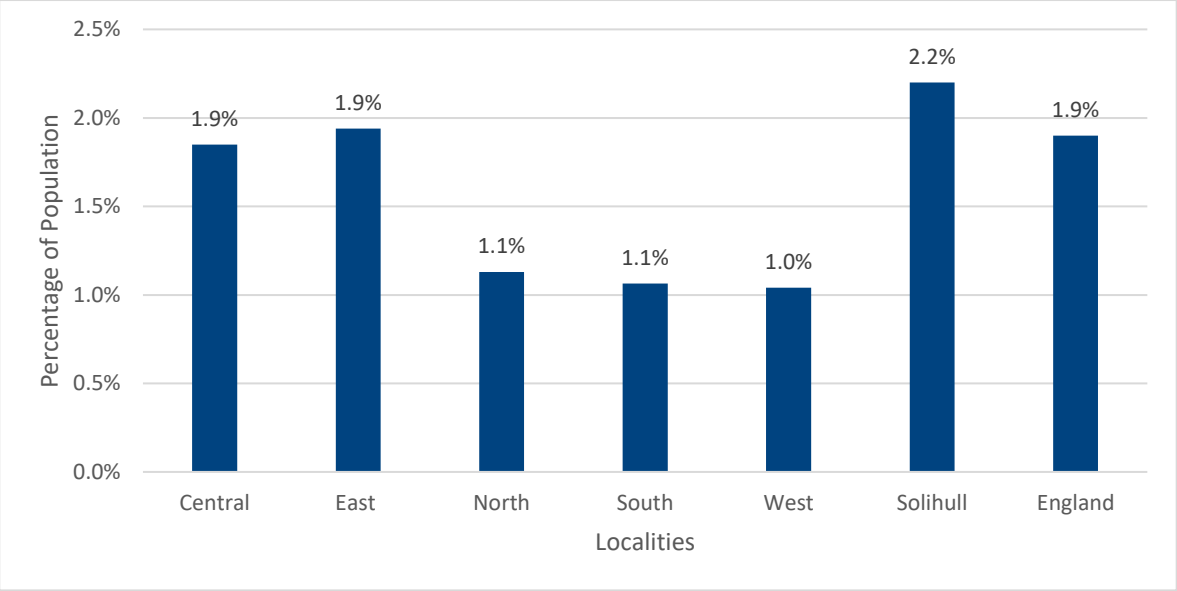
Figure F29: Prevalence of asthma by locality, QOF data, 2020-21



Chronic Obstructive Pulmonary Disease (COPD)

Figure F30 shows the 2020-21 QOF prevalence of COPD. In BSOL, Central and East (each 1.9%) are same as the England figure (1.9%), and North and South (each 1.1%) and West (1.0%) are all lower than England. Solihull QOF prevalence is (2.2%), which is higher than England (1.9%).

Figure F30: Prevalence of COPD by locality, QOF data, 2020-21



Mental health

Figure F31 shows the 2020-21 QOF prevalence of mental health conditions (the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses) in BSOL. All localities in Birmingham have a higher or similar prevalence to England (1.0%). Central (1.3%) has the highest prevalence and South has the lowest prevalence (1.0%). Solihull (0.8%) is the only locality that has a lower prevalence than England (1.0%).

Figure F31: Prevalence of mental health conditions by locality, QOF data, 2020-21

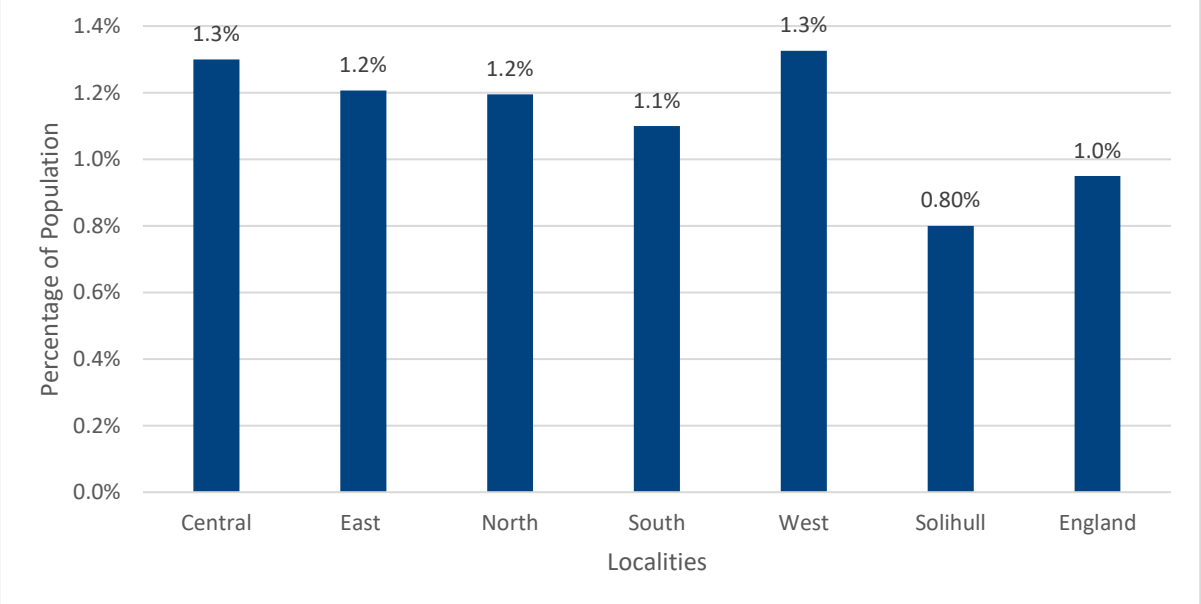
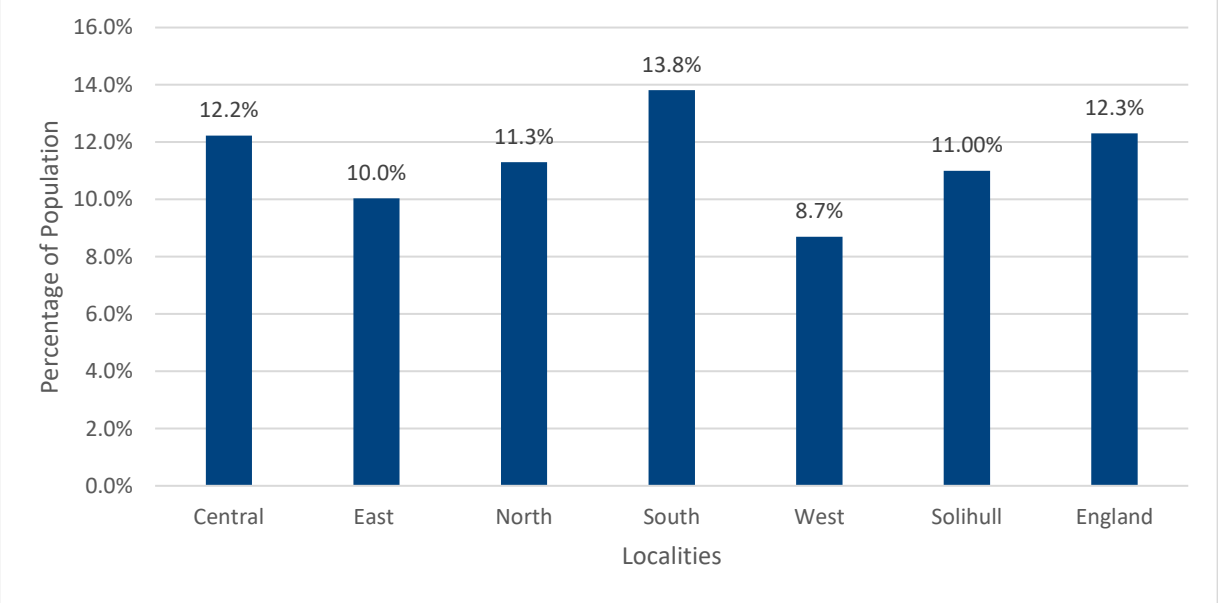


Figure F32 shows the 2020-21 QOF prevalence of depression. In BSOL, South (13.8%) has the highest prevalence and West has the lowest prevalence (8.7%) compared with the England average (12.3%).

Table F19: Mental health and depression indicators, BSOL

Indicator	Birmingham Count	Birmingham Value	Solihull Count	Solihull Value	West Midlands	England
Estimated prevalence of common mental disorders: % of population aged 16 & over, 2017	184,879	21.1%	25,369	14.7%	17.7%	16.9%
Depression: recorded prevalence (aged 18+), 2020-21	113,071	11.1%	20,238	11.0%	13.0	12.3
Suicide rate (persons), 2019-21	-	8.7 rate per 100,000	-	10.3 rate per 100,000	10.7 rate per 100,000	10.4 rate per 100,000

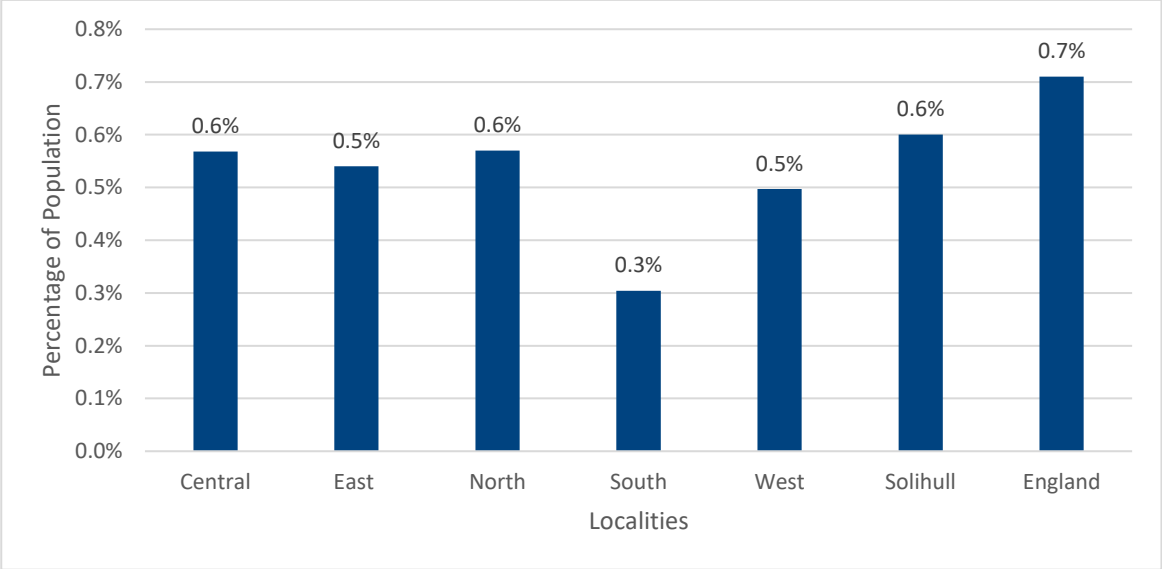
Figure F32: Prevalence of depression by locality, QOF data, 2020-21



Dementia

Figure F33 shows the 2020-21 QOF prevalence of dementia in BSOL, South (0.3%) has the lowest prevalence and Solihull (0.6%) has the highest prevalence, however all localities are still lower than England (0.7%).

Figure F33: Prevalence of dementia by locality, QOF data, 2020-21



Accidental injuries[106]

Birmingham

In Birmingham, the rate of emergency hospital admissions for falls in the population aged 65+ has a rate of 2,266 per 100,000 for the year 2020-21. This is statistically significantly higher than the England average (2,023 per 100,000).

Solihull

In Solihull, the rate of emergency hospital admissions for falls in the population aged 65+ has a rate of 2,274 per 100,000 for the year 2020-21. This is statistically significantly higher than the England average (2,023 per 100,000).

Palliative care

For 2020-21, Birmingham palliative care QOF prevalence was the same as England (0.5%). Solihull also had the same QOF prevalence of 0.5%.

Infectious diseases[107]

Influenza

Morbidity and mortality attributed to flu is also a key factor in the NHS winter pressures and can cause major harm to individuals in the population, especially vulnerable people. The annual flu immunisation programme can help to reduce GP consultations, unplanned hospital admissions and pressure on A&E. Therefore, it is important that flu immunisation programmes aim to vaccinate all those who are in at-risk groups.

[106] OHID. Hospital admission for falls (via PHE fingertips). [Accessed July 2022.] https://fingertips.phe.org.uk/search/falls#page/1/gid/1/pat/6/ati/402/are/E08000025/iid/22401/age/27/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

[107] Flu coverage and uptake (via PHE fingertips). [Accessed July 2022.] https://fingertips.phe.org.uk/search/flu

Birmingham

Figure F34 shows that Birmingham has lower vaccine uptake for those aged 65+ (74.4%) than in England (80.1%), and for at-risk individuals (44.6%) compared with England (52.1%).

Solihull

Figure F34 shows that Solihull has higher vaccine uptake for those aged 65+ (83.3%) than England (80.1%), and for at-risk individuals (55.4%) compared with England (52.1%).

Figure F34: Flu vaccination uptake for West Midlands region

Indicator	Period	England	West Midlands region	Birmingham	Coventry	Dudley	Herefordshire	Sandwell	Shropshire	Solihull	Staffordshire	Stoke-on-Trent	Telford and Wrekin	Walsall	Warwickshire	Wolverhampton	Worcestershire
Population vaccination coverage - Flu (aged 65+) <75% ≥75%	2020/21	80.9*	80.1*	74.7	78.0	79.5	82.7	73.3	83.7	83.3	81.6	79.6	80.3	78.8	82.9	75.4	83.7
Population vaccination coverage - Flu (at risk individuals) <55% ≥55%	2020/21	53.0*	52.1*	44.6	50.0	53.1	60.6	43.8	62.7	55.4	54.2	50.9	54.8	52.0	59.5	47.0	60.6
Mortality rate from a range of specified communicable diseases, including influenza (1 year range)	2020	8.3	9.6	12.4	13.6	12.0	11.3	13.6	5.9	8.2	6.6	16.4	10.3	8.7	7.6	11.3	7.5
Mortality rate from a range of specified communicable diseases, including influenza (3 year range)	2017 - 19	9.4	10.3	12.1	10.9	10.5	9.9	14.5	8.3	7.4	9.2	12.6	11.1	13.4	8.8	16.1	7.3
Emergency hospital admissions due to burns from food and hot fluids (aged 0-4 years)	2016/17 - 20/21	44.4	47.4	62.5	73.8	42.1	32.3	71.5	26.7	32.5	29.3	40.8	27.3	46.3	37.9	44.8	38.2
Population vaccination coverage - Flu (2-3 years old) <40% 40% to 65% ≥65%	2020/21	56.7*	53.9*	39.8	54.3	57.3	61.6	48.1	70.4	61.0	61.9	51.6	56.6	50.6	64.8	47.7	64.9
Population vaccination coverage - Flu (primary school aged children) <65% ≥65%	2020	62.5*	58.8*	44.9	54.5	56.0	78.6	48.8	78.4	72.2	66.4	48.7	67.9	50.7	66.1	54.6	72.3

Hepatitis C[108]

Hepatitis C is a virus that can infect the liver. If left untreated, it can sometimes cause serious and potentially life-threatening damage to the liver over many years. The hepatitis C detection rate is an indicator designed to measure the detection of chronic hepatitis C, which reflects both the local burden of chronic hepatitis C and testing practice. Hepatitis C is an important health protection issue that increases people's risk of developing serious long-term disease.

[108] OHID. Hepatitis C detection rate (via PHE fingertips). [Accessed October 2022.] https://fingertips.phe.org.uk/search/hepatitis#page/1/gid/1/pat/6/ati/401/are/E08000029/iid/93177/age/300/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0

Hepatitis C is difficult to diagnose. Variation in detection rates may reflect differences in local testing activity for a given population as well as the underlying population (e.g. larger proportion of risk groups, such as people who inject drugs).

Birmingham

In 2017, the hepatitis C detection rate per 100,000 in Birmingham was 35.2, which is significantly higher than England (18.4).

Solihull

In 2017, the hepatitis C detection rate per 100,000 in Solihull was 6.5, which is significantly lower than England (18.4).

COVID-19 impact

The C-19 pandemic has had significant impact on the daily lives of many, it has widened exiting inequalities and resulted in a widening the life expectancy gap. Table F20 shows the total number of people whose death certificate mentioned COVID-19 as one of the causes since the start of the pandemic. The data are published weekly. There is a lag in reporting of at least 11 days because the data are based on death registrations. These figures were extracted on 14th October 2022. Both Birmingham (346.1 per 100,000) and Solihull (358.2 per 100,000) have a significantly higher rate of C-19 mortality when compared with the England average of 305.7 per 100,000.

Table F20: Mortality for COVID-19 since start of pandemic to September 2022

Indicator	Birmingham Count	Birmingham Rate*	Solihull Count	Solihull Rate*	West Midlands Count	West Midlands Rate*	England Count	England Rate*
Total number of COVID deaths**	3,947	346.1	779	358.2	20,177	338.4	172,874	305.7

* Per 100,000

**Total number of COVID deaths since start of pandemic to 7 days before 14.10.2022, with COVID on death certificate

Source: Gov.uk. Coronavirus (COVID-19) in the UK.

Appendix I: Travel-time analysis

Travel-time analysis has been used to derive the areas from within which it is possible to access pharmacies within specified time limits. This analysis was based on the pharmacies within the study area and also included pharmacies that are outside of the area but could potentially be accessed by residents within the study area. This analysis incorporated community pharmacies (including 100-hour pharmacies) and excluded dispensing GP practices, Dispensing Appliance Contractors (DACs) and Distance-Selling Pharmacies (DSPs).

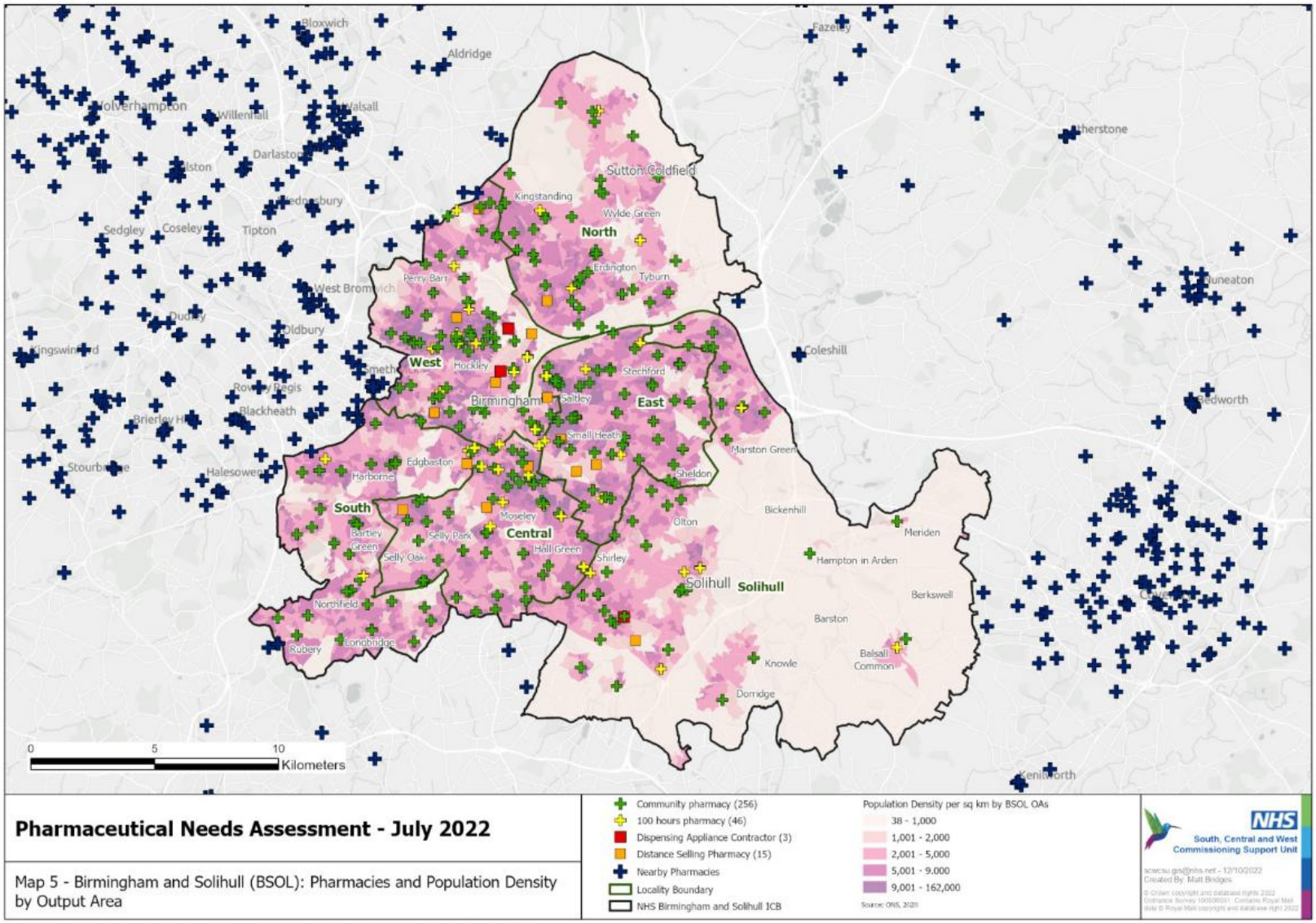
The travel analysis incorporates the road network, public transport schedules and prevailing traffic conditions and was carried out to model pharmacy accessibility based on driving by car (during peak and off-peak hours) and by public transport (AM and PM) and also by walking.

The areas from where a pharmacy can be reached within the stated conditions are presented as shaded zones in the maps. The colour used in the shading on the map corresponds to the time required to travel to a pharmacy from within that area. If an area is not shaded within the map it would take greater than the allocated upper time limit to access any of the pharmacies included in the analysis (or is inaccessible using the travel mode in question).

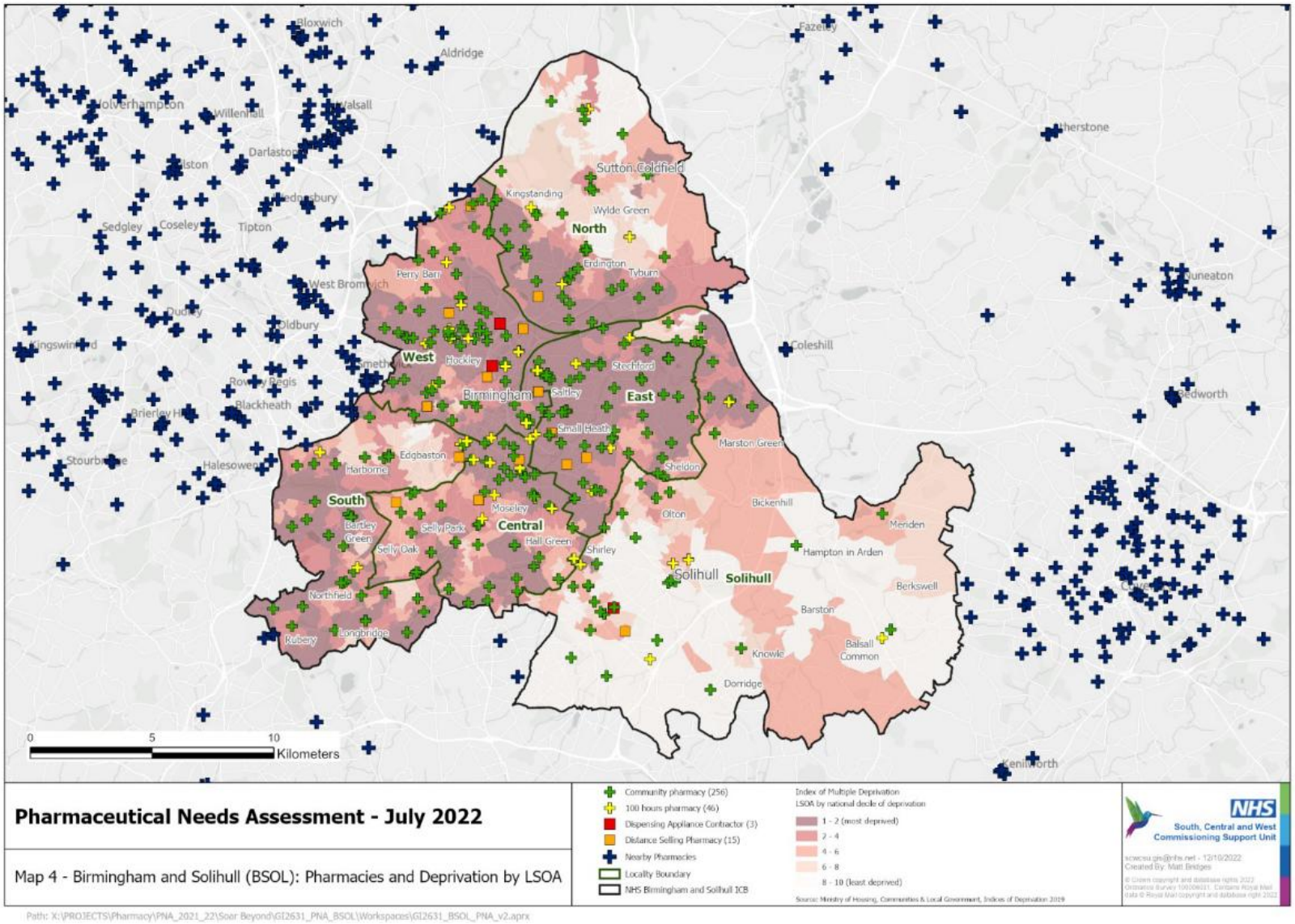
A point dataset containing the ONS mid-term population estimate (2020) at Census Output Area (COA) level was then overlaid against the pharmacy access zones. The population points that fall within the pharmacy access zones were identified and used to calculate the numbers and percentages of the resident population within the study area who are able to access a pharmacy within the stated times. These calculations are also presented in the following maps.

Please note that the COA population dataset represents the location of approximately 125 households as a single point (located on a population-weighted basis) and is therefore an approximation of the population distribution. Also, the travel-time analysis is modelled on the prevailing travel conditions and actual journey times may vary. The population coverage should therefore be viewed as modelling rather than absolutely accurate.

Map A: BSOL pharmacies and population density by output area



Map B: Pharmacies in BSOL and deprivation by LSOA



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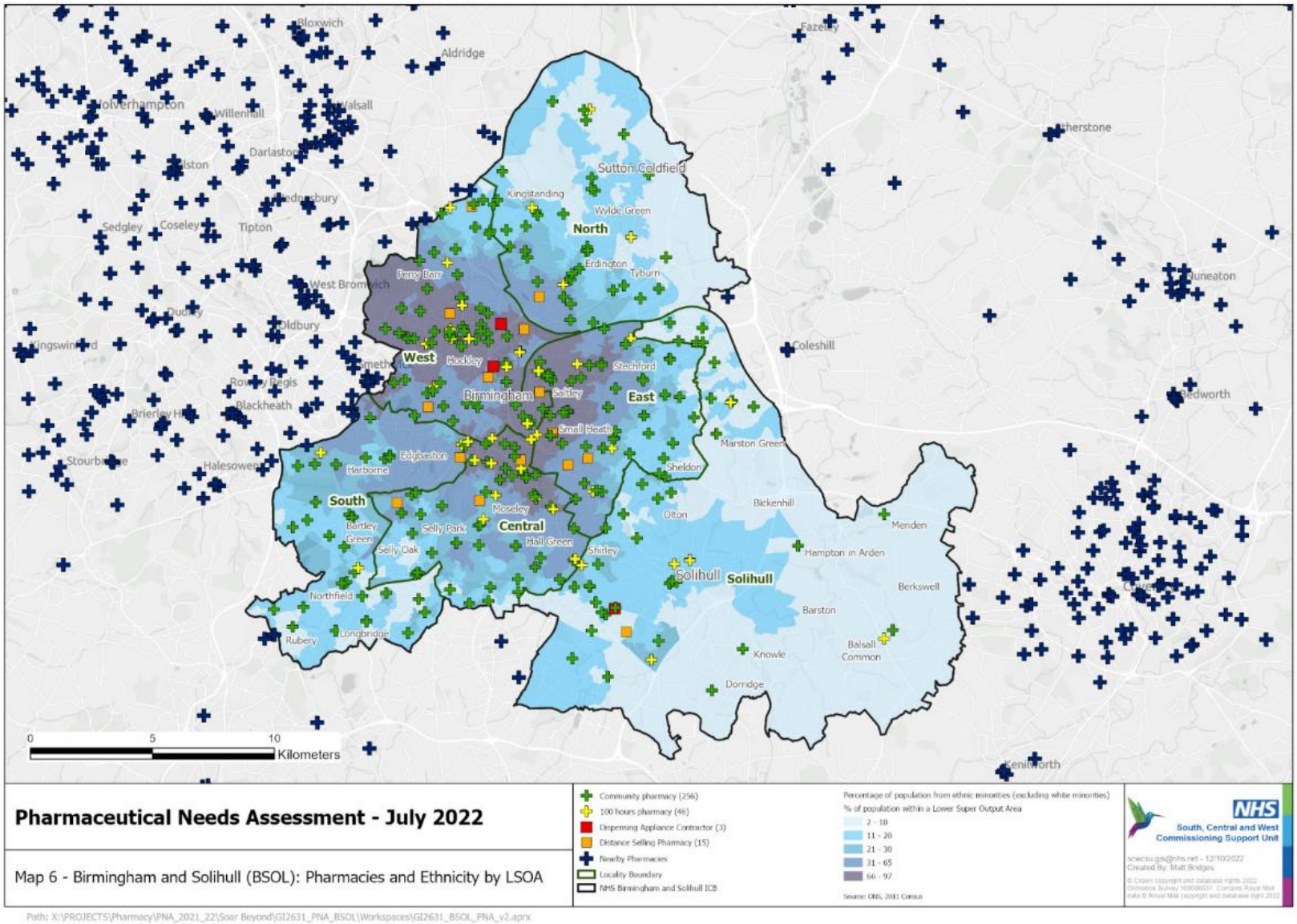
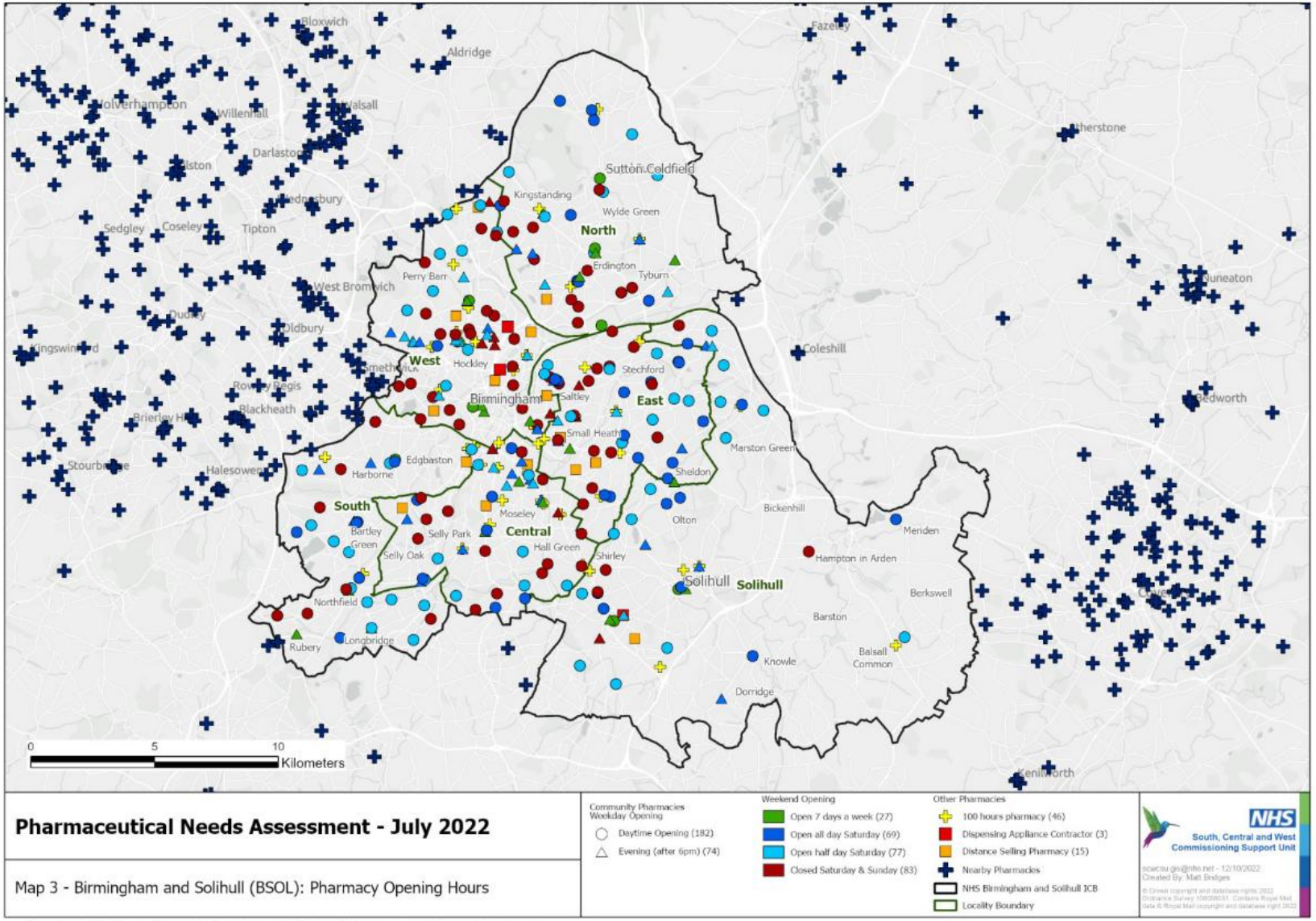
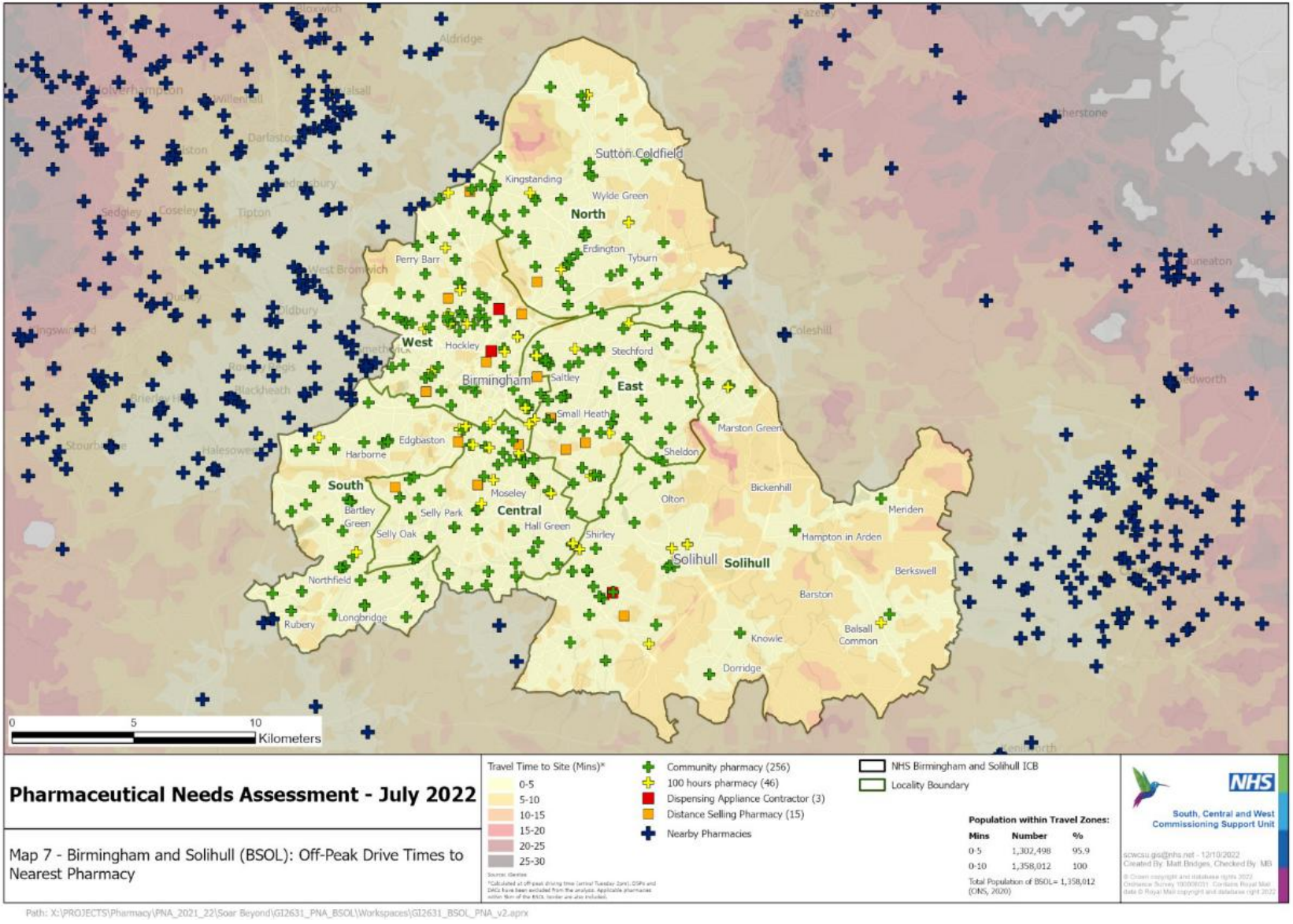
Map C: Pharmacies in BSOL and ethnicity by LSOA



Map D: Pharmacies in BSOL and opening hours



Map E: Off-peak drive times to nearest pharmacy in BSOL



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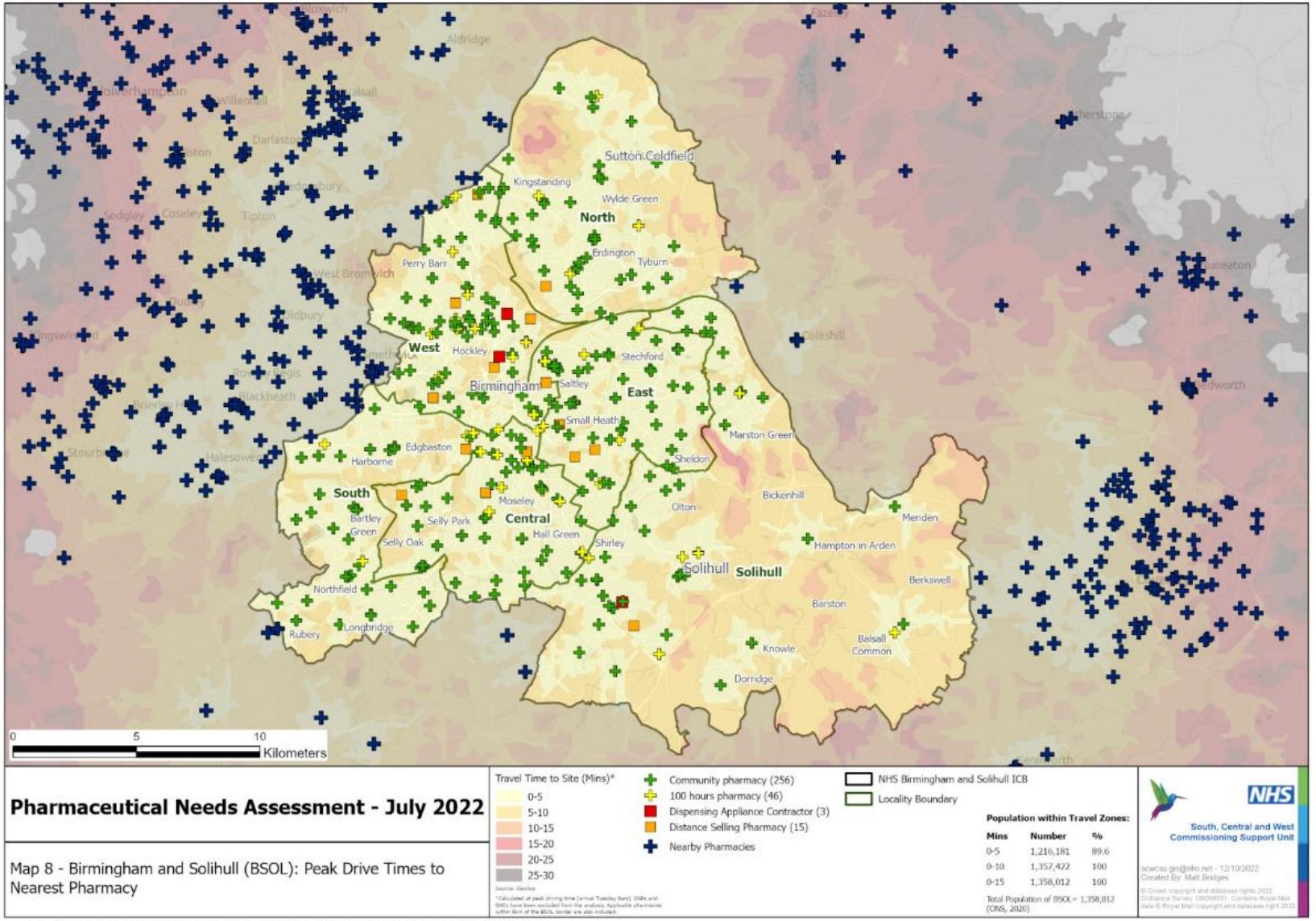
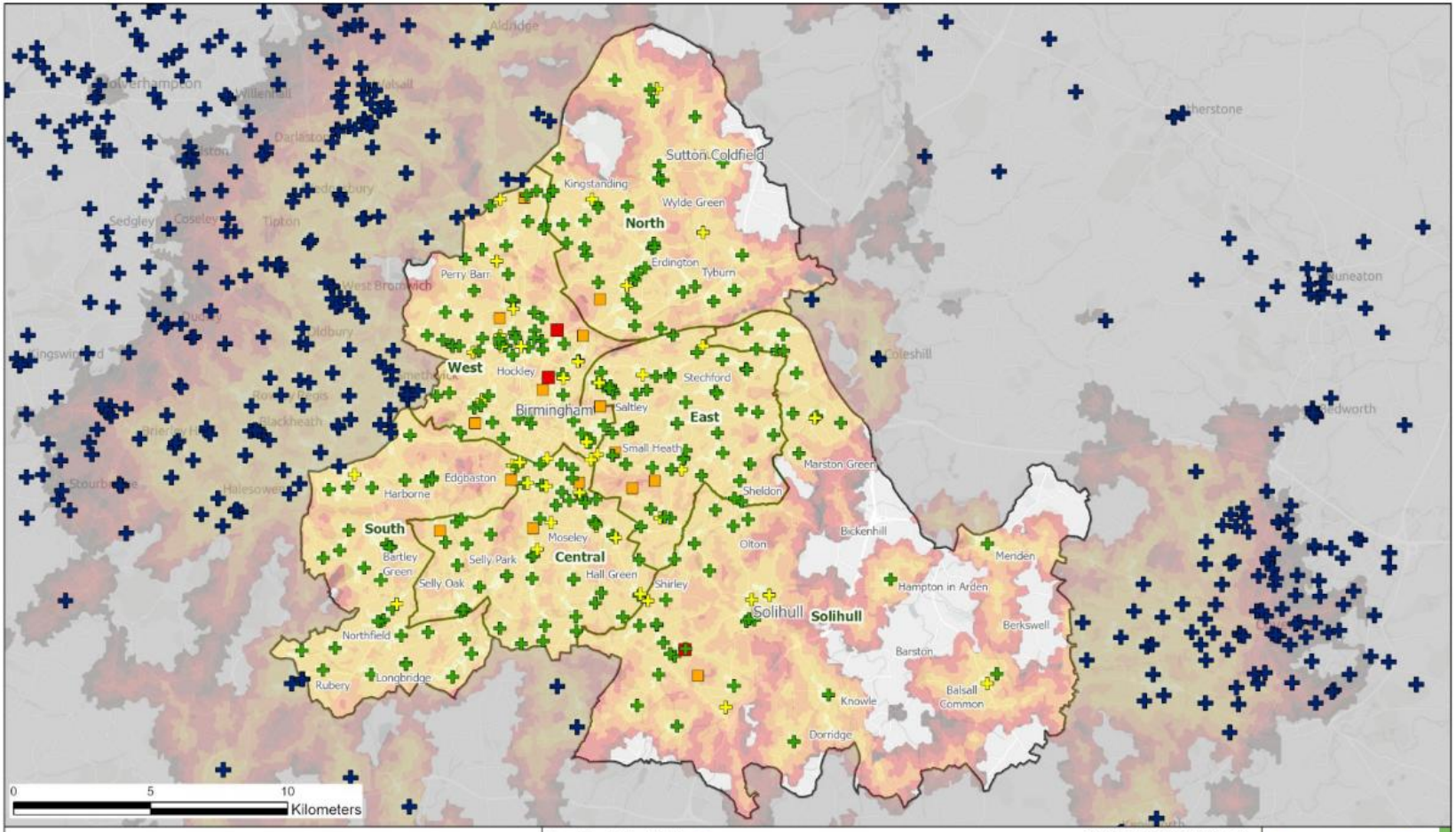
Map F: Peak drive time to nearest pharmacy in BSOL



Map G: Public transport times to nearest pharmacy (morning) in BSOL



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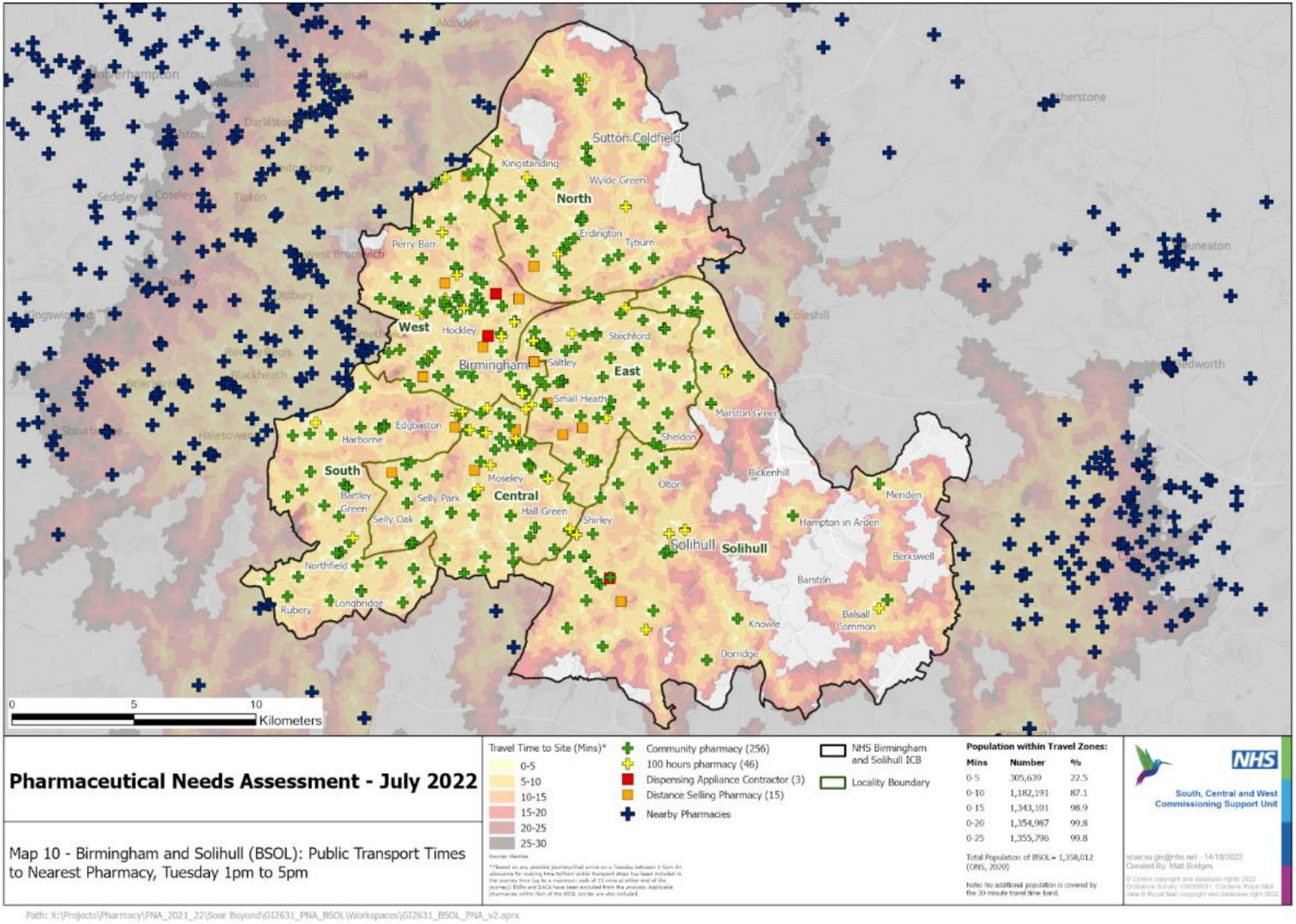
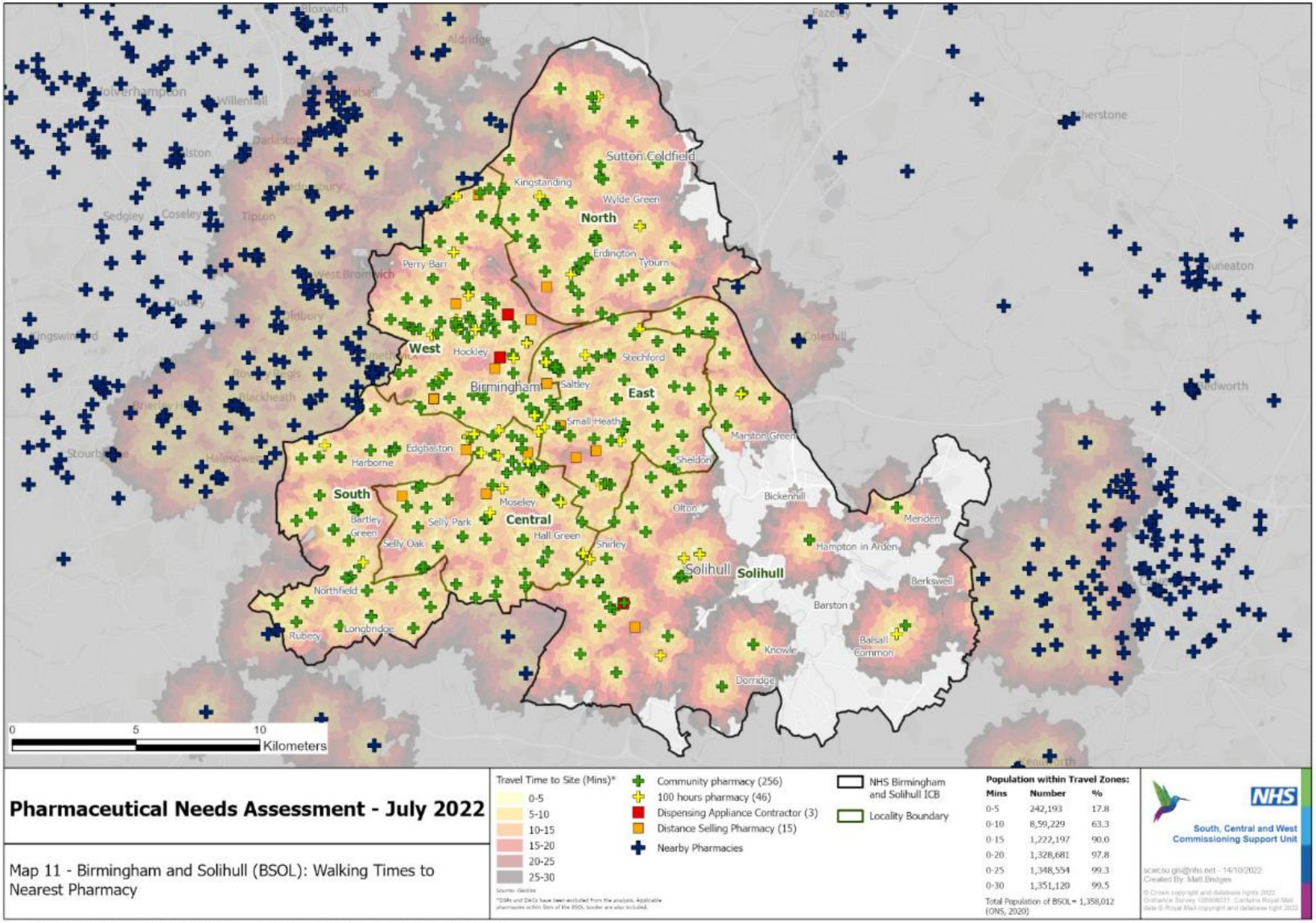
Map H: Public transport times to nearest pharmacy (afternoon) in BSOL



Map I: Walking times to nearest pharmacy in BSOL



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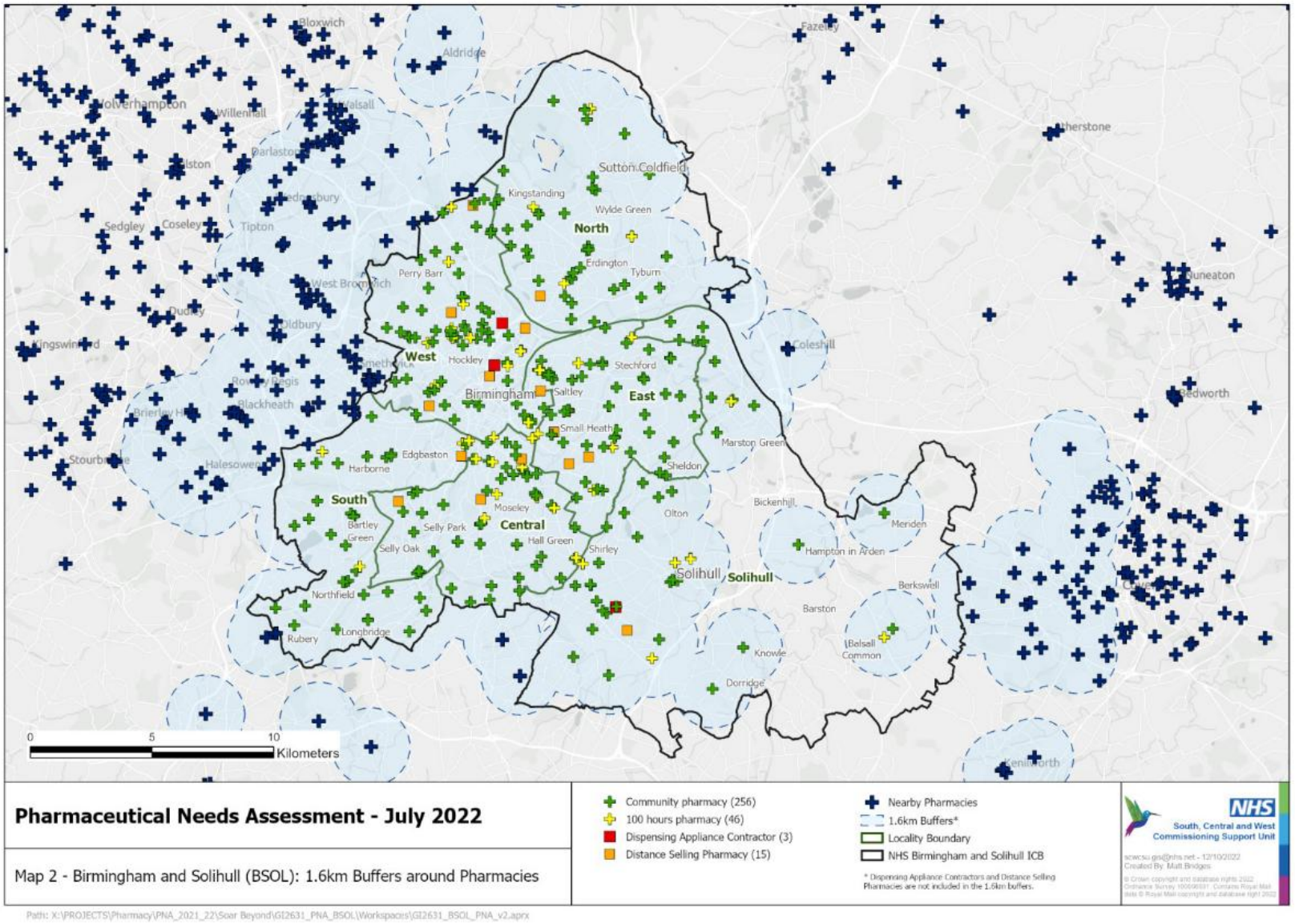
Map J: 1.6 km Buffer around pharmacies in BSOL



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BIRMINGHAM HEALTH AND WELLBEING BOARD

Item 19 - Creating a Bolder Healthier City (2022-2030): Indicator Updates

The Health and Wellbeing Strategy has a series of ambitious targets for 2030. Each ambition is linked to an indicator that will be used to monitor progress and measure our impact. This update informs the Health and Wellbeing Board (HWB) of data that has been recently updated (since the previous HWB). The Power BI dashboard, which contains data for all indicators (including trends) can be viewed by clicking on the image below.

Click to view the dashboard

Recent Updates: 10th January – 16 March 2023

Indicator	Theme	Date updated
Breastfeeding prevalence at 6-8 weeks after birth – current method	Theme 1: Healthy and Affordable Food	31 January 2023
Child development percentage of children achieving a good level of development at 2 to 2½ years	Life Course: Getting the Best Start in Life	31 January 2023
Percentage of adult carers who have as much social contact as they would like (65+ yrs)	Life Course: Ageing and Dying Well	30 January 2023
Percentage of 5 year olds with experience of dental decay (Persons, 5 yrs)	Theme 1: Healthy and Affordable Food	25 January 2023
Percentage of children achieving a good level of development at the end of Reception	Life Course: Getting the Best Start in Life	25 January 2023
Rate of first-time entrants (10-17 years) to the youth justice system	Life Course: Getting the Best Start in Life	25 January 2023
Abdominal Aortic Aneurysm Screen – Coverage (Male, 65)	Theme 5: Protect and Detect	18 January 2023
Cancer screening coverage – bowl cancer	Theme 5: Protect and Detect	10 January 2023
Cancer screening coverage – breast cancer (Female 53-70 yrs)	Theme 5: Protect and Detect	10 January 2023

Cancer screening coverage – cervical cancer (aged 25 to 49 years old) (Female 25-49 ys)	Theme 5: Protect and Detect	10 January 2023
Fraction of mortality attributable to particulate air pollution (Persons, 30+yrs)	Theme 4: Contributing to a Green and Sustainable Future	10 January 2023
Successful completion of drug treatment – non-opiate users	Theme 2: Mental Wellness and Balance	10 January 2023
Successful treatment of drug treatment – opiate users	Theme 2: Mental Wellness and Balance	10 January 2023

Birmingham Health and Wellbeing Board
Work Programme and Board Membership 2022-23

Board Members:

Name	Position	Organisation
Councillor Mariam Khan (Board Chair)	Cabinet Member for Adult Social Care and Health	Birmingham City Council
Dr Clara Day (Vice Chair)	Chief Medical Officer	NHS Birmingham and Solihull
Councillor Karen McCarthy	Cabinet Member for Vulnerable Children and Families	Birmingham City Council
Councillor Matt Bennett	Opposition Spokesperson on Health and Social Care	Birmingham City Council
Dr Justin Varney	Director of Public Health	Birmingham City Council
Professor Graeme Betts	Director for Adult Social Care	Birmingham City Council
Helen Price	Director - Strategy, Commissioning and Transformation Children and Families	Birmingham City Council
David Melbourne	Chief Executive	NHS Birmingham and Solihull
Richard Beeken	Chief Executive	Sandwell and West Birmingham NHS Trust
Andy Cave	Chief Executive of Healthwatch	Healthwatch Birmingham
Andy Couldrick	Chief Executive of Birmingham Children's Trust	Birmingham Children's Trust
Anne Coufopoulos	Executive Dean (School of Health, Sport and Food)	University College Birmingham
Professor Catherine Needham	Professor of Public Policy and Public Management	University of Birmingham
Richard Kirby	Chief Executive	Birmingham Community Healthcare NHS Foundation Trust

Dr Douglas Simkiss	Medical Director and Deputy Chief Executive of Birmingham Community Healthcare NHS Foundation Trust	Birmingham Community Healthcare NHS Foundation Trust
Mark Garrick	Director or Strategy and Quality Development	University Hospitals Birmingham NHS Foundation Trust
Chief Superintendent Matt Shaer	Chief Superintendent	West Midlands Police
Riaz Khan	Senior and Employer Partnership Leader	Department for Work and Pensions
Peter Richmond	Chief Executive of Birmingham Housing Trust	Birmingham Social Housing Partnership
tbc	tbc	Birmingham Chamber of Commerce
Co-optee		
Natalie Allen	Chief Executive of SIFA Fireside	SIFA Fireside
Patrick Nyarumbu	Executive Director Strategic Partnership	Birmingham and Solihull Mental Health Trust
Stephen Raybould	Programmes Director (Ageing Better)	Birmingham Voluntary Services Council

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Provisional Forward Plan: 2023/24

HWB Meeting Dates	17th May 2023	July 2023	September 2023	November 2023	January 2024	March 2024
Draft Papers Deadline	N/A	TBC	TBC	TBC	TBC	TBC
Final Papers Deadline	N/A	TBC	TBC	TBC	TBC	TBC
Items	Health and Wellbeing Board Development Day 17th May 2023 10:00-15:00	Learning Disabilities Deep Dive Report BVSC Update Birmingham Joint Strategic Needs Assessment (JSNA) Joint Health and Wellbeing Strategy Annual Review	BLACHIR Update Draft Physical Activity Strategy	Better Care Fund Approval Children and Young People Weight Management Service	BVSC Update	BLACHIR Update
HWB Forum Annual Update	N/A	Health Protection Forum	Creating a Mentally Healthy City Forum	Creating a Healthy Food City Forum	Creating an Active City Forum	Creating a City without Inequality Forum
Written Updates	N/A	HWB Forums	HWB Forums	HWB Forums	HWB Forums	HWB Forums

Standard Agenda

1. Notice of Recording
2. Notice of Potential for Public Exclusions
3. Declaration of Interests
4. Apologies
5. Minutes and Matters Arising
6. Action Log
7. Chair's Update
8. Public Questions
9. Presentation Items (see detail above)
10. Information Items (see detail above)
11. Forward Plan Review
12. Finalise Agenda for next Meeting
13. Date, Time and Venue of next Meeting
14. Notice of Recording Ceased
15. Private Items (see detail above)

Notes

Any agenda change request must form part of prior HWBB information item with as much lead in as possible but no later than the HWBB immediately prior to the agenda change request, including requests from sub-groups (see below).

Health Inequality Focus and Childhood Obesity Focus agenda presentations can be several items if appropriate, but all must include decision(s) and / or action(s) for the Board.

Health and Wellbeing Board Fora will provide a written update to each Board meeting; each will have an annual formal presentation to the Board on a rotational basis.

Public Questions

Public questions are to be submitted in advance of the meeting. Questions should be sent to: HealthyBrum@Birmingham.gov.uk.