BIRMINGHAM CITY COUNCIL

BIRMINGHAM HEALTH AND WELLBEING BOARD

TUESDAY, 08 FEBRUARY 2022 AT 15:00 HOURS
IN BMI MAIN HALL, 9 MARGARET STREET, BIRMINGHAM, B3 3BS

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

3 **APOLOGIES**

To receive any apologies.

4 **DATES OF MEETINGS**

To note the dates of meetings of the Board for 2021/2022 as follows:
Tuesday, 22nd March 2022
All meetings will commence at 1500 hours.

5 **EXEMPT INFORMATION – POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC**

a) To highlight reports or appendices which officers have identified as containing exempt information within the meaning of Section 100I of the Local Government Act 1972, and where officers consider that the public interest in maintaining the exemption outweighs the public interest in

disclosing the information, for the reasons outlined in the report.
b) To formally pass the following resolution:-
RESOLVED – That, in accordance with Regulation 4 of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012, the public be excluded from the meeting during consideration of those parts of the agenda designated as exempt on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information.

6 **BSOL ICS FINANCES UPDATE (1505 - 1510)**

Paul Athey, Chief Finance Officer, NHS Birmingham and Solihull CCG will present this item.

7 **BETTER CARE FUND (15:10 - 15:15)**

Michael Walsh, Head of Service, Commissioning Birmingham City Council to present this item
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8 **ACTION LOG (15:15 - 15:20)**

5 - 16

To review the Actions arising from previous meetings.

9 **CHAIR'S UPDATE (15:20 - 15:25)**

To receive an oral update.

10 **PUBLIC QUESTIONS**

Members of the Board to consider questions submitted by members of the public.
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 meeting You Tube site (www.youtube.com/channel/UCT2kT7ZRPFCXq6_5dnVnYlw)
NB: The questions and answers will not be reproduced in the minutes.

11 **CORONAVIRUS-19 POSITION STATEMENT (15:25 - 15:30)**

Dr Justin Varney, Director of Public Health will present this item.

12 **CORONAVIRUS-19 VACCINE UPDATE (15:30 - 15:35)**

Karen Helliwell, Interim Accountable Officer, BSol CCG will present this item.
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13 **COMMONWEALTH GAMES UPDATE (15:35 - 15:40)**

Dr Justin Varney, Director of Public Health will present this item.

17 - 52 14 **ICS TRANSITION UPDATE INCLUDING DESIGN AT PLACE (15:40 - 16:15)**

Anna Hammond, BSol Place Development Director will present this item.

53 - 68 15 **BSOL SYSTEM RECOVERY PLAN (16:15 - 16:30)**

Rachel O'Connor, Chief Operating Officer & Harvir Lawrence, Director of Planning and Delivery will present this item
.

69 - 74 16 **NOTED AND RECEIVED SEXUAL HEALTH STRATEGY**

75 - 150 17 **NOTED AND RECEIVED END OF LIFE DEEP DIVE**

151 - 176 18 **NOTED AND RECEIVED HEALTH PROTECTION FORUM ANNUAL REPORT**

177 - 202 19 **NOTED AND RECEIVED BIRMINGHAM INTEGRATED CARE PARTNERSHIP (BICP) ANNUAL REPORT**

203 - 206 20 **NOTED AND RECEIVED UPDATE BLACHIR**

This item is for discussion by the Board.

207 - 214 21 **FORWARD PLAN**

This item is for information only.

215 - 320 22 **WRITTEN UPDATE CREATING A CITY OF NATURE FOR BIRMINGHAM**

This item is for information only.

321 - 334 23 **WRITTEN UPDATES FROM THE HEALTH AND WELLBEING BOARD SUB FORUMS**

This item is for information only.

24 **LINK TO MINUTES FROM THE LOCAL COVID OUTBREAK ENGAGEMENT BOARD**

Links to the public parts of the Minutes from the Local Covid Outbreak Engagement Board meetings:
LCOEB Minutes 6th October 2021

LCOEB Minutes 24th November 2021

LCOEB Minutes 15th December 2021

This item is for information only.

25 **OTHER URGENT BUSINESS**

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

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

Index No	Date of entry	Agenda Item	Action or Event	Named owner	Target Date
	29.01.2019	IPS - Mental Health	To send a letter to all Board members to encourage them to actively promote and support employment opportunities for people with SMI within members' organisations through the IPS programme.	Board Admin	
		JSNA SEND	Remove the recommendations from the report and send them to the SEND Improvement Board as a reference item.	Fiona Grant	19.03.2019
		Sustainability Transformation Plan (STP)	To submit written bi-monthly update reports to the Board, with updates from the portfolio boards.	Paul Jennings	28.05.2019
344	19.02.2019	JSNA Update	Public Health Division to present the JSNA development and engagement plan at the next	Justin Varney	19.03.2019
	29.01.2019	IPS - Mental Health	members to encourage them to actively promote and support employment opportunities for	Board Admin	
362	19.03.2019	Joint Strategic Needs Assessmnet Update	The two decisions that were needed from the Board were: - A volunteer for each of the four deep dives as champions and to hold us account; and a short discussion around where the Board would like us to look in terms of diversity and inclusion.	Elizabeth Griffiths	30th April 2018
	29.01.2019	IPS - Mental Health	The Chair has requested that a member of HWBB volunteer to attend the IPS Employers Forum to support the development of IPS.	All Board	19.03.2019
352	19.02.2019	Substance Misuse	Consideration to be given to partners' involvement and public engagement in the future commissioning cycle, and to the funding position, taking on board comments made at the meeting.	Max Vaughan	Date to be confirmed
IAN8	18/06/2019	Air quality update report	Board members encouraged to participate in Clean Air Day 20 June	All Board	20/06/2019

346	19.02.2019	Childhood Obesity	DPH was asked to reflect on potential for social marketing high profile campaign - similar to the partnership approach to ‘sugar free’ month promoted by Sandwell Council and partner organisations and 'Fizz Free Feb' led by Southwark Council.	Justin Varney	Development day 14.05.2019
351	19.02.2019	NHS Long Term Plan	It was agreed that, as the local 5-year plan was being drafted, consultation should take place with the Health and Wellbeing Board and engagement with key leaders in the City to enable them to give an input to the plan.	Paul Jennings	19.03.2019
IAN6	18/05/2019	Public Questions	All Board members to promote submission of public questions to the Board	All Board members	24/09/2019
IAN9a	18/05/2019	Active travel update	Board to work with their partners to promote active travel away from main roads and along green spaces where possible	All Board members	ongoing
IAN9b	18/05/2019	Active travel update	Kyle Stott, Public Health, to bring mapping of active travel back to the Board	Kyle Stott	24/09/2019
IAN10	18/05/2019	Developers Toolkit update	Board members to encourage the use of the developer’s toolkit in their organisation’s capital build projects as well as retro-build and refurbishments but to include anything in the present	All Board members	ongoing
IAN11	18/05/2019	Feedback on the Health and Wellbeing Board development session	Board members to look at opportunities for LD/MH employment within their organisations	All Board members	ongoing
IAN12b	18/05/2019	Changing places	Board Chair to write to WMCA around transport infrastructure hubs: where there is a full station refurbishment changing places to be included.	Chair/PH	24/09/2019

IAN12c	18/05/2019	Changing places	Board Chair to write to the Neighbourhoods Directorate to support the implementation of changing places in parks.	Chair/PH	24/09/2019
IAN13a	30/07/2019	Live Healthy Live Happy STP update report	Birmingham and Solihull STP to work with local elected members around awareness raising of ICS & PCNs – what they mean and the implications.	Paul Jennings	26/11/2019
IAN13b	30/07/2019	Live Healthy Live Happy STP update report	The Board raised concern that changes to West Birmingham area could cause destabilisation for the system and the citizen experience Commissioners and providers agreed to meet outside of the meeting and report back to Board on how we get to an integrated system – particular reference to equity of provision for West Birmingham.	Paul Jennings	26/11/2019
	23/04/2019	Special Health and Wellbeing Board meeting	To respond individually to public questions received for the April Special Health and Wellbieng Board meeting	Justin Varney/Stacey Gunther	28/04/2020
IAN12a	18/06/2019	Changing places	Maria Gavin to see whether changing places can be a specific requirement for Commonwealth Games new-builds	Maria Gavin	24/09/2019

	23/04/2020	COMMUNITY CONCERN RE COVID-19 AND HEALTH INEQUALITIES IN BAME COMMUNITIES	Set up a Special Health and Wellbeing Board meeting in response to rising concern within the community of health inequalities being experienced in Black, Asian and Minority Ethnic (BAME) communities due to coronavirus-19.	Errol Wilson	23/04/2020
	24/09/2019	NHS LONG TERM PLAN: BSOL CCG RESPONSE	Set up a Special Health and Wellbeing Board	Errol Wilson	08/10/2019
	24/09/2019	PUBLIC QUESTIONS	Increase activity around the comms for Public Questions by liaising with partners	Stacey Gunther	21/01/2020
	08/09/2020		Letter to Secretary of State to express concerns with regards to the shortfall of flu vaccinations that have been allocated to	Justin Varney	14/09/2020

	24/09/2019	SUICIDE PREVENTION STRATEGY	Suicide Prevention Strategy Action Plan	Mo Phillips	26/11/2019

Date Completed	Outcome/Output	Comments	RAG
27.03.2019	The letter has been sent out to all Board Members on the 27.03.2019	Awaiting information from Dario Silvestro regarding the Support available for employers	
		Item in Matters Arising in the minutes	
27.03.2019	been sent out to all Board Members on the	information from Dario Silvestro regarding the	
30-Apr-19			
30-Apr-19		Charlotte Bailey nominated by the Chair	
30-Jul-19		Item on agenda 30 July	
20/06/2019			

11/09/2019	Closed and to be tasked to the Creating an Active City Sub-Forum	Paul Campbell informed Kyle Stott to include as part of the work of the forum.	
24/09/2019		Incorporated into forward plan	
24/09/2019	Complete	All organisations to confirm at HWBB 24/09/2019	
24/09/2019	Complete	All organisations to confirm at HWBB 24/09/2019	
06/09/2019	Closed and to be tasked to the Creating an Active City Sub-Forum	Paul Campbell informed Kyle Stott to include as part of the work of the forum.	
05/09/2019	Closed and forward plan to include quarterly round table update.	Quarterly updates does not tally with current meeting calendar - scheduled for every second Board for Minicipal Years 2019-20 and 2020-21.	
05/09/2019	Closed and to be tasked to the Creating a City Without Inequalities Sub-Forum	Paul Campbell informed Monika Rozanski to include as part of the work of the forum.	
18/09/2019	Letter sent by Cllr Hamilton		

18/09/2019	Letter sent by Cllr Hamilton		
26/11/2019	Presentation item for Board 26 November 2019.		
26/11/2019	Presentation item for Board 26 November 2019.		
28/04/2020	Closed		
30/12/2019	Closed	issue of changing places with the CWG leads. New facilities fall under the Organising Committee not the Council I believe. She has asked to join the accessibility forum which is just starting – and which considers all aspects of accessibility (e.g. access for people with sensory impairments, LD) as well as some of the physical requirements. So we are flagging the need for this wherever we can. Quite a few of the facilities are temporary rather than new build though, so we are also encouraging organisers to	

23/04/2020	Closed. Meeting took place, with almost 200 public questions submitted		
30/09/2019	Closed. Meeting arranged for 11/11/2019, subsequently cancelled due to Purdah. Presentation item for January 2020 Board		
30/06/2020	Closed	Public Health have committed to tweeting and sharing via Forum networks. A new online form for question submission has been introduced and will be trialed for the July meeting.	
14/09/2020	Closed		

26/11/2019	Updated version provided as part of Forum update.	The Birmingham Suicide Prevention Strategy was adopted by Full Council in January 2020. The Suicide Prevention Working Group has continued to meet through covid to progress the Suicide Prevention Strategy Action Plan; progress of the working group is reported to the Creating a Mentally Healthy City Forum and to the Health and Wellbeing Board.	

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Integrated Care System - Development Update
Health and Wellbeing Board February 2022

The ICS Timeline and Legislation

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ICS/ICB Timeline and Legislation

- Integrated Care Boards (ICBs), subject to passing the necessary legislation, were planned to be established as statutory organisations from 1 April 2022.

- The 2022/23 priorities and operational planning guidance for the NHS published on 24 December has formally set a new target date of **1 July 2022** for the new statutory arrangements for ICSs to take effect and ICBs to be legally and operationally established.

CCGs will need to remain in place as statutory organisations and will retain existing duties and functions. CCG leaders will work closely with designate ICB leaders in key decisions that will affect the future ICB, notably commissioning and contracting. The ICB will work in shadow form.

ICS Development Plan

- The longer period of transition is welcomed as we continue to manage demands across our health and social care services with the impact of the Omicron wave of Covid-19.
- We will be using this additional time to ensure we can effectively plan for the change alongside the safe management of key priority areas such as addressing our elective care backlog, urgent and emergency care demand and the COVID-19 vaccination programme.
- Key milestones in our transition planning include the appointment of our senior leadership team and NED's and establishing the new operating model for our system will continue as planned. Programme planning for quarter's 1-3 in 2022/23 is in progress with mitigation being reviewed due to the delay of the legislation approval timeframe.
- An updated ICB Establishment Timeline is expected to be published mid-January that will inform the updated programme plan.

Key Appointments – Building the ICB Infrastructure

- Recruitment to the BSol ICB Chief Executive Officer (CEO) position has been unsuccessful, however, an interim structure is in place and David Melbourne has taken up the post of interim designate ICB CEO.
- Appointment of the ICB Executive Team is in progress. The executive team will have five board members in addition to the chief executive officer:
  - Chief Medical Officer
  - Chief Nursing Officer
  - Chief Finance Officer / Deputy Chief Executive
  - Chief Officer for Place & Partnerships
  - Chief Officer for Strategy & Strategic Commissioning
- 4 Non-Executive Director (NED) roles are being appointed to:
  - Inequalities NED role - appointed Patrick Vernon
  - Audit Chair NED role – appointed Phil Jones
  - People and Renumeration NED role – stakeholder and selection panels planned for January
  - Finance and Performance NED role – stakeholder and selection panels planned for January

Target Operating Model

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Key Updates

- A target operating model has been developed.
- Following extensive engagement the composition of the ICP ad ICB have been developed.
- The ICB composition has been submitted to NHSE/I and approved.
- We are planning to run the ICB in shadow form from April.
- We are waiting for secondary legislation in May to be able to follow a nomination and appointment process for partner members of the ICB.
- The ICS draft constitution has been developed and submitted to NHSE/I.

Our Target Operating Model

We have developed our target operating model. The BSol 'eco system 'is based around two places covering our two local authorities. Each place is built from localities and neighbourhoods that contain a number of Primary Care Networks (PCN's).

Overview of the Birmingham and Solihull eco-system

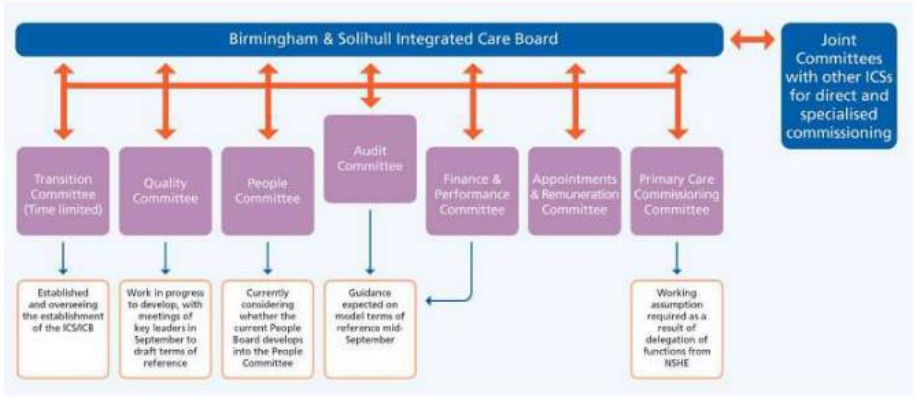
- Our system eco-system is based around two Places, covering our two Local Authorities.
- Each place is built from localities and neighbourhoods that contain a number of Primary Care Networks (PCNs).

Target operating model - Birmingham & Solihull ICS

- We are currently consulting on the governance and work programme of our provider collaborative(s).
- Our engagement across system partners highlights a developing consensus that our two health and wellbeing boards will also become our place boards.
- We are undertaking work in August and September to define the membership of the Health and Care Partnership & Integrated Care Board.

Birmingham Integrated Care Board & Sub-committees

- As part of the development of our constitution we have mapped the core sub-committees of the ICB and are developing terms of reference.
- Guidance is still expected in a number of areas that will support this development work.



We have completed an engagement process and developed an emerging provider collaborative model. The ICP and ICB composition have been drafted following extensive consultation across the system.

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Integrated Care Partnership (ICP) and Integrated Care Board (ICB) Composition – our engagement approach

External advisors were commissioned to gauge views from across a wide range of stakeholders in examining the BSol approach to both the ICP and ICB. The engagement was built on a methodology with four strands; qualitative survey, one to one interviews, group workshops and a thematic review. In total this allowed for views of more than 50 individuals to be gathered and analysed over a six week period. As a result of this **five criteria for success for the establishment and operation of the ICP and ICB** were identified and are summarised below.

Role of the ICP	The ICP owns the strategy, bringing together disparate aspects around a clear and singular purpose. The ICP is responsible for setting a tone and culture for system working, providing a space for debate on the widest determinants of health. The ICP can bring together a range of voices, but has a core and stable membership.
Role of the ICB	The ICB can identify performance changes due to its interventions (closing inequality gaps, shortening waiting lists, clear clinical pathways). The ICB has challenging conversations supporting us to address our systemic issues and transform the way we work. The ICB is a place where partners can raise vulnerable issues with transparency, and where partners can receive support from each other.
Role in wider system	The ICP and ICB play an impactful and important role in the system which is in harmony with other key meetings and groups. The roles and responsibilities of the ICP and ICB are clear and very well understood. It is clear where decisions are made and specific topics discussed across system fora.
Membership and representation	Members of the boards do not act as representatives of their respective organisations and instead can come together to think about what will make the difference for citizens and our key system challenges. Members of the boards can act as a strong collective, and give a single position to the system (even if there has been disagreement). The boards are supported by strong representational infrastructure across providers, primary care and place.
Working with people and communities	We can clearly describe what the ICS (and these boards) mean for local people and the impact we are having in communities. ICP and ICB members have clear routes to gain feedback and insight from people and communities and this directly shapes what we prioritise. The ICP and ICB operate transparently and with relevance to community priorities. The boards seek out challenge and feedback.

As a result of the engagement work proposals around the initial shape and function of the ICP and ICB have been developed and are set out below.

Integrated Care Partnership (ICP) composition – membership of the ICP

What we heard from stakeholders:

- There is a general view that the ICP will provide an important forum to focus on the whole system bringing issues that make sense to cover at that scale. There is no other system-wide forum at whole system level working across local government borders. The ICP (in particular relative to the ICB) needs to have a distinctive function which complements the number of existing boards and groups already in place.
- There is general agreement that core membership should not get too unwieldly to keep discussions practical, but a need to draw different voices into the ICP. Partners felt that the option of having a tighter core membership, which can then draw in participants dependent on agenda items is a logical compromise.
- Whilst partners acknowledged it was not possible for each organisation to be represented there was a feeling that some key perspectives that need to be represented including clinical and professional representation, mental health and voluntary sector.
- There is a broad agreement of the vital role that local authority councillors play in speaking to their constituents' needs and views. One participant suggested a portfolio model where core members would take on the responsibility of a particular user group or service, and that individual would be responsible for managing wider engagement.

The consensus heard to date is that the **Chair of the ICS should also chair the ICP**. The rationale for this at this point is political neutrality and the asymmetric nature of local government across the system.

Bringing together these initial thoughts an initial proposal for discussion is an ICP of 17 core members as set out in the adjacent table. This model highlights some key tensions in developing a balanced ICP that is truly representative and provides diversity from a range of organisations.

Member	*Organisation*	*Role*
Chair of the ICS	BSol ICS	Chairman
Health & Well Being Chairman &. Cabinet lead for social care and health.	Birmingham City Council	Links to BCC
Health & Well Being Board Chairman or Cabinet Lead Health & Social Care – Sandwell MBC	Solihull MBC	Links to Solihull MBC
BSOL ICS Chief Executive	BSol ICS	Report on execution of the Health and Care priorities
NHS provider collaborative Chair	Chair of the provider collaborative leadership board	Provide the views of NHS provider services
NHS provider collaborative chief executive	To be confirmed but the CEO may be from a non-acute background if the chair is drawn from the acute sector or vice versa	Provide the views of the NHS provider chief executives
Birmingham City Council Chief Executive or assigned officer	Birmingham City Council	Provide the views of the Birmingham City Council
Solihull MBC Chief Executive or assigned officer	SMBC	Provide views of SMBC
Eight lay and professional members drawn from organisations (statutory / voluntary) representing each of the six localities.	2 x GPs 1 x Police representative for the system (not locality based) 1 x voluntary sector representative (not locality based). 4 x patient group(s) other local representation. It is proposed that six of these members are drawn from the six localities that are the basis of the system.	To provide views from local areas but also professional and local perspectives.
HealthWatch Chair	HealthWatch	Patient views for the system.

Integrated Care Board (ICB) composition – membership of the ICB

What we heard from stakeholders:

- In the first 12 months of operation the ICB will have an important role to play in leading the transition particularly in building trusted relationships and driving shared progress.
- The ICB will act as convener in the system.
- Part of this role may mean that the ICB has to hold partners to account and not be afraid to challenge where system behaviours are not being demonstrated.
- People identified the important role of leading system efficiency in order to do this the ICB will need to have a strong grip on system financial and performance data.
- The ICB will have a unique responsibility within the system to guide the allocation of system resources.
- All people that were spoken to as part of this exercise were clear that membership needs to be kept small so that it can operate effectively as a board.
- Providers raised concerns about the ability of an individual (or a small number) to represent all views.
- Further clarification on who is eligible to nominate partner members for the ICB board is expected through the secondary legislation, although this was due in mid-February, this is now expected in May.

Type	Organisation	Role
Independent non- executive member	BSol ICB – Link to ICP.	Chairman
4 x Independent non-executive directors	BSol ICB	Audit chair Inequalities lead Remuneration Committee / People Lead Performance Lead
Executive role	BSol ICB – Link to ICP.	Chief Executive
Executive role	BSol ICB	Finance Director
Executive role	BSol ICB	Director of Nursing
Executive role	BSol ICB	Medical Director
Executive role x2	BSol ICB – Link to Place and Provider Collaborative(s)	Incorporating Place, Primary Care and Partnerships and Strategic Commissioning / Strategy.
Partner member	Acute sector - link to provider collaborative(s)	Chief Executive of provider
Partner member	Community, Mental Health and Learning Disabilities sector – link to Provider Collaborative(s)	Chief Executive of provider
Partner member	Primary care – Link to Place via PCNs and neighbourhoods.	Representative for Birmingham
Partner member	Primary care – Link to Place via PCNs.	Representative for Solihull
Partner member	Local authority – link to Place	Senior representative from Birmingham City Council
Partner member	Local authority – link to Place	Senior representative from Solihull MBC

The final proposal for the ICB was submitted to NHSE/I on the 17 November 2021 and approved.

Next steps development of the ICP

- We will hold some ’final’ design meetings with key stakeholders & look to launch in shadow from from the 1st April 2022.
- Recognise that the initial shape of the forum may well develop as the approach matures over time.
- Flexibility and agility will be key.

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ICB Inception Plan

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ICB Approach to Planning, Decision Making and Investment

A radically different approach to planning and delivery of health and social care in Birmingham and Solihull – one that has decisions made as locally as possible, that is clinically and professionally-led and that has the community rooted in the decision-making process.

Builds on the previous years move to system collaborative approach but this year enabling further place and collaboratives to design and implement how they will achieve the outcomes the ICB have prioritised this year.

Developed an **'Inception Framework'** that describes how the ICB will approach planning and investment in services and start to enable the new ways of working through the investments we make to our collaboratives integrating delivery and services to achieve key improvements in outcomes for our citizens.

We have the biggest opportunity in a generation for the most radical overhaul in the way health and social care services in Birmingham and Solihull are designed and delivered.

The inception framework describes

- The ICB principles to underpin decision making
- The ICB enablers to create the conditions for change
- The immediate, medium term and long term approach to planning and investment.

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Inception Plan Principles

We've worked closely with all the health and social care providers in Birmingham and Solihull and propose four very simple principles that will underpin every decision that we take in Birmingham and Solihull Integrated Care System going forward. They are:

- **Subsidiarity** – ensuring that decision-making happens as locally as possible;
- **Clinically and professionally led –** ensuring that clinicians and social care professionals are at the forefront of how services are designed and delivered in the future;
- **Transformation and Innovation –** we will prioritise supporting innovations that have the potential to transform care, whether they be small or large scale, at a ward or neighbourhood level or whether they are Partnership-wide;
- **Tackling Inequalities by empowering our communities** – we want to do more than listen to our communities and patients – we want to ensure that our whole system is designed and governed to support changes and improvements that are important to them.

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Inception Plan Enablers

But these principles alone - as essential as they are – won't deliver the kind of change we are wanting to affect. We are also going to have create the conditions which will enable front-line clinicians, professionals and the community to be as effective as they can in delivering that change.

Enabler One – ensuring we attract and retain the right staff. We want to make Birmingham and Solihull a place where health and social care staff *want* to work;

Enabler Two – Outcome based investment – we will set clear outcomes for every pound spent on health and social care in Birmingham and Solihull;

Enabler Three - Integrated decision-making as the norm not the exception – we will ensure that every issue that requires an integrated solution is properly resourced and underpinned by investment, contracts and governance to ensure it gets delivered;

Enabler Four – Investing in innovation and technology. Where technology can support better outcomes we will ensure the investment and education are available to deliver this at pace.

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Immediate, Medium and Long Term Priorities

Immediate term priorities – The pandemic means waiting times for health care in Birmingham and Solihull are longer that at any time in history. People are now waiting longer than ever for cancer treatment and routine operations and our urgent and emergency care services are under unparalleled pressure. **Over the course of the next six months we have to get these waiting times stabilised and back under control so that we can plot a path to getting them back to an acceptable level.**

Medium term priorities – At the same time as focusing on achieving the recovery of waiting times, we also want to immediately start the work on **tackling those things that are going to make a difference to people's lives over the medium and long term**. We've already set out that we want to create the conditions where the solutions to these problems are generated as locally as possible at a neighbourhood and ward level, but we recognise that to deliver this we will need to provide investment and support.

Long term priorities – To be able to make inroads in tackling the stubborn inequalities that have beset Birmingham and Solihull for so long, we need to set out an even greater set of ambitions that can genuinely tackle the scourge of poverty and poor outcomes in our Partnership area. That's why, over the next 12 months, we will engage with every community, every clinician and care professional and every statutory and voluntary organisation to listen and work with them to **create a 10-year Master Plan** for health and social care for Birmingham and Solihull.

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Questions

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Design at Place in Birmingham and Solihull

Birmingham Health and Wellbeing Board
February 2022

Introduction

Overview of the presentation content

This presentation provides a detailed update on the development of place based partnerships across Birmingham as part of the Integrated Care System.

It is one of three ICS related documents for the H&WB Board to consider. The others consider the wider ICS arrangements and finance

The document provides some background information explaining what we mean by ‘place’ and introduces our current thinking around delegation of functions/responsibilities to place. It also explores the proposed place based governance arrangements, including the links to the H&WB board and wider ICS committee structure

Place is a key component of our ICS development in BSol

Development of Place-based partnerships is one of 11 workstreams in the ICS Transition Plan, others include Strategic Commissioning and Financial Flows

The workstream is being led by the Local Authority chaired *Design at Place Group* – Professor Graeme Betts, BCC and Nick Page, SMBC. The lead officer is Anna Hammond, who is the BSol Place Development Director

Background

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Why we are working together at ‘Place’ in BSol

In Birmingham and Solihull ICS, partner organisations will work closely together at ‘Place’ to improve outcomes for local citizens. Through working together at Place, we will create thriving places for people to live healthy and happy lives. This goes beyond providing high quality health and social care, incorporating wider services such as housing, community safety, education, skills and employment.

We will work together at Place because it will benefit:

- **Citizens and patients**:
  - People living in BSol will have the assets, information and support they need to live a healthy lifestyle
  - Citizens and communities will have access to a responsive set of services that meet their need
  - Patients and carers will experience high quality care delivered locally
- **Professionals:**
  - Professionals will have a deeper understanding of the unique characteristics and needs of local populations in BSol
  - Professionals will have a better awareness of the varied set of services available to support citizens and patient
  - It will be easier for professionals with different skill sets and expertise to work together collaboratively
- **The ICS:**
  - Place will play a key role in delivering ICS priorities, such as tackling health inequalities
  - By working together around a shared purpose at Place, ICS partners will be able to achieve more together than would be possible separately

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What do place-based partnerships do?

Place based partnerships bring together partners from NHS organisations (e.g. hospitals, GPs), local government services (e.g. social care, public health) and third sector partners that contribute to the local population's health and care.

- Place-based partnerships are responsible for arranging and delivering health and care services locally
- They proactively identify and set objectives that respond to population need
- They have a focus on preventative and proactive support and joining up care
- They play a key role in driving change

What we mean by Place, Locality and Neighbourhood

We use the terms 'Place', 'Locality' and 'Neighbourhood' to describe different 'levels' of the population in BSol, as shown in the diagram below. We do this because while there are some commonalities across the whole population of BSol, there are many different areas in the system with unique characteristics and population needs. Identifying Places, Localities and Neighbourhoods in BSol helps us to better understand these characteristics and to be able to respond to local population needs with a more tailored and impactful approach.

While we use these terms to help us articulate Place, we are not limited by them; working at Place can mean being part of much more dynamic activities such as communities of interest or working with local population groups or multi-professional teams.

When we talk about Place / Locality / Neighbourhood in BSol, we are referring to:

- The people and communities that live in the Place / Locality / Neighbourhood;
- Services that are delivered in the Place / Locality / Neighbourhood (regardless of where providers are based); and
- The local assets and networks within the Place / Locality / Neighbourhood.

System The ICS	**Birmingham and Solihull Integrated Care Partnership**					
Place Local Authorities	**Solihull MBC**	**Birmingham City Council**				
Locality c.200-250k population	**Solihull**	**West**	**Central**	**South**	**North**	**East**
Neighbourhoods c.30-50k population	**5 PCNS**	**5 PCNS**	**7 PCNS**	**6 PCNS**	**6 PCNS**	**6 PCNS**

As outlined in the diagram on the left, in BSol we have two Places: Birmingham and Solihull. We identify these as the geographical footprints of Birmingham City Council (this includes West Birmingham) and Solihull Metropolitan Borough Council.

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How we will work together at ‘Place’ in BSol

- The detailed ‘how’ for place-based working in BSol is in development and is likely to be iterative and evolutionary as we trial and test new approaches and ways of working. Much of this will be driven by culture and behaviours that support collaborative working.
- While we expect that this will take time, we are also thinking about the things that we can do quickly to build relationships and ways of working at Place. There are simple but effective things we can do, such as identifying the key people outside of our organisations that we will connect with as Place partners.
- As we work together at Place and ‘learn by doing’, we will aim to understand why working in a particular way mattered to help us identify the key **ingredients for successful place-based working** to continue to inform how we work together.

We believe that collaborative place-based working in BSol will involve:

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Delegation of Functions and Responsibilities to Place

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Delegation of functions across BSol ICS

One of the key principles referenced in the national policy is the notion of subsidiarity. Amongst other intentions this means that **decisions affecting citizens should be taken as close to the citizen as possible**. Therefore in order for place to be successful and achieve this aim of local decision making it is important that the right responsibilities and associated resources are delegated to place.

There will be some responsibilities that will remain at system level across the whole of Birmingham and Solihull, some at Birmingham level, then further activities may be carried out the locality or neighbourhood level

Work to map delegation of functions has begun across the ICS with the heavy dispensation to delegate or at least align as much to place as is practical, in order to drive better outcomes.

Examples of functions that may be held at system level by the ICB include coordination of the urgent care system and vaccinations.

Proposed delegated functions to place include those areas with more of a community emphasis such as prevention and community nursing.

The role of localities and neighbourhoods in Birmingham

Localities

There are 5 localities across Birmingham, the future role of which have been considered through two recent workshops. These sessions included leads from the key partner organisations and drew on experiences locally and nationally, such as developments within Ladywood and Perry Barr. The purpose is yet to be finalised, but current thinking is that localities will:

1. Be about building relationships
2. Bs about having greater understanding of their population groups and community assets
3. Be the key connectors translating 'place' strategy into local delivery
4. Provide the key footprint for a partnership of health and care service providers for integrated services

There will be consideration of the wider public sector offer at this level, to address determinants of health and inequalities as part of our core business. Co production of priorities and action plans is key to achieve a better level of engagement with communities as well as local professionals. This recognises 'one size doesn't fit all'. The members of workshops stressed that locality working is not about commissioning/contracting and more about bringing providers together to promote front line integration.

Localities will focus on delivering on 1-2 key priorities to start with and ensure that these are delivered well. These priorities will be based around areas of evidenced need pertinent to the area and take a steer from the health and wellbeing board strategy. They will focus their efforts on the areas optimal for change at circa 200,000 population level (ie at a smaller level than the whole of Birmingham but larger than neighbourhoods).

Locality Forums

Locality forums will be established to help deliver priorities and coordinate activities. The form, membership and style may look different in each area dependant on the priority for action. The locality forums will align to any existing groups and infrastructure in that area. They will need membership and structure to provide sufficient influence and 'collective power'. The set up of the forums will be supported by the four locality managers who will be in post by the end of March 2022.

Neighbourhoods

It has been recognised within our work across the ICS that delivery of integrated care at neighbourhoods level provides the foundation for much of our future work within place based partnerships. It will focus on proactive and preventative care, tapping into the rich resource at this population level, including primary care networks.

Significant work has already been undertaken across Birmingham at this level including neighbourhood networks, neighbourhood integration, prevention related initiatives, projects to support reduction of inequalities and much community development. Any further work around neighbourhoods will build on this learning, established assets and focus on practical joint working where it adds value.

Proposed Governance Arrangements

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Place Governance

Background – key points:

- The governance arrangements to support place will not be defined nationally. It is very much about **designing the best local solutions to meet our ambitions**
- Guidance documents outline a number of potential approaches to governance arrangements at Place
- These range from loose partnership arrangements/consultative forums, to more formal structures with delegated statutory functions
- The exact constitution of committees will be dependent on the functions that will be delegated to place from the ICB
- The introduction of a place committee in Birmingham will support the work of place based partnerships
- Early consideration suggests that taking the **committee of a statutory body** as an approach seems to give the most benefit (i.e. it would be a sub committee of the ICB)
- A key reason for this was that it could help to formalise place working and give the **opportunity to delegate real responsibility and control** of functions and budgets

A Place committee proposal

The Place-Based Committee would be accountable to the ICB for planning and delivery of the agreed delegated functions. While the Place-Based committee would be responsible for implementing the work programme, it would set outcomes and define priorities with the H&WB Board. There will be some shared membership with the H&WB Board including elected members and the ICB to provide consistency. It presents a good fit with BSol place principles and enables real collaboration between NHS, LA and Voluntary Sector

Membership

Our place narrative outlines that in Birmingham and Solihull 'Place working' is where we bring together: people and communities, services that are delivered, and local assets and networks. Our membership would be constituted to bring together all these aspects into our forum.

Initial ideas for membership include the health and wellbeing board chair, senior officers from the council including the Director of Public Health, provider representation, Health Watch and VCSE representation.

Role of H&WBB in place governance

There are a number of key roles for the H&WB Board across the overall ICS including place level. Firstly, the H&WB board will retain its statutory function, which is pivotal to the success of the overall ICS. There is an intention that the HW&B will help to shape the strategy for the ICS in partnership with the ICP, which in turn sets the objectives for the ICB.

The exact relationship between the Board and the place committee is yet to be determined and feedback from the H&WB board members would be appreciated. At this stage it is anticipated as a minimum the Board would receive updates on place committee, help to set the work programme, provide challenge and scrutiny.

In addition, the Place committee will set priorities and outcomes with reference to the H&WB board and it's strategy. There is an aspiration to have some common membership between place committee and H&WB board including elected members. This will strengthen the links between the place committee and the H&WB board also help to address the democratic deficit often seen in traditional NHS organisations and decision making.

Summary of proposed Birmingham Place Governance Arrangements within the ICS

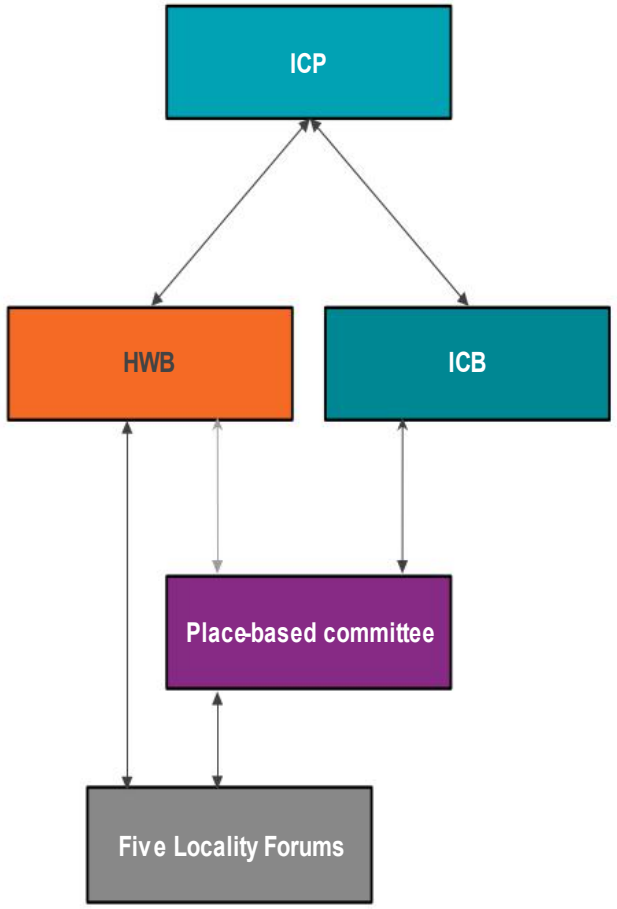
Integrated Care Partnership (ICP): Sets system-wide strategy

Integrated Care Board (ICB): Responsible for NHS system performance, holds system resources, delegates to place

Health and Wellbeing Board (HWB): Sets strategic direction for place, contributes to ICS system priorities

Place-based committee: Planning, co-ordination, delivery and transformation of place-based services delegated from the ICB

Five Locality Forums: Facilitate the work of the place-based partnership committee, considers integration across the wider public sector and considers practical implementation of integrated working practice



Summary of Progress, Next Steps and Discussion Points

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Progress to Date and Key Next Steps

Summary of Work To Date

- The 'Design at Place' group has been established, under the leadership of the two Local Authorities
- A place narrative has been produced to articulate the role of place within the ICS
- The overarching governance arrangements have been drafted to support place, including proposed membership of a place committee
- There has been some initial scoping between partners around the role of localities and potential priority areas
- There has been some initial mapping of functional areas that may be formally delegated to place
- The existing committee arrangements across Birmingham have been identified and their potential alignment with place based working
- The current health related spend has been attributed to place and where possible to locality
- The recruitment of a small dedicated place team who will support integrated delivery at locality and neighbourhood. In addition, partner organisations have begun to identify leads to support the work.

Planned Next Steps

- Further refinement to determine which functions will be delegated to place and which will be retained across the system
- Further work on financial flows to ascertain which budgets should be held at system and which should be aligned at place/locality
- Through the place based workstream work will begin in the new year to support the development of provider collaborations at place level
- There will be further mapping and alignment of related transformation work across Birmingham
- Confirmation of priority areas for each of the localities and roll out of delivery
- Implementation of locality forums
- Identification of key place based priorities (across Birmingham)
- Continuation of the neighbourhood integration, which will include planning for anticipatory care with PCNs and an organisational development programme to assist in the delivery of joint working.

Discussion Points

Views from H&WB board members would be welcome about the content of the presentation. In particular:

- How would you suggest the place committee could link with the H&WB Board
- Given your work to date as a board, what might the initial priority areas be for locality forums to consider?

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Birmingham Health and Wellbeing Board

	Agenda Item: 15
Report to:	**Birmingham Health & Wellbeing Board**
Date:	**8th February 2022**
TITLE:	**BSOL SYSTEM RECOVERY PLAN**
Organisation	**Birmingham City Council**
Presenting Officer	**Rachel O'Connor, Chief Operating Officer / Harvir Lawrence, Director of Planning and Delivery**

Report Type:	**Information**

1. Purpose:

- To provide the Board with an update on the latest BSol position for Omicron, System Recovery Plan and 2022/23 national planning priorities.
- To provide the Board with oversight on the temporary service changes currently enacted to support our Omicron response and associated system risks and actions.

2. Implications:

BHWB Strategy Priorities	Childhood Obesity	X
	Health Inequalities	X
Joint Strategic Needs Assessment		X
Creating a Healthy Food City		X
Creating a Mentally Healthy City		X
Creating an Active City		X
Creating a City without Inequality		X
Health Protection		x

3. Recommendation

The Board is asked to note the following contents of the BSol System Recovery Plan update presentation:

- Omicron update
- Omicron Surge Plan

- Temporary Service changes arising from Omicron
- Multi Year Recovery and Restoration plan
- 2022/23 National Planning Priorities

4. Report Body

Background
The attached presentation provides a breakdown of the following key items:

Omicron Update
The following provides a snapshot overview of the latest Omicron update as of 14th January which has been taken from the daily COVID Sitrep summary.

UHB Cases	Previous Day	14th Jan
Total COVID cases	**22,104**	**22,190**
Current COVID +VE inpatients	437	455
Active COVID +VE inpatients	348	352
Total ITU patients	78	83
ITU COVID +VE patients	15	17
Daily COVID lab +VE results	139 (11/1)	137 (12/1)
Newly admitted COVID +VE patients	50 (11/1)	58 (12/1)
Total COVID deaths	3526	3531

NB - Officer will provide latest data in the meeting.

Omicron Surge Plan

Our surge response mirrors the plans and actions undertaken for previous COVID activity and is based on:

- 'Gold' calls to review impacts across the system, including involvement from both local authorities (Birmingham City Council and Solihull Metropolitan Borough Council), to expedite system decision making.

- System Surge plan for additional capacity and temporary service changes that would be enacted should the system require the need to move to 'super surge'

    - Phase 1 - potential gain 360 beds (Including 190 virtual 'beds')
    - Phase 2 - potential gain 122 beds
    - Phase 3 - potential gain 246 beds
    - Theoretical maximum capacity uplift of 728 beds - 200 of which are currently in use as clinical space
    - Phase 4 - Temporary "Nightingale" facility being erected on Solihull Hospital site and will be used as last resort

- Mutual aid responses across the BSol footprint
- Actions and agreements to manage and sustain priority service areas, alongside service standards
- Monitoring and analysis in relation to quality, service changes and also performance impacts
- Staff wellbeing and support to provide additional resilience given COVID pressures.

Temporary service changes arising from Omicron

We will be reviewing the temporary service changes and the changes that have delivered the greatest benefit for our patients and the system with a view that these are potentially retained as permanent. Due process with JHOSC and our other stakeholders will be undertaken to ensure this is managed as required.

Of the Omicron surge plan we have enacted the following:

- Temporary diverts put in place to continue care in line with surge plan (being reviewed week commencing 17th Jan)
- Heartlands Paediatric unit and urgent cases diverted to BCH
- Good Hope Paediatric and urgent cases diverted to BCH
- Gynae day cases at Good Hope Hospital transferred to BWCH

New facilities and repurposing of the estate to support surge:

- 24 beds converted from elective to emergency beds at the QE. Cold pathway opened at QE and overflow into ROH. UHB have opened 2-day surgery wards increasing inpatient capacity by 42.
- Day case unit in Good Hope repurposed into BCHC's adult inpatient wards to provide overflow capacity
- Construction of a temporary 'Nightingale surge hub' at Solihull Hospital – this would only be called upon at phase 4 of the surge plan - there are no plans at present for this to be used as this is a last resort facility

Community Services to support surge:

- Virtual wards being developed - circa 190 'beds'
- 2-hour Urgent Community Response in place
- Identified critical community services and reassigned clinical colleagues to support services such as District Nursing, inpatient care, 2-hour Urgent Community Response and the Early Intervention Community Teams

Multi Year Recovery and Restoration plan

The system is in the process of developing a multi-year recovery plan for the recovery and restoration of services post the pandemic; That plan sets out:

- System actions to support recovery of access and performance of:

- Urgent and emergency care
- Electives
- Outpatients
- Cancer
- Paediatrics
- Specialised care

- System narrative describing the actions we will take to increase capacity, manage demand, improve our underpinning system ways of working to reduce wating times for elective care and streamline access for urgent care for our citizens.

- Case studies to illustrate good progress and challenges

- Describing the financial resources both capital and revenue to deliver this plan describing the actions we are taking to retain and grow our workforce i.e. international recruitment and expanded placement for students.

- Workforce plan - high level plan for known pressure points and plans

- Trajectories for how waiting times will reduce, access increase, and performance will be improved - modelling and forecasting

22/23 National Planning Priorities

This particular area focuses on the 2022/23 Priorities outlined from the latest Planning Guidance issued by NHSEI. It largely continues from the key priorities noted in H2 along with additions of climate change and continued emphasis on Core20Plus5.

5.	**Compliance Issues**
5.1	**HWBB Forum Responsibility and Board Update**
5.1.1	This presentation will help the Board and its Forums to understand the latest Omicron position (and associated temporary service changes), ongoing developments of BSol's Recovery and Restoration plan and the national planning priorities for 2022/23.

5.2	**Management Responsibility**
The management of the Omicron situation and the recovery plan is led through partners across Birmingham and Solihull ICS and Health and Wellbeing members.	

6. Risk Analysis			
Identified Risk	**Likelihood**	**Impact**	**Actions to Manage Risk**
Omicron cases continue to rise	High	High	Ongoing Gold calls to manage the Omicron position Protecting as much elective capacity as possible Ongoing focus on recovery

Appendices
1) BSOL System Recovery Plan January 20222 (Presentation)

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

Lesa Kingham, Head of Planning & PMO, Birmingham and Solihull ICS
Lehnul Mansuri, Strategic Policy Officer, Birmingham and Solihull ICS

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Bsol ICS System Recovery Plan

Birmingham Health and Wellbeing Board

8th February 2022

Introduction

- Previous waves of COVID have impacted on urgent, emergency and planned care – which has caused long waits for care
- Birmingham and Solihull Recovery Plan developed which lays out our collective actions for how we will recover services, reduce waiting times and inequalities over the next 3 years. The focus of this is:
  - Enabling early access to help and support
  - Improving productivity, efficiency and creating additional capacity and
  - Service innovation and redesign.
- The last few months have meant a focus on dealing with Omicron, which has impacted upon some of our plans given the need to focus on the immediate pressures but we have also protected as many services as possible by working together, demonstrating the value of system working.
- Going forward we are also planning for 2022/23 and how we recover from Omicron.

Omicron Update

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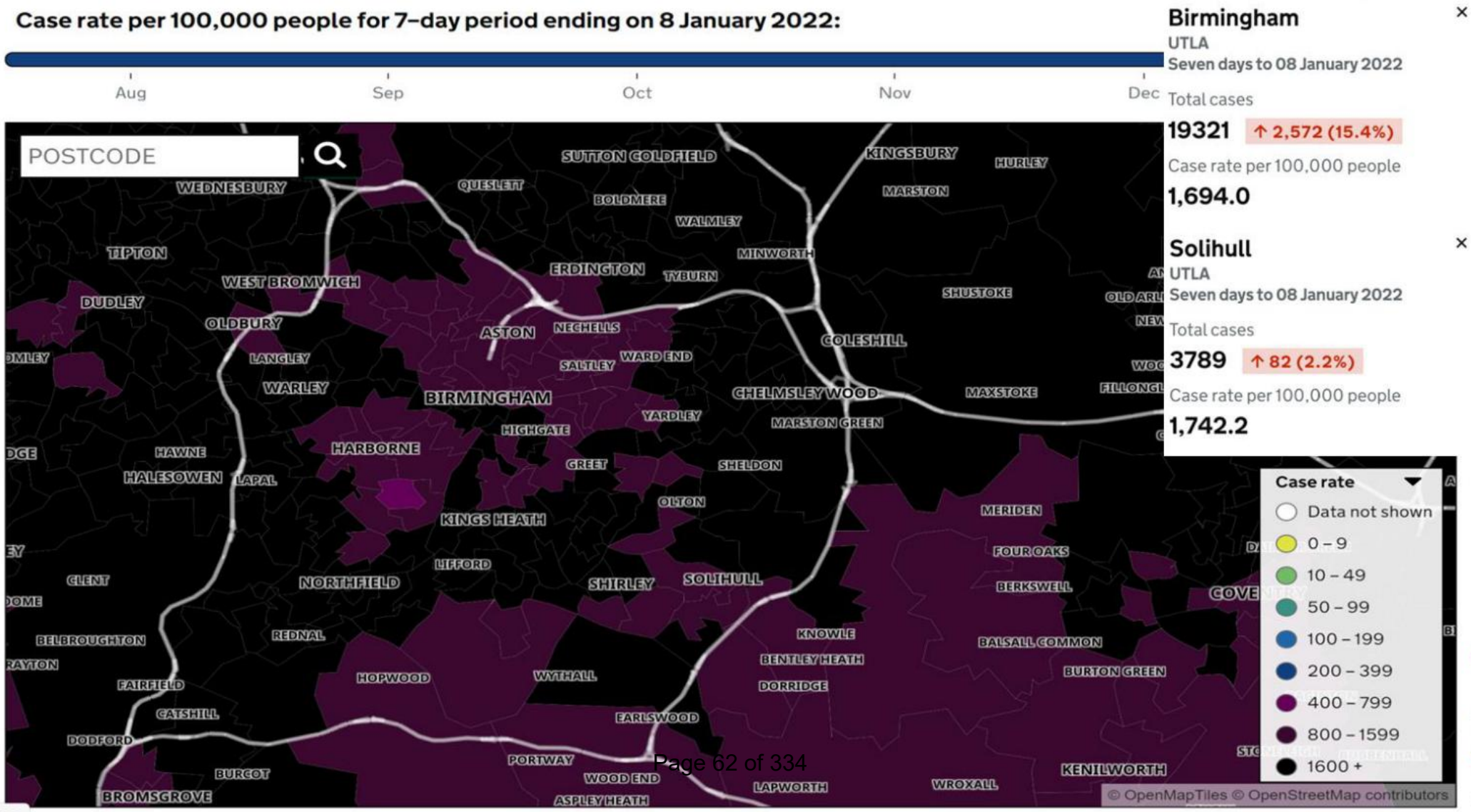
BSOL Cases – 14th Jan



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  - Urgent and emergency care
  - Electives
  - Outpatients
  - Cancer
  - Paediatrics
  - Specialised care
- System narrative describing the actions we will take to increase capacity, demand manage, improve our underpinning system ways of working to reduce waiting times for elective care and streamline access for urgent care for our citizens.
- Case studies to illustrate good progress and challenges
- A description of the financial resources both capital and revenue to deliver this plan. It also includes the actions we are taking to retain and grow our workforce i.e. international recruitment and expanded placement for students.
- Workforce plan - high level plan for known pressure points and plans
- Trajectories for how waiting times will reduce, access increase, and performance will be improved - modelling and forecasting

2022/23 National Planning Priorities

- Invest in our workforce
- Respond to COVID-19 ever more effectively
- Deliver significantly more elective care to tackle the elective backlog
- Improve the responsiveness of urgent and emergency care (UEC) and build community care capacity
- Improve timely access to primary care
- Improve mental health services and services for people with a learning disability and/or autistic people
- Continue to develop our approach to population health management, prevent ill health and address health inequalities
- Exploit the potential of digital technologies to transform the delivery of care and patient outcomes
- Make the most effective use of our resources
- Establish ICBs and collaborative system working
- Core20PLUS5 - Focus continues on inequalities guidance set out in March 2021
- Climate change - Green Plan to deliver carbon reductions throughout 2022/23.

Going Forward

- We will continue to monitor the impact of COVID and respond to the immediate needs that this generates to protect our population and look after our staff.
- We will be reviewing the temporary service changes and the changes that have delivered the greatest benefit for our patients and the system with a view that these are potentially retained as permanent. Due process with JHOSC and our other stakeholders will be undertaken to ensure this is managed as required.
- We will be finalising the Multi-year Recovery and Restoration plan working jointly with partners across BSOL to support both our immediate and longer term recovery.
- Planning Guidance for 22/23 has been issued and we will work collaboratively across our system to develop our plans. This will include activity performance projections, workforce projections, finance projections and a delivery plan with key actions, risks and issues.
- We will engage with members on the development of our plan.

Discussion point - How would members like to be engaged in the development of our plan?

Birmingham Health and Wellbeing Board

	Agenda Item: 16
Report to:	**Birmingham Health & Wellbeing Board**
Date:	**8th February 2022**
TITLE:	**UPDATES ON THE DRAFT SEXUAL AND REPRODUCTIVE HEALTH STRATEGY 2023 – 2030 AND SEXUAL HEALTH PROVISION FOR UNDER 13S**
Organisation	**Birmingham City Council**
Presenting Officer	**Karl Beese – Commissioning Manager, Adult Public Health Services**

Report Type:	**Information**

1.	**Purpose:**
	To update the Health and Wellbeing Board on: - Draft Sexual and Reproductive Health Strategy 2023 - 2030 - Sexual Health provision for under 13s

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		x

3.	**Recommendation**
3.1	The Board is asked to note the information detailed in the report.
3.2	If Board members have any questions in relation to the information provided within this report on the Draft Sexual and Reproductive Health Strategy 2023 –

2030 and/or Sexual Health provision for under 13s these can be directed to: karl.beese@birmingham.gov.uk

4. Report Body

1. Draft Sexual and Reproductive Health Strategy

The draft Sexual and Reproductive Health Strategy 2023 - 2030 sets out our plans to respond to increasing rates of sexually transmitted infections (STIs) and HIV and improve the reproductive health of our citizens. Sexual Health can impact an individual's emotional, physical and mental health, their economic means and social relationships. The effects of poor sexual and reproductive health are far reaching and for those affected, the impacts are compounded by social stigma and fear.

The end-date of 2030 is to ensure alignment with other public health ambitions such as Fast Track Cities Plus which is a more joined up effort to eliminate and eradicate new transmissions of blood-borne viruses and TB, encompassing a whole-city approach, Birmingham signed up to the Fast Track Cities 2030 vision in 2020. Triple Zero is the City Strategy for tackling substance use for the period 2020 – 2030.

A strong national and local evidence-base has informed the draft Strategy in order to tailor our approach to address the sexual health needs of Birmingham and Solihull's population through the following five themes:

Theme One: Priority groups
Theme Two: Reducing the rates of sexually transmitted infections
Theme Three: Reducing the number of unplanned pregnancies
Theme Four: Building resilience
Theme Five: Children and young people

Led by the Public Health Division, Birmingham City Council in partnership with Solihull Metropolitan Borough Council and key stakeholders will ensure that through the implementation of the Sexual and Reproductive Health Strategy:

- Every resident has access to sexual health services that meet their individual needs.
- Services are local, relevant, approachable, confidential, non-judgemental, and Provide services to anyone in need, while respecting all protected characteristics.
- Citizens have control of their own sexual health with services providing support where needed.

Work is underway to commission an all-age sexual health service from 1st April 2023 and the strategy is key to the development of the service specification for sexual and reproductive sexual health services in the city and is an integral part of the Invitation to Tender (ITT) which in turn will ensure Birmingham City Council are able to commission open access sexual health services successfully.

The draft Sexual and Reproductive Health Strategy is being presented to the Birmingham City Council Corporate Leadership Team on Monday 7th February 2022 for approval to proceed to Cabinet on Tuesday 22nd March 2022 for approval to consult.

It is intended that the draft Sexual and Reproductive Health Strategy will open for public consultation via Be Heard on Monday 28th March 2022 for 30 days and end at midnight on Tuesday 26th April 2022. The decision to consult for 30 days is because this strategy is supported by and reflects our local Sexual Health Needs Assessment (SHNA) and whilst undertaking the SHNA, extensive engagement took place with GPs, Pharmacists, Communities and Speciality Practitioners who specialise in the following areas; U18s, Overs 65s, BAME, LGBTQ, Refugees and Migrants, Substance Use, Sexual Health, Homeless, Learning Disabilities, physical Disabilities, Sensory Disabilities and Sexual Violence. In addition, over 100 surveys within the community were completed.

An Equality Impact Assessment (EIA) has been undertaken, of the nine protected characteristics in the Equality Act 2010 the draft strategy will have a positive impact on 4 characteristics and a neutral impact on 5 characteristics.

The consultation document (draft Sexual and Reproductive Health Strategy), consultation questionnaire and Equality Impact Assessment are included as Appendices within this information report.

2. Sexual Health provision for under 13s

The current joint BCC and SMBC commissioned Umbrella Sexual Health service contracted with University Hospitals Birmingham NHS Foundation Trust does not fully cater for the needs of children under the age of 13 years and those with a mental capacity of under 13 as assessed under the Mental Capacity Act 2005 (collectively referred to as 'under 13s' in this briefing) through its existing clinical provision - Umbrella clinics are not deemed appropriate as child-focused for this particularly vulnerable group. Sexual provision is instead managed through a safeguarding process with referrals being directed to the police via the West Midlands Children and Young Person Sexual Assault Referral Centre (CYP SARC) and with the HIV Paediatric Team at Heartlands Hospital for follow-up STI treatment and support through an informal arrangement.

Sexual health commissioners for Birmingham and Solihull propose to:

Agree robust provision with University Hospitals Birmingham to the end of the current sexual health contract until 31st March 2023, and
Develop on-going provision as part of commissioning of all-age sexual health services from 1st April 2023.

Work is underway to commission an all-age sexual health service from 1st April 2023 which will include consultation/engagement on provision for under 13s and referenced in the Sexual Health strategy for 2023+.

The system at present is fragmented and would benefit from being strengthened across the West Midlands by developing a clear pathway which will require the identification of all relevant stakeholders, sharing examples of local, national and international good practice (e.g. The Lighthouse in London), highlighting where

there may be challenges and reflecting on learning. Building the agreed model into the all-age sexual health service specification would strengthen pathways and referrals to partners.

Recommended Next Steps:

- Organise a partnered collaborative task and finish review group with key players e.g. NHSE, Police, Safeguarding, CCG/PCNs, local authorities, voluntary care sector, paediatricians with lead interests etc.
- Agree to develop approved pathways for care including stakeholder workshop(s) and engagement.
- Agree to develop a financial model to formally fund the service.
- Agree to enhance and renew the expertise for the service leadership
- Determine the appropriate lead agency e.g. ICS.
- Build activities into the sexual health procurement timeline.

5.	**Compliance Issues**
5.1	**HWBB Forum Responsibility and Board Update**
5.1.1	Any risks and subsequent issues in relation to the draft Sexual and Reproductive Health Strategy 2023 – 2030 and/or Sexual Health Provision for Under 13s will be monitored and managed by Commissioners and the Public Health Adults Team.

5.2	**Management Responsibility**
Dr Justin Varney, Director of Public Health, Birmingham City Council	

6. Risk Analysis

Identified Risk	**Likelihood**	**Impact**	**Actions to Manage Risk**
Delays to the reprocurement of an all-age sexual health service to be in place from 1st April 2023	Low	High	Commissioners and Public Health to manage the procurement timeline and have appropriate mitigations in place in the event of any risks/issues.
Unable to agree U13 pathway	Low	High	Commissioners and Public Health to manage the partnership collaborative with key partners and stakeholders

			and manage any associated risks/issues.

Appendices
Appendix 1 – Draft Sexual and Reproductive Health Strategy Draft Sexual Health Strategy.vs5 17.01.20 Appendix 2 - Consultation questionnaire Sexual Health Strategy Questionnair Appendix 3 – Equality Impact Assessment EIA - Sexual Health Strategy 11.01.2022.p

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

Karl Beese, Commissioning Manager – Adult Social Care
Fharat Rehman, Senior Commissioning Officer – Adult Social Care

End of Life in Birmingham

Deep Dive Joint Strategic Needs Assessment

This report is mostly based on data collected prior to the COVID-19 pandemic. There are no references to the pandemic within this report.

JSNA Topic Champions

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Stephen Raybould	Programmes Director	Birmingham Voluntary Services Council

Topic Lead

Luke Heslop	Public Health Service Lead	Birmingham City Council

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"For many of us, talking about death can feel like a really difficult conversation to have and yet, all of us will experience it at some point in our lives. A lot of people are frightened of saying the wrong thing, worried about upsetting someone, or simply don't know how to bring the topic up – and for those that are dying, sometimes denial can play a part in it too.

By having the confidence to open up these conversations as part of everyday life, we can enable many more people and their loved ones to have the best possible quality of life as they deal with illness and approach dying."

Sharon Hudson, Birmingham St Mary's Hospice[1]

[1] Dying to talk: Hospice to Host Public Open Day to get Brummies Talking about Death. https://www.birminghamhospice.org.uk/news/dying-matters-open-day-2019 Accessed 22 June 2021.

Forward

Dying is a normal part of life.

All of us will die, and although the timing and way we die varies between individuals it is a reality of being human.

We all hope that when our time comes it will be with speed, dignity, grace and as pain-free as possible. Yet death and dying are often difficult subjects to talk about and too many of us avoid spending time talking with loved ones about what our final wishes are and how we want to be celebrated and remembered when we are gone.

This deep dive report explores the data and evidence around what is causing death at different stages of the life course and in different communities. Some of these deaths are potentially preventable and this report highlights opportunities to take action to reduce these years of life lost as well as ways in which the burden and impact of dying on those left behind can be addressed by communities and organisations.

Our hope is that this deep dive report helps bring the conversation about death and dying in Birmingham into the open and that this report can be used by individuals, communities and organisations to create a better approach across the city to the subject of death.

Across Birmingham we all have a responsibility to work together to prevent avoidable and premature death, to develop communities and organisations that are compassionate and caring for those affected by death and to support individuals to talk openly about death in ways that are honest, open and authentic, and ultimately to become a compassionate city where death is as positive and dignified as it can be.

We all die, and we all have a role to play in improving the experiences of death and dying in Birmingham.

Dr Justin Varney
Director of Public health
Birmingham City Council
September 2019

Quotes from British Heart Foundation's "Difficult Conversations".[2]

"If there are choices to be made, I want to make them"

"It is sad that Dad spent his last few days in the wrong place, being distressed and uncomfortable. I'm left feeling guilty, wondering whether I should have done more"

"If someone else knows what my future could hold and I don't, they're in control, not me"

"The real worry isn't so much what happens if my husband goes downhill or dies, even though he's the one with heart failure, but what would happen if I did. I do everything – deal with the finances, all the cooking etc. What would he do if I died? He couldn't possibly do it himself. He gets breathless moving from one chair to another"

"My daughter knows what my wishes are, all the music and an irreverent piece from Billy Connolly. She'll have all the emotions but she won't be wondering what I would have wanted"

[2] British Heart Foundation – Difficult Conversations – Talking to People with Heart Failure about End of Life. https://www.bhf.org.uk/informationsupport/publications/living-with-a-heart-condition/difficult-conversations---talking-to-people-with-heart-failure-about-the-end-of-life Accessed 9 July 2021

Executive Summary

This deep dive into end of life in Birmingham is part of a series of enhanced reviews forming part of Birmingham's new approach to its Joint Strategic Needs Assessment (JSNA).

Our long-term ambition is to live in a city where all of our citizens are able to die with dignity, receiving compassionate and high-quality end of life care, and able to talk openly about death and dying with those close to them.

However, the key findings of this deep dive JSNA suggest that this is not the case for some citizens.

- There are too many premature and avoidable deaths that are exacerbated by social, economic and environmental factors.
  - The poorest areas of the city have the lowest life expectancy.
  - Birmingham has one of the highest infant mortality rates in England.
- There is scope for improvement of end of life care services.
  - Services could be more coordinated.
  - Care plans are not routinely offered to patients in need of palliative care and their carers.
  - Various sources have suggested people have difficulty discussing what they want when they die.
- Further support is needed for those left behind.
  - Older people who are bereaved are affected by loneliness and social isolation.
  - There is support for the bereaved and carers in Birmingham but there are gaps in some areas of the city.

In the Opportunities for Action section we have set out recommendations as to how local partners can work towards our ambition for Birmingham. These include:

a) The promotion of conversations about death and dying.
b) Taking a 'whole system approach' across the city to make it easier for citizens to make healthy choices and live as healthily as possible.
c) Addressing the lack of carer and bereavement support city-wide; and encouraging communities to provide support within different areas of the city.

Contents

1. Introduction

Death and dying are an inevitable part of life, everyone will die. There were 530,841 deaths registered in England and Wales in 2019, 8,267 of these were in Birmingham.[3] Causes of death vary across the population and are influenced by age, gender, ethnicity, and other demographic characteristics as well as poverty and environmental factors such as employment and the built environment.

The inequity of death is seen in those who die much younger than others (premature deaths below the age of 75 years) and the differences in the age of starting to live with ill health and the length of time that people live with the consequences of ill health.[4]

The Parliamentary and Health Service Ombudsman's report, *Dying without dignity* (2015)[5], highlighted that whilst many people experience a high standard of care at the end of life, a significant number of people do not share this experience. The report highlighted the need for improvements in end of life care to ensure that everyone can experience a 'good death'.

People approaching the end of their life often experience a range of different challenges and needs including those that are physical, social, emotional and spiritual. Effective support of these needs can require integrated and multidisciplinary support working across sectors regardless of whether the person is in their home, in hospital, a care home, or hospice. Families and carers of people at the end of life also experience a range of emotions and problems, which also need to be addressed.[6]

The quality of life that an individual experiences at the end of their life will have a deep impact upon the individual dying, their family, and also their carers and their carers' wider social networks. Grief and grieving can have rippling impacts on all domains of life such as social, work, health and wellbeing.[7] This document seeks to explore these impacts in Birmingham.

1.1. Joint Strategic Needs Analysis (JSNA)

The purpose of a JSNA is to improve the health and wellbeing of the local community and reduce inequalities through developing local evidence-based priorities for commissioning. This is not an end in itself but a continuous process of strategic assessment and planning.

The aim is to develop local, evidence-based priorities for commissioning, policy and practice which will improve the public's health and reduce inequalities. These will be used to

[3] Office for National Statistics. Deaths registered in England and Wales: 2019. https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsregistrationsummarytables/2019 Accessed 16 June 2021.
[4] Fair Society, Healthy Lives – The Marmot Review. https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report-pdf.pdf Accessed 22 June 2021.
[5] Parliamentary and Health Service Ombudsman. Dying without Dignity. https://www.ombudsman.org.uk/publications/dying-without-dignity-0 Accessed 16 June 2021.
[6] NICE. End of Life Care for Adults Quality Standard. https://www.nice.org.uk/guidance/qs13/resources/end-of-life-care-for-adults-pdf-2098483631557 Accessed 18 June 2021.
[7] Mental Health Resources for Carers. Impacts of Grief. http://mhr4c.com.au/grief-and-loss/impacts-of-grief/ Accessed 18 June 2021.

determine actions that the local authority, the local NHS and other parties need to take to meet health and social care needs and to address the wider determinants that impact on health and wellbeing.

The Birmingham Health and Wellbeing Board has agreed a forward plan of four deep dives each year to supplement the core JSNA content. The deep dive needs assessments are intended to provide a focused and thorough exploration of a specific topic area or population of need to inform commissioning, policy and practice.

1.2. Scope and Definitions

1.2.1. Scope

The scope of this deep dive is to explore the data and evidence around what is causing death at different stages of the life course and in different communities, including reviewing the potential for preventing premature death. The scope also includes dying and the needs and care required at the end of life. The impact of death and dying on families and the wider society is also considered.

1.2.2. Definitions

The following terms are used in the deep dive. This section provides an explanation of their meaning within the document.

Death

Death is defined as the cessation of all vital functions of the body including the heartbeat, brain activity (including the brain stem), and breathing.[8] To officially register a death, a doctor needs to identify this whilst establishing cause and then issue a medical certificate of death. This is used to register the death and issue a death certificate. If the doctor is unsure of the cause of death or hasn't seen the patient for 14 days, the death must be reported to the coroner. If the coroner sees no need to investigate, the doctor can then issue the medical certificate.[9] If the coroner decides that a post-mortem examination is needed to determine the cause of death, this will be carried out and the relevant documents will then be passed to the registrar. This is then passed to the Office of National Statistics and becomes known as a registered death. All death calculations within this document are recognised in accordance with the Office of National Statistics.

Disability-Free Life Expectancy

An estimate of the years of a lifetime free from a limiting persistent illness or disability. This is based upon a self-rated assessment of how health limits an individual's ability to carry out day-to-day activities.[10]

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[8] Dictionary.com. Definition of death. https://www.dictionary.com/browse/death Accessed 16 June 2021.

[9] BMA. Verification of Death (VoD), Completion of Medical Certificates of Cause of Death (MCCD) and Cremation Forms in the Community in England and Wales. https://www.bma.org.uk/media/2843/bma-verification-of-death-vod-july-2020.pdf Accessed 16 June 2021.

[10] Office for National Statistics. Health state life expectancies, UK: 2017 to 2019. https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/healthstatelifeexpectanciesuk/2017to2019 Accessed 22 June 2021.

Dying

The last stage of life; a process that begins when a person has a disorder that is untreatable and inevitably ends in death. Dying is a process, whereas death is an event. The end of life experience is unique to the individual.[11]

Early Death or Premature Death

Premature deaths are defined as deaths that occur before the age of 75 years. Premature mortality is a good indicator of the overall health of a population, being correlated with many other measures of population health. There are significant differences between the premature death rates in different areas, reflecting a wide range of underlying differences between these populations. To ensure that there continues to be a reduction in the rate of premature mortality, and that inequalities between areas are reduced, there needs to be concerted action in both prevention and treatment.[12]

End of Life

The National Institute of Health and Care Excellence (NICE) guidance defines the 'end of life' stage as people with:

- advanced, progressive, incurable conditions; and/or
- those who may die within 12 months; and/or
- those with life-threatening acute conditions[1]

End of life care therefore covers any support and treatment for those nearing death and includes palliative care.

Palliative Care

Palliative Care has been defined by NICE[13] as the active holistic care of patients with an advanced progressive illness, which includes the management of pain and other symptoms and the provision of psychological, social and spiritual support.

The goal of palliative care is to achieve the best quality of life for patients and their families. Many aspects of palliative care are also applicable earlier in the course of the illness at the same time as other curative treatments.

Advanced Care Plan (ACP)

The *Advanced Care Plan* enables patients to decide what they would like to happen in the event that they lose the capacity to make or communicate decisions about their care. Examples of such decisions include:

- The use of intravenous fluids and parenteral nutrition.
- The use of cardiopulmonary resuscitation.
- The use of life-saving treatment (whether existing or yet to be developed) in specific illnesses where capacity or consent may be impaired - for example, brain damage, perhaps from stroke, head injury or dementia.
- Specific procedures such as blood transfusion for a Jehovah's Witness.

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[11] Miller-Keane Encyclopaedia and Dictionary of Medicine, Nursing, and Allied Health, Seventh Edition. (2003). Dying. (n.d.). https://medical-dictionary.thefreedictionary.com/dying Accessed 22 June 2021.

[12] Public Health England. Mortality Profile. https://fingertips.phe.org.uk/profile/mortality-profile Accessed 16 June 2021.

[13] The National Institute for Health and Care Excellence. What is palliative care? https://cks.nice.org.uk/topics/palliative-care-general-issues/background-information/definition/ Accessed 21 June 2021.

Healthy Life Expectancy

A measure of the average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health.[14]

Life Expectancy at Birth

The average number of years a person would expect to live based on contemporary mortality rates. For a particular area and time period, it is an estimate of the average number of years a new-born baby would survive if he or she experienced the age-specific mortality rates for that area and time period throughout his or her life.[15]

1.3. National Strategy and Guidance

There are 5 key strategies which identify national guidelines and best practice for implementing high-quality end of life care. These are:

- *National End of Life Care Strategy* (2008)[16]
- *NICE Quality Standards for End of Life Care in Adults* (2011)[17]
- *Next Steps on the NHS Five Year Forward View* (2014)[18]
- *Ambition for Palliative and End of Life Care: A National Framework for Local Action 2015-2020* [19]
- *Working Together to Safeguard Children* 2018[20]

1.3.1. National End of Life Care Strategy (2008)

This *National End of Life Strategy* sought to address the issues of dying in a place of choice and improving communication between services providing end of life care and preventing communication breaking down. The strategy set out key areas, recommendations and actions:

- Raising the profile of end of life care and changing attitudes to death;
- Strategic commissioning challenges;
- Identifying people approaching the end of life;
- Care planning with patients and families;

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[14] Public Health England. Public Health Outcomes Framework – Overarching Indicators. https://fingertips.phe.org.uk/documents/PHOF_Overarching_user_guide_Feb_2018_updated%20FINAL.pdf Accessed 21 June 2021.

[15] Public Health England. Public Health Outcomes Framework – Overarching Indicators. https://fingertips.phe.org.uk/documents/PHOF_Overarching_user_guide_Feb_2018_updated%20FINAL.pdf Accessed 21 June 2021.

[16] Department of Health and Social Care. End of Life Care Strategy: promoting high quality care for adults at the end of their life. https://www.gov.uk/government/publications/end-of-life-care-strategy-promoting-high-quality-care-for-adults-at-the-end-of-their-life Accessed 16 June 2021.

[17] The National Institute for Health and Care Excellence. End of Life Care for Adults. https://www.nice.org.uk/guidance/QS13 Accessed 16 June 2021.

[18] https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf Accessed 16 June 2021.

[19] National Palliative and End of Life Care Partnership. Ambitions for Palliative and End of Life Care: A national framework for local action 2015-2020. http://endoflifecareambitions.org.uk/wp-content/uploads/2015/09/Ambitions-for-Palliative-and-End-of-Life-Care.pdf Accessed 16 June 2021.

[20] Department for Education. Working Together to Safeguard Children. https://www.gov.uk/government/publications/working-together-to-safeguard-children--2 Accessed 16 June 2021.

- Coordination of care between agencies;
- Rapid access to care;
- Delivery of high quality services in all locations;
- Last days of life and care after death;
- Involving and supporting carers;
- Education, training and continuing professional development of clinical and non-clinical staff;
- Measurement and research of trends and issues;
- Funding challenges.

1.3.2. NICE Quality Standards for End of Life Care in Adults (2011)

This quality standard covers care for adults (aged 18 and over) who are approaching the end of their life. It covers care provided by health and social care staff in all settings, and describes high-quality care in priority areas for improvement (Figure 1).

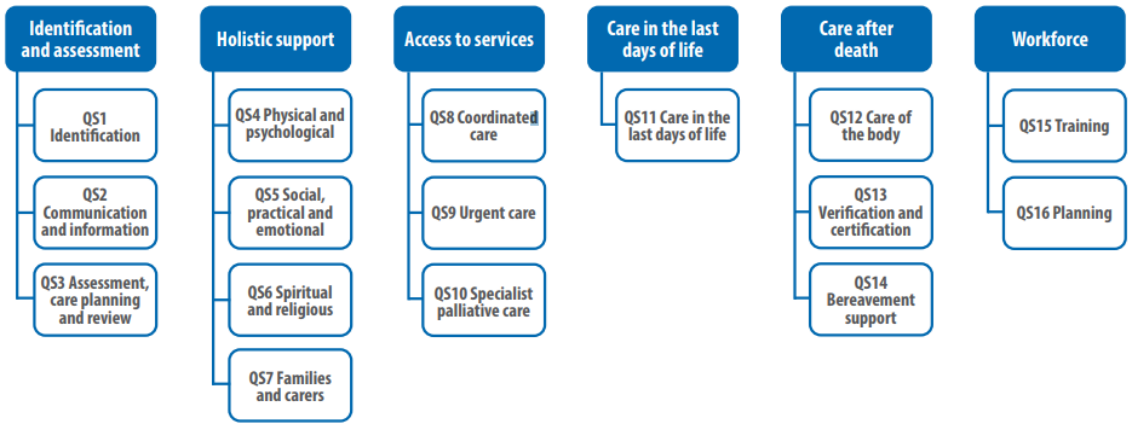

Figure 1: The NICE Quality Standard Statements for End of Life Care Improvement

1.3.3. Next Steps on the NHS Five Year Forward View (2014)

This review reported that improving palliative and end of life care was to play an important role in the successful delivery of many Sustainability and Transformation Partnership priorities.

It called for increased engagement with service-users to support the planning of end of life services; a range of care models to support better integration of services across providers; and shifts of investment from acute to primary and community services. These all have the potential to support improvement to end of life care.

1.3.4. Ambition for Palliative and End of Life Care: A National Framework for Local Action 2015-2020

This framework was intended to build on the *2008 End of Life Care Strategy*. The emphasis is on providing a national framework for local decision-making and delivery - achieving the standard set out in *NICE Quality Standard for End of Life Care (2011).*

Six key ambitions were identified to improve the experience of the dying person and carers, families, those important to the dying person, and all who became bereaved. They are expressed as personal "I" statements.[21]

Table 1: NICE Quality Standard Ambitions

Each person is seen as an individual	*I, and the people important to me, have opportunities to have honest, informed and timely conversations and to know that I might die soon. I am asked what matters most to me. Those who care for me know that and work with me to do what's possible.*
Each person gets fair access to care	*I live in a society where I get good end of life care regardless of who I am, where I live or the circumstances of my life.*
Maximising comfort and wellbeing	*My care is regularly reviewed and every effort is made for me to have the support, care and treatment that might be needed to help me to be as comfortable and as free from distress as possible.*
Care is coordinated	*I get the right help at the right time from the right people. I have a team around me who know my needs and my plans and work together to help me achieve them. I can always reach someone who will listen and respond at any time of the day or night.*
All staff are prepared to care	*Wherever I am, health and care staff bring empathy, skills and expertise and give me competent, confident and compassionate care.*
Each community is prepared to help	*I live in a community where everybody recognises that we all have a role to play in supporting each other in times of crisis and loss. People are ready, willing and confident to have conversations about living and dying well and to support each other in emotional and practical ways.*

1.3.5. Working Together to Safeguard Children 2018

This national statutory guidance[22] mandates that every local area has a Child Death Overview Panel which reviews each child death. It sets out the framework for the local authority and CCGs in local areas for reviewing deaths (Figure 2).

[21] National Palliative and End of Life Care Partnership. Ambitions for Palliative and End of Life Care: A national framework for local action 2015-2020. http://endoflifecareambitions.org.uk/wp-content/uploads/2015/09/Ambitions-for-Palliative-and-End-of-Life-Care.pdf Accessed 16 June 2021.
[22] Department for Education. Working together to safeguard children. https://www.gov.uk/government/publications/working-together-to-safeguard-children--2 Accessed 16 June 2021.

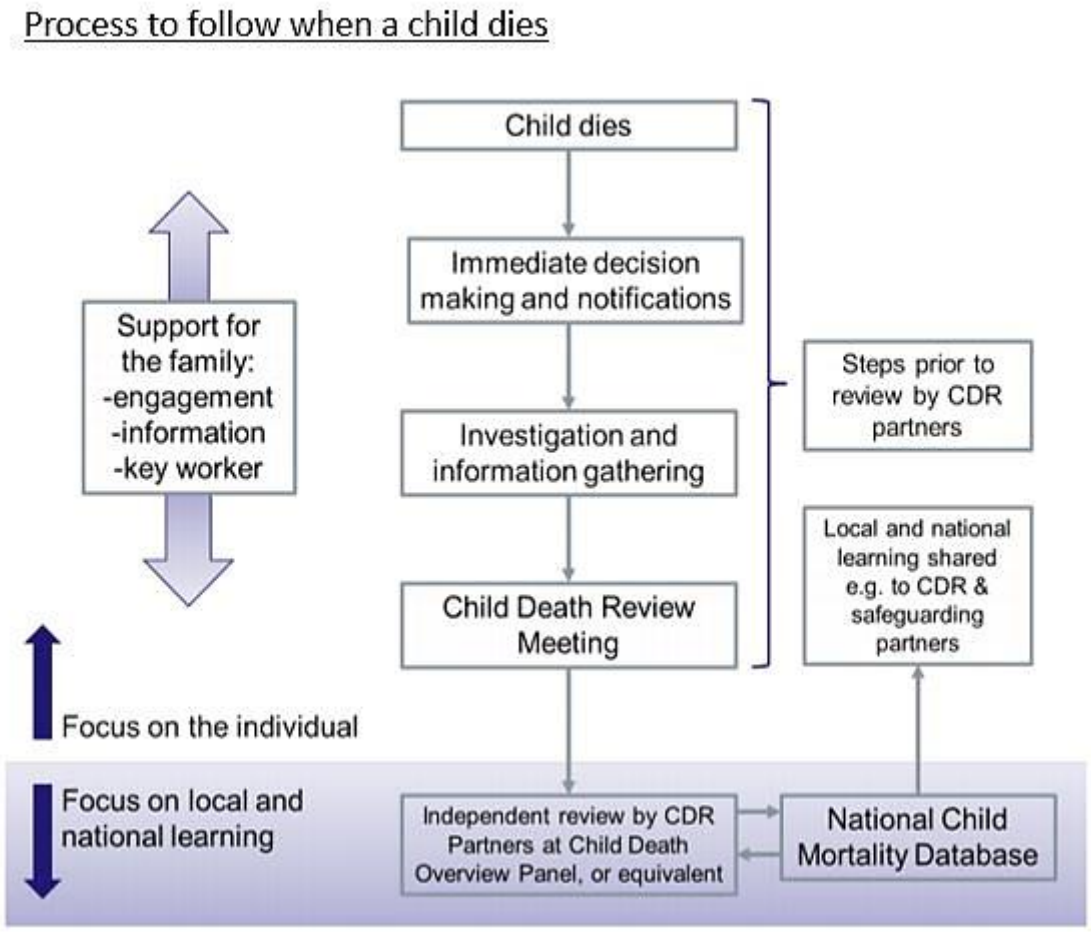

Figure 2: Full Process for a Child Death Review

1.4. Birmingham Strategy and Structures

1.4.1. Integrated Palliative and End of Life Care Commissioning Strategy for Birmingham (2014-18) [23]

This local strategy aimed to shape the commissioning intentions and actions of the local NHS for adults (Figure 3). There were five core themes of recommendations:

- Patients and carers feel supported to cope
- Addressing inequalities and differences in practice
- Professionals feeling supported and able to learn and provide care
- Developing and improving systems that support efficient and effective palliative and end of life care
- Engaging with local communities.

The time frame for this local strategy ended in 2018. However, there is not an updated version available at the time of writing this report (2021) meaning that the 2014-18 strategy remains in use. A consultation on a similar approach for children and young people was started in 2016. The outcome proposal has been delayed due to the local changes in NHS Governance.

[23] NHS. Integrated Palliative and End of Life Care Commissioning Strategy for Birmingham 2014/15 – 2017/18.

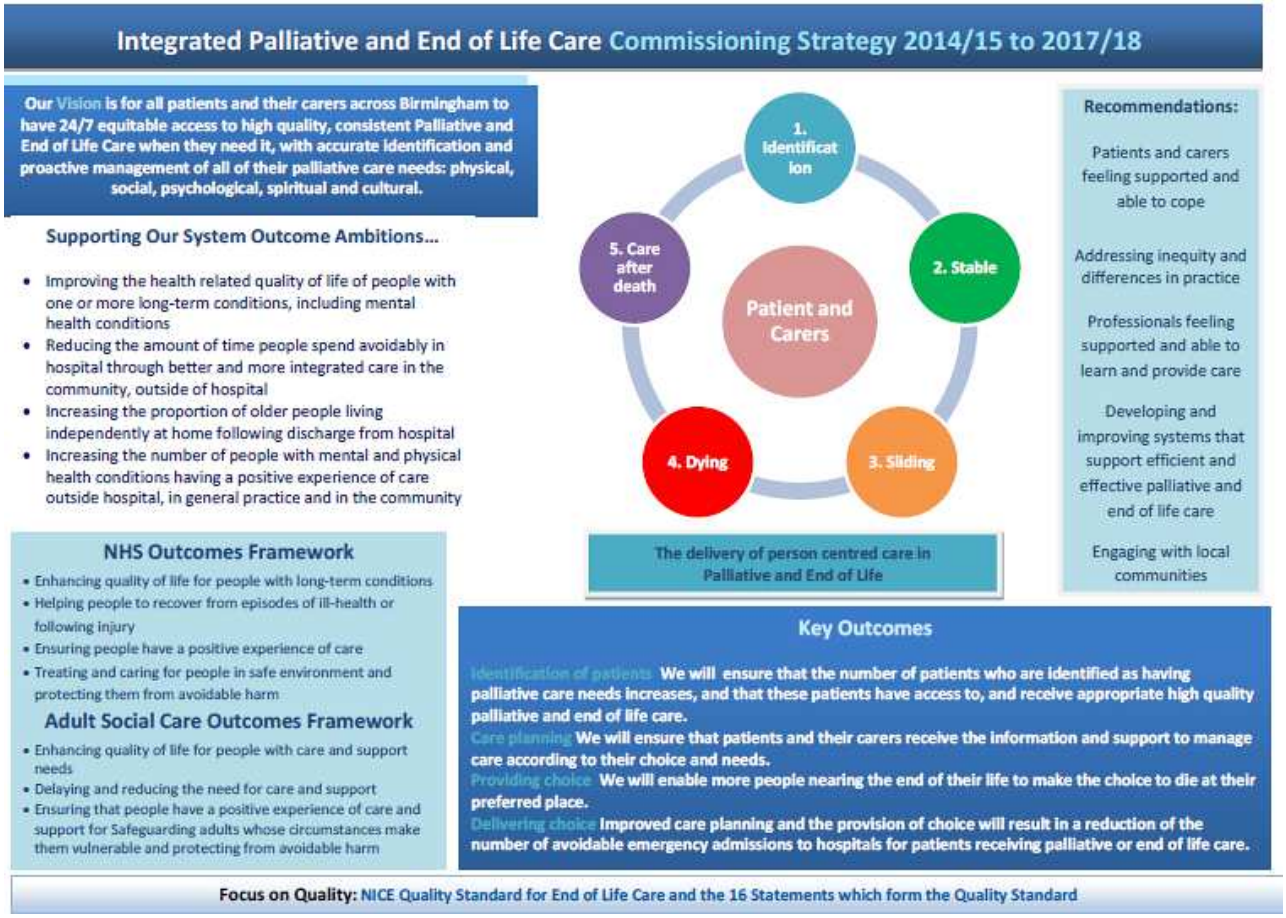

Figure 3: The Integrated Palliative and End of Life Commissioning Strategy

1.4.2. End of Life Care within the Birmingham and Solihull Sustainability and Transformation Partnership (STP) Structure[24]

The national framework for local action 2015-2020 identified key areas for improvement in end of life care. An End of Life oversight group was formed as part of the Birmingham and Solihull STP Older Peoples Portfolio Board (Figure 4). Programme actions and tasks have been mapped against the ambitions.

[24] Ambitions for Palliative and End of Life Care 2015. https://www.nationalvoices.org.uk/publications/our-publications/ambitions-palliative-and-end-life-care Accessed 18 June 2021.

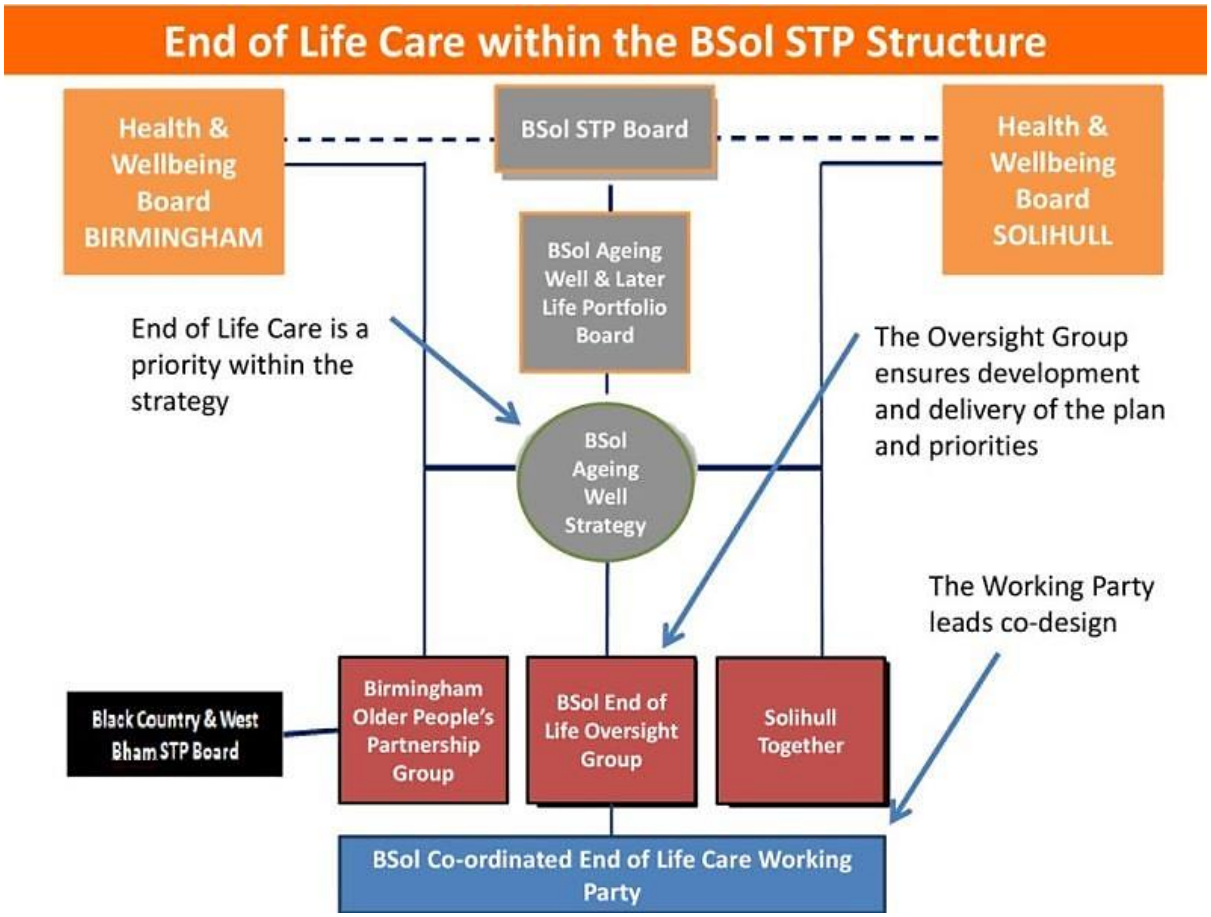

Figure 4: The Governance Map for End of Life Care in Birmingham[25]

1.4.3. Birmingham Suicide Prevention Strategy[26]

The Birmingham Suicide Prevention Strategy has been developed in partnership with the NHS, Public Health England and local strategic partners from the community and voluntary sector, academia, business and police. The strategy has six priority areas for action based on local and national evidence:

- Reduce the risk of suicide in high-risk groups.
- Tailor approaches to improve the mental health of specific groups.
- Reduce access to means of suicide.
- Provide better information and support to those bereaved or affected by suicide.
- Support the media in delivering sensitive approaches to suicide and suicidal behaviour.
- Support research, data collection and monitoring.

[25] Birmingham and Solihull Sustainability and Transformation Partnership. A Shared Vision. https://www.livehealthylivehappy.org.uk/wp-content/uploads/2019/06/End-of-Life-update.pptx Accessed 16 June 2021.
[26] Birmingham City Council. Birmingham Suicide and Prevention Strategy 2019-2024. https://birmingham.cmis.uk.com/Birmingham/Document.ashx? Accessed 16 June 2021.

Simultaneous action across all six priority areas is required in order to effect change. The ambition of this strategy for Birmingham is to:

- Maintain the lowest rate of suicide of any of the core cities in England.
- Continue to reduce deaths through suicide in the city over the next decade through a Zero Suicide approach.

The Suicide Prevention Working Group will oversee delivery of an annual action plan.

2. The Birmingham Picture

Birmingham is the largest unitary local authority in Europe and is the UK's second city, home to an estimated population of 1,141,816. According to ONS population estimates, Birmingham has a younger population than most UK local authorities, with a median age of 32.6.[27] The population is more ethnically diverse than the country as a whole.[28] Birmingham is the seventh most deprived local authority in England, with over 40% of its population living in the 10% most deprived areas.[29] Social and economic disadvantage has a negative impact on the health, wellbeing and life expectancy of the citizens of Birmingham.[30]

Between 2015 and 2017, there were 25,609 deaths registered in Birmingham. Figure 5 (below) shows that the majority of deaths were in the over 75 population (64%). There was also a high rate of infant mortality.[31]

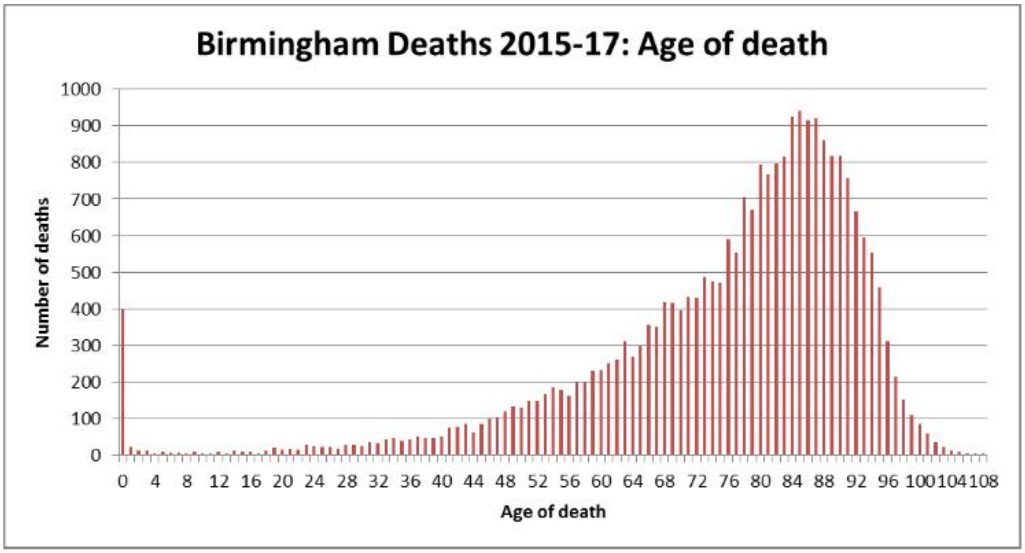

Figure 5: Birmingham Deaths by Age 2015-17 Source: ONS Deaths

In 2017, there were 8,551 deaths in Birmingham with a crude death rate of 7.5 deaths per 1,000 population. This was much lower than the England rate of 9.0 reflecting the younger age profile of the city. However, Birmingham had a much higher infant mortality rate of 7.2

[27] Office for National Statistics. 2019 mid-year population estimates. https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates Accessed 16 June 2021.
[28] Birmingham Mail. The figures proving Birmingham is more diverse than ever. https://www.birminghammail.co.uk/news/midlands-news/figures-proving-birmingham-more-diverse-15107261 Accessed 16 June 2021.
[29] Ministry of Housing, Communities & Local Government. English Indices of Deprivation 2019. https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019 Accessed 16 June 2021.
[30] Birmingham City Council. Birmingham Public Health Green Paper.https://www.birminghambeheard.org.uk/people-1/birmingham-public-health-green-paper/supporting_documents/Birmingham%20Public%20Health%20Green%20Paper%20.pdf Accessed 16 June 2021.
[31] Office for National Statistics. Deaths. https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths Accessed 16 June 2021.

deaths per 1,000 live births (in children aged less than one year) compared to an England rate of 4.0.[32]

2.1. Life Expectancy in Birmingham

Although life expectancy within Birmingham increased after 2001, Figure 6 shows that this improvement plateaued from 2010 until 2017. In 2017, life expectancy for men in Birmingham was 77.6 years and 82.0 years for women, significantly lower than the national average of 79.5 and 83.1 years respectively.[33]

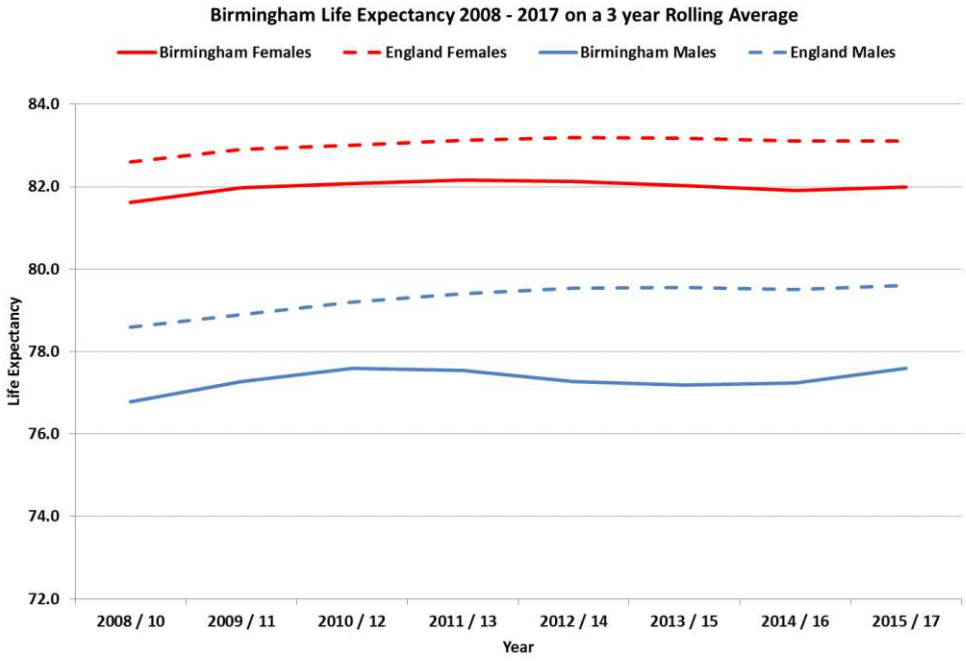

Figure 6: Life Expectancy in Birmingham 2008-2017

There are also significant variations in life expectancy within Birmingham relating to deprivation. Figure 7 illustrates how life expectancy can vary significantly between a few train stops.

[32] Based on internal calculations of Office for National Statistics data on registered deaths.
[33] Public Health England. Public Health Outcomes Framework – Birmingham area profile. https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/1/ati/101/are/E08000025 Accessed 16 June 2021.

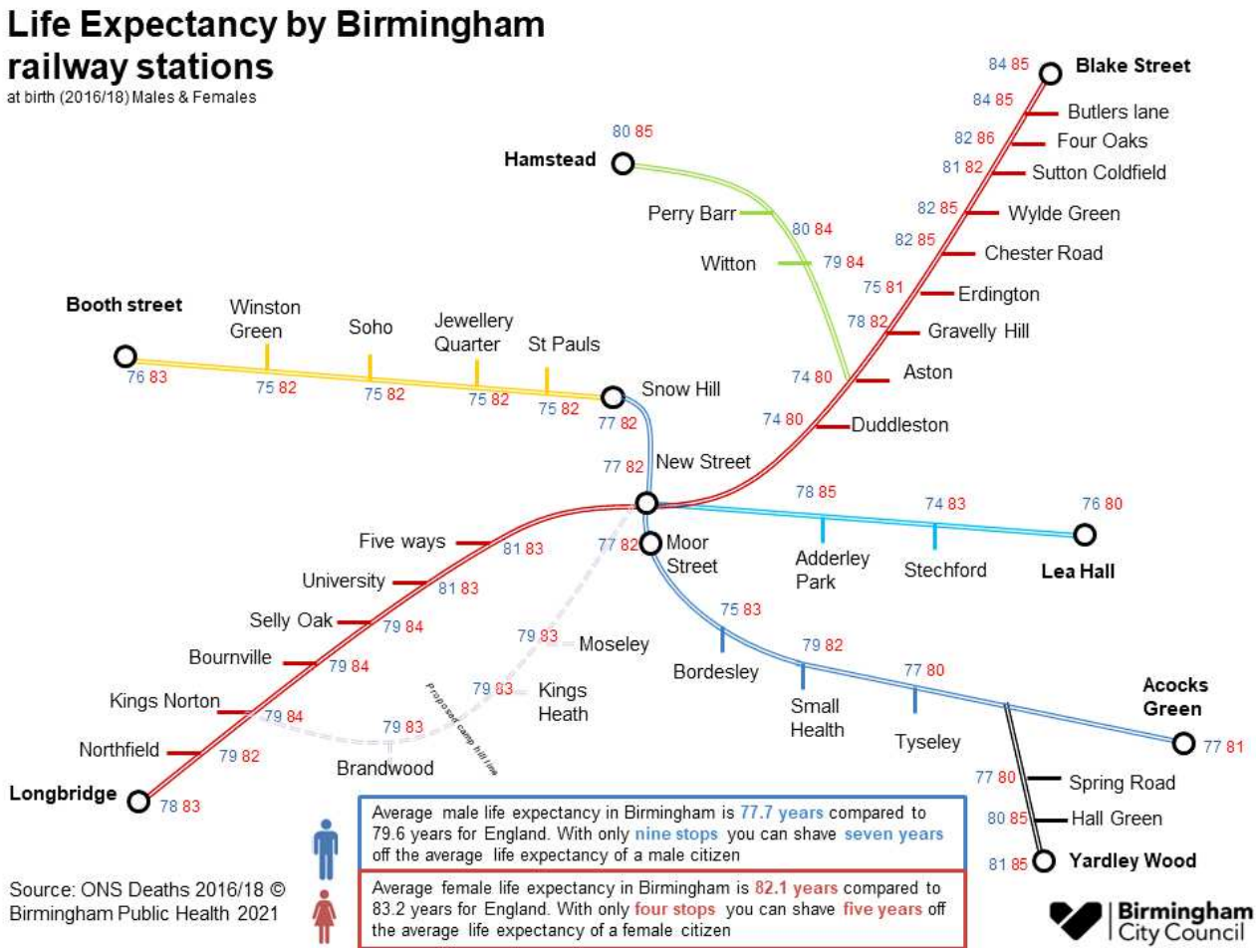

Figure 7: Differences in Life Expectancy across Birmingham[34]

Wards also show significant differences between life expectancies. In terms of the wards with the lowest and highest average life expectancies (Figure 8), there is a difference of:

- 12.4 years for men from lowest (Castle Vale) to highest (Sutton Roughley).
- And 7.9 years for women from lowest (in Frankley Great Park) to highest (Sutton Four Oaks).

[34] Based on localised calculations from information supplied by the Office for National Statistics to BCC.

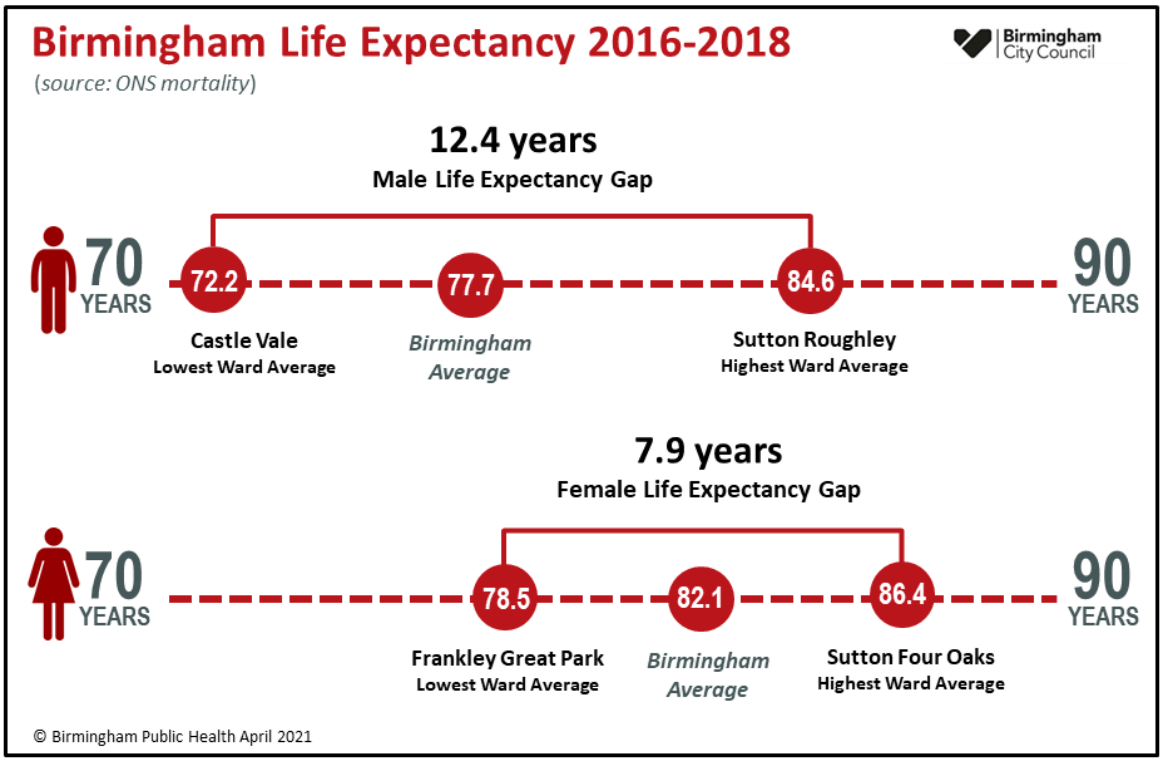

Figure 8: Birmingham Life Expectancy – Wards

Another example is in terms of low and high deprivation. There is a difference of 11.6 years for men and 9.2 years for women between Heartlands ward (with a high level of deprivation); compared to the Sutton Four Oaks/Sutton Reddicap wards, where there is a lower level of deprivation.[35]

2.2. Healthy Life Expectancy in Birmingham

Healthy life expectancy is a measure of the average number of years a person would expect to live in good health. The difference between this and the life expectancy represents the time that citizens can expect to live with the consequences of ill health and with increasing disability (see Figure 9).

[35] Based on internal calculations of Office for National Statistics data on registered deaths and populations at a lower level.

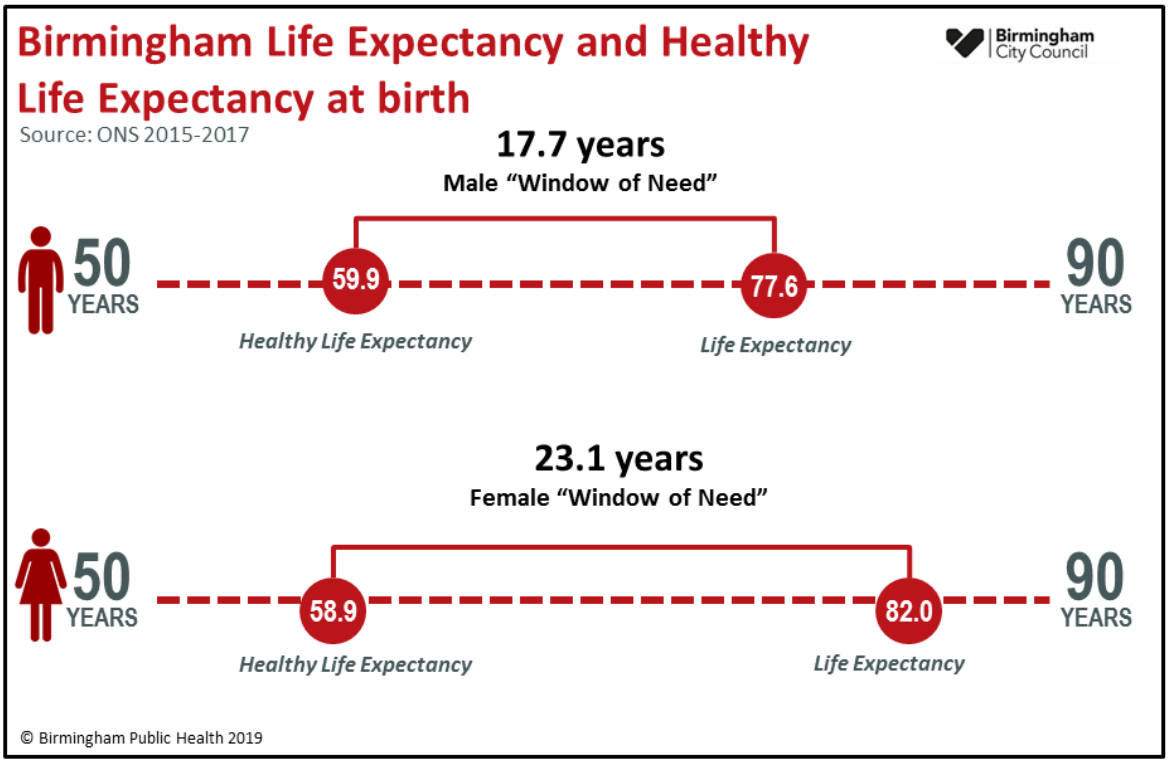

Figure 9: Differences in Healthy Life Expectancy in Birmingham[36]

Healthy life expectancy is significantly lower in Birmingham at 59.9 years for men and 58.9 years for women compared to England (63.4 and 63.8 years respectively). This means that the women of Birmingham live longer on average, and experience poor health for longer, than the men (Figure 9). Thus, in Birmingham, citizens experience both poorer health and more premature deaths than the national average.[37]

2.3. Leading Causes of Death in Birmingham

Between 2015 and 2017, the leading cause of death in Birmingham was cancer, representing 26% of all deaths in the city (Table 2). This was followed by diseases of the circulatory system (25%) and diseases of the respiratory system (14%).[38]

[36] Based on internal calculations from Office for National Statistics published data.
[37] Public Health England. Public Health Outcomes Framework. https://fingertips.phe.org.uk/profile/public-health-outcomes-framework Accessed 16 June 2021.
[38] Based on causes of deaths information supplied by NHS Digital to BCC.

Table 2: Number and Proportion of the Leading Causes of Death in Birmingham 2015-2017

5 major causes of deaths in 2015/17		
Cause of Death	**Birmingham Deaths**	**% of Deaths**
Cancer	6,689	26.1%
Diseases of the circulatory system (including CHD)	6,477	25.3%
Diseases of the respiratory system	3,603	14.1%
Coronary Heart Disease (CHD)	3,033	11.8%
Mental and behavioural disorders	2,505	9.8%
All Causes	25,609	

2.4. Leading Causes of Deaths for Children in Birmingham

There were 538 child deaths (aged under 18 years) in Birmingham between 2015 and 2017. Three quarters (74%) were aged under 1 year and over half of these (57%) were aged under 28 days.[39]

The death of a child is an individual tragedy with serious familial impact. Each death is reviewed by the Child Death Overview Panel, established in the Children Act 2004 and mandated by the statutory guidance *Working Together to Safeguard Children* since 2010.[40]

The Annual Reports of the Birmingham Child Death Overview Panel identify the key themes, including:

- Premature birth is a major factor in deaths of children below the age of 4 weeks old.
- Extreme prematurity, less than 22 weeks of the normal 40 weeks of development in the womb before birth, remains a challenging aspect and accounted for 12% of all infant deaths in 2013.
- Congenital abnormalities, including complex congenital heart conditions which may be identified during the pregnancy and before birth, account for 17.6% of all child deaths in the city. Factors which might reduce the likelihood of being born with some congenital abnormalities continue to be a sensitive issue and are discussed in detail in the *2018 Annual Report* by the Director of Public Health for Birmingham.[41]

Risk and cause of infant death varies considerably depending on the age of a child.

[39] Based on registered deaths information supplied by NHS Digital 2015-17 to BCC.
[40] Department for Education. Working together to safeguard children. https://www.gov.uk/government/publications/working-together-to-safeguard-children--2 Accessed 16 June 2021.
[41] Director of Public Health Annual Report 2018 – Fulfilling Lives for Under Fives. https://www.birmingham.gov.uk/download/downloads/id/10834/director_of_public_health_annual_report_2018.pdf Accessed 23 June 2021.

2.4.1. Infant Death (Under 1 Year)

Infancy is the first year of life and has three phases:[42]

1. Early neonatal – the first 0 to 6 days after birth
2. Late neonatal – 7 to 28 days after birth
3. Post neonatal – 28 to the end of the first year of life

Birmingham has a significantly higher infant mortality rate of 7.2 deaths in children aged less than one year per 1,000 live births compared to the England rate of 4.0.

Nationally, most babies die within the early neonatal period.[43] In Birmingham during 2015/17, 63% of all infant deaths were during this initial period after birth. The majority (69%) of these deaths occurred in their first day of life. Overall, 98% of all the early neonatal deaths occurred in a hospital environment, indicating that only 2% left the hospital they were born in.

The cause of death varies between early and late neonatal. The older the infant, the more likely that the death is not related to immaturity - 63% of all early neonatal deaths were related to their gestation at time of birth with only 32% for late neonatal deaths. Congenital diseases, asphyxia, anoxia or trauma grouping are more common causes of death in the late neonatal stages.[44]

Figure 10, Figure 11, and Figure 12 show the causes of death for each phase of infancy but do not confirm a defined cause. However, immaturity and genetics have featured consistently in the causes of deaths for the last 20 years in Birmingham. Advances in medical techniques mean that babies born at an early gestation, who would in the past be recorded as a stillbirth, now feature in our infant deaths due to surviving longer.[45] Many of those with severe congenital (hereditary diseases) now survive their first year of life.[46]

[42] Office for National Statistics User Guide to Child and Infant Mortality Statistics. https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/methodologies/userguidetochildmortalitystatistics Accessed 16 June 2021.
[43] Office for National Statistics. Child and infant mortality in England and Wales: 2019. https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/childhoodinfantandperinatalmortalityinenglandandwales/2019 Accessed 16 June 2021.
[44] Based on calculations from data provided by NHS Digital Births/Infant death information 2015/17.
[45] Office for National Statistics. Birth characteristics in England and Wales: 2018. https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/bulletins/birthcharacteristicsinenglandandwales/2018 Accessed 16 June 2021.
[46] Glinianaia SV, Morris JK, Best KE, et al. Long-term survival of children born with congenital anomalies: A systematic review and meta-analysis of population-based studies. *PLoS Med*. 2020;17(9):e1003356. Published 2020 Sep 28. https://doi.org/10.1371/journal.pmed.1003356 Accessed 21 June 2021.

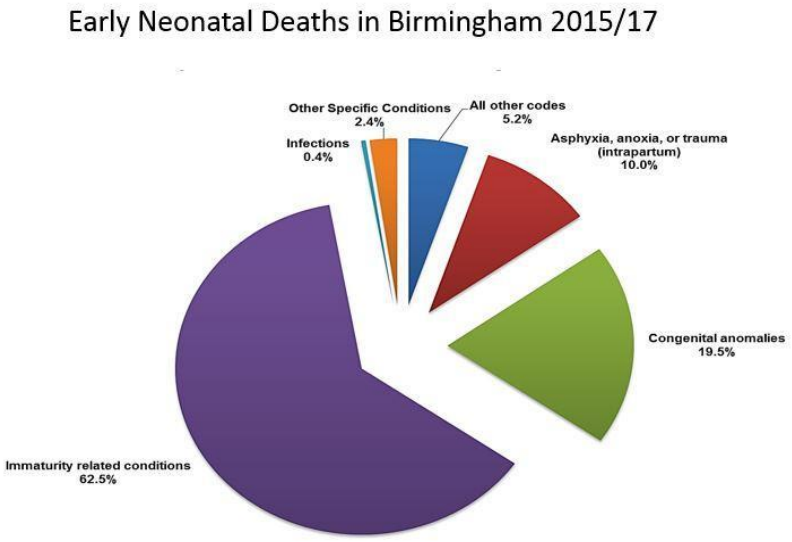

Figure 10: Causes of Early Neonatal in Birmingham 2015/17

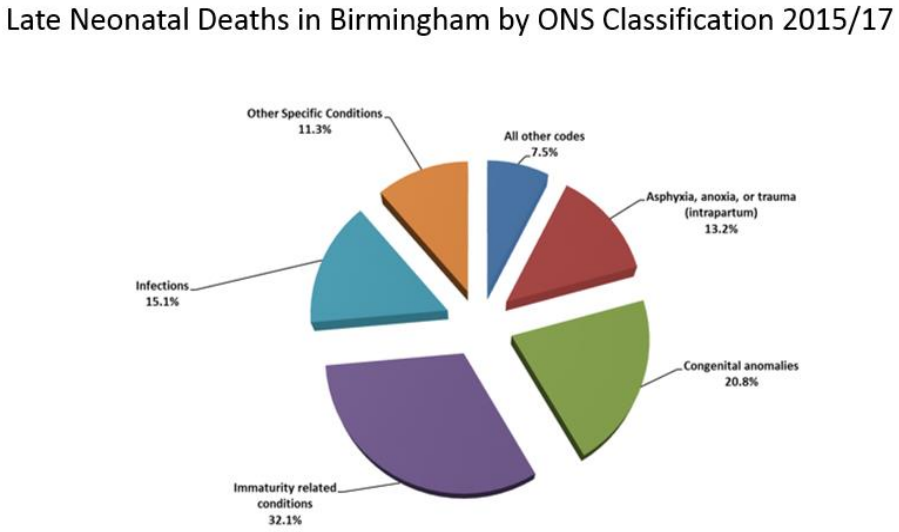

Figure 11: Causes of Late Neonatal Deaths in Birmingham 2015/17

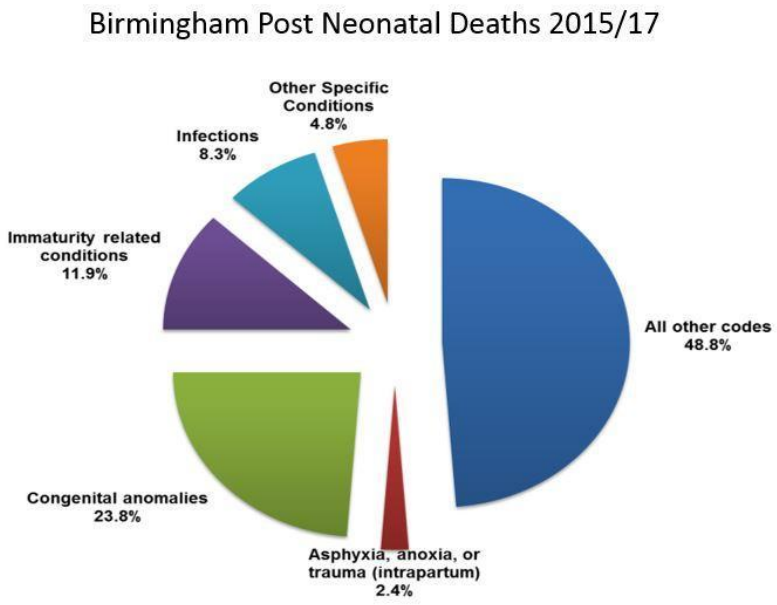

Figure 12: Causes of Post Neonatal Deaths in Birmingham 2015/17

2.4.2. Post Infancy Deaths (Aged 1-17)

During 2015/17, Birmingham had a total of 139 post infancy deaths (aged 1 to 17 years). The rate in Birmingham was 16.9 per 100,000 children which is significantly higher than the rate in England (11.2) and the West Midlands (12.3). Figure 13 breaks down the causes for child deaths and shows that external causes, such as road traffic collisions and other traumatic events accounted for 19% of these deaths. The Birmingham rate for road traffic collisions is 26.5 per 100,000 children compared to the England rate of 17.4 per 100,000.

Cancers were the second most common cause of death in this age group (16% of deaths). Place of death was predominantly in hospital (78%); although 15% of deaths occurred at home, the majority of which were due to cancer.[47]

During 2015-2017, child mortality rates in Birmingham were 16.9 per 100,000 of the city's children population, which is significantly higher than the 11.2 per 100,000 rate for England during those years. This means that the Birmingham local authority had 5.2 more deaths per 100,000 than England as a whole.[48] This could potentially be attributed to many factors such as deprivation and child poverty in the city. Birmingham is one of the youngest cities in the country[49] and has a high level of social and economic disadvantage[50] that could contribute to early death.

[47] Based on internal calculations of 2015/17 NHS Digital deaths data (cause of death) and Office for National Statistics deaths data (rates).
[48] Public Health England. Child and Maternal Health. https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/1 Accessed 16 June 2021.
[49] Office for National Statistics. Population Mid-Year Estimates 2019. https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates Accessed 16 June 2021.
[50] Ministry of Housing, Communities & Local Government. English Indices of Deprivation 2019. https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019 Accessed 16 June 2021.

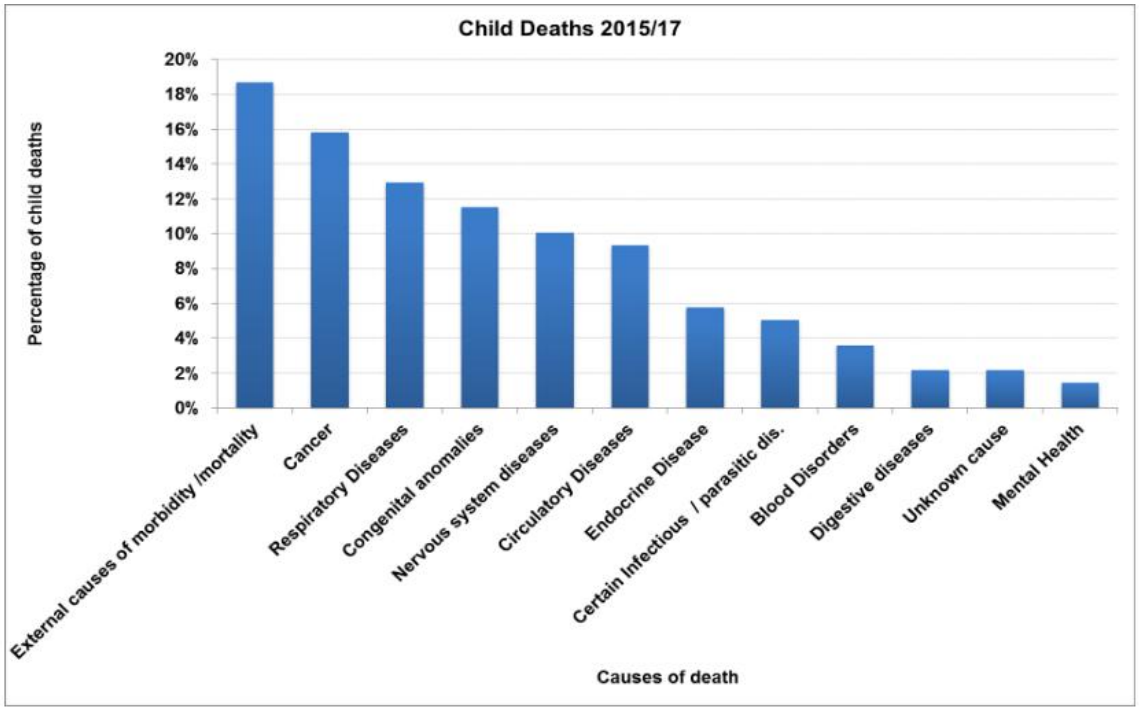

Figure 13: Causes of Deaths for Children Aged 1 to 17 2015/17 *Source: ONS Deaths*

2.5. Leading Causes of Death for Working Age Adults (Aged 18-64)

Nationally and locally the biggest killer of working age adults is cancer.[51] Between 2015 and 2017, a third of all deaths in Birmingham were caused by cancer among those aged 18-64. Diseases of the circulatory system accounted for a further 21.8% of deaths, over half of which are due to coronary heart disease. One way to measure premature mortality is the number of years of life lost (YLL) due to people dying before the age of 75.[52] Using this indicator, it is possible to identify the major health conditions that contribute to the gap between life expectancy experienced in Birmingham compared with that of England. Cancer accounted for over 30,000 YLL (Years of Lost Life).

Table 3: Number and Proportion of the Leading Causes of Death for Working Age Adults in Birmingham 2015-2017. Source: ONS Deaths 2015/17

Five Leading Causes of Death for Working Age Adults (2015-17)				
Cause of Death	**Birmingham Deaths**	**Years of Life Lost (YLL)**	**% of Deaths**	**% of YLL**
Cancer	1,546	30,578	33.6%	29.1%
Diseases of the Circulatory System (including CHD)	1,004	20,657	21.8%	19.7%
Coronary Heart Disease (CHD)	568	10,841	12.3%	10.3%
Diseases of the Digestive System	458	10,689	9.9%	10.2%
Diseases of the Respiratory System	375	7,580	8.1%	7.2%
All Causes of Death (Aged 18-64 years)	**4,605**	**105,047**		

[51] Public Health England. Public Health Outcomes Framework. https://fingertips.phe.org.uk/profile/public-health-outcomes-framework Accessed 16 June 2021.
[52] NHS Digital. Compendium – Years of life lost. https://digital.nhs.uk/data-and-information/publications/statistical/compendium-mortality/current/years-of-life-lost Accessed 16 June 2021.

Adults with learning disabilities have a significantly lower life expectancy than the general UK population. In 2020, the median age at death (for those of 4 years and over) with learning disabilities was 61 years. From 2018 to 2019, the difference in median age of death between people with a learning disability and the general UK population was 23 years for men and 27 years for women.[53]

Birmingham currently has 8.259 residents registered with learning disabilities on the QOF Register, which is 0.6% of the GP registered population. However, population estimates by PANSI and POPPI indicate that the actual population with learning disabilities is much higher; 17,556 (working age) and 3,129 (over 65s). This suggests that learning disabilities are under-reported in GP surgeries across the city and that many patients are not able to access the available health care services, which could potentially provide a better quality and length of life. The Birmingham Public Health evidence review programme will be undertaking a needs assessment in 2022 to research this health need in greater depth.

Suicide is a significant cause of death in young adults and is seen as an indicator of underlying rates of mental ill-health. The number of death registrations for suicide and injuries of undetermined intent in 2015-17 was 205, which equates to around 70 per year. Between 2015 and 2017, the suicide rate in Birmingham was the lowest among the core cities. In Birmingham, the male suicide rate is lower, and the female rate is similar to the England average, with the overall rate being significantly lower in Birmingham compared with England. The most at-risk groups are individuals working in the construction industry and those from Polish and Eastern European backgrounds.[54]

2.6. Leading Causes of Death for Older Adults (Aged 65 and Over)

The top three common causes of death for older adults in Birmingham are the same as for working age adults. Following this, mental and behaviour disorders (including dementia) also make up 12% of all deaths in this age group (Table 4).

During 2015/17 there were a total of 205 deaths from suicides in Birmingham. Of these, older adults (65 years +) accounted for 60 suicides during these years. Sixty percent of deaths in Birmingham are to residents over the age of 65. Leading causes include cancers, cardiovascular (heart) diseases, respiratory diseases and dementia.

[53] The Learning Disabilities Mortality Review (LeDeR) Programme. https://www.england.nhs.uk/wp-content/uploads/2021/06/LeDeR-bristol-annual-report-2020-easy-read.pdf Accessed 8 July 2021.
[54] Birmingham City Council. Birmingham Suicide Prevention Strategy 2019. https://birmingham.cmis.uk.com/Birmingham/Document.ashx?czJKcaeAi5tUFL1DTL2UE4zNRBcoShgo=JrBuKs89w20PxzcjJC9JXy0UfkE07GSyIMAYNvGiQbVYo%2F273c1K2Q%3D%3D&rUzwRPf%2BZ3zd4E7Ikn8Lyw%3D%3D=pwRE6AGJFLDNlh225F5QMaQWCtPHwdhUfCZ%2FLUQzgA2uL5jNRG4jdQ%3D%3D&mCTIbCubSFfXsDGW9IXnlg%3D%3D=hFflUdN3100%3D&kCx1AnS9%2FpWZQ40DXFvdEw%3D%3D=hFflUdN3100%3D&uJovDxwdjMPoYv%2BAJvYtyA%3D%3D=ctNJFf55vVA%3D&FgPIIEJYlotS%2BYGoBi5oIA%3D%3D=NHdURQburHA%3D&d9Qjj0ag1Pd993jsyOJqFvmyB7X0CSQK=ctNJFf55vVA%3D&WGewmoAfeNR9xqBux0r1Q8Za60lavYmz=ctNJFf55vVA%3D&WGewmoAfeNQ16B2MHuCpMRKZMwaG1PaO=ctNJFf55vVA%3D#:~:text=The%20Birmingham%20Suicide%20Prevention%20Strategy%20builds%20on%20this,a%20collaboration%20between%20organisations%2C%20communities%20and%20citizens%20to Accessed 16 June 2021.

Table 4: Number and Proportion of the Leading Causes of Death for Older Adults (aged 65 and Over) in Birmingham 2015-2017. Source: ONS Deaths 2015/17

Five Leading Causes of Death for Older Adults (2015/17)		
Cause of Death	**Birmingham Deaths**	**% of Deaths**
Cancer	5,123	25.0%
Disease of the Respiratory System	3,206	15.7%
Coronary Heart Disease (CHD)	2,465	12.0%
Mental and Behavioural Disorders	2,449	12.0%
Stroke	1,313	6.4%
All Causes of Death (Aged 65+ years)	**20,466**	

2.7. Avoidable Deaths

There are some conditions which can be considered entirely preventable by interventions, particularly:[55]

- Tetanus, polio, and diphtheria through the use of vaccination;
- Tuberculosis through early treatment to limit spread; and
- Diabetes early effective treatment to prevent complications.

There are also a number of premature deaths considered to be avoidable, due to the involvement of modifiable factors such as smoking and alcohol (Table 5).

Table 5: Factors Increasing the Likelihood of Developing Conditions Most Likely to Cause Premature Death.

Modifiable Factor	Impact	Attributable Number of Birmingham Deaths 2015-2017
Smoking	Linked to CHD, lung cancer and COPD. One in two lifelong smokers dies from their addiction – the single biggest avoidable cause of cancer in the world. 14% of adults in Birmingham are smokers.[56]	Over 4,000 deaths linked to smoking.
Alcohol	Men and women drinking high-risk levels of alcohol increased 13x risk of Alcoholic Liver Disease.[57]	Over 1,300 alcohol related deaths.
Air Quality	Links to CVD, COPD, and asthma. Children, pregnant women, older adults and those with pre-existing conditions are most vulnerable to adverse effects.[58]	Almost 500 deaths per year linked to particulate air pollution.[59]

[55] Office for National Statistics. Avoidable mortality in the UK: 2017 https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/avoidablemortalityinenglandandwales/2017 Accessed 16 June 2021.
[56] Birmingham Heart Foundation. Heart Statistics. https://www.bhf.org.uk/what-we-do/our-research/heart-statistics Accessed 16 June 2021.
[57] Public Health England. Local Alcohol Profiles for England. https://fingertips.phe.org.uk/profile/local-alcohol-profiles Accessed 16 June 2021.
[58] Public Health England. Health matters: air pollution. https://www.gov.uk/government/publications/health-matters-air-pollution Accessed 21 June 2021.
[59] Public Health England : Public Health Outcomes Framework 3.01 - Fraction of mortality attributable to particulate air pollution Accessed 16 June 2021

Loneliness	People who feel socially isolated have a 30% higher risk of early death.[60]	Mental health accounted for 0.29% of total deaths across the city.
Physical Inactivity	Physical inactivity and a sedentary lifestyle are strongly associated with poor cardiovascular health. More than a third of adults in Birmingham are physically inactive.	
Obesity	Linked to Type 2 diabetes, CHD, some cancers and risk of stroke. One in four of 10-11 year olds in Birmingham are obese.	

The rates of avoidable deaths are compared nationally and regionally as a mortality rate for causes considered preventable (Figure 15). Since 2001-03, Birmingham has continued to have a high mortality rate from these conditions compared to England and the West Midlands.[61]

Avoidable deaths affect the most deprived areas of the city, particularly Erdington and Ladywood (297 and 265 deaths respectively). There were significantly lower levels of preventable deaths in the more affluent areas of the city, such as Sutton Coldfield and Hall Green (135 and 188 deaths respectively).[62]

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI Lower CI	95% Upper CI Upper CI
England	–	-	280,668	181.5	180.9	182.2
West Midlands region	–	-	31,999	195.8	193.6	197.9
Birmingham	–	-	5,388	220.8	214.9	226.9
Coventry	–	-	1,751	220.6	210.3	231.2
Dudley	–	-	1,928	204.4	195.3	213.7
Herefordshire	–	-	1,079	168.1	158.2	178.6
Sandwell	–	-	1,937	245.2	234.4	256.5
Shropshire	–	-	1,731	161.0	153.5	168.9
Solihull	–	-	1,057	161.5	151.8	171.5
Staffordshire	–	-	5,023	182.2	177.2	187.4
Stoke-on-Trent	–	-	1,732	253.1	241.3	265.4
Telford and Wrekin	–	-	958	199.5	187.0	212.6
Walsall	–	-	1,730	230.4	219.7	241.6
Warwickshire	–	-	2,973	171.8	165.6	178.1
Wolverhampton	–	-	1,575	236.0	224.4	248.0
Worcestershire	–	-	3,137	165.7	159.9	171.6

Figure 14: Comparison of the Rates of Death with Avoidable Factors[63]

[60] Holt-Lunstad J, Smith TB, Baker M, Harris T, Stephenson D. Loneliness and social isolation as risk factors for mortality: a meta-analytic review. Perspect Psychol Sci. 2015;10(2):227-237. https://journals.sagepub.com/doi/10.1177/1745691614568352 Accessed 21 June 2021.

[61] Public Health England. Mortality rate from causes considered preventable (2016 definition). https://fingertips.phe.org.uk/search/preventable#page/4/gid/1/pat/6/par/E12000005/ati/102/are/E08000025/iid/92488/age/1/sex/4 Accessed 21 June 2021

[62] Internal calculations of Office for National Statistics Deaths Data for 2015/2017.

[63] Public Health England. Public Health Outcomes Framework. Topic E: Healthcare and Premature Mortality. https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/1/gid/1000044/pat/6/par/E12000005/ati/102/are/E08000025/cid/4/tbm/1 Accessed 21 June 2021.

3. End of Life Care

3.1. Service Provision

End of life care in Birmingham is delivered across a range of settings and locations, including acute hospital and community settings, care homes, extra care housing, hospices, community hospitals, prisons, secure hospitals, hostels and ambulance services. There is a complex mix of service provision; some provided as standalone contracts specifically for end of life or palliative care either in hospital, at home or in the community (e.g. hospice care).

However, there are many other services providing support to those at the end of life stage such as those provided by General Practitioners (GPs), nursing and residential care homes, equipment loan stores, secondary care acute services and community healthcare district nurse services.

The main services provided independently from the third sector and hospices include:

- Hospice inpatient units
- Community Specialist Palliative Care and follow-up, including Hospice at Home services
- Support services for carers, patients and families
- Specialist advice
- Bereavement services

3.2. Lived Experience

There are several surveys which have been used to provide the people's voice of their experience within this deep dive.

3.2.1. What's Important to Me: A Review of Choice in End of Life Care (2014)[64]

This review identified the following key findings from over 1,000 responses. These were:

- I want involvement in and control over decisions about my care.
- I want to be cared for and die in a place of my choice.
- I want access to high-quality care given by well trained staff.
- I want access to the right services when I need them.
- I want support for my physical, emotional, social and spiritual needs.
- I want the right people to know my wishes at the right time (through coordinated care).
- I want the people who are important to me to be supported and involved in my care.

3.2.2. The National Survey of Bereaved People (VOICES, Views of Informal Carers – Evaluation of Services)[65]

This survey across England collected views from those who had been bereaved on the quality of care provided to their friend or relative in the last 3 months of life. The survey ran

[64] The Choice in End of Life Care Programme Board. What's important to me: A review of choice in end of life care (2014). https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/407244/CHOICE_REVIEW_FINAL_for_web.pdf Accessed 17 June 2021.

[65] Office for National Statistics. National Survey of Bereaved People (VOICES): England, 2015. https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthcaresystem/bulletins/nationalsurveyofbereavedpeoplevoices/england2015 Accessed 17 June 2021.

for 5 years and was commissioned by the Department of Health (2011-2012), and NHS England (2013-2015). It was administered by the Office for National Statistics (ONS).

3.2.3. Birmingham and Solihull - A Strategy Consultation 2014[66]

A local consultation by the Birmingham and Solihull Sustainable and Transformation Partnership during the development of an adult end of life strategy (2014) focused on the views of patients and carers, older people, religious groups and communities, and ethnic minorities. There were 3 key themes identified during the consultation:

- Theme 1: Availability of services
- Theme 2: Joined up, co-ordinated services
- Theme 3: Individualised data.

3.3. Birmingham Experience

Key themes arising from these consultations are used to frame our exploration of the Birmingham experience.

3.3.1. Coordinated Care – Services Working Well Together

I want the right people to know my wishes at the right time

The *National Survey of Bereaved People (VOICES)* report (2013) considered the question of coordination of services in the last 3 months[67] (Table 6).

Table 6: National Survey of Bereaved People (VOICES) Report 2013

Question	Yes, definitely	Yes, to some extent	No, they did not work well together
When he/she was at home in the last three months of life, did all these services work well together?	41%	42.7%	16.4%
Did the hospital services work well together with his/her GP and other services outside of the hospital	30.5%	36.1%	33.4%

This survey reported concerns about how different services work together during end of life care. A third of bereaved people reported that hospital services did not work well with services outside the hospital. Palliative care registers are intended to assist GP practices to manage the care of patients in their last 12 months of life and evidence suggests that patients on palliative care registers are more likely to receive well-coordinated care. The use of a care coordination process, such as the *Gold Standards Framework*, is not in consistent use in Birmingham either within or across organisations.

[66] NHS Birmingham and Solihull Commissioning Group. BSol STP Ageing Well & Later Life End of life care workshop feedback April. https://www.birminghamandsolihullccg.nhs.uk/about-us/publications/get-involved/consultations-and-engagement/end-of-life-care Accessed 17 June 2021.

[67] Department of Health. First national VOICES survey of bereaved people: key findings report Appendix A: Findings by PCT Cluster. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/216895/VOICES-Survey-Appendix-A.pdf Accessed 17 June 2021.

Since 2006/7, the *Quality and Outcomes Framework (QOF)* required the maintenance of a register of patients with palliative care needs, which has led to an increase in the number of patients registered.

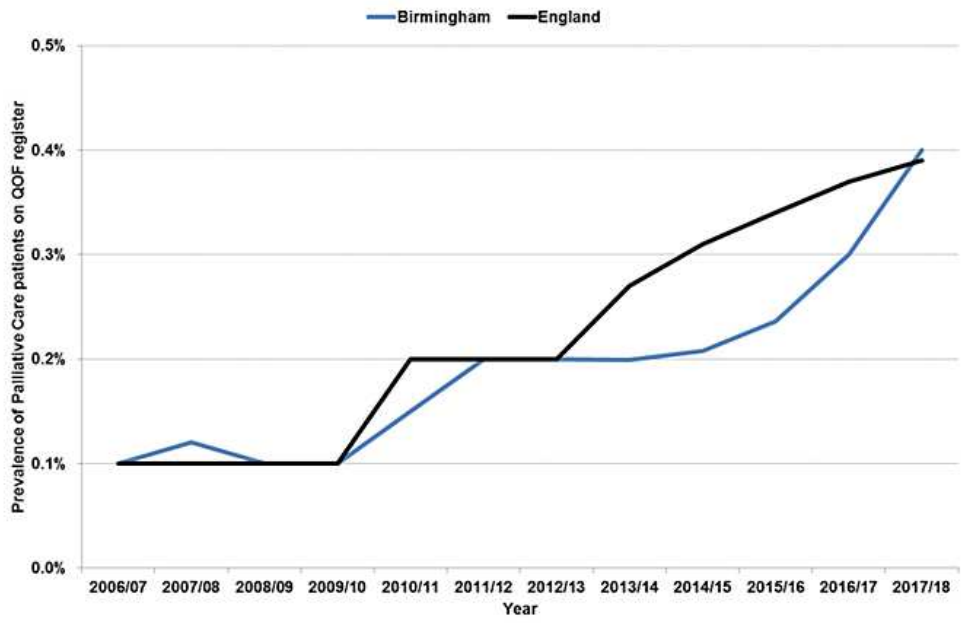

Figure 15: Patient on the Palliative Care Register, Birmingham (2006/07–2017/18)

Despite significant improvements in recent years, the number of patients on palliative care registers is low in comparison to death rates (Figure 15).

Birmingham Cross City and Birmingham South Central CCGs carried out an online survey of GP practice palliative care registers in February and March 2014. 54% of practices responded and 96% of these had a palliative care register. 40% of these practices were using the *Gold Standard Framework Needs Based Coding*[68] in their registers. Other areas of the West Midlands perform significantly better than this (Figure 16).[69]

[68] The Royal College of Practitioners. Prognostic Indicator Guidance (PIG) The Gold Standards Framework Centre in End of Life Care. https://www.goldstandardsframework.org.uk/cd-content/uploads/files/General%20Files/Prognostic%20Indicator%20Guidance%20October%202011.pdf Accessed 17 June 2021.

[69] The Strategy Unit West Midlands. Palliative and End of Life Care in the West Midlands. https://www.strategyunitwm.nhs.uk/publications/palliative-and-end-life-care-west-midlands Accessed 17 June 2021.

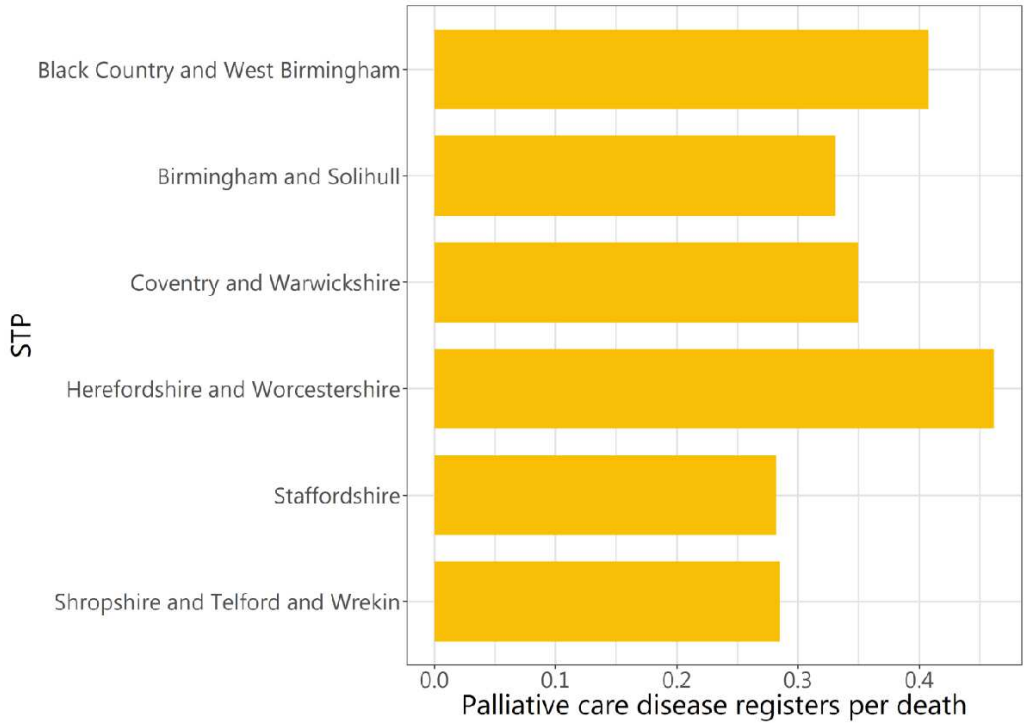

Figure 16: Patients on Palliative Care Registers per Death by West Midlands STP, 2015/16

3.3.2. Involvement and Control

I want involvement in and control over decisions about my care.

Published evidence and the national guidelines recommend that *care plans* should be offered to every patient and carer in need of palliative care. However, this is not currently the case in Birmingham. Identifying individualised care as a key issue for Birmingham residents, the *Birmingham Strategy for End of Life and Palliative Care (2014)* stated:
"We will ensure that patients and their carers receive the information and support to manage care according to their choice and needs".[70]

A 2013 review by Age UK[71] found that only 5% of all adults reported having a living will or *advance care plan*. This ranged from 1% of 18-34-year olds to 12% of people aged 75+. "*Feeling that death was a long way off*" was found to be the main reason for not discussing these things. Among those aged 75+, 23% also reported that they hadn't discussed these things due to feeling that death was a long way off, but also because "*people don't want to talk to me about my death"* (28%).

When patients receiving hospice care engaged in advance care planning, only 10% of those with a plan die in hospital, compared to 26% of those who have not engaged in advance care planning.

Research into the uptake of advance care planning within Birmingham is extremely limited and anecdotal. The systematic implementation of advance care planning varies significantly across the West Midlands. Some organisations have a specific team who undertake

[70] NHS. Integrated Palliative and End of Life Care Commissioning Strategy for Birmingham. 2014/15 – 2017/18.
[71] Age UK. End of Life Evidence Review. https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/health--wellbeing/rb_oct13_age_uk_end_of_life_evidence_review.pdf Accessed 17 June 2021.

advance care planning as their main role and others will train larger numbers of their staff to do this. Different forms and systems are used city wide for recording patient wishes, making it difficult for organisations to follow them. One standardised form would allow the process to be streamlined.

Recently, St Giles Hospice ran a study to identify attitudes, knowledge, facilitators and barriers to advanced care planning practice in a hospice.[72] The key findings which facilitated the advance care planning discussion and process were:

- A shared online system of information.
- A locally agreed advance care planning framework.
- A coordinated approach that is part of the usual care a patient receives.
- Increased public awareness of the importance of making provision for what their choices and wishes would be should they become ill by more members of the public.

Personal Health Budgets (PHBs) were first made available in 2014 under an initiative by NHS England. People who become eligible for NHS Continuing Healthcare funding under the *Fast Track Pathway* have a legal right to have a *personal health budget*.

Successful schemes are running in various areas of England but none within end of life care in Birmingham. A recent report by the Care Quality Commission highlighted that the number of people receiving personal budgets and direct payments is low in Birmingham as a whole. This meant that fewer people had the chance to exercise choice and control over their care and support.[73]

Case study - Personal Health Budgets (PHBs) for End of Life Care[74]

A project was launched by the then Director of Public Health who had secured funding from the Better Care Fund to pilot PHBs for Birmingham residents. The pilot was designed to run until 30 patients had accepted a PHB. However, due to the early success of the scheme, evaluation has been requested sooner. John Taylor Hospice (JTH) and Birmingham Heartlands Hospital (BHH) have worked with other partners particularly Birmingham Voluntary Service Council, University Hospitals Birmingham NHS Foundation Trust and more recently Birmingham and Solihull CCG.

One of the most astonishing aspects of this project is that not one patient offered a PHB chose what would be the traditional offer made by hospitals for patients going home from hospital. Requests included hairdressing, a handyman, domestic help and podiatry.

There is good evidence from this small cohort that the level of control and freedom PHBs offer are a very important part of the future for patients at the end of their lives. However, the time frame chosen for this pilot meant that not all of those who could have benefited were able to receive a PHB.

[72] Healthwatch Staffordshire. Advance Care: Planning Exploring the barriers to a universal approach to End of Life Care. https://healthwatchstaffordshire.co.uk/wp-content/uploads/2019/11/ACP-detailed-report-_-VG-Signed-Off.pdf Accessed 17 June 2021.
[73] Care Quality Commission. Birmingham: Local system review report 2018. https://www.cqc.org.uk/sites/default/files/20180511_local_system_review_birmingham.pdf Accessed 17 June 2021.
[74] Birmingham Health and Wellbeing Board. Integrated Personal Commissioning - Personal Health Budgets - July 2018. https://birmingham.cmis.uk.com/birmingham/Decisions/tabid/67/ctl/ViewCMIS_DecisionDetails/mid/391/Id/0ee86f5a-3afd-44eb-b1f7-74f862223b2e/Default.aspx Accessed 17 June 2021.

3.3.3. High-quality Care and Well Trained Staff

I want access to high quality care given by well trained staff

What's important to me: A review of choice in end of life care (2014)[75] identified access to high-quality care given by well trained staff as one of its key themes. End of life care in Birmingham is delivered across a range of settings and locations - including acute hospital and community settings, care homes, extra care housing, hospices, community hospitals, prisons, secure hospitals, hostels and ambulance services - making delivery of care complex.

The outcomes of recent CQC inspections of end of life care services within the Birmingham and Solihull STP area revealed generally good to excellent service:

- NHS acute hospitals - End of life care service ratings - 4 "good", 1 "requires improvement" (5 services)
- Community hospitals - End of life care service ratings - 2 "good" (2 services)
- Hospices - 2 "good", 2 "outstanding" (4 services)

The quality of care experience in the last three months of life is addressed within the National Survey of Bereaved Persons.[76] The responses from carers in the Birmingham and Black Country area suggest they are experiencing a poorer standard of care compared to the England average (Table 7).

Table 7: Quality of Care Rating Birmingham and Black Country Area Compared with England 2015

Area/ Quality Rating	Outstanding	Excellent	Good	Fair	Poor
Birmingham & Black Country	11.8%	27.4%	33.5%	15.9%	11.4%
England	12.4%	30.8%	33.5%	14.0%	9.4%

3.3.4. Choice of Place to Die

One of the key findings of the *National End of Life Strategy* was that, given the opportunity and right support, most people would prefer to die at home. In practice, only a minority do so with many dying in an acute hospital.

The limited availability of local insight makes it difficult to judge how Birmingham is performing on meeting patient wishes regarding end of life care in the patient place of choice. One hospital trust regularly performs a bereavement survey with the relatives of the patients 2-3 weeks after every death, and an outcome of this survey is that 80% of the respondents felt that the hospital was the most appropriate place for their loved one to die. Although this information should be interpreted with caution, this seems to be in line with the national survey (Table 8).

[75] The Choice in End of Life Care Programme Board. What's Important to Me:.A Review of Choice in End of Life Care. http://qna.files.parliament.uk/qna-attachments/795201/original/CHOICE_REVIEW_FINAL_for_web.pdf Accessed 17 June 2021.
[76] Office for National Statistics. National Survey of Bereaved People (VOICES): England, 2015. https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthcaresystem/bulletins/nationalsurveyofbereavedpeoplevoices/england2015 Accessed 17 June 2021.

Table 8: National Survey of Bereaved People (VOICES) Report 2013 – Right Place

Question	Yes	No	Not Sure
On balance, do you think that he/she died in the right place?	82.2%	10.8%	7.1%

There is no current evidence available about whether deceased persons have died in their preferred place of death. There is also no data available on whether patients are receiving end of life care within their place of death for Birmingham.

Over half of deaths recorded by the Office for National Statistics for those aged over 65 years occur in hospital (54%). Most infant deaths occur in hospital (94%), indeed never having left hospital. The majority of child deaths occur in hospital also, with only 4% in a hospice or elsewhere. However, half of working age adults (aged between 18-64 years) die in hospital, with one third dying at home and 9% in a hospice.[77] Most of the people who died in hospital were likely to be an emergency admission, and either under 24 years of age or between 65 and 84 years.

Patients dying from cancer, dementia, circulatory diseases and respiratory conditions spent a significant proportion of time in hospital in their last year of life. Over the three-year period, from 2013 to 2015, patients dying of these four conditions spent more than 1.9 million nights in hospital in their last 12 months of life, occupying more than 20% of all general and acute beds in the West Midlands. On average, patients spend more than 6 of their last 52 weeks in an acute hospital bed.[78]

Hospital death rates vary considerably across the West Midlands. Birmingham and Solihull consistently have higher numbers of hospital deaths when compared to other West Midlands STP areas (Figure 17). Hospital death rate variations have not changed significantly since 2006, but all have seen reductions at similar rates,

[77] Based on internal analysis of HES Inpatients data supplied by NHS Digital to BCC.
[78] Based on internal analysis of HES Inpatients data supplied by NHS Digital to BCC.

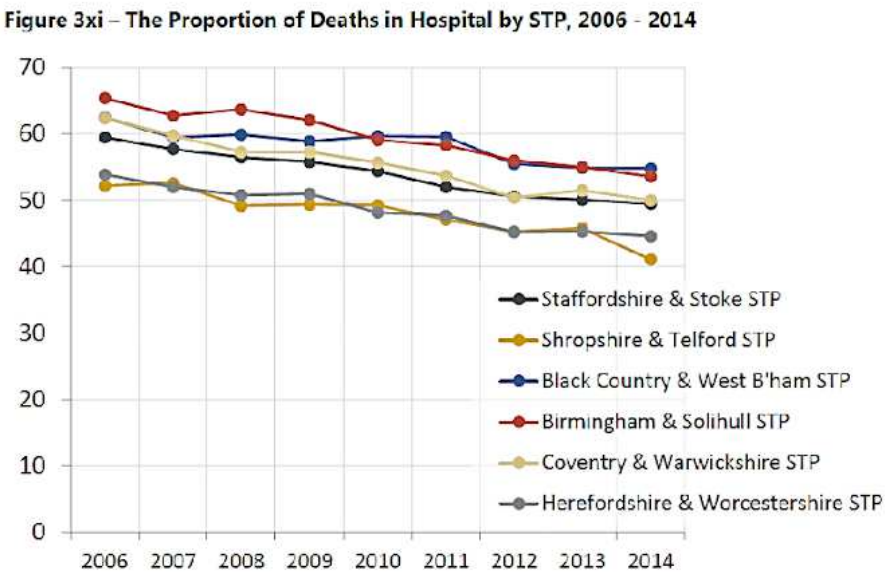

Figure 17: Comparison of the Proportion of Deaths in Hospital in West Midlands (2006-2014)

There is generally good coverage by hospices in the Birmingham region, with Birmingham and Solihull having one of the highest rates of hospice beds per 1,000 deaths in the West Midlands region (Figure 18).

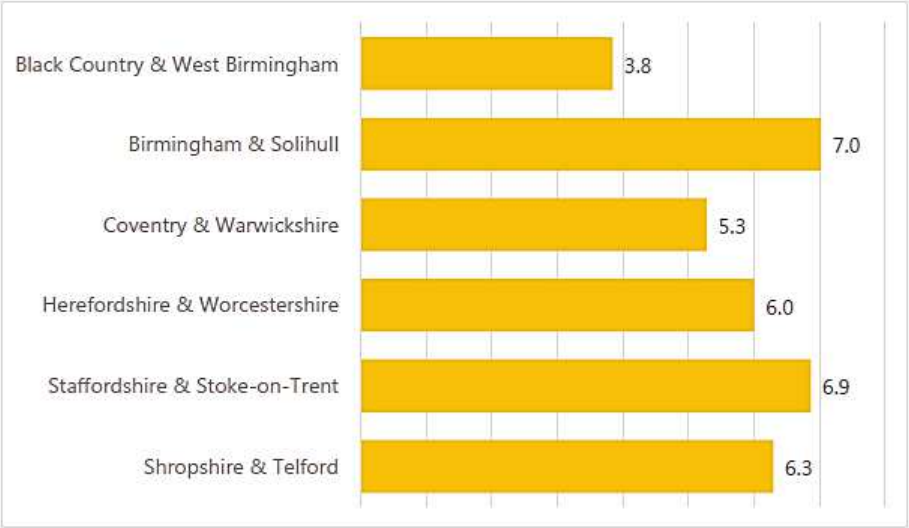

Figure 18: Adult Hospice Beds per 1,000 Expected Deaths per Year by STP

3.3.5. Timely Delivery of Services

I want access to the right services when I need them

Respondents identified the importance of this, with comments such as:

- "*Providing a service which is accessible to all, 24 hours a day, seven days a week*"
- "*Too many patients end up in A&E out of hours because families don't know what else to do*"

These comments support the move to a more accessible service closer to home, responsive to patient's views and providing choice which is available 24 hours a day, 7 days a week, and 52 weeks a year in a location other than hospital emergency departments.

Currently, there is Community Specialist Nursing Service available from the hospices within the Birmingham area between 08:30-17:00, Monday to Sunday and on-call facilities are available to patients outside these hours. Medical cover is provided by consultants in palliative medicine.

Specialist palliative and end of life care services are not equitably provided and there are major gaps in the provision of:

- Access to 24/7 specialist advice
- Homecare services
- Specialist outreach services (and in reach services to acute trusts)

The findings of the *National Survey of Bereaved People (2013)*[79] suggest that end of life service provision in Birmingham is rated below the English average by service users, despite the higher availability of hospice beds (Table 9).

Table 9: National Survey of Bereaved People (2013)

Overall, do you feel that the care he/she got when he/she needed care urgently in the evenings or weekends in the last three months of his/her life was...?	**Outstanding**	**Good**	**Fair**	**Poor**
Birmingham & Black Country	24.5%	34.8%	21.7%	19.1%
England	26.5%	38.8%	19.2%	15.5%

Ambitions for Palliative and End of Life Care identifies 24/7 service access as one of the key elements of its ambitions, stating that '24/7 expert palliative and end of life care services need to be available and that their availability around the clock is key to building a system of high-quality care.' [80]

3.3.6. Support for the Bereaved

I want the people who are important to me to be supported and involved in my care.

Nationally, the number of bereaved older people is set to increase by more than 100,000 in the next 20 years, from 192,000 in 2014, to 294,000 newly bereaved people every year by 2039.[81]

There is a variety of bereavement services available in Birmingham ranging from peer support groups to counselling and general advice. These are provided mainly by the

[79] Office for National Statistics. National survey of bereaved people (VOICES): 2013. https://www.gov.uk/government/statistics/national-survey-of-bereaved-people-voices-2013 Accessed 17 June 2021.
[80] National Palliative and End of Life Care Partnership. Ambitions for Palliative and End of Life Care: A national framework for local action 2015-2020. https://endoflifecareambitions.org.uk/wp-content/uploads/2015/09/Ambitions-for-Palliative-and-End-of-Life-Care.pdf Accessed 17 June 2021.
[81] Independent Age. Good grief: Older people's experiences of partner bereavement https://www.independentage.org/policy-and-research/research-reports/good-grief-older-peoples-experiences-of-partner-bereavement Accessed 17 June 2021.

volunteer sector, e.g. organisations such as CRUSE, local hospices and the Birmingham Bereavement Advice Service.

Currently, there are no clear estimates of how many people are affected by bereavement in the Birmingham region. There are approximately 8,500 deaths in Birmingham per year[82], and currently around 900-1,000 residents access services such as CRUSE each year. Using data provided by CRUSE, the average time people appear to access support is 2-6 months after bereavement and the year after. Only a third of those that access the service are male and only 23% come from ethnic minority groups.[83]

The *National Survey of Bereaved People* identified a need for improvement in the help and support provided by healthcare teams at the time of death. The survey enquired about support around the time of death (Table 10).

Table 10: National Survey of Bereaved People (2013)

Were you or his/her family given enough help and support by the healthcare team at the actual time of his/her death?	**Yes, definitely**	**Yes, to some extent**	**No, not at all**
Birmingham & Black Country	56.1%	28%	16%
England	59.8%	26.4%	13.9%

A 2018 report by Independent Age, *'Good Grief: Older People's Experiences of Partner Bereavement'*[84], highlighted significant issues with loneliness and isolation:

- Nearly a third of bereaved people over 65 see themselves as very lonely, compared to just 5% of people of the same age who have not lost their partner.
- More than 1 in 5 people said that loneliness was the hardest thing to cope with after the death of their partner.

Birmingham's *Neighbourhood Network Scheme (NNS)* [85] is aiding development of assets within the community. The purpose of NNS is primarily to help develop assets for older people (over 50 years of age) to connect to individuals, groups, organisations, activities and places in their neighbourhoods in order to improve their health and wellbeing and reduce their reliance on statutory care services.

During the assessment of the NNS, bereavement groups were raised as a development need in the city. Using the NNS community mapping, 10 local bereavement groups were identified. [86] In addition to CRUSE, these groups connect with the local hospices and bereavement support provided by NHS hospitals. At present, Hall Green, Erdington, and Sutton Coldfield have the fewest local support opportunities.

[82] Office for National Statistics Deaths. https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths Accessed 17 June 2021.
[83] Based on internal analysis of CRUSE data sent directly to BCC Public Health.
[84] Independent Age. Good grief: Older people's experiences of partner bereavement.https://www.independentage.org/policy-and-research/research-reports/good-grief-older-peoples-experiences-of-partner-bereavement Accessed 17 June 2021.
[85] Birmingham Neighbourhood Network Schemes. https://brumnns.wordpress.com/
[86] Internal analysis of the NNS Community Asset Directory data 2019.

Case Report –The Bereavement Help Point Group (Bereavement Project of the Year 2016) – St Giles Hospice – Carers and Family Experience[87]

This is a peer support group run by support volunteers who are trained to help with bereavement. Approximately 20-30 people attend this weekly group consisting of members who have recently joined as well as members who have been attending for years.

Discussion with the bereavement help point group revealed several key issues with seeking help following bereavement of a family member or spouse.

"The group has been a lifeline for me over the past few years"

A significant proportion of the attendees had been made aware of the group through word of mouth. Two attendees had responded to an advert in the paper.

Three members of the group stated that they had attended their GP practice due to their ongoing grief. However, none had been given details of any bereavement groups. There was a clear theme regarding social isolation, and a general feeling of loneliness following the death of a spouse. Attendance was often not directly after the bereavement, with some stating they felt deeply affected up to 5 years later. Long standing members of the group developed lasting and social relationships with other members of the group.

All members of the group were keen to point out there was a lack of information about the available bereavement support.

3.3.7. Support for Carers and Families

I want the people who are important to me to be supported and involved in my care

> *"for my father in law … [there was] absolutely no support outside the hospital, no social support at all within the community so everything … fell on his daughter … on my wife, and the mother to look after him and whenever he wasn't in hospital that meant almost 24 hour vigils really"*[88]

Data from the *2011 Census* shows that 10% (107,380) of the Birmingham population provide between 1 and 50+ hours of unpaid care per week.[89] The number of older people in need of care was expected to exceed the number of family members able to provide informal care for the first time in 2017. By 2030, an estimated 230,000 older people in England who need care for more than twenty hours a week could be left without family to help. The estimated number of people aged 65 and over without children to care for them will almost double before the end of the next decade and by 2030 there will be more than 2 million people in England without a child to care for them if needed.[90]

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[87] St Giles Hospice care. Bereavement support for adults. https://www.stgileshospice.com/how-we-can-help-you/our-care/bereavement-support/support-for-adults/ Accessed 17 June 2021.

[88] Development of a measure (ICECAP-Close Person Measure) through qualitative methods to capture the benefits of end-of-life care to those close to the dying for use in economic evaluation: *Palliative Medicine* 2017, Vol. 31(1) 53–62) https://pubmed.ncbi.nlm.nih.gov/27260168/ Accessed 17 June 2021.

[89] Office for National Statistics Census 2011. Provision of Unpaid Care. https://www.nomisweb.co.uk/census/2011/qs301ew Accessed 17 June 2021.

[90] IPPR Press Release 2014. More people needing social care than family carers available from 2017. https://www.ippr.org/news-and-media/press-releases/more-people-needing-social-care-than-family-carers-available-from-2017 Accessed 17 June 2021.

The *Adult Social Care Outcomes Framework* indicators[91] provide a valuable snapshot of the experience of carers (Table 11). This demonstrates that although Birmingham carers experience a similar quality of life to carers in England and Birmingham's statistical neighbours, the experience of structured support was significantly lower, particularly when leaving hospital. This data supports the earlier findings of the *National Survey of Bereaved People* (VOICES): England, 2013 (Table 12).

Table 11: Adult Social Care Outcomes Framework Indicators (2016/17)

Outcome	Birmingham Average	England Average	Statistical Neighbours Average
Carers - Quality of Life Score (0-12)	7	7.7	7.3
Proportion of carers who report they were included or consulted in discussions about the person they care for	59%	70.6%	68.1%
Proportion of people who use services and carers who find it easy to find information about services	65%	73.5%	74.3%
The proportion of carers who find it easy to find information about support	47.9%	64.2%	47.5%
Delayed transfer of care from hospital per 100,000	20%	14.9%	13.9%
The proportion of carers who report they had as much social contact as they would like	28.3%	35.5%	31.3%

Table 12: National Survey of Bereaved People Responses of Birmingham and Black Country Residents (Voices 2013)

Key Question from Survey	Key Results
Q46. Were you or his/her family given enough help and support by the healthcare team at the actual time of his/her death?	Yes definitely – 56.3% Yes, to some extent – 28.7% No – 14.9%
Q49. Looking back over the last three months of his/her life, were you involved in decisions about his/her care as much as you would have wanted?	Yes – 77.6% No – 22.2%

During 2019, carers receiving financial assistance from Adult Social Care in Birmingham were asked to complete a survey. A total of 530 carers responded to a variety of questions about the people they cared for. This included the age of the patient cared for, the reason why they needed care and whether this care was done by them in their own home or elsewhere. Figure 19 shows the age split of patients, with the majority being over 65 years in age.[92]

[91] Birmingham City Council. Adult Social Care Outcomes Framework December 2017. https://www.birmingham.gov.uk/downloads/file/8894/adult_social_care_outcomes_framework_december_2017 Accessed 17 June 2021.

[92] BCC internal calculations based on AsCOF survey. https://digital.nhs.uk/data-and-information/publications/statistical/personal-social-services-survey-of-adult-carers/england-2018-19 Access 9th July 2021.

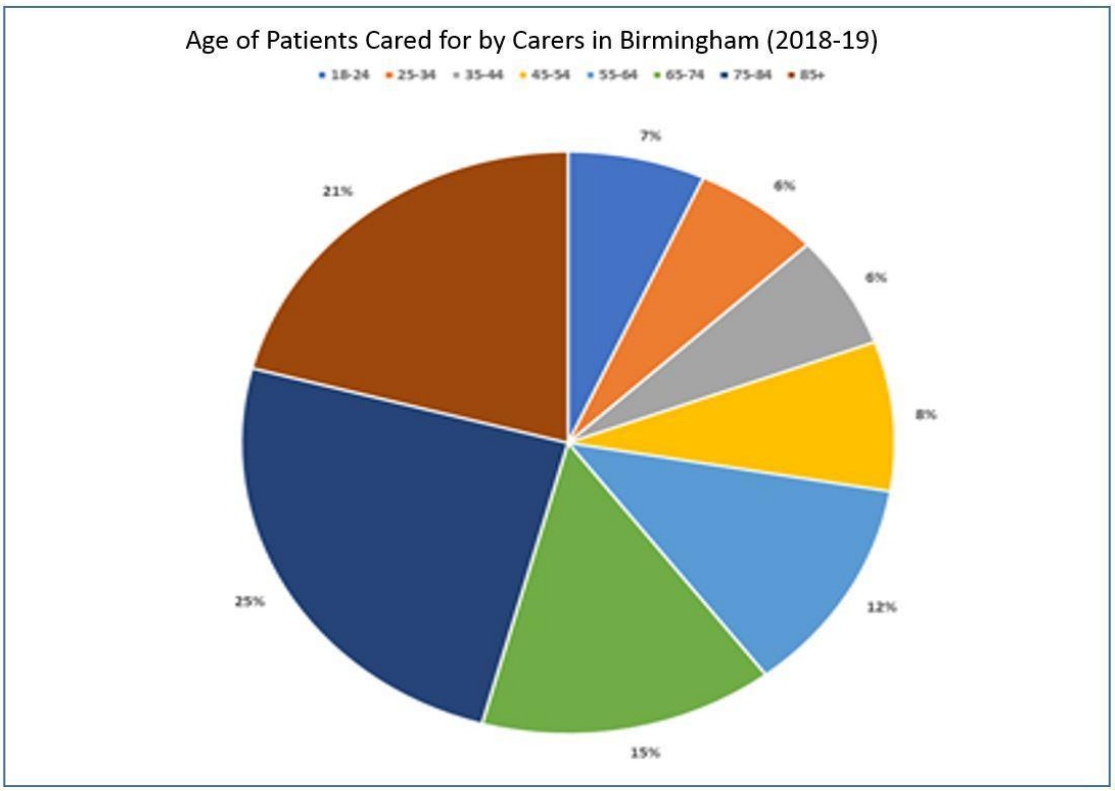

Figure 19: Age of Patients that are being Cared for by Carers in Birmingham (2018-2019).

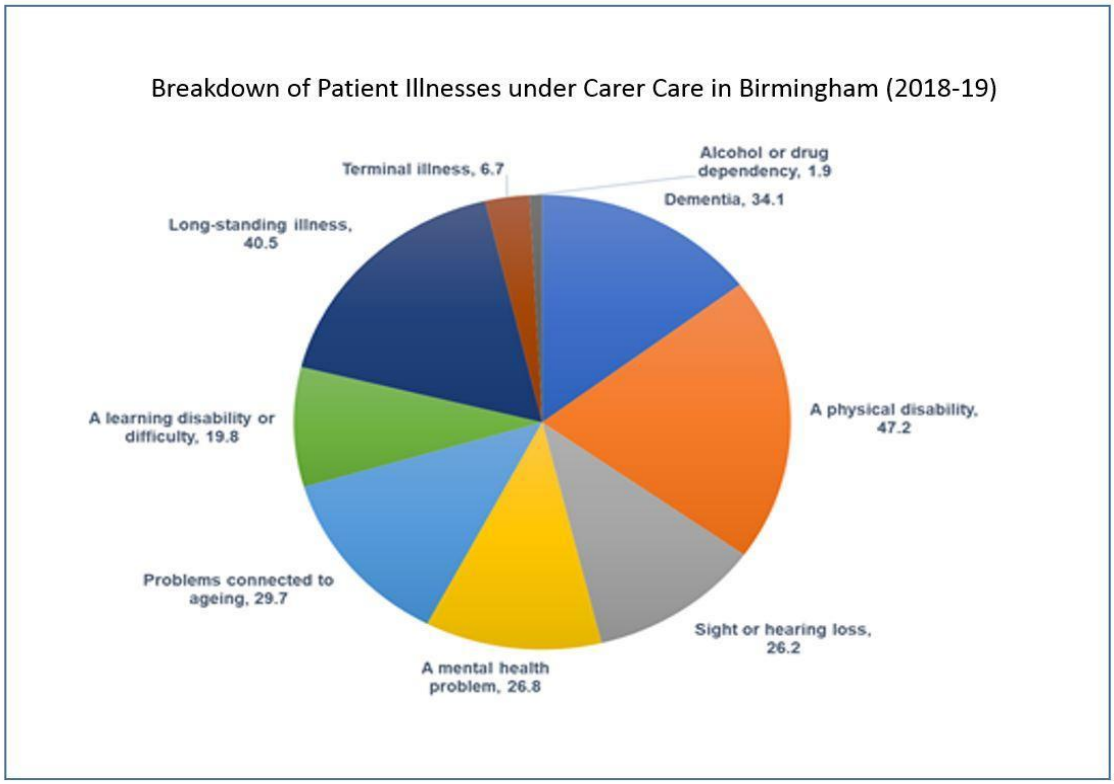

Figure 20: Summary of Patient Illnesses which are Cared for in the Community in Birmingham by Carers (2018-2019).

There are a variety of reasons why additional care is required to ensure that patients can lead a good quality of life with dignity in their final years (Figure 20). Frailty, mobility, terminal

diseases and cardiovascular diseases require people on hand to provide this care and as with dementia this is usually provided by members of their own family (normally partners or children), often until the disease develops to a point where more clinical assistance is required. In all cases, Birmingham City Council attempts to provide support for patients who choose to remain at home for their wellbeing. These direct payments to the patients provide them with the ability to acquire care (professional). Total commissioned places at the end of March 2020 were as follows:[93]

Table 13: Care Provision Places in Birmingham Summary (March 2020)
Source: Birmingham City Council Adult Social Care February 2021

Total Funded Places	18 to 64	65+	Total
Care Home	957	2,873	3,830
Other Placement	650	369	1,019
Community	1,317	3,022	4,339
Community- Direct Payment	1,461	1,339	2,800
Total	**4,385**	**7,603**	**11,988**

Dementia and the burden of dementia care form one of the leading public health issues relating to ageing. Many of Birmingham's carers will be dealing with the effects of this illness, which is a growing public health problem. Data modelling suggests that 1 in 3 people born in the UK in 2015 will develop dementia during their lifetime.[94] Forecasting provided by POPPi predicts that in the short term, there will also be an increase in over 65s living with dementia in Birmingham from approximately 11,000 in 2020 to nearly 15,000 by 2040.[95] This is significantly higher than current QOF register figures show, suggesting that dementia is currently under-reported in GP surgeries across the city and that many patients and carers in Birmingham are not receiving the necessary health care services that are available (e.g. diagnosis, medication, Memory Assessment Service support, financial support and care agency support).[96]

The Birmingham & Solihull Dementia Strategy 2020 included a study of dementia carer and patient views, collected at a number of events across the city during 2019. Responses to questions about the whole dementia journey, from diagnosis to death were recorded. Participant feedback pointed to both successes and failures in dementia service provision for patients. Participants reported that diagnosis of the disease is usually dealt with in a sensitive way. However, the main areas of concern develop as the 'journey' continues, with access to services, ongoing support and respite for carers viewed as being 'in need of improvement'. Participants also reported that end of life care services showed need for improvement (Figure 21).[97]

[93] Adult Social Care Market Intelligence data.
[94] Office of Health Economics: Estimation of Future Cases of Dementia from those Born in 2015. https://www.ohe.org/publications/estimation-future-cases-dementia-those-born-2015 Accessed 7 July 2021.
[95] Poppi: Projecting Older People Population Information. https://www.poppi.org.uk/index.php Accessed 6 July 2021.
[96] BCC internal calculations based on NHS Digital Quality and Outcomes Framework. https://digital.nhs.uk/data-and-information/publications/statistical/quality-and-outcomes-framework-achievement-prevalence-and-exceptions-data/2018-19-pas Accessed 9th July 2021.
[97] Dementia Strategy Review Engagement – NHS Midlands and Lancashire Commissioning Support Unit. https://www.birminghamandsolihullccg.nhs.uk/about-us/publications/get-involved/consultations-

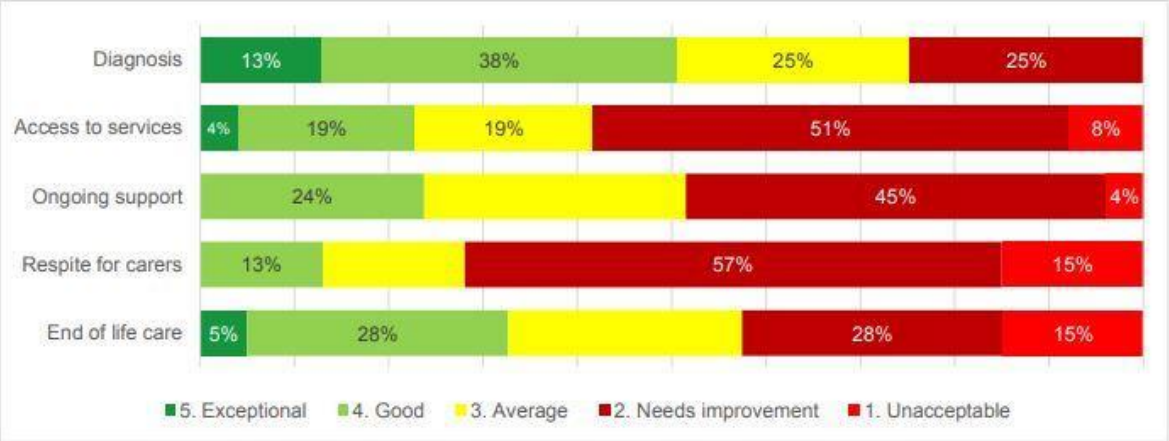

Figure 21: Carer Views from Birmingham & Solihull Dementia Strategy Survey 2020

The *Neighbourhood Network Scheme* has mapped the number of carer support community assets. Figure 22 shows distribution of the assets and carers in the city. The mapping exercise identified approximately 61 community carer support assets. Northfield and Sutton Coldfield constituencies had the highest number of assets (20 and 30 respectively) and Erdington, Ladywood and Perry Barr had the lowest number of assets. There appears to be an inequality of support around areas of the city. This suggests that there is less provision in areas of high deprivation.[98]

and-engagement/dementia-strategy/3320-dementia-strategy-review-engagement-report/file Accessed 8th July 2021.

[98] Ageing Better in Birmingham: Neighbourhood Network Schemes. https://www.ageingbetterinbirmingham.co.uk/neighbourhood-network-schemes#:~:text=Neighbourhood%20Network%20Schemes%20%28NNS%29%20are%20designed%20to%20support,of%20Birmingham%20City%20Council%27s%20community%20social%20work%20model Accessed 9th July 2021.

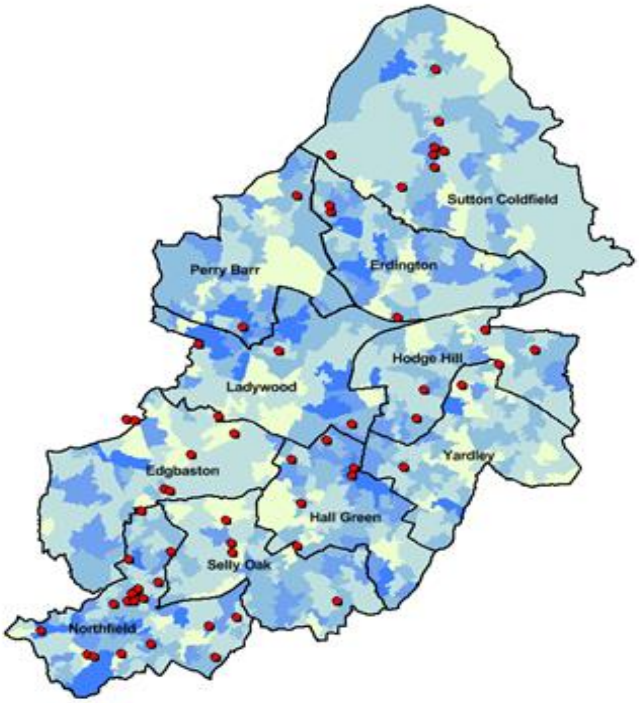

Figure 22: Community Assets which Support Carers in the Community vs Distribution of Known Carers across the City

Studies suggest that the potential burden of caring responsibilities can be linked to poor mental health. Interventions that support carers to protect their mental health both during their carer responsibilities and afterwards (e.g. carer grief) need to be developed.[99] A needs assessment into care giving in Birmingham is part of this evidence review work programme, with research currently scheduled to be undertaken in 2024.

3.3.8. Holistic Support

I want support for my physical, emotional, social and spiritual needs

Dying and death can be powerful sources of emotional turmoil and spiritual or existential distress. Many people with a life shortening illness will experience some distress at some point, which can be related to physical, psychological, emotional, social or spiritual reasons, or a combination of these.

There is currently little evidence available regarding the end of life experience nationally, and this is also the case in Birmingham. *Spiritual Care at the End of Life*: a systematic review of the literature completed by the Department of Health in 2011[100], reviewed the connection between spirituality and spiritual care with end of life issues and care. It found a significant gap in this area.

[99] Tseliou, F. et al (2019): Mental Health of Carers in Wales: A National Population Survey. https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)32889-2/fulltext Accessed 8 July 2021.

[100] University of Hull. Spiritual Care at the End of Life: a systematic review of the literature. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/215798/dh_123804.pdf Accessed 17 June 2021.

The *National Survey of Bereaved People* (VOICES) discussed spiritual and religious needs in the last 2 days of life. 60% of respondents described themselves as feeling considered and supported (Table 14). However, little information is available regarding the consideration of faith before the last 2 days of life.

Table 14: (Q35) In the last two days of life, were his/her spiritual and/or religious needs considered and supported?

	Strongly agree	Agree	Neither Agree or disagree	Disagree	Strongly Disagree
England	29%	30.1%	25.8%	9.4%	5.7%

Data collected from the *2011 Census* tells us that the six biggest religions in England and Wales are Christianity, Islam, Hinduism, Sikhism, Judaism and Buddhism. 46.1% of Birmingham residents reported that they were Christian and more than 1 in 5 people said they were Muslim, making Islam the second largest religion in Birmingham.[101] Spiritual services are provided in hospices, hospitals by the Birmingham Council of Faiths and other support within the community.

There is also evidence that the holistic needs of certain minority groups fail to be met at the end of life. The lived experience of ethnic minorities, the homeless and the LGBT community are discussed in Section 5.

[101] Office for National Statistics Census 2011. Religion. https://www.nomisweb.co.uk/census/2011/ks209ew Accessed 17 June 2021.

4. Services

PHE and NICE guidance both recommend that patients who are thought to be in their last year of life should be encouraged to put together an *Advanced Care Plan*. This is designed to ensure that the patients' views on their end of life care and death are respected and followed, and enables families (and other stakeholders) to be fully informed of the patient's wishes. The *Advanced Care Plan* is usually put together between a medical practitioner and the patient, often with the patient's family present. The decision can be updated as many times as the patient requests. Health care staff are also advised to be mindful of the effect that death has on the bereaved.

Part of *Birmingham and Solihull CCG End of Life Strategy* over the last six years has been to develop a sustained approach ensuring this happens. The CCG helps clinicians with guidelines on how to approach the subject of death. Sandwell and West Birmingham CCG also care for Birmingham residents and in 2018 they were nominated for an HSJ award for their '*Connective Palliative Care'*[102] approach, which drew together the main strategy guidelines and ensured that all services worked together across the CCG to offer the patient and bereaved the best experience possible.

Birmingham's *End of life Care Strategy* was created by local CCGs and adheres to national guidance. It is circulated to all organisations in Birmingham that offer commissioned/non-commissioned services to the dying and the bereaved. Local CCGs are provided with additional funds to ensure that each patient receives the care, respect and dignity to which they are entitled. During 2019/20, this equated to £526,000 for the population of Birmingham (approx. 0.46 pence per person); whereas the national average (across England) was 0.45 pence per person. However, it is believed that most of these funds in Birmingham would have been used for the 75+ population, meaning that the funds would equate to £5.32 per person.[103]

4.1. Services Offered for Palliative Care

4.1.1. Hospital Care

Hospital care in Birmingham is provided by two NHS Trusts: University Hospitals Birmingham NHS Foundation Trust (UHB) and Birmingham Women's and Children's NHS Foundation Trust. UHB is the larger of the two trusts, incorporating five hospitals (Queen Elizabeth Hospital, Heartlands Hospital, Solihull Hospital, Good Hope Hospital and Birmingham Chest Clinic). Each hospital has a specific contact for Palliative Care - offering advice to staff and patients alike.[104]

Approximately 59% of all deaths in Birmingham between 2016 and 2018 occurred at one of the UHB hospitals.[105] Many of these deaths were from short term illnesses where the ability

[102] SWBCCG. Sandwell and West Birmingham CCG achieves national recognition for improving end of life care. https://sandwellandwestbhamccg.nhs.uk/news-a-events/2094-sandwell-and-west-birmingham-ccg-achieves-national-recognition-for-improving-end-of-life-care Accessed 17 June 2021.
[103] Produced by Birmingham Public Health intelligence based on analysis from NHS Digital.
[104] University Hospitals Birmingham NHS Trust. Supportive and palliative care. https://www.uhb.nhs.uk/coronavirus-staff/clinical-info-pathways/supportive-palliative.htm Accessed 17 June 2021.
[105] Produced by Birmingham Public Health intelligence based on analysis from NHS Digital

to perform successful palliative care was not possible due to the sudden nature of death. The care offered often extends to ensuring dignity and help to the bereaved. UHB have specific wards that offer bed space to patients in the end stages of their illnesses. At Birmingham's Children Hospital, Magnolia House is a "calm and peaceful" facility specifically designed for delivering life-changing or difficult news to parents about their children and making decisions about palliative care. There are opportunities for children and families to access therapies through play, massage, counselling and other activities.[106]

4.1.2. Care and Nursing Homes

Birmingham City Council currently commissions approximately 300 care/residential homes and indirectly commissions (or supports) approximately 200 more. Much of their care programme supports a wide range of disabilities, old age care and frailty.[107] Some of the care homes also provide palliative care and specialise in the care of patients who require this service. Figure 23 shows the number of beds (per 100 of the population) 75+ year olds in each of the core cities. Birmingham's rate is higher than the national average, although not as high as other core cities.

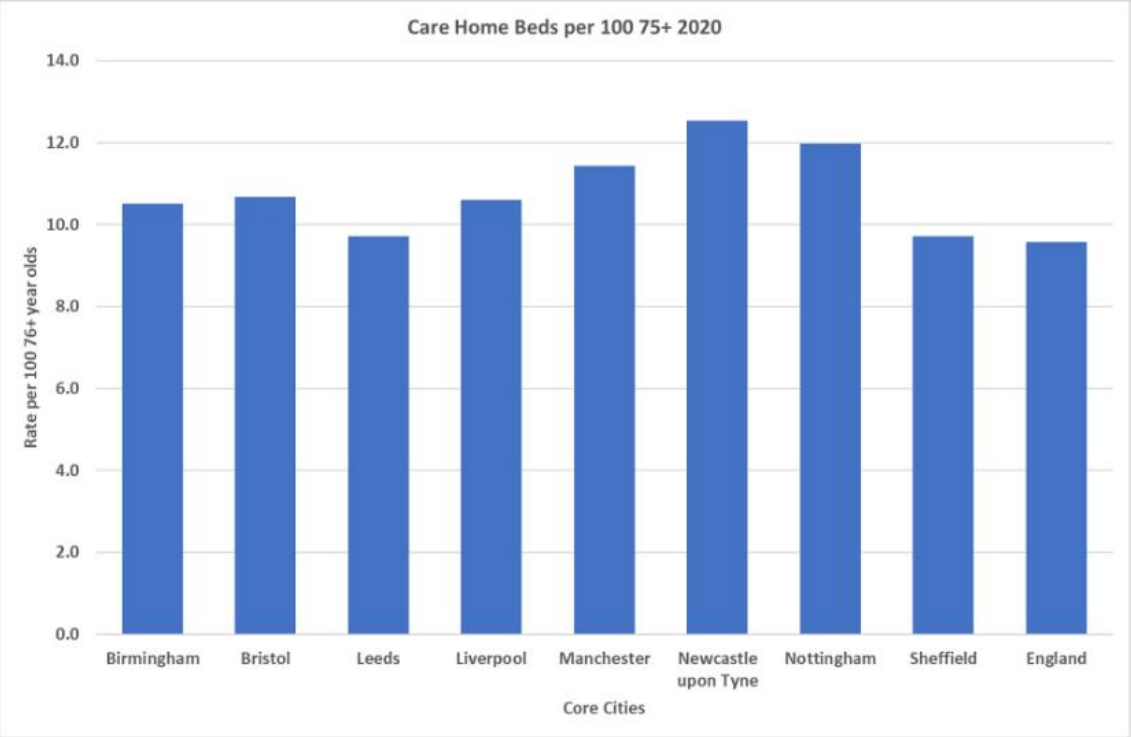

Figure 23: Care Home Bed Provisioning within England's Core Cities (Source: Public Health Outcomes Framework (Fingertips) 2020

Figure 24 shows the number of beds in nursing homes in Birmingham available for those over 75 (per 100 of the population). The rate in Birmingham is higher than the national average, but lower than some of the Core Cities.

[106] Birmingham Women's and Children's Trust. Magnolia House. https://bwc.nhs.uk/magnolia-house Accessed 17 June 2021

[107] Internal data provided by BCC Adult Social Care.

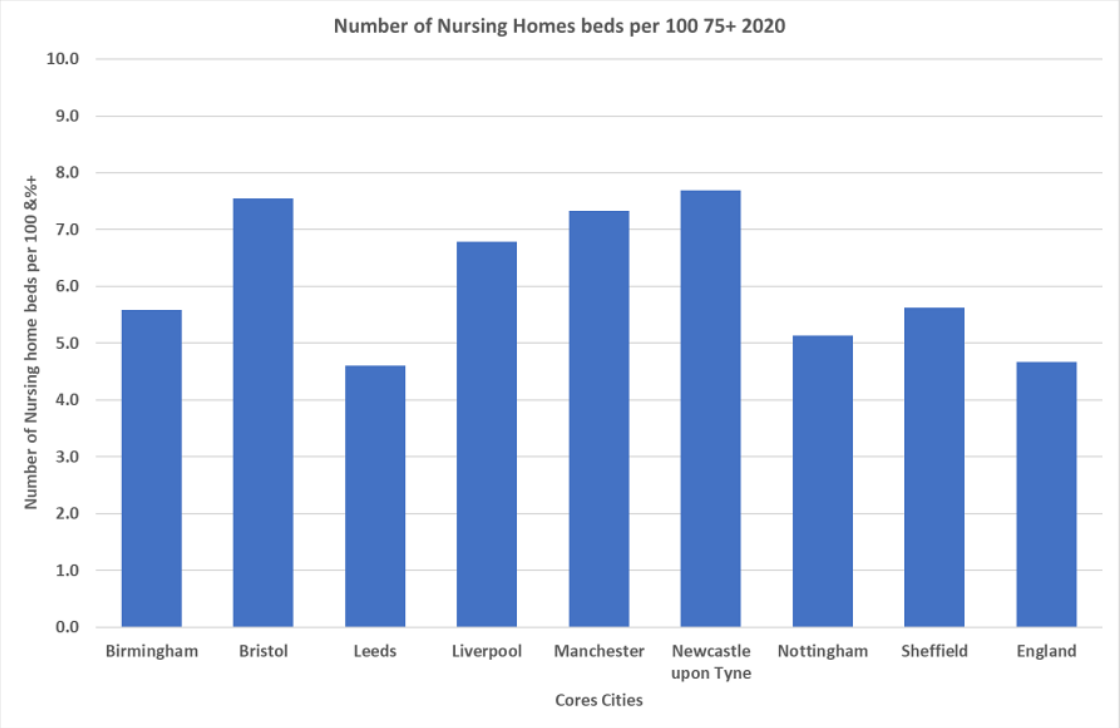

Figure 24: Nursing Home Bed Provisioning within England's Core Cities (Source: Public Health Outcomes Framework (Fingertips) 2020

4.1.3. Hospices and Respite Care

There are two main hospices in Birmingham that serve the population. The John Taylor Hospice is located in the north of the city in Erdington and dates back to the early 1900s. St Mary's Hospice is based in the Selly Oak constituency, to the south of the city. Both are funded by grants and charitable local donations (e.g. fundraising and wills).

There are also NHS funded respite homes/hospices located close to hospital sites around the city. These include Acorns (the children's hospice) and St Giles Nursing Home, which caters for Birmingham residents who, through their *Advanced Care Plans*, have decided that their preferred place of death would be a hospice. NHS hospices are mainly used for cancer patients rather than other terminal illnesses. However, at the time of the last strategy, aims were introduced to extend care to other terminal illnesses too.

Many of the localised care facilities work together in partnerships, to provide patient focused end of life care. In 2018, the Birmingham & Solihull CCG relaunched a strategy, which enhanced the strategies that were already in place and included care guidelines to support the bereaved.

Various charities including Marie Curie and Macmillan Cancer Care also provide respite and home care for palliative care patients. Part of the NHS/NICE guidance is to help ensure that palliative care is patient focused and can be delivered in the community when it is the patient's choice. This is partly funded from *Personal Health Budgets*, from which carers can be employed. These budgets are based on 'need' and rarely cover every possible contingency. Where required, MacMillan and Marie Curie often provide additional care and support, primarily for cancer patients.

During 2017/8, Birmingham's local hospice, local authorities and NHS ran a series of conferences to involve members of the community in the development of the new strategy for end of life care. Various questions were discussed in order to identify areas where services needed to improve. This method of direct contact with users (the community) is referred to as an '*asset-based approach'*[108]; and had been successfully adopted by the CCG in 2013 when producing the previous *End of Life Care Strategy*, which recommended:

- Better communication between partners and the local community.
- More information around what services are available and how to obtain them.
- A request to further promote discussions around death (which was commented on during the conference as being a 'taboo' subject).

4.2. Coroner, Public Health Funerals and Other Statutory Services

4.2.1. Funeral Services

In Birmingham, there are 11 cemeteries, 3 crematoria, 17 closed churchyards and 489 acres of burial ground. In 2018/19, there were 4,770 cremations and 2,636 burials. Over the past ten years, this has equated to 66% cremations and 34% burials for all funerals taking place. Investment is needed to repair aging infrastructure due to the poor condition of roads, historic chapels, aging cremators, and aging plant vehicles. Work is currently in progress to resolve these matters.[109]

4.2.2. Bereavement Services

Birmingham local authority offers a variety of bereavement services through their website, where step by step guidance is available for registering a death, arranging a funeral, informing necessary organisations of the death and applying for probate. This approach is easy to follow and favoured by most local authorities[110] [111], who tend to deal with the practical elements of bereavement, whereas various city charities and Cruse provide bereavement counselling and support.[112]

4.2.3. Birmingham and Solihull's Coroner's Office

The Coroner is an independent judicial office holder appointed and funded by the local authority. The Coroner is responsible for investigating all violent and unnatural deaths, deaths where the cause is unknown and deaths that occur in custody or state detention. The purpose of the investigation is to identify who the person was and where, when and how they came by their death.

Birmingham and Solihull is one of the busiest and most complex Coroner areas, covering a population of over 1.3 million. In 2019, they received 5,362 reported deaths which resulted in

[108] Mathieson M, Froggatt K, Owen E, et al. End-of-life conversations and care: an asset-based model for community engagement. BMJ Supportive & Palliative Care 2014;4:306-312. https://spcare.bmj.com/content/4/3/306 Accessed 22 June 2021.
[109] Birmingham and Solihull's Coroner's Service's internal presentation supporting the launch of Birmingham and Solihull Annual Coroners Service 2019 report.
[110] GOV.UK. Find bereavement services from your council. https://www.gov.uk/find-bereavement-services-from-council Accessed 22 June 2021.
[111] LGA Response to Competition and Markets Authority funerals market study. June 2018. https://assets.publishing.service.gov.uk/media/5b966be5ed915d667b464d5c/Local_Government_Association.pdf Accessed 22 June 2021.
[112] Cruse Bereavement Care. https://www.cruse.org.uk/ Accessed 22 June 2021.

1,519 post-mortems and 757 inquests. Birmingham and Solihull have a higher than national average rate of jury cases with 11 in total in 2019. In addition, they are conducting more complex inquests with over 30 cases involving sittings of one day or more and the average time to inquest is just under 12 weeks which is important as families want to understand how their loved one has died as soon as possible.

Part of the Coroner's role is also to prevent future deaths. As a result, they work collaboratively with a number of different research projects to promote safer practices and avoid future deaths. This includes working closely with Public Health England and Birmingham and Solihull Mental Health NHS Foundation Trust on the rising number of suicides. Following a spike in drug related deaths in the homeless, they are also working closely with West Midlands Police, Public Health England and drug and alcohol recovery services to set up a drug alert service to have a more coordinated approach to drug related deaths.

Alongside the duty to investigate deaths and to answer how the deceased came by their death, the Coroner's Office also has a statutory function to compile a report to prevent future deaths when there is concern about the possibility of another fatality in similar circumstances. This is a very important part of their role and can bring about important changes that can protect the public. This is often the only consolation a family will get after the loss of a loved one.

The Coroner's Service is not without its challenges. These include relocating to larger premises in order to cope with increasing demand. There is also a pressing need to address the current shortfall in pathologists (for post mortems) as well as a requirement for a new mortuary.[113]

4.3. Good Practice Models of Care

In 2014, the Leadership Alliance for the Care of Dying People[114] published a set of guidelines that highlighted to healthcare professionals the standards they should adhere to in order to take care of the dying.[115] This was followed by *NICE Guidance Quality standard QS144*, providing healthcare professional standards of care guidelines.[116] Good Practice was defined as:

1. Sensitive communication takes place between staff and the dying person, and those identified as important to them.
2. The dying person, and those identified as important to them, are involved in decisions about treatment and care to the extent that the dying person wants.

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[113] Birmingham and Solihull's Coroner's Annual Report 2019. https://www.birmingham.gov.uk/downloads/file/15070/birmingham_and_solihull_coroners_annual_report_2019 Accessed 22 June 2021.

[114] Department of Health and Social Care. New approach to care for the dying published. https://www.gov.uk/government/news/new-approach-to-care-for-the-dying-published Accessed 22 June 2021.

[115] Marie Curie. What does high quality end of life care look like? https://www.mariecurie.org.uk/professionals/palliative-care-knowledge-zone/proving-good-quality-care/what-does-high-quality-end-of-life-care-look-like Accessed 22 June 2021.

[116] National Institution of Health and Care Excellence. Care of dying adults in the last days of life. https://www.nice.org.uk/guidance/qs144 Accessed 22 June 2021.

3. The needs of families and others identified as important to the dying person are actively explored, respected and met as far as possible.
4. An individual plan of care, which includes food and drink, symptom control and psychological, social and spiritual support, is agreed, coordinated and delivered with compassion.

These guidelines were sourced from the Marie Curie website and come from the leadership alliance guidelines. The guidelines are directly written into the *BSOL CCG End of Life Strategy* but currently there is no measurement amongst health professionals published.

4.4. Effectiveness of Services and Cost Effectiveness

4.4.1. Effectiveness of Services

Under normal circumstances, service effectiveness can be determined by talking directly to the service users and assessing their responses in a qualitative report. Whilst writing this report, various focus groups have been undertaken to establish whether Birmingham's end of life care services are run with compassion and whether patients living through the last year of their life have received the respect and dignity they deserved. However, due to the nature of this subject matter, it was often more practical to talk to the bereaved than to actual patients. Please refer to Section 5 for a summary of the focus group responses.

4.4.2. Cost Effectiveness

In 2017, PHE reported on the cost effectiveness of palliative care services in England.[117] The report reviewed the available evidence in order to identify which services provided the most effective cost improvements versus standard of care. The report found that if a patient is in contact with services from the beginning of that last year of life to their death, overall costs are reduced mainly with regards to accessing hospital services and the costs incurred by inpatients. It outlined that this was normally when care services took place in the patient's own home rather than residential/nursing care which is expensive. The report concluded that more access to support services providing nursing care within a patient's home would be more cost effective; and suggested enabling patients to have personal healthcare budgets in order to facilitate this.

[117] Public Health England. Cost-effective commissioning of end of life care. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/612377/health-economics-palliative-end-of-life-care.pdf Accessed 17 June 2021.

5. Lived Experiences

Several external organisations were commissioned to run a series of targeted focus groups during December 2019 and January 2020. Six specific groups from around Birmingham were chosen for engagement:

- Working age adults with physical disabilities
- Residents of Heartlands ward (the Birmingham ward with the lowest life expectancy)
- People with long-term conditions
- LGBT community
- Young people aged 18-25
- Homeless population

Three research themes; Premature and Avoidable Deaths; End of Life Care; and the Impact of Death and Dying on those Left Behind (and the Wider Community), were chosen for discussion in the focus groups. During the focus groups, each research theme was framed within a series of questions designed to highlight key issues, ensuring that each of these important questions would be discussed during the course of the focus group. The research themes and questions are outlined below:

Premature and Avoidable Deaths:

- What do the participants think about the differences between Birmingham and the national average?
- What do they think about the differences within the city?
- Awareness of causes of premature death and modifiable factors.
- Are they currently living a healthy lifestyle?
- What is preventing people from changing unhealthy behaviours?
- What should change to facilitate more healthy lifestyles?

End of Life Care:

- How do they feel about having conversations about death and dying?
- When do they feel it is the right time to have these conversations?
- Have they had discussions with those close to them about what they would like to happen?
- What support would they like to be available for those approaching the end of life and their loved ones?

Impact of Death and Dying on those Left Behind (and the Wider Community):

- Discussion of the impact that a death may have on family, friends and others.
- How are people affected?
- What could be implemented to alleviate negative impacts?

5.1. Working Age Adults with Physical Disabilities (Targeted Focus Group)

Organised by an external organisation: John Taylor Hospice and BrumYODO

This targeted focus group was organised by the John Taylor Hospice and BrumYODO. Fifteen working age adults with physical disabilities participated - and their views on the three research themes are summarised below:

5.1.1. Views on Premature and Avoidable Deaths

- Overall the group were unsurprised at the differences in life expectancy across Birmingham and the wider UK.
- The group were aware of the causes of premature death and the modifiable factors they have in relation to lifestyle.
- When asked, 1/3 of the group felt they were living a healthy lifestyle.
- The group demonstrated an awareness of the societal factors that prevented people from changing unhealthy behaviours.
- Just over 10% of the group highlighted examples of where health interventions had positively influenced their lifestyle and led to an improvement of their overall health.
- Living with a hearing impairment has a significant impact on accessing healthcare services.
- Both local and national governments have a role in promoting healthy lifestyles and making this information accessible to the public.

5.1.2. Views on End of Life Care

- Participants had mixed feelings about having conversations about death and dying, although many recognised the importance of having conversations with their loved ones.
- The definition of 'those closest to them' varied, with several participants finding comfort and support from friends and organisations.
- Clear and compassionate communication is a key part of supporting patients and families at the end of life.
- More information is needed about end of life care and the associated aspects of death and dying, such as funeral costs.
- It is important to recognise that some vulnerable groups will need greater support to ensure they have access to end of life care, including appropriate information and support services.

5.1.3. Views on the Impact of Death and Dying on those Left Behind (and the Wider Community)

- Bereavement is individual, and will affect people in different ways.
- Loss is not just something felt about 'close' relatives.
- There is a need for more extensive counselling services, including those which support the needs of minority communities and vulnerable groups.
- It is important to consider the wellbeing needs of support staff, such as interpreters, who may have to deal with difficult situations and currently do not receive support.

- With the right information and support, communities can support each other through the challenges of loss and bereavement.

5.1.4. Recommendations

Here is the summary of recommendations from the 'Working age adults with physical disabilities' focus group to the Joint Strategic Needs Assessment (JSNA) deep dive into Death & Dying in Birmingham:

- The research presented as part of the JSNA, and supported by the experiences of the participants of these focus groups, reinforces that social and economic factors affect life expectancy and years of life lived in good health.
- There is a need for local and central governments to encourage people to live healthy lives.
- Access to services at end of life, such as bereavement support or hospice care, must be culturally competent and accessible to all service users.
- Whilst there is fear about death and dying, there is also a willingness to have discussions with those who are closest to us.
- There is also a need for further information to be made available to the general public around advanced care planning and the services which can support people at end of life.
- Culturally appropriate services are available to support citizens from a range of communities and vulnerable groups, however these services require support and funding.
- It is important to recognise the changing nature of family, and understand that those who are closest to us may not conform to traditional definitions of 'close' family.
- Bereavement is a personal experience and may begin in anticipation of the death of a loved one.
- Bereavement does not just affect those who are bereaved. Health and social care staff, support workers, employers, friends and family can all be affected by grief and loss.
- Communities are able to support themselves, but would benefit from advice, guidance and training in order to be truly effective in supporting those who are at the end of life, or are suffering from a bereavement.

5.2. Residents of Heartlands – the Birmingham Ward with the Lowest Life Expectancy (Targeted Focus Group)

Organised by an external organisation: The Active Wellbeing Society, Birmingham

This targeted focus group was organised by the Active Wellbeing Society. Thirteen Heartlands residents participated in the research, all of whom were female. Their views on the three research themes are summarised below:

5.2.1. Views on Premature and Avoidable Deaths

- Overall, the group were very surprised at the health inequalities in the city and the differences in Life Expectancy across Birmingham and the wider UK.
- There was a limited awareness of the modifiable factors that contribute to premature death. While there seemed to be an awareness of the impact of healthy diet and a

focus on recognising that there were a lot of fast food outlets, people were unsure of the other factors leading to early death such as air quality and loneliness. More needs to be done to make the issues relevant to people and communities, and to bring information to where the people are - such as in GP surgeries and schools.

5.2.2. Views on End of Life Care

- There was a general lack of awareness of the support that is available for end of life care. There was also a general lack of willingness to talk about death and dying including how people want to die. There needs to be more awareness of the implications of not discussing how people want to die – i.e. a lack of personal autonomy over their own decision making, implications for other family members who have to often make decisions on behalf of loved ones once they are already incapacitated.
- More needs to be done to raise awareness of Care Plans and how these can be discussed and accessed. The group were unaware of Care Plans, except for one participant.
- Similarly, no one had heard of Personal Health Budgets, yet were interested and could think of scenarios or anecdotes where they would be beneficial. More conversations need to be had about what they are and why they are beneficial, as well as clear information on how they can be accessed, or there is a risk that these budgets will continue to be underutilised – not because there isn't a demand or need for them, but because people do not even know they exist.
- While many participants from varying cultures felt strongly about dying at home, there was a lack of discussion about how hard it is to care for someone dying at home and how time consuming it can be. Many people described having work and family commitments that added to feeling a large amount of pressure.

5.2.3. Views on the Impact of Death and Dying on those Left Behind (and the Wider Community)

- Participants described the way that families and loved ones often find themselves in adverse financial situations as someone is dying – taking time off work to spend with dying relatives, or losing a loved one who is the breadwinner without support, or conversations about how families will get by once the person has passed. If people were to receive more support to have these conversations, it may help to deal with the aftermath of death that goes beyond grief, including financial matters and maintaining a household.
- Grief is very personal but often finding others that understand your grief can help - more needs to be done to make people aware of the support that is out there and bring people in similar situations together, especially services by third sector organisations that can help people through this difficult time.
- In grief there is often isolation. For older adults who lose a lifelong partner, this can be particularly difficult. Many people will struggle with isolation and experience a loss of purpose. Social support and contact with others are very important in these situations.

5.2.4. Recommendations

Here is the summary of recommendations from the 'Residents of Heartlands ward (lowest life expectancy)' focus group to the Joint Strategic Needs Assessment (JSNA) "deep dive" into Death & Dying in Birmingham:

- None of the Heartlands focus group participants were aware that their ward's life expectancy and inequalities indicators were significantly lower than both city and national comparisons.
- Clearly, there is a need to do more to make information available and accessible at a community level and to find the right channels to share and discuss subjects such as health inequalities. Having the right information would empower people to make the right choices and change behaviours to have an impact on health. Suggestions about suitable places included education, settings like schools, GP practices and community venues.
- It shouldn't be assumed that health organisations, like GP practices, are aware of all key facts, and more partnership work should be done to ensure their patients are better informed.
- More needs to be done to raise awareness of Care Plans and Personal Health Budgets, and how these can be discussed and accessed.
- In acute settings, patients dying are not in the care of the GP and therefore information needs to be available from hospital staff.
- In the community or at home, the GP or other care providers, such as Adult Social Care, should have more information available for those that are dying and their loved ones or carers. This will help them to have discussions and make better informed choices.
- More needs to be done to make people aware of the support that is out there and bring people in similar situations together, especially services by third sector organisations that can help people through this difficult time.

5.3. People with Long-Term Health Conditions (Targeted Focus Group)

Organised by external organisations: AGE Concern, Birmingham and John Taylor Hospice & Brum YODO CIC

Two focus groups were organised to engage with people living with long-term health conditions. Age Concern and the John Taylor Hospice led the focus groups and a total of twenty-three participants were involved. Their views on the three research themes are summarised below:

5.3.1. Views on Premature and Avoidable Deaths

- The group had mixed levels of awareness with regard to the difference in Life Expectancies across Birmingham and the wider UK.
- The group was aware of the causes of premature death and the modifiable factors they have in relation to lifestyle.
- Unhealthy eating habits are prevalent and affected by the abundance of fast food take-away shops.
- The group demonstrated an awareness of the societal factors that prevented people from changing unhealthy behaviours, such as cost, health and access to transport.

- Living with a long-term condition prevented many participants from living healthier lifestyles.
- Transport was highlighted as a major factor affecting citizen's lifestyles, particularly with regard to accessing services.
- Both local and national governments have a role in promoting healthy lifestyles and making this information accessible to the public.
- Some participants highlighted that they would like to see more fitness and lifestyle opportunities aimed at older people.
- When people feel isolated, especially older people and those with mental health illness, this can impact on their health and wellbeing.

5.3.2. Views on End of Life Care

- Participants had mixed feelings about having conversations about death and dying, although all recognised the importance of having conversations with their loved ones.
- Clear and compassionate communication was a key part of supporting patients and families at the end of life.
- There needs to be better budgeting for people being discharged from hospital when at the end of life. Simpler, safer, discharges are needed to prevent confusion and delay.
- Discharge teams need to be more supportive of families. The impact of having a qualified Palliative Care Nurse involved in the discharge of a relative was highlighted by one participant as significantly improving the quality of discharge.
- More information is needed about end of life care and the associated aspects of death and dying, such as funeral costs.
- It is important to recognise that some vulnerable groups will need greater support to ensure they have access to end of life care, including appropriate information and support services. This includes carers, people with disabilities and long-term conditions, and ethnic minority communities.

5.3.3. Views on the Impact of Death and Dying on those Left Behind (and the Wider Community)

- Bereavement support is crucial and there are a number of services which support citizens through bereavement.
- There is a need for more extensive counselling services, including those which support the needs of minority communities and vulnerable groups.
- It is also crucial that bereavement services are adequately funded.
- Members of the group highlighted the barriers they faced when trying to set up support groups within the community.
- More information is needed in the public sphere that discusses death, dying, bereavement, and the support that can be accessed.
- With the right information and support, communities can support each other through the challenges of loss and bereavement.
- Ongoing support for carers is crucial and they are particularly vulnerable to the effects of bereavement and isolation.

5.3.4. Recommendations

Here is the summary of recommendations from the 'People with long-term health conditions' focus group to the Joint Strategic Needs Assessment (JSNA) "deep dive" into Death & Dying in Birmingham:

- The research presented as part of the JSNA, and supported by the experiences of the participants of these focus groups, reinforces that social and economic factors affect life expectancy and years of life lived in good health.
- There is a need for local and central governments to encourage people to live healthy lives.
- Access to services at end of life, such as bereavement support or hospice care, must be culturally competent and accessible to all service users.
- Whilst there is fear about death and dying, there is also a willingness to have discussions with those who are closest to us.
- There is also a need for further information to be made available to the general public around advanced care planning and the services which can support people at end of life.
- The process of discharging patients from hospital at the end of life requires clear communication, appropriate funding, and the input of professionals who can support patients and families at the end of life.
- Culturally appropriate services are available to support citizens from a range of communities and vulnerable groups, however these services require funding in order to maintain this level of support.
- Bereavement is unique and individual and may begin in anticipation of the death of a loved one.

5.4. LGBT Community (Targeted Focus Group)

Organised by external organisation: Birmingham LGBT

This targeted focus group was organised by Birmingham LGBT. Sixteen members of the Birmingham LGBT community participated in the research – and their views on the three research themes are summarised below:

5.4.1. Views on Premature and Avoidable Deaths

- Introduce restrictions on fast foods by preventing schools and workplaces from selling 'junk food'.
- Implement a sugar tax to subsidise healthy foods thus making healthy foods cheaper. This should coincide with improvements in effective food labelling.
- Make more space for community based support including food hubs with free cooking classes to improve education around healthy diet.
- Enable greater cooperation between NHS, local authorities and other key stakeholders to promote health issues and matters along with support.
- Reclaim parks and maintain them well, encourage and motivate local communities to love their habitat and open spaces and use them.
- Transport: Car clean air zone, more bike lanes and better public transport/urban/road planning.

- Having healthy eating role models and encouraging more mobility within the workplace – for example standing workstations, utilising the stairs not lifts, walking/cycling to work schemes, parking further from the workplace to include a walk etc.

5.4.2. Views on End of Life Care

- There was a broad recognition and agreement amongst participants that society tends to be very closed around the topic of end of life care, and its ramifications for grieving, and that there are few spaces to discuss this particular topic.
- There is a lack of LGBT sensitivity with funeral directors, hospitals, hospices and others that needs to be addressed through better education of these service providers. This could be achieved through statutory bodies undertaking a review of standards, assessments and induction processes (e.g. CQC, NHS etc.) to ensure they include LGBT matters and needs.
- A suggestion to create a system that flags up when we pass away which triggers an LGBT community service to manage affairs and the deceased's estate and carry out the wishes of the deceased if they have no family or friends to do it on their behalf.
- General consensus of the need for us all to write a will/write down our wishes for arrangements, dispersal of possessions etc.
- Allow more choices for ways and places to die (at home, respect wishes for do not resuscitate, alternatives to institutions).
- There is a need for more awareness of where to seek help around planning and support to plan – solicitors, powers of attorney, writing wills and other legal, financial and funeral specific planning support.

5.4.3. Views on the Impact of Death and Dying on those Left Behind (and the Wider Community)

- Creating an inclusive befriending service (no-one dies alone) – inclusive in terms of LGBT friendly.
- Facilitating greater public awareness of what hospital services are available and where they can be accessed.
- Providing education and raising awareness about the grieving process, alongside appropriate support services contact details.
- Assisting individuals in creating end of life plans and ensuring they are in place before an individual dies. There was a further recommendation linked to this around there being honesty around the process of death and funerals, powers of attorney etc., and the need for greater encouragement for everyone to have 'the conversation' and to make their final end of life wishes known.
- Development of a checklist that could be distributed on how to prepare for end of life – legal, financial and other requirements such as lasting power of attorney, wills, funeral arrangements etc., and make this freely and widely accessible for everyone to utilise.
- Becoming more inclusive (specifically regarding acceptance of sexual identity by family re faith/culture/personal views – the broader impact of family taking over arrangements and excluding partner and/or friends etc.)
- The creation/encouragement of greater and broader support by:
    - Encouraging faith communities to support their LGBT parishioners.

- LGBT training for counselling providers.
- Death and dying training for LGBT counselling services.
- Greater support for one another within our community.
- Encouraging 'older peoples' support charities (examples given included Age UK and Age Concern) to be more aware and welcoming of LGBT people.
- Create more mentors/buddies/support groups for LGBT community and awareness/inclusivity training for other providers of support to make LGBT individuals and families feel welcome and included.
- People could benefit from understanding ways of acceptance of grieving and the process.

5.4.4. Recommendations

Here is the summary of recommendations from the 'LGBT Community' focus group to the Joint Strategic Needs Assessment (JSNA) "deep dive" into Death & Dying in Birmingham:

- Government and community support relating to healthy eating is key, including school education, food hubs, and developing support for those in food poverty through community initiatives. Strong networks between stakeholders will help enable this.
- Extra community support would be beneficial for LGBT people, and building in specialist processes and sensitivities to end of life services on factors that could impact an LGTB person's ability and willingness to plan for death.
- This includes concern over the complexity of more traditional faith and cultural backgrounds that, due to the faith or cultural background of LGBT persons, they could be ostracised from their family/community with no support, or that the life they led might be denied and/or covered up at the end of their life.
- Access to services at end of life must be sensitive overall to the cultural differences of the individual and their family, as well as the complex impact of bereavement on those left behind.
- Further information and assistance would be helpful for the public around planning for end of life, including services and procedures.

5.5. Young People Aged 18-25 (Targeted Focus Group)

Organised by external organisation: The Afterlife Project

This targeted focus group was organised by The Afterlife Project. Sixteen young people aged between 18 and 25 participated in the research – and their views on the three research themes are summarised below:

5.5.1. Views on Premature and Avoidable Deaths

- Participants showed very little knowledge on the negative impacts of alcohol.
- There was general awareness that smoking is dangerous, although many participants continue to smoke.
- There was broad recognition that community deprivation has an impact on their lives.
- Most of the participants stated that they visit a fast food restaurant almost daily (some claim twice a day).

- There was broad recognition that unhealthy food is an attractive option because it is cheap.

5.5.2. Views on End of Life Care

- The participant group felt that discussing death is “weird” and something they were uncomfortable with.
- None of the participants had previously discussed their funeral wishes with loved ones or been part of any discussions about death and dying.
- There was general openness to the idea of preparing for death but the group was unsure where to begin.

5.5.3. Views on the Impact of Death and Dying on those Left Behind (and the Wider Community)

- There was a broad understanding within the group that bereavement causes a range of negative emotions such as sadness, loneliness, anger, shock and desperation.
- The negative effects of bereavement could be alleviated somewhat by prior knowledge of the deceased’s wishes.

5.5.4. Recommendations

Here is the summary of recommendations from the ‘Young people aged 18-25’ focus group to the Joint Strategic Needs Assessment (JSNA) “deep dive” into Death & Dying in Birmingham:

Targeted Community/School Sessions:-

- It’s clear from this particular group of young people that work still needs to be done in terms of raising awareness of the dangers of smoking. Despite vaping being an increasingly popular way of quitting for people in the 40+ age range it seems the message hasn’t yet reached younger people with none of the focus group participants mentioning vaping as a potential lifestyle change. None seemed worried about the impact of smoking on their health and were more concerned about the cost of cigarettes.
- Similarly, the risks of excess alcohol weren’t clear to the participants, with none of them being able to explain what Alcoholic Liver Disease was. This was worrying and indicates an immediate need for increased Alcohol Awareness amongst 18-25 year olds.
- By entering into the community (school workshops, community centres, youth centres) and engaging at grass roots level with young people, raising awareness could be the best way of avoiding premature death through modifiable factors, for this generation.

Regular ‘Death Cafes’:-

- “One stop shops” within the community where people can speak either on a one-to-one basis in confidence or as part of a safe, accepting group, about Death & Dying - their fears, anxieties, worries and uncertainties. These would begin to dissolve the taboo nature of the subject, encouraging conversations around healthier lifestyles, end of life care, funeral plans and more. The best way to raise awareness is to get people talking within their own communities about these issues.

5.6. Homeless Population (Targeted Focus Group)

Organised by external organisation: ABIC Ltd

This targeted focus group was organised by ABIC Ltd. Nine participants from Birmingham's homeless population took part in the research – and their views on the three research themes are summarised below:

5.6.1. Views on Premature and Avoidable Deaths

- Homeless people by and large do not lead healthy lives and are aware of that. Much is driven by circumstance i.e. poverty, poor accommodation, poor access to good nutrition, a tendency to use tobacco and/or alcohol linked to mental ill health and/or a general depressive outlook.
- Despite their awareness of and desire to enjoy better nutrition and healthy eating, their limited finances and particularly their limited access to cooking facilities make healthy eating an unachievable ambition.
- People who are homeless are likely to have a range of additional complex and challenging needs present in their lives and indeed homelessness is more likely to be the result of these rather than the source. Over half of the group reported suffering with long term mental ill health.
- This group and previous work undertaken by the researchers has highlighted that people with multiple and complex needs can often present with low motivation, potentially linked to depression, and so even where opportunities exist to improve their lifestyle, the motivation is not there to take advantage of those opportunities.
- For these groups additional incentives may be required and someone like a personal mentor or support worker can be helpful. However, the specific individuals acting in this role need to be able to stay engaged with their mentee long term because there may be only a narrow window of opportunity, when an individual is in the right frame of mind to make changes, which needs to be recognised and acted upon.
- Electronic cigarettes/vaping were seen as a particularly large threat to public health both to the user and through "secondary smoking". Whilst Vaping is recognised as less risky than smoking tobacco – it's marketing as something 'sexy and cool' risks more young people taking up vaping than would ever have started smoking.

5.6.2. Views on End of Life Care

- Talking about death with a relative or friend is very hard to do. Those who have attempted it have been rebuffed because the subject just felt too uncomfortable to discuss. It may be that all that can be done is to let people know that, should they want to discuss their end of life etc. they will find a willing listener.
- Older people may make a will, make financial provision for their funeral and may have thought about what kind of funeral they want, but very few people have thought about a *good death* – i.e. what kind of end of life care they want. This is only likely to happen when diagnosed with a terminal illness or made to face your own mortality in some way.
- Some third sector organisations such as MacMillan and Marie Curie and others that are involved in the hospice movement especially are universally recognised as providers of positive experiences and support at the end of life.
- Unsurprisingly, young people rarely think about (their own) death, if at all.

5.6.3. Views on the Impact of Death and Dying on those Left Behind (and the Wider Community)

- Grief is personal and there are no rules. It can stay with you long term or never appear until triggered by something possibly totally unrelated to the person who died. However, bereaved people need to be able to talk about it whenever they feel the need, to support healthy emotional wellbeing.
- Having people around to support you after a death is helpful. People need to talk – however they also need the opportunity to find solitude and sanctuary and to be able to reflect on their own.
- Being homeless is often indicative of estrangement from the person's family and so, when a death occurs within the family, it can be all the more painful and emotionally challenging for the homeless person who is confronted with the reality that those relationships can never be rebuilt.
- Bereavement can bring families together but can also drive them apart. This often happens when the deceased had very different relationships with different members of the family, whether positive or negative.
- Immediately after death may not be the most important time to offer support to bereaved people. At that time there is often a lot happening with funeral arrangements, wills and probate etc. and family members appearing to be helpful or after money.
- However, it is in the weeks after the funeral that reality of a death can hit an individual and that is when emotional/counselling support needs to be available and clearly signposted.
- Homeless people struggle with the bureaucracy and cost of death. Paperwork is written in "legalese" and you often need access to the internet. Benefits and funding for funerals for low income people is unclear. Next of kin have to deal with a whole range of people without access to the internet and personal transport – lawyers, hospitals, doctors, coroners, registrars, funeral directors etc. Some Landlords demand people vacate social housing far too soon after a death, although it is recognised that the demand for social housing makes this inevitable and indeed is of benefit to other homeless people awaiting more settled accommodation.

5.6.4. Recommendations

Here is the summary of recommendations from the 'Homeless population' focus group to the Joint Strategic Needs Assessment (JSNA) "deep dive" into Death & Dying in Birmingham:

- Premature death is a live issue when you are homeless.
- Homeless people struggle to follow healthy lifestyles, often driven by circumstances.
- Making changes to lifestyles even where opportunities exist can be difficult for homeless people due to a lack of motivation, potentially exacerbated by depression for some.
- Homelessness may involve being estranged from relatives for periods of time and can make the death of a relative all the harder to come to terms with.
- The bureaucratic challenges and costs that accompany bereavement are made all the greater for homeless people in the context of their other stresses and lack of resources. Benefits and funding for funerals for low income people is unclear.

5.7 Collective Summary of Focus Group Recommendations

A summary of the key recommendations from all the above focus groups for our Joint Strategic Needs Assessment (JSNA) “deep dive” into Death & Dying in Birmingham are as follows:

- There is a need for local and central governments to encourage people to live healthy lives.
- Access to services at end of life, such as bereavement support or hospice care, must be made available and accessible to all service users.
- There is also a need for public awareness raising around advanced care planning and the services which can support people at end of life.
- Community services are well placed to offer support to those who need it, before and after the bereavement, however they require the funding and guidance to do so.
- Have reviews of afterlife services to ensure processes consider the sensitivities of different socioeconomic circumstances, faith and culture, and complex health needs, particularly for groups that may be more isolated from traditional means of support.

6. Unmet Needs Relating to Death and Dying

This section focuses upon gaps in research that have been identified from stakeholder's experiences and limited discussions with members of the community. In accordance with the Birmingham and Solihull STP strategy consultation process an equalities analysis was completed, where the key areas of focus were:

- Carers
- Race/ ethnicity
- Religion or belief
- Human rights
- Sexual orientation
- Learning disabilities
- Homelessness

Several of these issues have been discussed within the Lived Experience section of this report. However, after discussion with stakeholders, three of the key themes for development from this list were identified for further discussion. The three key themes for improvement were: end of life care within the homelessness, ethnic minority groups and the Lesbian, Gay, Bisexual, and Trans (LGBT) community. It is also our intention that other key themes, notably carers and learning disabilities, shall become the focus of subsequent deep dive evidence reviews carried out by this team during the next couple of years.

6.1. Homelessness

Exact figures for homelessness are difficult to calculate and obtain. However, a report from Shelter (2017)[118] estimated that Birmingham's homeless population (including people in temporary accommodation) was 12,785; the third highest homeless population within the UK.

The Birmingham Health and Social Care Overview & Scrutiny Committee conducted an investigation into the health of the homeless population in Birmingham in 2015. Their work underlined the well-established link between homelessness, physical and mental ill health and premature death. This is exacerbated by homeless people encountering barriers to healthcare that hinder their access to appropriate services. Homeless people have an increased risk of premature death, resulting in a life expectancy of 43-47 years old. People are dying on the streets, in hostels and hospitals without access to the necessary end of life support services, which often reduces the likelihood of patients receiving a dignified death.

Death data specific to Birmingham's homeless population is not currently published. A study by Ivers et al (2019)[119] looked at the causes of death in the homeless community in Dublin. There were 201 deaths that occurred among homeless people between 2011 and 2015. Drug and alcohol related deaths accounted for more than one third of deaths in homeless individuals, with opioids being the most common cause. The level of mortality for men was

[118] Shelter. Press release: 320,000 people in Britain are now homeless, as numbers keep rising https://england.shelter.org.uk/media/press_release/320,000_people_in_britain_are_now_homeless,_as_numbers_keep_rising Accessed 17 June 2021.

[119] Ivers J, Zgaga L, O'Donoghue-Hynes B, et al. Five-year standardised mortality ratios in a cohort of homeless people in Dublin. BMJ Open 2019;9:e023010. https://bmjopen.bmj.com/content/bmjopen/9/1/e023010.full.pdf Accessed 22 June 2021.

between 3 and 10 times higher and for women 6 to 10 times higher than the general population. The Care Quality Commission report, *A Second Class Ending (2017)*,[120] highlights the role of hospices in championing equality by engaging minority and excluded communities to deliver equitable end of life care. Some cities, e.g. London and Plymouth, have examples of palliative care services for homeless populations.

There was a scoping exercise for homeless people's end of life care by the Hospice at Home Team at Birmingham St Mary's Hospice, February to April 2018.[121] This was a two year study, which involved visiting existing services and identifying the needs in Birmingham for an end of life service to support the homeless population.

Key Findings:

- Evidence obtained from existing services suggests collaboration and early introduction to services leads to the best outcomes.
- Requirement to recognise the complex needs of those who are homeless.
- In partnership with John Taylor Hospice and existing homelessness organisations, deliver and enable more effective, responsive individualised services at end of life for Birmingham (Citywide approach) using a multiagency three-layered approach.

St Mary's Hospice has since set up a homelessness support service in collaboration with partners in the health and third sectors to bring hospice care to homeless people in the area.[122]

6.2. End of Life Care for the Lesbian, Gay, Bisexual, and Trans Community

Marie Curie recognised in 2010 that there was a gap in research on the experiences of LGBT people at the end of life. They funded research by the University of Nottingham, *The Last Outing,*[123] to look in detail at the particular needs of LGBT people at the end of life. The study found that 26% of survey respondents had experienced discrimination relating to sexual orientation and/or gender identity from health and social care professionals. A Stonewall report found that 57% of health and social care practitioners said they didn't consider someone's sexual orientation to be relevant to a person's health needs[124].

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[120] Care Quality Commission. A Second Class Ending. https://www.cqc.org.uk/sites/default/files/20171031_a_second_class_ending.pdf Accessed 17 June 2021.

[121] St. Mary's Hospice Limited. Report and Consolidated Financial Statements Year ended 31 March 2018. https://s3-eu-west-2.amazonaws.com/stmaryshospice-offload/ST_MARYS_HOSPICE_Accounts_2018_FINAL-1.pdf Accessed 17 June 2021.

[122] Birmingham St Mary's Hospice. Hospice launches new Homelessness Support Service https://www.birminghamhospice.org.uk/hospice-launches-new-homelessness-support-service/ Accessed 17 June 2021.

[123] University of Nottingham. The Last Outing: exploring end of life experiences and care needs in the lives of older LGBT people. https://www.nottingham.ac.uk/research/groups/ncare/documents/projects/srcc-project-report-last-outing.pdf Accessed 17 June 2021.

[124] Stonewall. Unhealthy Attitudes, The treatment of LGBT people within health and social care services. https://www.stonewall.org.uk/our-work/campaigns/unhealthy-attitudes Accessed 23 June 2021.
health and social care services. https://www.stonewall.org.uk/system/files/unhealthy_attitudes.pdf Accessed 17 June 2021.

A key element of the Marie Curie study was that LGBT people felt that understanding sexual orientation was necessary to be able to address personal health needs. Advanced care planning was also an ongoing theme, with a focus on providing protection for partners and significant others who might otherwise not be recognised. 82% of respondents agreed that it was particularly important for LGBT people to make and record plans for future care. However, only 18.5% of the respondents had written down and recorded their preferences.

These findings were formulated into the report - '*Hiding who I am – the reality of end of life care for LGBT people*'[125], where the following themes were explored:

- Assumptions about identity and family structure
- Anticipating discrimination
- Increased pressure on LGBT carers due to late presentations
- Varied support networks
- Unsupported grief and bereavement
- Complexities of religion and LGBT end of life care

There are no specific community engagement initiatives in Birmingham presently to engage the LGBT community discussing end of life care. The study by LGBT Birmingham in 2011, *Out and About*[126], provided a valuable insight into the lives of Birmingham LGBT individuals and communities across the city. There were over 600 respondents and it provided a thorough and detailed analysis into a wide range of areas in people's lives including general health. A concerning element of the report relates to suicide. One in five respondents indicated that they had attempted suicide, significantly above the national average. Respondents who had been the victim of a homophobic hate crime were more likely (58%) to report that they had attempted suicide than those who had not been victims (42%).

Of those with long-term health conditions, nearly half (49%) declared a health problem which limited the activities of everyday life, and nearly 5% had been diagnosed with cancer or a progressive illness such as multiple sclerosis (MS). While end of life was not specifically part of the study, respondents did discuss having difficult interactions with healthcare professionals. Several questions in the survey examined respondents' opinions of their GPs. Almost two in five (39%) answered that they thought their GP had non-judgmental attitudes to LGBT people, although over one half (52%) were not sure.

Several hospices are working with LGBT Birmingham to address end of life care engagement in the LGBT community. Marie Curie Hospice West Midlands recognised that their hospice services were not actively promoted as LGBT friendly. This led to initiatives at both regional and national level to address this, including developing a hospice LGBT working group for staff, volunteers and service users; awareness training programme for staff and volunteers; collaboration with Birmingham LGBT; and facilitating co-design of palliative care services with the local LGBT community.[127]

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[125] Marie Cure. Hiding Who I Am, The reality of end of life care for LGBT people. https://www.mariecurie.org.uk/globalassets/media/documents/policy/policy-publications/june-2016/reality-end-of-life-care-lgbt-people.pdf Accessed 17 June 2021.

[126] Birmingham LGBT Community Trust. Out & About Mapping LGBT Lives in Birmingham. https://blgbt.org/wp-content/uploads/2015/10/outandaboutreportfinalweb.pdf Accessed 17 June 2021.

[127] BMJ. SPCARE 2019;9(Suppl 4):A1–A110. Pg A18. https://spcare.bmj.com/content/bmjspcare/9/Suppl_4/A18.2.full.pdf Accessed 17 June 2021.

6.3. End of Life Care Needs of Ethnic Minority Groups

Birmingham is home to the largest population of ethnic minorities (over 450,000 people) and third largest proportion (42%), outside of London.[128] The unmet needs and disparities in access to palliative and end of life care for people from an ethnic minority background is a well-recognised issue[129] and poses a significant challenge in the delivery of palliative care in an equitable, accessible and culturally-sensitive way.

Marie Curie[130] performed a literature review of the unmet needs and disparities in palliative and end of life care experienced by ethnic minority groups in the UK. The authors recognised the importance of understanding social inequities (such as deprivation, differences in access to care in general, social exclusion and racism) when analysing unmet needs and disparities. Using this method there were two main themes identified:

- Access to care
- Receipt of care

Ethnic minority groups were recognised as having lower access to palliative and end of life care services when compared to White British people. This was associated with lack of referrals, lack of awareness of relevant services, previous bad experiences when accessing care, a lack of information in relevant languages or formats and family and/or religious values conflicting with the idea of hospice care.

The Marie Curie review also examined the experience of receiving care. The most common issue was poor communication between the healthcare professional and the patient (and their family). This was associated with lack of sensitivity to cultural and/or religious differences, lack of availability of translators and low availability of training for healthcare professionals.

In relation to the population in Birmingham, there is limited information available regarding ethnic minority groups' experiences of end of life care.

Research has identified multiple challenges relating to the access and receipt of care, including lack of referrals, lack of information, religious and family issues, communication, and engagement with advance care planning or end of life decision making. Existing evidence-based recommendations for policy and practice - such as community engagement, communication and staff training in the context of Birmingham's ethnic minority population - needs to be considered carefully and implemented.

[128] Office for National Statistics Census 2011. Ethnic group. https://www.nomisweb.co.uk/census/2011/ks201ew Accessed 17 June 2021.
[129] Marie Curie. Next Steps, Improving end of life care for Black, Asian and Minority Ethnic people in the UK. https://www.mariecurie.org.uk/globalassets/media/documents/who-we-are/diversity-and-inclusion-research/next_steps_report.pdf Accessed 17 June 2021.
[130] Marie Curie. Palliative and End of Life Care for Black, Asian and Minority Ethnic Groups in the UK. https://www.mariecurie.org.uk/globalassets/media/documents/policy/policy-publications/june-2013/palliative-and-end-of-life-care-for-black-asian-and-minority-ethnic-groups-in-the-uk.pdf Accessed 17 June 2021.

7. Opportunities for Action

This section identifies the areas of need to address through commissioning or other actions for local organisations.

7.1. What Would We Like to Achieve?

We would like to live in a city where…

- There is equity in life expectancy and there is a reduction in avoidable deaths
- Citizens are able to die with dignity
- Compassionate high quality end of life care is available across the city
- Understanding and support is readily available for those who are bereaved
- We can all talk openly about death and dying with those close to us

7.2. Key Findings

Here we set out the findings from the JSNA deep dive and make recommendations as to how local partners can address and help us achieve our local ambitions.

Key Finding 1: There are too many premature and avoidable deaths.

Life expectancy in Birmingham is significantly lower than the national average. The poorest areas of the city have the lowest life expectancy and the gap between highest and lowest ward is 11.6 years for men and 9.2 years for women. The gap is even greater for years of life lived in good health. Many of the premature deaths are caused by modifiable factors such as smoking, alcohol, physical inactivity, loneliness and poor air quality. If these factors are reduced, this would lessen the likelihood of avoidable conditions occurring.

Birmingham has one of the highest infant mortality rates in England. Causes of infant deaths have hardly changed for the last 20 years and the reasons for this are not fully understood.

Birmingham has a lower suicide rate than the national average. However, every suicide is one too many. Death through suicide reflects the ultimate loss of hope and leaves significant and lasting impact on families, communities and employers and society.

Recommendations:

In order to reduce premature and avoidable deaths we recommend:

- Action to address and reduce inequalities in different communities particularly for the modifiable factors affecting mortality.
- Taking a "whole system approach" to work across the city to co-create situations/circumstances that are more health generating without active choice, thus making it easier for citizens to make healthy choices and live as healthily as possible.
- Further exploration of the local causes of infant mortality (including pre-pregnancy circumstances and the care of pregnant women) and the development and implementation of effective interventions that are culturally acceptable.
- Continued commitment to maintain the lowest rate of suicide of any of the core cities in England and to reduce deaths by suicide in the city and over the next decade through a zero suicide approach.

Key Finding 2: There are opportunities for improved end of life care by local services.

Services need to work together well to fully support the person at the end of their life and also provide support to their families during this time and afterwards. There is evidence to suggest that people do not think that services work well together.

Service delivery is dependent on diagnosis and health needs. Some illnesses (e.g. dementia) are under-diagnosed, meaning that patients often receive late diagnoses, or no diagnosis at all. In these situations, patients potentially miss out on health services that could improve their quality of life and help provide dignity in their final years.

Care plans are not routinely offered to patients in need of palliative care and their carers. The uptake of personal health budgets in Birmingham is low. A local pilot has shown potential benefit through increased choice and control.

Surveys of the general public reveal that, given the opportunity and the right support, most people would prefer to die at home. In practice, only a minority do so with many dying in an acute hospital. There is limited local insight on patient wishes regarding place of death.

Dying and death can be powerful sources of emotional turmoil, social isolation and spiritual or existential distress. There is little evidence to tell us whether end of life care is currently meeting those needs. Some groups are more disadvantaged than others.

Recommendations:

In order to improve end of life care services in Birmingham we recommend:

- Promotion of conversations about death and dying. Citizens should be made aware of the importance of planning their choices and wishes.
- Promote the early identification of patients with palliative care needs and the use of care coordination processes such as the Gold Standard Framework.

- Continuation of the work of the Birmingham and Solihull STP End of Life Oversight Group to implement the national framework key areas for improvement.
- Development of co-ordinated 24/7 access to homecare and specialist outreach services.
- Consideration to groups that are less engaged with palliative care services i.e. the homeless population, the LGBT community and ethnic minority groups.

Key Finding 3: Death and dying impacts those left behind and there is a demand for carer support and bereavement services in the city.

Grief following bereavement can be a long process lasting for many years. Older people who are bereaved are often affected by loneliness and social isolation. There is bereavement support in Birmingham but there are areas of the city with less coverage than others. Birmingham's Neighbourhood Network Scheme is developing community assets around the city which includes bereavement services.

10% of Birmingham's population are providing unpaid care. However, there is no evidence on how many of these are supporting someone at the end of life. Generally, Birmingham carers' quality of life is similar to the national average for carers. However, their experience of structured support, particularly on leaving hospital, is much lower. There is support for carers in Birmingham but there are gaps in some areas of the city.

Recommendations

In order to support carers and bereaved people in the city we recommend:

- Addressing the lack of carer and bereavement support citywide and encouraging communities to provide support within different areas of the city.
- Increasing awareness of carer and bereavement support available through development of a resource for the public and professionals.
- Coordinating with adult social care to provide improved services for carers.
- Development of specific bereavement services to deal with the trauma of losing an infant.

Birmingham Health and Wellbeing Board

	Agenda Item:18
Report to:	**Birmingham Health & Wellbeing Board**
Date:	**8th February 2022**
TITLE:	**HEALTH PROTECTION FORUM ANNUAL REPORT 2020-21**
Organisation	**Birmingham City Council**

Report Type:	**Information**

1.	**Purpose:**
1.1	The purpose of the report is to update the board on the activity of the Health Protection Forum from 2020-2021.

2.	**Implications:**	
BHWB Strategy Priorities	Childhood Obesity	
	Health Inequalities	
Joint Strategic Needs Assessment		
Creating a Healthy Food City		
Creating a Mentally Healthy City		
Creating an Active City		
Creating a City without Inequality		
Health Protection		X

3.	**Recommendation**
3.1	The board is asked to note the content of the report.

4.	**Report Body**
	Background
4.1	The Health Protection Forum (HPF) is a sub-forum of the Health and Wellbeing board. It meets regularly to provide assurance to the Director of Public Health (DPH) that there are comprehensive health protection plans and arrangements in place to protect the health of the local population. The HPF

also provides the space for the exchange of local health protection information between relevant partners to promote a cross-system approach to health protection issues in Birmingham. The last HPF Annual Report was delivered to the Health and Wellbeing board in April 2019, and regular short updates have been provided in the intervening period.

4.2 The report has been written to provide an update to the Health and Wellbeing board on the HPF's work over the 2020-21 period, and to provide an opportunity for Health and Wellbeing board members to approve and contribute to the HPF's upcoming work plan.

4.3 Health Protection updates from the previous 24 months are presented in at-a-glance diagrams which encompass the life-course approach of the new Health and Wellbeing board strategy. Each of the topic areas is then broken down into further detail, including recommendations for the next year of HPF work, proposed and approved by board members.

Content

4.4 The report covers the following Health Protection areas, listed below with a brief summary.

4.4.1 SARS Cov-2 (Covid-19)

- Recruitment of local covid-19 marshals and contact tracing staff has contributed to a thorough and successful response across the city
- Strong multi-partnership working has been developed and will continue, especially in the run-up to the 2022 Commonwealth Games

4.4.2 Screening and Immunisation

- Successful roll out of the local Covid-19 and flu vaccination programmes
- Learning and successes from activity throughout the Covid-19 pandemic will inform the ongoing restart and recovery of screening & immunisation programmes

4.4.3 Infection, Prevention and Control

- A thorough Covid-19 response has been delivered, with IPC becoming and being maintained as a high priority with all partners
- IPC will focus on continuing their response to Covid-19, reducing healthcare associated infections (HCAIs)

4.4.4 Non-communicable Disease and Environmental Hazards

- Clean Air Zone launched, supporting the development of associated air quality monitoring and evaluation processes

- A Tobacco Control Alliance will be established with key partners, working towards a smoke-free city by 2030

4.4.5 Communicable Disease

- A TB housing plan has been agreed with local partners to ensure appropriate accommodation for NRPF TB patients
- New TB patient strategies and action plans will inform upcoming work focused on patients with social risk factors and chaotic lifestyles

4.4.6 Oral Health

- Oral Health Profile developed, including key recommendations which will be built on in upcoming work
- There will be an increase in collaborative working, to facilitate the development of a local action plan and to reduce health inequalities across the city

4.4.7 Commonwealth Games.2022

- Legacy resources created, focussing on psychological first aid and mental wellbeing
- Health Protection planning for the upcoming games is underway locally, with partnerships to continue and strengthen over the next months.

Summary

4.5 The report acknowledges that each area of Health Protection has been profoundly affected by the Covid-19 pandemic, and that significant work and resource is being dedicated to restoring work to pre-pandemic levels. This return to business-as-usual work provides the opportunity to tackle systemic health inequities armed with local knowledge and insights gained from the pandemic. Recommendations from this report will be addressed in HPF meetings over the coming year and progress will be reported on in the next HPF Annual Report.

5.	**Compliance Issues**
5.1	**HWBB Forum Responsibility and Board Update**
5.1.1	The report will be circulated to board members, for information.

5.2	**Management Responsibility**
5.2.1	Dr Mary Orhewere, Assistant Director of Public Health

6. Risk Analysis			
Identified Risk	**Likelihood**	**Impact**	**Actions to Manage Risk**
None identified			

Appendices
Health Protection Forum Annual Report 2020-21

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

Chris Baggott
Claire Humphries
Helen Bissett
Jenny Riley
Manmeet Kaur
Manuela Engelbert
Mary Orhewere

Health Protection Forum Report for 2020-2021

to the Birmingham Health and Wellbeing Board

December 2021
Birmingham Public Health – Health Protection Team

Contents

Foreword

Our large and diverse city presents us with many opportunities, as well as challenges for health protection.

Over the last two years the Coronavirus (covid-19) pandemic has presented the whole city with some of our most challenging times for a century. Many people and communities have experienced changes to everyday life, some have had illness and many the loss of family and friends. Alongside this adversity have been many examples of people, communities and organisations coming together to support each other and make a difference wherever they can.

More people know about public health and its health protection role than ever before and it's important for us all to build on this, applying it to wider health protection, not just the Covid-19 pandemic.

Health Protection is one of the three domains of public health, and it is an important pillar that contributes to the improvement and maintenance of the health of everyone living in, working in and visiting Birmingham.

On behalf of the Health & Wellbeing Board, the Health Protection Forum brings together key partners from across the city who work interdependently to deliver improvements in health protection outcomes. Also, the Forum monitors emerging situations and ensures that they are addressed thereby ensuring that the health of Birmingham citizens continues to be protected.

While the Covid-19 pandemic has been the headline health protection issue, it is important to note that other issues have been dealt with and this will continue as we move forward.

Dr Justin Varney
Director of Public Health for Birmingham

1. Introduction

Health protection is one of the three domains of public health and is an essential part of achieving and maintaining good public health in Birmingham. Health protection is about preventing and reducing the harm to the population's health caused by communicable and non-communicable diseases, and from environmental hazards such as chemicals and radiation.

Health protection activities include emergency planning, surveillance and response to incidents and disease outbreaks, and national immunisation and screening programmes.

The Health and Social Care Act (2012) gives local authorities health protection duties and identifies clear roles for Public Health England (PHE – the health protection roles have recently transferred to the successor organisation United Kingdom Health Security Agency, UKHSA), National Health Service (NHS) England and Clinical Commissioning Groups (CCGs) to deliver health protection roles at regional and local levels.

The local authority (through the Director of Public Health (DPH)) has a duty to ensure there are plans in place to protect the health of the population. Most health protection functions are delivered by teams and organisations that are not part of the local authority public health division, such as the UKHSA, NHS England, CCGs and local authority environmental health and resilience teams.

To assist with this assurance role, a Health Protection Forum (HPF) has been established since 2013. The HPF is chaired by the DPH (or a representative) and meets regularly it provides the space and time for the exchange of information necessary to ensure that relevant partners in Birmingham are acting jointly and to provide comprehensive services that cover all aspects of health protection. The HPF is a sub-group of the Health and Wellbeing Board (HWB). The HPF last provided a comprehensive overarching report to the HWB in April 2019, with regular updates provided in the intervening period.

This report describes the main health protection issues and work areas that the Forum and its partners have been engaged with in 2020 and 2021. The report describes activity across the entire life course, although some health protection activity is focused on specific age groups.

The profile of health protection activity has been elevated since the Covid-19 pandemic was declared early in 2020. The HWB has received multiple reports about the Covid-19 response throughout the last 2 years.
Although Covid-19 has been a very large focus of all public health and health protection activity this report will focus on the other health protection work areas that have continued or resulted from the Covid-19 response. However, it is recognised that the pandemic has impacted non-Covid-19 priorities and that lessons learnt from the pandemic may also apply.

Lessons are constantly being learned as new plans develop and as incidents are responded to; this report provides updates on the current situation of the city's main issues, and outlines priorities for the year ahead with recommendations to the Board.

Please refer to the glossary in section 6 for a list of acronyms used in this report.

1.1. Assurance statement

This report provides assurance to the DPH and the HWB that there are comprehensive local plans to protect population health and that appropriate action plans are in place to address and closely monitor areas of health protection that require development. The DPH is working through the HPF with its members to address the following key concerns: childhood vaccinations, cancer screening programs, and community infection prevention and control.

2. Actions from previous report

Table 1 shows the health protection actions identified in the previous HPF report (2019) and the progress that has been made on them.

Table 1. Health protection actions from the previous HPF report and progress

Area of health protection	Actions from previous HPF report	Section from previous HPF report	Progress of actions from previous HPF report
Screening and immunisations	NHS England, local authority public health and CCGs need to identify uptake variation in screening and immunisation (SI) programmes, then develop and deliver plans to reduce the low uptake and inequalities that exist.	4.5	Priority remains. Given the impact on Covid-19, the recent focus has been on recovery to pre-Covid-19 levels and accelerating improvement thereafter. National deadlines for service recovery are being met by the local services – all are either ahead of, or expected to be fully restored by deadlines.
Infection prevention and control	A task and finish group need to be convened, to include local authority public health and social care, and CCGs to map out the limits and gaps in current community IPC provision (including nursing and residential homes) and develop and implement plans to address the issues found.	6.3	A group has not met due to the ongoing Covid-19 pandemic. Through the pandemic, all agencies have worked collaboratively to provide a system response. An interim solution to service needs is in place by contracting Infection prevention and control (IPC) at Birmingham Community Healthcare (BCHC) to provide an IPC Covid-19 response service. The local system IPC group will be re-established in Q4 2021/22.
	All the key local stakeholders (CCGs, PHE, NHS England and the local authority) also need to develop outbreak/incident agreements to define roles and responsibilities and ensure that joint working is effective.	6.3	A Covid-19 specific Local Outbreak Management Plan has been developed and further work is needed to fully address this action as a system through a general Local Outbreak Management Plan; the HPF will be working with partners to ensure this is completed in Q4 2021/22.
Non-communicable diseases	Local NHS, public health and local authority stakeholders need to consider how new non-regulated challenges to health protection can be addressed effectively.	3.3	Some situations where health protection issues may occur are not legally regulated so there are limited legal solutions that can be found (e.g. micro-blade tattooing). Any health protection challenges of this type are managed on a case-by-case basis through improved communication channels and case meetings between key stakeholders.

Area of health protection	Actions from previous HPF report	Section from previous HPF report	Progress of actions from previous HPF report
Communicable diseases	To develop closer working between the Tuberculosis (TB) service, mental health services, substance use services and relevant local authority departments (e.g., housing) to address the needs of people with social risk factors earlier in treatment (e.g., homelessness, drug and alcohol abuse, prison history) so that the risk of TB transmission is reduced.	2.4	Mapping of the current system approach and gap analysis to identify areas for further development was started in 2020 and has continued in 2021. As next steps and action plans to improve working relationships are being developed, the mapping and gap analysis is being updated. This is an ongoing process. A regional TB and housing pathway for patients with no recourse to public funds (NRPF) has been adopted and implemented in Birmingham over the last 18 months. Processes to support housing and social needs of patients with recourse to public funds are being developed.
	Develop a Birmingham framework with local stakeholders (CCGs, local authority public health and housing teams) to address housing need for vulnerable TB patients, using the regional TB and housing framework.	2.4	A housing pathway has been agreed across the West Midlands to address the needs of TB patients with NRPF.

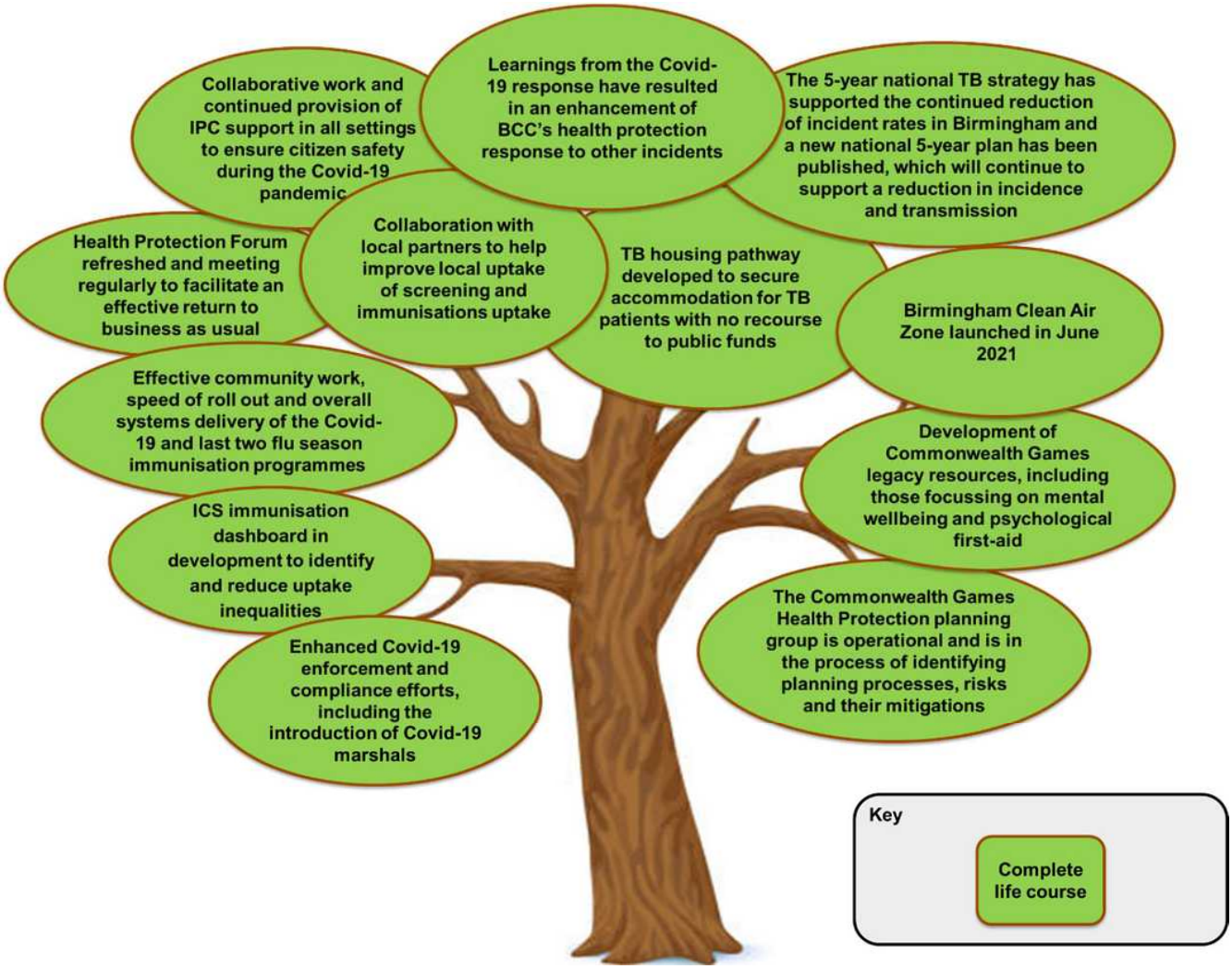
3. Health Protection updates

This section provides an at-a-glance summary of health protection developments over the last 24 months. These developments are presented in colour-coded trees that incorporate the life course approach adopted in the new HWB strategy. The colour-coding of each tree reflects the following:

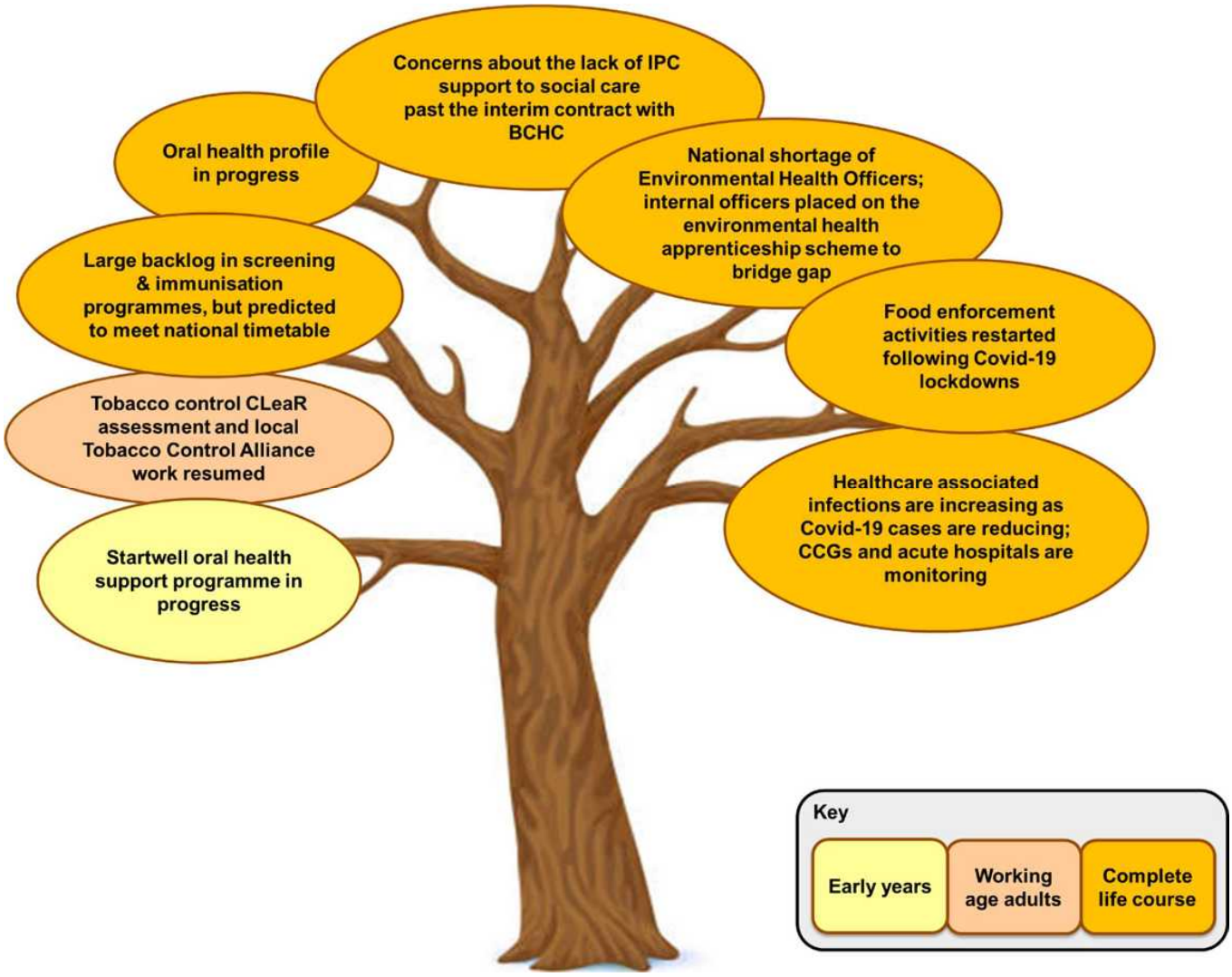
- Green = updates of positive achievements
- Amber = updates where work is ongoing, but concerns remain
- Red = updates of greatest concern

Further information on specific subject areas can be found in Section 4.

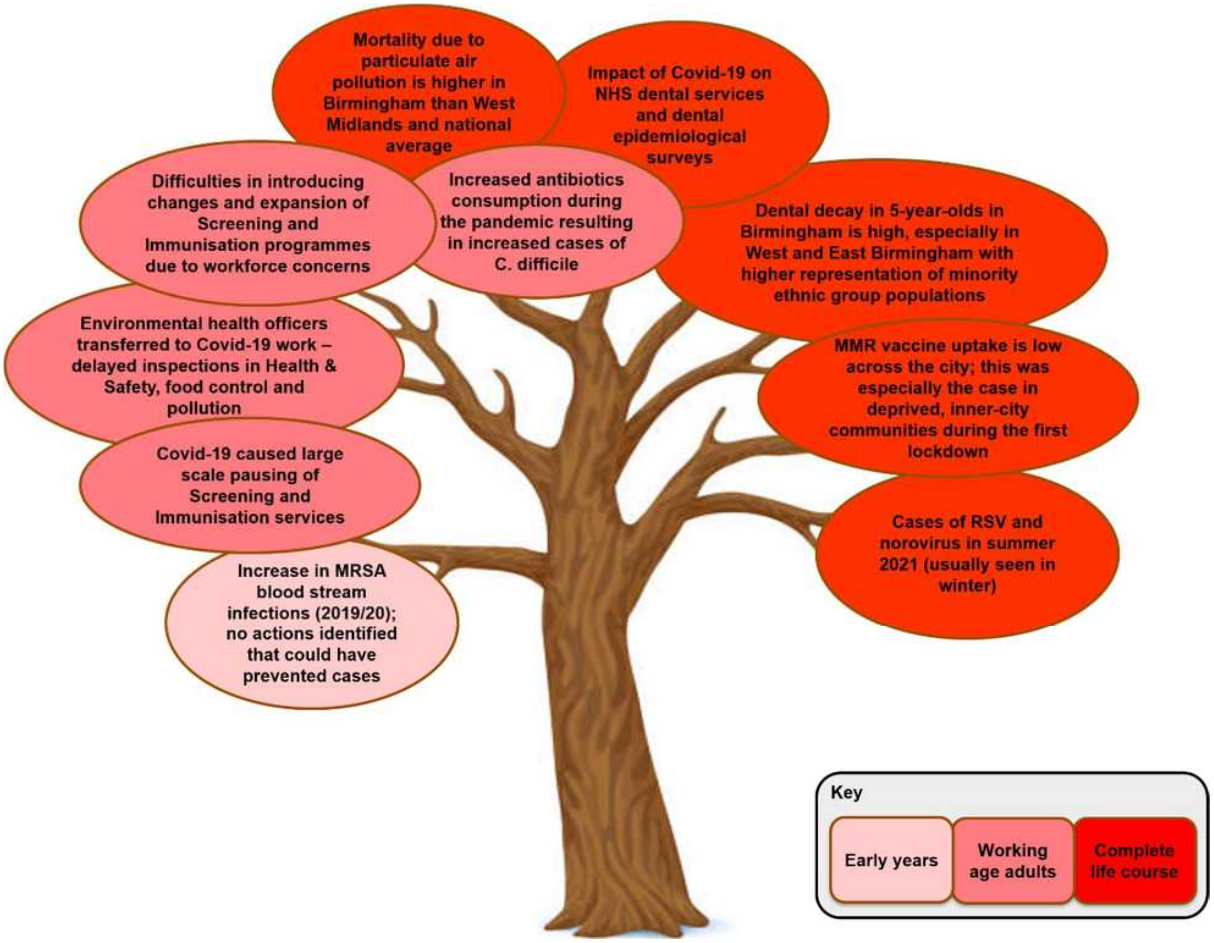
3.1. Updates of positive achievements



3.2. Updates of ongoing work where concerns remain



3.2. Updates of greatest concern



4. Health Protection Topic Areas

Sections 4.1-4.7 explore the Health Protection work discussed in Section 3 in further detail. A brief description is provided for each area of Health Protection, alongside an explanation of how this work is carried out in Birmingham. The tables lay out the next steps for each area – showing how recent successes have helped to identify new priorities, and form recommendations for the next 12 months.

4.1. SARS CoV-2 (Covid-19)

Coronavirus (COVID-19) is an infectious disease caused by the SARS-CoV-2 virus. The local health protection response (HPR) has included contact tracing, preparing and responding to incidents and providing specialist public health advice and support to care, education and business settings.
The table below details the number of situations by setting type dealt with by the HPR team since Nov 2020. During this period, they have also attended 199 incident management meetings alongside PHE/UKHSA and other stakeholders.

Table 2. Number of situations by setting type dealt with by the local health protection response (HPR) since November 2020.

Type of setting	Number of situations dealt with
Clinical	228
Education	3517
Other Residential	253
Social Care Residential Settings	1261
Workplaces and Public Venues	1619
Total	**6878**

Analysis of the COVID-19 response in Birmingham shows that there were significantly more patients in hospital during the third wave than in the first wave. Approaching spring in 2021, the numbers of patients in hospital and deaths from COVID had significantly declined although hospital patient numbers increased again around August 2021; this has begun to decrease. The number of cases, PCR positivity rate, LFD positivity rate and vaccine uptake through most of the pandemic show inequalities across Birmingham Wards, MSOAs and LSOAs.

From March 2020 to summer 2020, the Covid-19 health protection response was jointly delivered by UKHSA (then PHE) and the BCC public health division via an emergency cell structure. Following summer 2020, a new Test and Trace subdivision was created to sit within the public health division to continue to support the Covid-19 response.

Table 3. Covid-19 successes, new priorities and recommendations

Covid-19 - successes	Covid-19 – new priorities	Covid-19 - recommendations *(for action by)*
A. Recruitment of Covid-19 marshals within Environmental Health (EH). They have distributed over 45,000 face masks and patrolled high streets and other areas of high foot fall. They continue to aid schools, religious establishments, and food banks and occasionally vaccination centres with queuing, social distancing and providing masks. They have also assisted in supporting public health around localised outbreaks. They have supported the police by working together in areas of concern or where there are increasing case rates B. Local Contact Tracing Team handle weekly over 930 cases, ensuring citizens are self-isolating where needed and receiving the care and support needed to isolate safely. Many other LAs have adopted our processes to maximize outputs. They also alert HPR to situations at schools, workplaces and care settings as well as weekly reports which help the HPR and EH identify other settings which may need their attention or help. C. Covid-19 vaccination rates of clinically extremely vulnerable (1st dose: 86.87%, 2nd dose: 83.75%, booster 62.21%) and 50 years + (1st dose: 85.3%, 2nd dose: 83.5%, booster: 69.3%) as of 11/01/22 D. Case rates reduced to below national average as of 06/01/22 (National Average 1,796/100k; BCC 1,600/100k)	A. Continuing Covid-19 preparedness, including Covid-19 marshals and enforcement teams by EH B. Increasing uptake of Covid-19 vaccine in 12-15-year-olds C. Increasing uptake of Covid-19 booster in eligible population	A. Maintain effective working partnerships to provide a broad and evidence-based response to Covid-19 *(BCC T&T, UKHSA, BCC HPT)* B. Use local learning from the pandemic to prepare an appropriate Covid-19 response for the upcoming Commonwealth Games (*BCC T&T, UKHSA, BCC HPT)*

4.2. Screening and immunisations

Many infectious diseases of public health concern can be prevented through the administration of vaccines through immunisation programmes. Screening programmes identify healthy people who are at increased risk of a non-communicable disease or cancer. Individuals with positive results will be referred for further tests and treatment as necessary. Both screening and immunisation programmes run throughout the life course.

All immunisation and screening programmes delivered in Birmingham are nationally specified, co-ordinated and commissioned locally by a UKHSA team embedded in the NHS England West Midlands Team. Updates are routinely reported to the HPF on all the screening and immunisation programmes delivered in Birmingham. The local services are provided by different healthcare providers (including GP Practices, Community Pharmacies, Hospital and Community Trusts).

Table 4. Screening and immunisations successes, new priorities and recommendations

Screening and immunisations - successes	Screening and immunisations – new priorities	Screening and immunisations – recommendations *(for action by)*
A. Effective community work and flexible provision during the Covid-19 immunisation programme B. Systems delivery of the Covid-19 immunisation programme and the last two flu seasons; learning from this can help the other immunisation and screening programmes C. Local partner contributions to help guide local uptake improvement planning; experience and insight gained from them has value – for example, PHE West Midlands Field Epidemiology Service authored a West Midlands Measles Needs Assessment in June 2019, and the local NHS Screening and Immunisations team consistently delivers data-driven local insights to the Health Protection Forum	A. Learning from the good practice in the Covid-19 vaccine programme, such as the community-focused work, to facilitate the spread of best practice to other immunisation and screening programmes B. Begin working as a system, ahead of and once the Integrated Care System (ICS) becomes a legal entity, to enable the partnership working needed to effectively increase coverage and reduce inequity in screening and immunisations C. Fully and sustainably restoring programmes, so that they have the capacity to deliver screening and immunisations going forward and maintain programme standards, such as coverage and intervals D. Making a full return to the 'health improvement' agenda within screening and immunisations, namely addressing overall coverage and the equity in it E. Gaining access to data that will identify specific communities to be targeted to increase Measles Mumps and Rubella (MMR) vaccination uptake; access to this data will provide evidence for any locally designed immunisation improvement programmes	A. Design a joint way of working (with shared values and goals) with all relevant partners – *(NHSEI, BCC HPT)* B. Create a clear, local and shared way of working with General Practitioners (GPs) – *(NHSEI, BCC HPT)* C. Develop data partnerships to ensure timely access to relevant screening and immunisation data – *(NHSEI, BCC HPT)* D. NHS England, local authority public health, CCG and ICS to identify uptake variation in screening and immunisation programmes, then develop and deliver plans to reduce the low uptake and inequalities that exist - *(NHS England and NHS Improvement (NHSEI), BCC Health Protection team (BCC HPT))* E. Ensure any uptake improvement programmes or efforts are multi-component – *(NHSEI, BCC HPT)* F. Prioritise outreach work with low-uptake communities to develop trust in healthcare professionals and systems – *(NHSEI, BCC HPT)*

4.3. Infection, prevention and control (IPC)

Infection prevention and control (IPC) is a systematic solution to prevent avoidable harm to patients, and health or social care workers from infections. Effective and quality IPC measures prevent the spread of Healthcare Associated Infections (HCAIs).

IPC services in Birmingham are delivered and reported mainly by teams based in the Clinical Commissioning Groups (CCGs) while working very closely with local partners including UKHSA and other NHS partners. The CCGs are responsible for monitoring and managing improvement plans for HCAIs and infection prevention in various community settings.

Table 5. Infection, Prevention and Control successes, new priorities and recommendations

IPC - successes	IPC – new priorities	IPC – recommendations *(for action by)*
A. Collaborative working has been effective in the provision of IPC support throughout the Covid-19 pandemic B. The continuation of IPC provision as a priority in all settings throughout the pandemic, ensuring the safety of Birmingham citizens	A. Supplying a comprehensive response to Covid-19 B. Response to national requirements including HCAI reduction C. Development of IPC within ICS	A. Investment and adequate resourcing of IPC – *(Integrated Care System (ICS))* B. Continuing collaborative working to advance the IPC agenda within the ICS – *(ICS)*

4.4. Non-communicable disease and environmental hazards

Non-communicable diseases (NCDs) are diseases not caused by infection. Many non-communicable diseases can result from individual behavioural risk factors (e.g., smoking, alcohol, poor diet) and are therefore preventable. Environmental hazards include adverse weather events or poor air quality, which can be harmful to the health of the population. These effects can be mitigated by effective public health planning.

Birmingham public health and city council officers in the regulation and enforcement division (including environmental health, trading standards and licensing) lead on services and projects with outcomes contributing to reduced impacts of NCDs on health outcomes. At the HPF this health protection work area is reported on by Birmingham environmental health, with support from UKHSA and NHS England.

Table 6. Non-communicable disease and environmental hazards successes, new priorities and recommendations

Non-communicable disease and environmental hazards – successes	Non-communicable disease and environmental hazards – new priorities	Non-communicable disease and environmental hazards – recommendations *(for action by)*
A. Learnings from the Covid-19 response, including effective partnership working, communication, data sharing and shared outcomes have helped to improve BCC's health protection response to other environmental incidents; Developing an enhanced understanding of each partners roles, responsibilities, resources, skills, scopes and limitations has also been of assistance in dealing with situations B. Launch of the Clean Air Zone (CAZ) in June 2021; effective partnership working helped this launch and continues to assist the development of associated air quality monitoring and evaluation processes	A. Delivery of statutory environmental health functions including delivery of the Food Standards Agency (FSA) - directed food programme; response to requests for assistance from the Birmingham community (including pest control and animal welfare); and continuation of interventions surrounding air quality and environmental protection B. Progressing the schools air quality sensor project and supporting the ongoing work of the Brum Breathes programme to improve air quality outside the CAZ and mitigate the effects of poor air quality among people experiencing health inequalities C. To collaboratively develop a tobacco control strategy and action plan with key partners and work towards creating a smoke-free city by 2030, where everyone can grow-up, live, work and age well, free from tobacco-related harm D. Commonwealth Games (CWG) preparedness	A. NHS Long Term Plan (LTP) partners (CCG/ICS and NHS Trusts) to implement the LTP tobacco work programme actions in Birmingham – *(ICS, NHS Trusts, BCC HPT)* B. BCC public health to facilitate the establishment of a local Tobacco Control Alliance (TCA - firm up TCA membership, terms of reference, operational plan and schedule meetings), tobacco control strategy and action plan – *(BCC HPT, TCA partners)* C. Birmingham Secondary Care Trusts to complete the acute settings and maternity deep dive self-assessment – *(BCC HPT, TCA partners)*

4.5. Communicable disease

Communicable diseases (also known as infectious diseases) are illnesses that can spread between people. Work focusing on communicable diseases aims to prevent disease and protect the population from the spread of disease. This is achieved through collaborative working, monitoring and surveillance, and preparing for and responding to incidents.

The main assurance and reporting for communicable disease to the HPF is received from the UKHSA Health Protection Team.

Table 7. Communicable disease successes, new priorities and recommendations

Communicable disease – successes	Communicable disease – new priorities	Communicable disease – recommendations *(for action by)*
A. A TB housing pathway has been agreed with CCGs and other partners, which ensures there is a process for securing accommodation for TB patients with NRPF to facilitate their treatment B. The 5-year national TB strategy has supported the continued reduction in incidence of TB in Birmingham (and nationally) C. A new national 5-year TB action plan has been published, which will support yearly reduction in TB incidence and transmission D. Project and steering groups are working to develop the plans for the Birmingham Fast-Track Cities Plus (FTC+) program that will work to deliver the international and local targets to reduce transmission of HIV, Hepatitis B/C and TB	A. Develop a robust multi-agency process for identifying and addressing the health and social care needs of TB patients who have social risk factors and chaotic lifestyles - this is essential to support and encourage adherence to the prolonged course of treatment needed and prevent drug resistance and wider risks to public health B. Re-establish a multi-agency network to drive forward work to deliver the new 5-year TB action plan	A. Undertake a desktop exercise to help identify challenges for health and social care services in supporting the needs of TB patients with social risk factors and chaotic lifestyles – (UK Health Security Agency (UKHSA), BCC HPT) B. Develop a memorandum of understanding among relevant organisations for supporting the health, social and economic needs of patients with TB – (UKHSA) C. Produce a work plan for the FTC+ program after the Needs Assessment has been approved in 2021/22 Q4 (FTC+ Steering Group)

4.6. Oral health

Oral Health concerns the health of the mouth, with good oral health used as a general measure for good health and wellbeing within a population. As risk factors (including smoking, unhealthy eating) can be modified, many oral health conditions are preventable.

The Office for Health Improvement and Disparities (OHID) leads on Oral Health work nationally. NHSE&I leads on Oral Health regionally. This work is supported by BCC Public Health.

Table 8. Oral health successes, new priorities and recommendations

Oral health – successes	Oral health – new priorities	Oral health – recommendations *(for action by)*
A. Previous Oral Health Profile (2019) provides local recommendations that can be built on through upcoming work	A. Completion of an oral health profile, exploring the oral health of adults, children and vulnerable groups in Birmingham, as well as oral health services and interventions to improve oral health within BCC boundaries B. Completion of an epidemiological survey of 5-year-olds oral health (2021-2022)	A. Use the findings from the previous (2019) epidemiological survey of 5-year-olds to inform targeting of visits by health visitors and early years workers in relation to oral health messages, encouraging dental attendance and to inform future oral health interventions targeted at areas with greatest need – (BCC HPT*)* B. Learn from and utilise the findings of the oral health profile to create a data-driven and locally informed action plan – *(BCC HPT, NHSEI)* C. Given the increased prevalence of dental decay in 5-year-olds in the West Midlands in individuals that identify as being from 'other ethnic backgrounds', Asian/Asian British or mixed ethnicity, there is a need to explore opportunities for collaborative working across the system to better understand and address oral health inequalities and potential language and cultural barriers in delivering oral health messages – *(BCC HPT, NHSEI)*

4.7. Commonwealth Games

The 2022 CWG are being hosted in Birmingham from the 28th of July to the 8th of August with sporting events being held in Birmingham and across a total of five local authority areas, with a single event in London. Other venues/sites include Games accommodation, Games time training venues, live sites (known as fan zones) and non-competition venues such as media hub, volunteer centre and Games headquarters.

UKHSA are leading the health protection response and planning to the upcoming CWG. This has been supported by the CWG health protection planning group, that is working to prepare thorough responses to public health risks during and prior to the Games. A health protection risk assessment has been drafted and is being maintained by the UKHSA team, and they are overseeing multiple strands of work including testing protocols, lab testing capacity and processes, venue access, air quality, emergency planning, food, water and environment safety, venue risk assessments, media and communications. All the planning for infectious disease responses includes Covid-19 and all other possible diseases that UKHSA and the local health protection system would also manage. UKHSA's planning is supported by the Global Health Team that have worked on previous national and international large participation events.

Plans will be tested through a programme of Exercises during the Winter and Spring of 2020-2021. These will include UKHSA and other partners – planning is ongoing.

Joint working between UKHSA and Birmingham City Council is being facilitated by shared office space and secondments of staff between the organisations.

Table 9. Commonwealth Games successes, new priorities and recommendations

Commonwealth games - successes	**Commonwealth games – priorities**	**Commonwealth games – recommendations *(for action by)***
Successes	**Priorities**	**Recommendations *(for action by)***
A. Development of legacy resources, including those focussing on psychological first aid and mental wellbeing B. The Commonwealth Games HP Planning group is operational and is identifying planning processes, risks and their mitigations	A. Multi-agency planning to respond to Covid-19 incidents and to mitigate risks from Covid-19 B. Multi-agency planning to respond to and mitigate risks from a range of health protection incidents (using learning from similar large-scale events)	A. Continuation of strong partnership working to ensure that health protection plans are developed and tested, and assurance is provided for a safe Commonwealth Games – (*UKHSA)*

5. Conclusion

Each area of Health Protection has been profoundly affected by the Covid-19 pandemic. Business as usual work has been paused to support a comprehensive and successful pandemic response, and the HPF adjusted its purpose to provide assurance to the DPH on the effectiveness of this response. The Covid-19 response had significant impacts on the other primary areas of health protection focus: most screening and immunisation programmes saw a significant decrease in activity; the incidence rates of many communicable diseases and infections were reduced due to lockdown and other hygiene and behavioural measures. However, non-Covid-19 health protection incidents did continue to require responses and the HPF was still routinely informed, and all health protection partners continued to respond and manage incidents as needed.

These areas have now begun to restart their work, which presents some challenges. There is a backlog of work to be tackled that needs to be addressed in a way that does not create or worsen health inequities. This needs to be balanced with an ongoing pandemic response as we learn to live with Covid-19.

However, a return to business as usual work also provides opportunities to improve and apply learning from the pandemic. Strong multi-agency links have been established that can now be maintained to ensure Health Protection work is truly collaborative across the public health system in Birmingham. Successful community engagement has also made clear what public health measures and interventions work well locally. This learning can be adopted into new ways of working, ensuring Health Protection work is designed for, and responds to the needs of Birmingham citizens.

6. Glossary

AAA: Abdominal Aortic Aneurysm
BCC: Birmingham City Council
BCHC: Birmingham Community Healthcare
BSI: Blood Stream Infection
BSol CCG: Birmingham and Solihull Clinical Commissioning Group
CAZ: Clean Air Zone
CCG: Clinical Commissioning Group
CWG: Commonwealth Games
DPH: Director of Public Health
DWEO: The Dog Warden/Enforcement Officers
EH: Environmental Health
EPU: Environmental Protection Unit
FSA: Food Standards Agency
GP: General Practitioners
GRT: Gypsy, Romany and Traveller
HCAI: Health Care Associated Infections
HP: Health Protection
HPF: Health Protection Forum
ICS: Integrated Care Systems
IPC: Infection Prevention and Control
MMR Vaccine: Measles, Mumps and Rubella
MRSA: Methicillin-Resistant Staphylococcus Aureus
NHS LTP: NHS Long Term Plan
NHS: National Health Service
NHSEI: NHS England and NHS Improvement
NICE: National Institute for Health and Care Excellence
NRPF: No Recourse to Public Funds
OHID: Office for Health Improvement and Disparities
PHE: Public Health England
RSPH: Royal Society of Public Health
RSV: Respiratory Syncytial Virus
SAIS: School Aged Immunisation Service
SI: Screening Immunisation
TB: Tuberculosis
UHB: University Hospitals Birmingham
UKHSA: UK Health Security Agency
WHO: World Health Organisation
WMP: West Midlands Police

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- Health Protection and Environmental Health, Birmingham City Council (Non-Communicable Diseases- Tobacco Control)
- Environmental Health, Regulation and Enforcement, Birmingham City Council (Non-Communicable Diseases - Environmental Health)
- NHS England and NHS Improvement / Public Health England (Oral Public Health)
- Public Health, Birmingham City Council (Oral Public Health)
- UK Health Security Agency/ Public Health England (Commonwealth Games)
- UK Health Security Agency/ Public Health England (Communicable diseases)

Birmingham Integrated Care Partnership (BICP)

Annual Report

December 2021

Contents **Page**

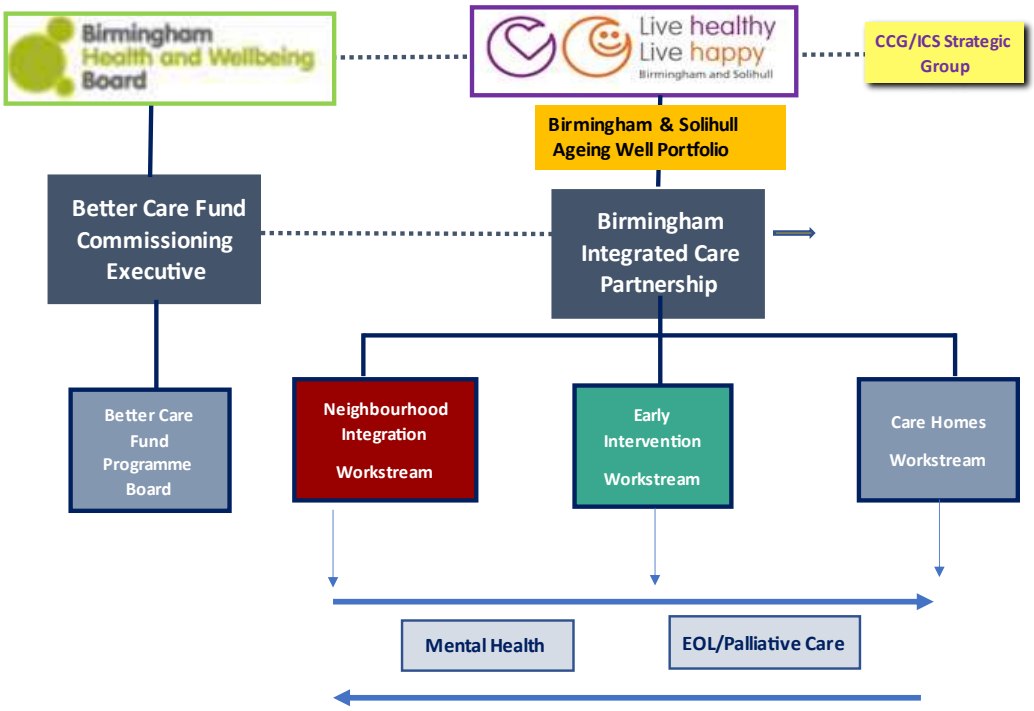
1. Introduction

In 2018 Birmingham partners within the local health and social care system came together to form the Birmingham Integrated Care Partnership (BICP) (formerly known as Birmingham Older People Programme (BOPP)) to tackle challenges in the system that were acknowledged as letting down the people of Birmingham.

These challenges included fragmented services, inconsistent decision making, over reliance on providing intermediate care from bedded units rather than in people's own homes and poor value for money. All of which resulted in citizens of Birmingham not getting the best outcomes for them.

The purpose of our partnership (Figure 1) is to work together so that we deliver better care for the people in Birmingham. BICP has come a long way as a partnership. We consistently review what we are achieving and what we need to achieve to ensure that we remain focussed on the critical areas where we need to work together for positive change.

Figure 1: **How BICP fits in with Birmingham's health and social care system.**



In line with this continuous improvement approach, we have refreshed our priorities based on our learning as a partnership and to reflect changes that have happened since we formed as the BOPP. We have recognised the need to broaden our scope to work for better health and care outcomes for **all adults** in Birmingham and that some of our work will also impact upon children and young people.

BICP has set the independence of all Birmingham's 1.3m+ citizens as a goal for Birmingham's health and social care system. Our goal will be achieved by:

- Improving the health and well-being of our 1.3m population
- Reducing inequalities
- Maintaining and improving the quality of care we provide
- Supporting the NHS Long Term Plan focus to ensure patients get the care they need.

We will achieve this by focussing on three priority programmes:

- ✓ Early Intervention
- ✓ Care Homes
- ✓ Neighbourhood Integration.

The unifying operational theme across these priority programmes is that they bring together professionals from different services and organisations to keep people in their homes and if they do require a hospital stay, they are safely discharged back to their home as soon as possible.

The two themes that run across these priority programmes are Mental Health and End of Life (EOL)/Palliative Care.

The three BICP programmes have been developed using feedback from citizen forums from which a number of "I" statement were agreed (Figure 2).

Figure 2: The 'I' statements

'I' Statements

"I want to tell my story only once"

"I want to be assessed only once, as far as possible"

"I want to be in control and plan my care together with professional people who understand my culture and are non- judgmental"

"If I'm receiving my support at home I want as few strangers as possible entering my home"

"I want help, not barriers put in place for me to get the support I need"

"I don't want to go into hospital unless I need to"

BICP Partners

Birmingham Community Healthcare NHS Foundation Trust (BCHC)

University Hospitals Birmingham NHS Foundation Trust (UHB)

Birmingham & Solihull Mental Health Foundation Trust (BSMHFT)

Birmingham & Solihull Clinical Commissioning Group (BSOLCCG)

Birmingham City Council (BCC)

Hospices of Birmingham & Solihull (HoBS)

Birmingham Voluntary Services Council

Black Country & West Birmingham Clinical Commissioning Group (CCG)

Healthwatch Birmingham

2. Welcome by Graeme Betts, Chair of BICP Board

Welcome to the first annual report of the Birmingham Integrated Care Partnership (BICP).

Professor Graeme Betts, CBE

The last two years have been remarkable in so many ways with our health and social care services rising to the pandemic challenges with strength and unity.

I'm proud to work alongside my system partners who remain passionate about the service they provide and committed to improving outcomes for the people of Birmingham in spite of the tremendous pressures generated by the pandemic.

COVID 19 and the BICP ongoing response to the pandemic has underlined and reinforced our existing learning. As a partnership we have learnt the value of strong relationships that allow for challenge, openness and transparency, the benefit of allocating dedicated staff for our programme and project support, as well as the importance of staff and citizens being at the heart of change. We know that to help achieve our goals we need to focus on our capacity and place greater emphasis on addressing inequalities in citizen outcomes.

BICP has three workstreams within our portfolio: Early Intervention (EI), Care Homes and Neighbourhood Integration. EI has been our flagship programme and you can read more detail about its approach and success in this report. Commencing in October 2018, this has been our first integrated programme of work in Birmingham.

EI has transformed how partners work together to put the person at the centre, promoting "home first" as the default outcome for citizens who experience, or who are at risk of, the need for acute care.

Perhaps the most notable aspect of EI has been the creation of the new Early Intervention Community Teams which are playing the pivotal part of a programme to enable people to live more independently, reduce the length of stay in hospital and deliver financial benefits for the system.

Good progress has been made against the two remaining workstreams and these are gaining momentum. Neighbourhood Networks are established across all parts of the city, helping to build community capacity and to enhance the resilience of citizens. Similarly, we have improved the consistency of our response to the management of long-term conditions and have commenced restructuring of service delivery towards neighbourhood working.

Care homes have been particularly hard hit by the pandemic. As a system we have come together to provide practical support to the independent care sector – fully recognising the commitment and dedication to keeping citizens safe that has been demonstrated by care providers. We have also maintained a focus on our long-term goals of consistent access to clinical support and quality of care.

Underpinning the BICP vision is an ongoing commitment to personalised care. This means that whoever is in contact with a person or their carers will work in partnership with them to find out what they want and need to achieve and understand what motivates them. We will focus on a person's own strengths and help them realise their potential to be healthy and happy, regain independence and remain independent for as long as possible.

This means collaborating with partners to take a holistic approach to care planning and delivery through the integration of physical health, mental health and personal well-being interventions.

The BICP collaboration demonstrates that transformational change can be delivered when we all collaborate and commit to a shared purpose.

I would like to take this opportunity to thank each and every one of my colleagues for their ongoing collaboration and commitment, and their perseverance in helping to deliver the right care at the right time in the right place.

BICP and all who work within our programme have achieved some amazing results: simply outstanding given the backdrop and demand on our services. I sincerely look forward to the next stage in our journey.

Professor Graeme Betts

3. EARLY INTERVENTION

3.1 Introduction

The Early Intervention programme (Figure 3) provides short-term, intensive support for frail people who have experienced an illness or injury with the aim of helping them to recover faster and live healthier and more independent lives, ideally at home.

Figure 3: How the Early Intervention programme works

In 2018, more than 1000 staff from health and social care partner organisations across Birmingham joined forces for the first time in the city's history, to deliver the EI programme.

Spanning five localities, covering the whole city, the programme has delivered a transformation in how partners work together to provide a seamless care service for citizens. This means putting the person at the centre and to promote "home first" as the default outcome for citizens who experience, or who are at risk of, the need for acute care.

3.2 Early Intervention Approach

EI was developed using an evidence-based, data and frontline-led plan that engaged staff at all levels and across all partner organisations.

To provide key governance and oversight, forums were put in place with representatives from all partners and areas including finance, informatics, data, estates and services and primary care. Its 2020/2021 goals were set:

- Prevent 3,650 unnecessary hospital admissions
- Enable 26% of patients to go home rather than be admitted into long term care
- Reduce the average length of stay of complex patients who no longer need to be in an acute hospital from 12 to three days, a saving of 77,000 days a year
- Support people to be more independent in their own home more quickly and on average requiring six hours less care per week

3.3 Progress to date

3.3.1 Covid 19

EI was fully rolled out in March 2020 as the pressure on Birmingham's health and social care system intensified due to Covid-19. Its model was quickly adapted in response to the pandemic, creating a resilient and sustainable service.

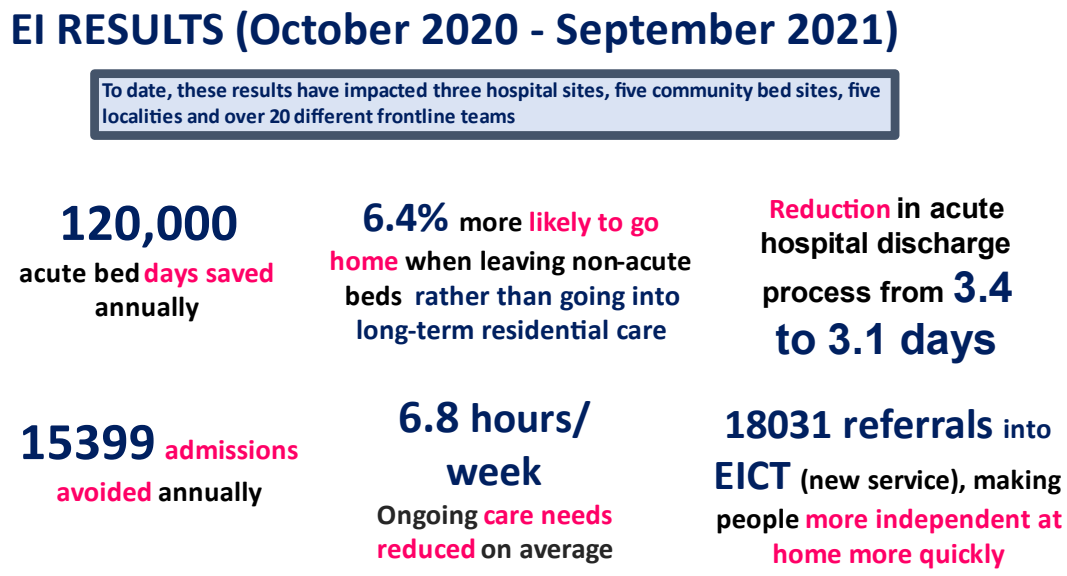
There was cross partnership support in the redeployment of staff during the pandemic and the EI programme has played a crucial role in the city's response to coronavirus.

3.3.2 Performance

By October 2020, all five EI components were fully launched and real time data was being gathered enabling all decisions to be made on clear data & evidence.

The performance in Figure 4 has been achieved throughout Covid-19 and against the backdrop of new Discharge to Assess guidance (D2A), issued by the government in March 2020 and updated in August 2020. These factors have skewed the original rationale of the objectives. What is clear is that citizen outcomes have measurably improved from this innovative whole system approach.

Figure 4: EI programme results



3.3.3 Integrated Care Approach

EI continues to be a journey of integration across the system. No matter who the employer, staff are committed to doing what is required in supporting citizens to meet their outcomes. Teams are now co-located, working relationships and dynamics have been fostered and joint processes and joint standard operating procedures are now in place. Front line staff were involved in the redesign & decision making and provided with tools to support them to make the best decisions for people in their care. Throughout all, focus has been maintained on the operational management framework and the sustainability of standard operating procedures

3.3.4 Culture

EI has created a shift in culture through frontline-led change that is helping to break down the barriers between organisations.

3.3.5 Cross-organisational governance

Under cross-organisational governance, new ways of working have been adopted, using clear, accurate, timely and trustworthy data across the system

3.3.6 EI Beds model development

EI Beds offer an intermediate care provision to support people to recover as much independence following a crisis as possible, ideally returning home. In response to the original CQC findings in 2018 and as we start to emerge from the pandemic to a steadier state, there is a need to develop a new city-wide EI community bed model for Birmingham to provide a consistent offer and citizen experience.

The revised model will respond to new D2A guidance and adopt the city's integrated care approach and Home First ethos. The three proposed phases within the draft strategy include: exit from our pandemic response, a remodelling of bed numbers to meet the needs of a 'steady state' and adoption of the new generic rehabilitation (P2) model.

3.4 Strategy & Sustainability

The focus during Covid-19 has been to sustain and embed the improvements made to date and delivering the COVID response.

A systematic continuous improvement programme has been developed and is in place across each component. In addition, an integrated commissioning strategy and plan is in development to provide a means of ensuring the sustainability of services both now and for the future.

3.5 Case Studies

A new animation showing how Early Intervention works in practice has been launched. This is available to all colleagues here and also on the LiveHealthyLiveHappy.org.uk site which also gives more detail on the progress of EI across the city.

The two case studies of Abdul and Alice describe how the multi-disciplinary team approach of the Early Intervention programme is helping it to achieve its goals.

4. NEIGHBOURHOOD INTEGRATION (NI)

Neighbourhood Integration (NI) is the integration of local health and care providers including voluntary and community groups, to create 'Neighbourhood Teams'.

A typical Integrated Neighbourhood Team (NT) will consist of staff from a number of different teams/professions; social care for adults and children/families, health, mental health, district and borough teams.

NT's take a holistic approach to care planning and delivery through the integration of physical health, mental health, social care and personalised well-being interventions. They put the citizen at the centre of all that they do, working across their respective organisational boundaries to create a seamless service to local people at a local level. Each 'neighbourhood team' will cover 30,000-50,000 people.

This approach ensures that a person's health and wellbeing is supported and they receive ongoing personalised support and care, both prevention and pro-active.

Health and care partners in the Birmingham NI programme include GP's, Primary Clinical Networks (PCN's), NHS Trusts, Birmingham City Council and voluntary and third sector organisations.

As part of its Ageing Well portfolio, BICP formed the Birmingham Neighbourhood Integration (NI) Programme Board Group in 2020. It provides steering and oversight and reports to the monthly BICP Board.

4.1 Neighbourhood Integration Objectives

NI objectives complement the BICP, Early Intervention and Care Homes outcomes:

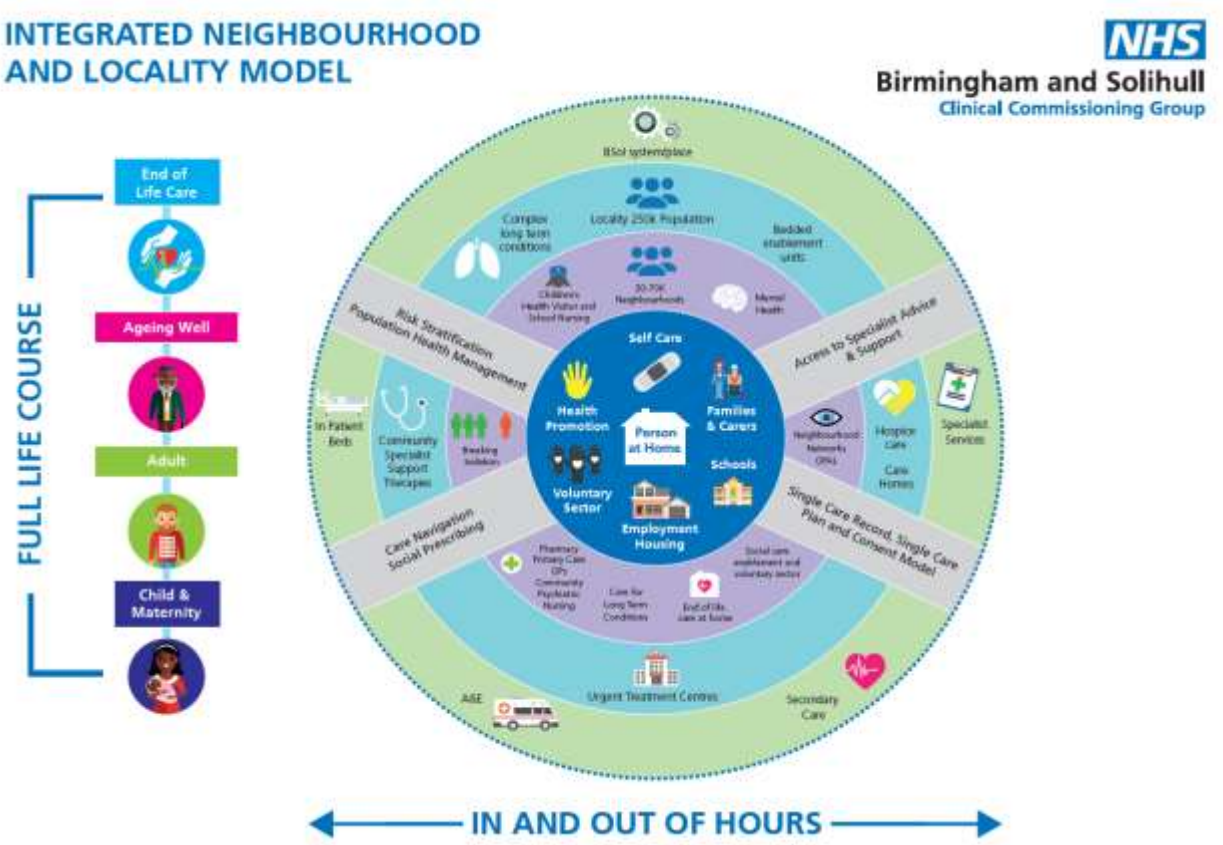
- Support our most vulnerable citizens and improve health outcomes. Enable people to live healthy, active and independent lives in their community
- Reduce Health inequalities across Birmingham
- Aim to address the health and social care needs of citizens whilst helping to build community capacity and enhance citizen resilience
- Remove organisational boundaries to work collaboratively and deliver integrated and joined up care and services for the local community
- Aim for Neighbourhood teams to be connected to their local communities, with priorities developed with local people
- Further develop and support our health and social care staff to work as a team to deliver quality care and effective utilisation of resources

This will be done by:

- Strengthening local relationships and collaborative working of system partners and building and improving on current work progress
- Continue supporting the city's Covid-19 response to focus on the needs of the most vulnerable, regardless of age
- Clinically-led approach with improved communication flows and record sharing
- Primary Care Networks, mental health providers; BSMHFT and Forward Thinking Birmingham (FTB), Birmingham City Council and BCHC will be at the heart of this
- Creating a system where the person is at the centre of all that we do
- Ensuring the 'voice of the service user' is heard

- Citizen co-production and regular engagement and dialogue for citizens to shape decisions and be informed of strategy plans
- Ensuring resources are collectively focused on improving health outcomes
- Developing a shared 'one team' culture to deliver a 'one team' service
- Implement a organisational development programme for team development
- Supporting staff to deliver new innovative ways of working
- Acknowledgement that Neighbourhood teams may develop at different pace, in different ways, in different areas. All areas should be working towards this strategy as a continuous development
- Achieving compassionate city status for Birmingham
- Implementing the integrated Neighbourhood and Locality Model (Figure 5)

Figure 5: The Integrated Neighbourhood and Locality



4.2 Progress to date

4.2.1 Development of Integrated Neighbourhood Teams Principles

The system-wide principles for the development of **Neighbourhood Teams** (Figure 6) were agreed by the NI board members in 2021. They complement the goals of the Early Intervention and Care Home BICP workstreams and align with the goals of BICP and the Ageing Well Portfolio.

Work continues with other partners to enable NI to note connections and interdependencies to other work programmes e.g., children's and young people, end of life and palliative care.

PRINCIPLES FOR DEVELOPING INTEGRATED NEIGHBOURHOOD TEAMS

Figure 6: Principles of developing Neighbourhood Teams

4.2.2 Primary Care Network localities established

There are 30 Primary Care Networks within Birmingham. Different elements of a neighbourhood team may have different shared geographies (eg, community nursing teams aligned to PCN's whilst community mental health teams and social work teams cover a larger area); but all will provide named links to the neighbourhood

PCN Locality structures and leads have been agreed with the move to an ICS. Twelve GP representatives have been appointed with a mandate and skills to contribute to the ICS Partnership Board Terms of Reference. Their vision will influence the NI strategy and direction.

The key priorities mandated are to operationally work at the PCN/Neighbourhood Level and to work with System Partners to address local priorities and inequalities.

4.2.3 GP Operating Model and interface with BSOL ICS Strategy & Governance

The strategy interfaces with the BSOL ICS strategy and governance model (Figure 7).

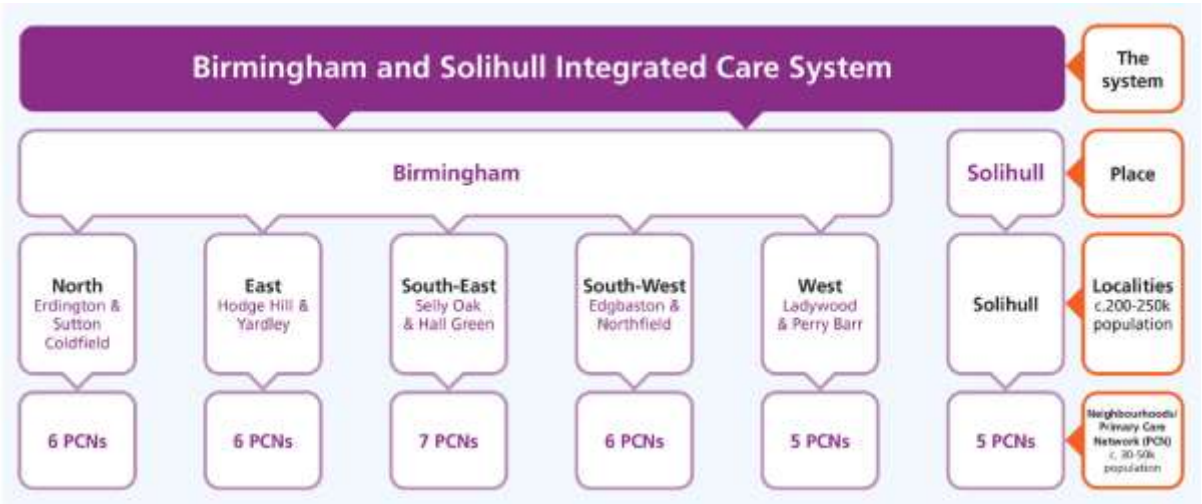


Figure 7: BSOL ICS strategy & governance model

4.2.4 Development of person-centred care model

A person-centred model of care (Figure 8) has been developed which will be adopted by the Neighbourhood Teams.

The model is being piloted within BCHC to align the BCHC Community District Nursing Teams to Neighbourhoods and Locality structures. This model will make it easier for GPs to refer patients for district nursing care and for patients/relatives/carers to contact their local district nursing team through a single community nursing referral hub.

Each PCN will have a dedicated Relationship Manager and Clinical Practitioner who will act as the PCN point of contact.

This model of care moves away from a mindset of 'referral' to a culture of identifying which neighbourhood team professional is best placed to meet the current need of the person.

Figure 8: Neighbourhood Team Care Model – approved by the BICP Board in 2018

This connected system is designed and delivered around local people and located in neighbourhoods.

This will allow better continuity of care, increase the time available for direct patient care, improve team resilience, reduce estate and carbon footprint. It also complements the Ageing well Agenda and Clinical Case Management transformation and redesign within BCHC.

4.2.5 Creation and implementation of Neighbourhood Network Schemes (NNS)

Led by Birmingham City Council in collaboration with BVSC and co-designed with citizens and system partners, NNS is fully operational in all 10 constituencies.

The purpose of NNS is to ensure that as many citizens over 50 as possible can access community-based support which can promote well-being and a better quality of life as well as helping to build community capacity and to enhance the resilience of citizens. NNS aims to do this through better co-ordination of community-based prevention & intervention services.

NNS starts with the communities where people live. The focus being on constituencies and wards at the Neighbourhood level. The main purpose of NNS to connect people, local activities & services through NNS Workers in each constituency working closely with social work teams to link residents up with local assets.

4.2.7 Organisational Development

NI has recently (October 2021) secured funding from BICP for organisational development (OD) support. The OD programme will support team development of the locality/neighbourhood team.

5. CARE HOMES

5.1 Introduction

In recent years, much work has been undertaken to identify and offer preventive care and support to people living in the community who are at risk of losing their independence or of having an unnecessary admission to hospital.

In contrast, people already living in care homes or in 'supported living' settings have tended to miss out on this type of coordinated, preventive care.

We know that residents living in our care homes have increasingly complex needs and care provided has often been reactive rather than proactive. Evidence also suggests that many residents are not having their needs properly assessed and addressed. As a result, they often experience unnecessary admission to hospital.

5.2 Mission statement

Birmingham's Care Homes Programme aims to improve the quality of care and experience for care home residents, reduce admissions to hospitals and develop a market that is sustainable

5.3 Strategy

In response to the ongoing Covid-19 pandemic, the short-term priorities are to support, advise and respond to immediate pressures within Birmingham's provider market, maximising take-up and use of financial support that is available, eg, for infection control and co-ordinating vaccination programmes.

5.4 Objectives

We recognise that planning for the longer term is required if we are to make the significant and lasting change that is needed to achieve our ambitions for the care home sector in Birmingham. To meet this need we have developed the following objectives:

- Reduce unplanned admissions into acute care from care homes
- Improve performance against care home quality ratings
- Improve workforce recruitment, well-being and retention
- A care market that is financially sustainable for both provider and commissioners
- Improved experience of care home residents
- Care delivered in the right place at the right time

This will be done by ensuring that we:

- Connect care homes with neighbourhood multi-disciplinary teams to ensure consistent access to primary care, including mental health and other community services.

- Develop better processes to listen to and act on feedback from residents and their families, friends and advocates

- Develop a shared and coordinated approach to care delivery ensures residents have access to the best care possible

- Develop a joined-up system of quality assurance for the care market, led by one organisation on behalf of the system

- Develop a sustainable partnership led methodology for supporting and sustaining the care market including joined up commissioning arrangements and aligning of budgets and incentives.

- Create a city-wide strategy and programme to support the care market to recruit, train and retain quality staff, including the development of career pathways; optimise the working environment for staff employed by social care providers so they feel part of the integrated team.

- Support and drive digital connectivity and data sharing across the health and social care market.

- Build strong personal relationships between care home providers and GP practices to develop local enhanced primary care support

- Develop a shared 'one team' culture to deliver a 'one team' service

- Support staff to deliver new ways of working including single trusted assessment

5.5 Progress to date

5.5.1 Adoption of NHS England Enhanced Health in Care Homes (EHCH)

During the pandemic the national guidance for 'Enhanced Health in Care Homes Framework' was released and we worked as a system to deliver the requirements.

By implementing this framework and ensuring direct clinical leadership from primary care for this sector through the Primary Care Network (PCN) Directed Enhanced Service (DES), Multi-disciplinary Team (MDT) working was put in place.

These significant changes have demonstrated both the prevention of hospital admissions and more timely discharges.

5.5.2 Support through Covid-19

Throughout the pandemic EI teams have provided a support to care homes service across Birmingham, providing both care, support and training to over 250 homes.

5.5.3 Workstream development

Six workstreams have been developed to meet the programme objectives: Digital, Quality Framework and Dashboard, Joint Commissioning, Workforce, Primary Care and Community Support. These workstreams meet on a regular basis to monitor progress against the objectives, using an appropriate evidence base and data to instigate change.

5.5.4 Care Homes Dashboard

A care homes dashboard has been developed to support metrics to measure impact and targeting of care homes that require support.

5.5.5 Proof of Concept

As an output and learning through the pandemic a 'Proof of Concept' project commenced in June 2021 to deliver support to 26 older people's care homes in Birmingham. This consists of Advanced Clinical Practitioners (ACP's) providing proactive care to residents at risk of admission, ensuring care homes can enable swift discharges from hospital and delivering training to support care home staff manage the needs of their residents.

The project will run until March 2022 when a business case will be developed based on the outcomes of the proof of concept, to enable provision of a more proactive service to all Birmingham older people's care homes.

5.5.6 MDT working

MDT working commenced with PCNs, community services and care homes. Work continues to improve the MDT approach by understanding issues and barriers to successful working

5.5.7 Joint Commissioning

An agreement has been reached to develop joint commissioning arrangements between the CCG and the Council.

6. END OF LIFE (EOL)/PALLIATIVE CARE

6.1 Introduction

Palliative and end of life care is one of the core services provided by Birmingham Community Healthcare (BCHC) Foundation Trust in partnership with University Hospitals Birmingham NHS Foundation Trust; General Practice and the 3 Hospices (John Taylor & St Mary's; St Giles & Marie Curie) with care delivered in people's homes, care homes, hospitals and hospices.

COVID-19 has shone a harsh light on some of the health and wider inequalities that persist in our society. Like nearly every health condition, it has become increasingly clear that COVID-19 has had a disproportionate impact on many who already face disadvantage and discrimination.

The impact of the virus has been particularly detrimental on people living in areas of greatest deprivation, on people from Black, Asian, and Minority Ethnic communities, older people, men, those who are obese and who have other long-term health conditions.

It is also impacting people with a learning disability and other inclusion health groups, those with a severe mental illness and those in certain occupations. COVID-19 risks further compounding inequalities which had already been widening. (Ipsos MORI and the Strategy Unit, 2021)

Whilst hospice care and community-based palliative care services are at the forefront of the local provision of palliative care, patients resident in Birmingham are more likely to die in hospital, rather than in the community.

In September 2021, Birmingham & Solihull health and social care system launched a system-wide collaborative group for End of Life. The group is reviewing the care and support services which are currently available within the system and the services which will be required to ensure a robust, holistic approach to end of life care which support all of our diverse communities across Birmingham and Solihull to access high quality end of life care in the setting of the patient's choice.

EOL partners

BSMHFT, UHB, BCHC, Birmingham City Council, Solihull Metropolitan District Council, Birmingham & Solihull CCG, Hospice Charity Partnership, Marie Curie Hospice West Midlands, St Giles' Hospice.

EOL/Palliative Care Vision

"For people who are approaching the end of life to be able to receive high quality care in the setting of their choice""

6.2 Goals

The goals agreed by the new collaboration have been adopted from the national ambitions framework for local action 2021-2026 (Figure 9). This was issued by the National Palliative and End of Life Care Partnership in May 2021. Further details of the national framework can be found here

Figure 9: The goals of the new collaboration

6.3 Progress to date

- Agreed membership of the EOL steering group
- Established an operational group to resolve pathway issues
- Reviewed the ambitions framework against our current system operational model
- In response to the gap analysis, ten workstreams and their roles within the programme have been developed to help us deliver on these ambitions. Each workstream and its remit to are outlined in Figure 10

Figure 10: EOL programme workstreams

EOL/PALLIATIVE CARE PROGRAMME WORKSTREAMS

Patient Outcomes
Develop a standardised approach to achieve patient optimal outcomes for preferred place of care and the implementation of system wide processes for early identification of those at the end of their lives.

Personalisation Plans
Develop Personalised Care and Support Plans, including a citizen led care plan

Systemwide Dashboard
Review the data currently collated across the system in relation to end of life care and in tandem with the regional and national dashboard development programmes to create a bespoke End of Life Dashboard for the Birmingham & Solihull System

Electronic Palliative Care Co-ordination Systems (EPaCC's)
Develop a Birmingham & Solihull approach to the utilisation of EPaCC in tandem to the West Midlands Shared Care Record (WMShCR) development. The objective for WMShCR is the delivery of the ShCR, sharing defined datasets between health and social care. The project will develop an integrated, single view of a patient's record.

Specialist Palliative Urgent Response (SPUR)
Develop a systemwide approach to urgent palliative care needs, with a focus on the requirement of specialist palliative urgent response for complex palliative care cases.

Education and Training
Undertake a review and training needs analysis of Education and Training for EOL across the system to understand what is currently in place and enable the development of an End of Life education framework.

Personal Health Budgets (PHB)
Through the End-of-Life Personal Health Budget Pilots in Birmingham & Solihull demonstrate the positive outcomes for patients and carers and the impact on the system support needs which are required at End of Life Develop a longer-term sustainable funding stream for PHB across the system.

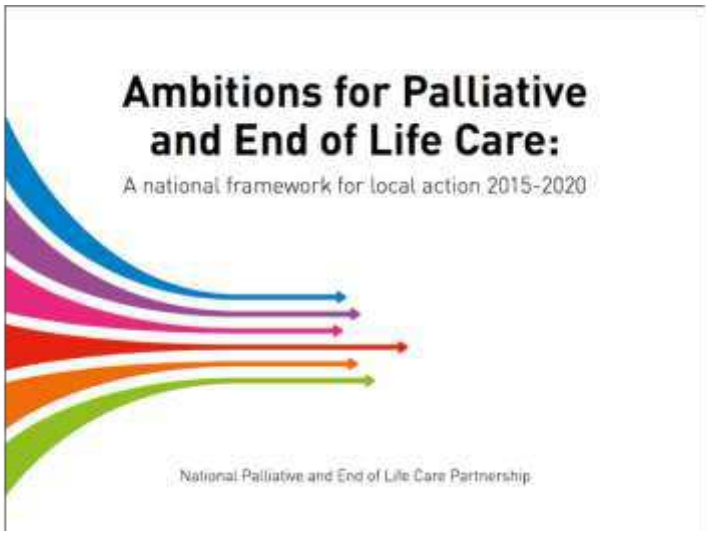
Compassionate Communities
Inform stakeholders on Compassionate City Charter Status. Design and implement a model of care for bereavement support to ensure that communities have access to these services.

Transition Care for Children and Young People
Enable the development of systemwide pathways for young people with an End of Life illness who are transitioning from Children's & Young People's Services to Adult EOL Services.

Care Homes
Ensure all End-of-Life workstreams are reviewed and inter-connected with care home teams and the system approach to care home support.

Progress already made by these workstreams include

- Mapping out current patient outcome measures for BSol providers - BCHC, UHB (Patient outcomes).
- Engaged with NHSE/I for update on National and Regional Dashboard information. (Dashboard)
- Development of Framework for EOL Education from citizen (Level 1) to palliative care specialist is underway (level 4) (Education and Training)
- Compassionate City Charter Training undertaken and steering group established. (Compassionate Cities)
- Individuals to be involved identified. Urgent palliative response for care homes being scoped with Hospices; BCHC EICT; OPAL, WMAS (Care Home)
- Rapid Mapping of DN service, EICT and OPAL to enable a system wide approach to urgent response completed and needs analysis of specialist palliative intervention required. (SPUR).
- PHB Oversight from BSOL CCG PHB Steering Group to oversee all PHB workstreams. PHB CCG BSol System Audit Undertaken - identified need to increase reach within financial envelope. System communication plan developed.
- System scoping undertaken to identify individuals within the system to be involved within pathway development (Transition Care for Children and Young People).
- Staff focus groups are already underway focussing on BCHC/Hospice Development and BCHC Community Palliative Champions. Quarterly staff focus groups across the system will roll out from spring 2022.



7. MENTAL HEALTH

7.1 Introduction

The Birmingham & Solihull Mental Health Foundation Trust (BSMHFT) provides a wide range of mental healthcare services for the residents of Birmingham and Solihull, as well as some specialist regional and national services to communities in the West Midlands and beyond.

Mental health services complement the BICP workstreams by promoting the integration of mental health and raising awareness that people with co-existing mental health and physical health problems need a joined-up approach to enhance and improve outcomes.

This is key to the BICP workstream development making a difference in terms of looking at the whole person and what their needs are; it is all about enhancing the concept of “no health without mental health”. This means that people’s mental health should be considered as part of the overall offer across the health and social care system.

The key is to look to improve pathways and to support the whole concept around “home first” – to keep people in their own homes with an advanced offer integrating physical and mental health.

7.2 Mental Health & Early Intervention

EI is the most advanced of the three BICP workstreams and mental health services have been involved throughout its development.

BSMHFT provides a number of services within the EI programme. There has been a successful pilot scheme running between OPAL+ and Reservoir Court, an inpatient mental health unit in Erdington, to support decision making on serious physical health problems and the appropriateness of admissions to acute hospitals.

Over a four-week period the OPAL+ team received eight calls from Reservoir Court. Of these, seven people remained at Reservoir Court and received the appropriate care they needed. The pilot will continue to run with a view to rolling out this approach to other units in early 2022.

In a bid to further strengthen ties with the OPAL service, work is underway between BSMHFT and OPAL to improve pathways between the two services, including how to reduce the time it takes for referrals and the type of patients that can be referred. This work is in its infancy having only been launched in October (2020).

BSMHFT is also very much involved in the revised processes around the integrated hub to enhance discharge pathways and are supporting the Early Intervention Community Team with its discharge process and planning.

During Covid, BSMHFT successfully started MDT's with the Early Intervention Community Teams (EICT) to support in managing the impact for mental health and look at people who may have been discharged from hospital sooner due to COVID and whether there was any support that the teams could provide around delirium and challenging behaviours within nursing homes and discharge pathways.

These collaborations are helping to enhance pathways and to establish better joined up working between the various teams and across localities.

7.3 Mental Health & Neighbourhood Integration (NI)

Birmingham & Solihull Mental Health Foundation Trust (BSMHFT) has secured £15m funding to help transform community mental health care. The NI Programme is at the core of this model as these teams will be a part of the Neighbourhood MDT model, which will bring relevant clinicians and organisations working within a PCN to share information, develop an individual plan for each service user ensuring the achievement of enhanced care pathways, making access easier and navigation simpler through pathways and improving and addressing local inequalities for those with Serious Mental Illness (SMI). The redesign model will be rolled out across all the localities from 2021-2023. It is currently being rolled out in the South and it will next be rolled out in the East in April 2022.

7.4 Next steps

The key priority for mental health moving forward is to widen our offer across all BICP workstreams. This will help to enhance a system wide offer of an integrated approach to mental and physical health and enable the BSol system to be innovative in this approach. A lot of our focus has been on older adult services, which has been really positive. However, what we now need to look at is the impact for our adult services and links to the EI programme.

Birmingham Health and Wellbeing Board

	Agenda Item: 20
Report to:	**Birmingham Health & Wellbeing Board**
Date:	**8th February 2022**
TITLE:	**BIRMINGHAM AND LEWISHAM AFRICAN AND CARIBBEAN HEALTH INEQUALITIES REVIEW (BLACHIR)**
Organisation	**Birmingham City Council**
Presenting Officer/ Author	**Monika Rozanski, Service Lead Inequalities**

Report Type:	**Update (Information item)**

1. Purpose:	
1.1	To report on the progress of Birmingham - Lewisham African and Caribbean Health Inequalities Review (BLACHIR).

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	
	It is recommended that the Board:
3.1	Acknowledge the progress made by the BLACHIR project.

4. Report Body

4.1 Background and purpose of BLACHIR

The Birmingham - Lewisham African and Caribbean Health Inequalities Review (BLACHIR) is a partnership between Birmingham City Council and Lewisham Council to share knowledge and resources through a collaborative review process. It follows the work of both Councils as national Childhood Obesity Trailblazers.

BLACHIR focuses on the Black African and Black Caribbean communities. The partnership has undertaken a series of in-depth reviews to explore the health inequalities being experienced by Black African and Black Caribbean population in both localities.

An external advisory board, consisting of individuals with lived experience, and an academic advisory board were recruited to review, critique and discuss the findings from reviews of published research, evidence and local data. The boards have been supporting the review process through examining the evidence and shaping the recommendations.

The main objective of the review is to produce a joint final report that brings together the findings from all of the themed reviews and a series of recommendations being referred to as opportunities for action. The final report will also include data analysis conducted by the review group throughout the 18-month period.

The Review includes 9 topics, these are:

- Racism & discrimination role in health inequalities
- Early years, Pregnancy & Parenthood
- Children and Young People
- Ageing well
- Mental health & wellbeing
- Behavioural (lifestyle) factors
- Wider determinants of health
- Long Term Physical Health Conditions *(previously named 'Chronic disease')*
- Emergency Care and Preventable Mortality *(previously named 'Acute disease and death')*

4.2 BLACHIR Progress so far

Since the last update to the Health and Wellbeing Board in November 2021, two final themed reviews: Wider Determinants of Health and the combined healthcare ones (number 8 and 9 from the list above) have now been completed which concludes the main part of the review. The public engagement activity is still ongoing and will be completed for Birmingham - by 21 January 2022 and for Lewisham – by 31 January 2022.

The analysis from the first two phases of the engagement activity in Birmingham, which included 5 public events and 2 surveys has been completed. The final phase 3 of the engagement activity is near completion with the final survey closing on 20 January 2022.

Work is underway to produce the full report with recommendations which will be submitted to the Health and Wellbeing Board on 22 February and will be available in final design format by 25 February.

Some early findings and considerations such as the need for developing a greater cultural competency amongst the health and care staff in the city and developing culturally sensitive interventions, including public health guidelines for physical activity and healthy eating, have already started to be implemented.

4.3 Next Steps

The next steps include:

- The completion with the main report together with case studies and summary of evidence by 31 January 2022.
- The report to be presented to CLT, CMB and HWBB during the month of February (with submission to HWB on 22 February for consideration at the March meeting).
- The report designed, accessibility checked and ready for publication by 28 February 2022.

5. Compliance Issues

5.1 HWBB Forum Responsibility and Board Update

5.1.1 A brief update to be provided to the Health and Wellbeing Board on progress to ensure steady progress and address any issues or risks highlighted that may hinder required outputs and outcomes.

5.2 Management Responsibility

Dr Justin Varney, Director of Public Health, Birmingham City Council
Dr Modupe Omonijo, Assistant Director, Birmingham City Council
Monika Rozanski, Service Lead – Inequalities, Birmingham City Council

6. Risk Analysis

Identified Risk	Likelihood	Impact	Actions to Manage Risk
The competing demands on the public health teams responsible for finalising the BLACHIR review report has led to a priority to achieve a final product which offers the	High	High	Robust monitoring and reporting mechanisms to ensure collaborative working to promote positive workable solutions. Commissioning of a larger proportion of the thematic systematic reviews and engagement activity by Birmingham Public Health.

most acceptable quality information about the topics covered within the review including the engagement with the public.			Commissioning of additional editorial capacity to prepare the report on behalf of both teams by Birmingham City Council.

Appendices
None

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

Monika Rozanski, Service Lead – Inequalities, Birmingham City Council
Lucy Bouncer, Programme Officer – Inequalities, Birmingham City Council

Birmingham Health and Wellbeing Board
Draft Forward Work Programme and Board Membership:
July 2021-22

Board Members:

Name	Position	Organisation
Councillor Paulette Hamilton (Board Chair)	Cabinet member for Adult Social Care and Health	Birmingham City Council
William Taylor (Vice Chair)	Chair	NHS Birmingham and Solihull CCG
Councillor Sharon Thompson	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
Dr Graeme Betts	Director for Adult Social Care and Health Directorate	Birmingham City Council
Kevin Crompton	Director of Education and Skills	Birmingham City Council
Karen Helliwell	Interim Accountable Officer	NHS Birmingham and Solihull CCG
Paul Maubach	Chair, Sandwell and West Birmingham CCG	Sandwell and West Birmingham CCG
Andy Cave	Chief Executive of Healthwatch	Healthwatch Birmingham
Andy Couldrick	Chief Executive of Birmingham Children's Trust	Children's Trust
Dr Robin Miller	Head of Department, Social Work & Social Care Co-Director, Centre for Health & Social Care Leadership	University of Birmingham Education Sector
Richard Kirby	Chief Executive	Birmingham Community Healthcare
Mark Garrick	Director or Strategy and Quality Development	University Hospitals Birmingham NHS Foundation Trust

Chief Superintendent Stephen Graham	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
Doug Simkiss	Medical Director and Deputy Chief Executive of Birmingham Community Healthcare NHS Foundation Trust	Birmingham Community Healthcare NHS Foundation Trust
Yve Buckland	Chair	Birmingham and Solihull Integrated Care System
tbc	tbc	Birmingham Chamber of Commerce
Co – optees		
Carly Jones	Chief Executive of SIFA FIRESIDE	SIFA FIRESIDE
Waheed Saleem	Executive Director Strategic Partnership	Birmingham and Solihull Mental Health Trust
Stephen Raybould	Programmes Director (Ageing Better)	Birmingham Voluntary Services Council

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Forward Plan:

	27th July 2021	**21st September 2021**	**30th November 2021**	**18th January 2022**	**8th February 2022**	**22nd March 2022**
Draft Papers Deadline	7th July 2021	25th August 2021	3rd November 2021	22nd December 2021	19th January 2022	23rd February 2022
Final Papers Deadline	15th July 2021	9th September 2021	18th November 2021	6th January 2022		10th March 2022
Standing items	Covid-19 position statement -Dr Justin Varney Vaccination update -Paul Jennings ICS Update - Yve Buckland	Covid-19 position statement - Dr Justin Varney Vaccination (Flu and Covid) update - Paul Jennings ICS Update - Yve Buckland CWG Legacy Update	Covid-19 position statement -Dr Justin Varney Vaccination update - Karen Helliwell ICS Update - Karen Helliwell CWG Legacy Update	Covid-19 position statement -Dr Justin Varney Vaccination update - Karen Helliwell ICS Update - Karen Helliwell CWG Legacy Update	Covid-19 position statement -Dr Justin Varney Vaccination update - Karen Helliwell CWG Legacy Update	Covid-19 position statement -Dr Justin Varney Vaccination update - Karen Helliwell ICS Update - Karen Helliwell CWG Legacy Update
Theme	**Business Meeting**	**Equity of access to health services/care**	**System Strategies**	**Inequalities**	**ICS**	**Business Meeting**

Items	Appointment of Health and Wellbeing Board – Functions, Terms of Reference, and Membership of the Board Schedule of HWB Meetings for 2021/22 **JSNA deep drive** -Luke Heslop, Service Lead **PH Commissioned Services** -Bhavna Taank/Karl Beese, Service Lead **HWB Creating a Healthier City Framework** -Dr Justin Varney, Director of Public Health **Creating a Mentally Healthy City Forum** -MH bid Natalie Stewart, Service Lead **Ofsted Report** -Kevin Crompton, Director of Children's Services	**Population Health Management** opportunity -What's the system doing to improve uptake in services. -TBC PH/ICS inequalities board **Screening and Immunisations** -CCG	**Creating a Healthy Food City Forum** -Birmingham Food Strategy -Seldom Heard Voices report - Maria Rivas, Interim Director of Public Health		**ICS Transition update -** Anna Hammond, BSol Place Development Director **BSol ICS Finances Update –** Paul Athey, Chief Finance Officer, NHS Birmingham and Solihull CCG **BSol System Recovery Plan** – Rachel O'Connor, Chief Operating Officer / Harvir Lawrence, Director of Planning and Delivery	**Infant Mortality Task Force** update/feedback - Dr Marion Gibbon, Assistant Director of Public Health **JSNA deep dive** - Luke Heslop, PH Service Lead **JSNA** -TBC, PH Service Lead - Dr Marion Gibbon/Dyna Arhin-Tenkorang, Assistant Director of Public Health **Children and Young People Public Health Commissioned Services** -tbc

						Integrated Care Partnership - Mike Walsh, Service Lead, Adult Social Care **BLACHIR Final report** tbc
Nonthematic items		**JSNA Deep Dives** - Luke Heslop, Evidence Service Lead	**Better Care Fund** - Mike Walsh, Service Lead, Adult Social Care **Social Prescribing** - CCG/BVSC **Birmingham Children and Young People Local Transformation Plan** - CCG, Carol McCauley Lead Strategic Commissioner		**Better Care Fund** - Mike Walsh, Service Lead, Adult Social Care	**ADPH Report** - Dr Justin Varney, Director of Public Health **Community Health Profiles** - Ricky Bandal, PH Service Lead **Creating a Physically Active City Forum** - Tola Time - GHCP Campaign - CWG legacy Kyle Stott, PH Service Lead

						Creating a City Without Inequalities Forum -Poverty Truth Commission - BLACHIR - Monika Rozanski, Service Lead **ICS Inequalities Plan** - Richard Kirby, BSol
Written updates	BLACHIR Forums ISC Inequalities Board LCOEB	Forums BLACHIR ISC Inequalities Board LCOEB	BLACHIR Forums ISC Inequalities Board LCOEB	Forums BLACHIR LCOEB	**Health Protection Forum** **-** Annual report Chris Baggot, PH Service Lead **JSNA End of Life**- Luke Heslop, PH Service Lead **The City of Nature Vision** - Hamira Sultan, Public Health Consultant	Forums ISC Inequalities Board LCOEB

					Draft Sexual Health Strategy- Karl Beese – Commissioning Manager, Adult Public Health Services **Birmingham Integrated Care Partnership (BICP) Annual Report**- Mike Walsh, Service Lead, Adult Social Care FORUMS BLACHIR LCOEB	

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 via the Birmingham Health and Wellbeing Board public question portal.

Birmingham Health and Wellbeing Board

	Agenda Item: 22
Report to:	**Birmingham Health & Wellbeing Board**
Date:	**8th February 2022**
TITLE:	**HEALTH AND WELLBEING FORUM UPDATE – CREATING A CITY OF NATURE FOR BIRMINGHAM**
Organisation	**Birmingham City Council**
Presenting Officer	**Humera Sultan – Director of Future Parks Accelerator**

Report Type:	**Information**

1.	**Purpose:**
1.1	To introduce the City of Nature Framework to the HWBB

2.	**Implications:**	
BHWB Strategy Priorities	Childhood Obesity	X
	Health Inequalities	X
Joint Strategic Needs Assessment		
Creating a Healthy Food City		
Creating a Mentally Healthy City		X
Creating an Active City		X
Creating a City without Inequality		X
Health Protection		

3.	**Recommendation**
3.1	That HWBB Board members agree to actively contribute to the implementation of the City of Nature Delivery Framework

4.	**Report Body**
4.1.	The City of Nature Delivery Framework is the operational delivery framework of the commitment to create a City of Nature set out in the Future City Plan.

It builds directly from the Future Parks Accelerator programme which comes to an end in June 2022.

Future Parks Accelerator

4.2 In July 2019, Birmingham City Council received £900,000 from Heritage Lottery Fund and up to £100,000 in-kind support from National Trust; to run the Future Parks Accelerator Programme. The ambition was to embed the value of green spaces across the Council.

4.3 Key objectives of the programme were to ensure green spaces were considered:

- As vital community living spaces
- Vital in defining local character, identity and place making
- Their importance for nature and climate change adaptation
- Vital for sport and recreation
- Vital for health and wellbeing

4.4 Strong progress has been made in delivering the objectives of the programme, the developing of green spaces training package for use by mentors supporting our most vulnerable young people in the City as well as including nature and green infrastructure as part of the Birmingham City Design Guide.

4.5 A full list of further achievements as part of the Future Parks Accelerator Programme is attached as **Appendix A**.

4.6 The funding for the Future Parks Accelerator Programmes comes to an end in June 2022. The Covid-19 pandemic has highlighted how crucial green and blue space, as well as connecting to nature has been for people. It is vital that the work of the FPA programme leaves a legacy of actions and outcomes for the City Council to achieve, ensuring nature is at the forefront of all decision making across council.

City of Nature Delivery Framework

4.7 The City of Nature Delivery Framework is based upon Our Future City Plan 2040 which includes City of Nature as a key theme and sets out how the City will deliver this ambition of the City Plan.

4.8 The City of Nature Framework will have a 25-year outlook to transform Birmingham into a place where all citizens have access to good quality green spaces.

4.9 A key tenet of the Framework is environmental justice (EJ) – a measure of how well people living in different parts of Birmingham experience nature. EJ varies significantly across the City, with central areas suffering the most.

4.10 5 themes have been established which are central to the Framework's aspirations:

- A Green City – Ensuring green and blue infrastructure is safe, clean and sustainably managed.
- A Healthy City – Ensuring every citizen in Birmingham can access nature close to where they reside to improve their mental and physical health.
- A Fair City – Ensure every park and open space within Birmingham reaches a set threshold of quality, named the 'Birmingham Fair Standard'.
- An Involved City – Citizens will know, love and protect green spaces and nature.
- A Valued City – Ensuring nature and green spaces are maximising commercial and sponsorship opportunities to establish new innovative funding avenues.

4.11 To ensure Birmingham is truly a 'great city to live in', we must do more to ensure it is a city which has clean air, safe and clean streets and ample green spaces which citizens have pride in and have a strong sense of belonging.

4.12 The City of Nature Framework sets out some of the interdependencies with other initiatives and strategies across the City including:

- Birmingham Council Plan – Outcome 3 and 6
- Route to Zero Taskforce
- Brum Breathes (Clean Air Zone)
- Health and Wellbeing Strategy
- Birmingham Transport Plan
- Urban Forestry Master Plan
- Birmingham Design Guide
- NHS Long Term Plan
- Green Social Prescribing

4.13 The Draft City of Nature Framework is attached as **Appendix B**.

4.14 The delivery framework approach to addressing environmental justice in practical ways will focus on Bordesley and Highgate Ward as a test pilot, with the aim of tackling the most disadvantaged wards with respect to nature and green space over the first 10 years. The initial 12-month action plan is included as **Appendix C.**

4.15 The approach has been developed through consultation and engagement with key stakeholders and citizens. This is detailed in **Appendix D**.

Next Steps

4.16 The City of Nature Framework is due to go to Cabinet on 8th February 2022, where we will be asking for formal endorsement. This includes a 12-month action plan focussing on Bordesley and Highgate.

4.17 We ask all members of the HWBB to support in maximising the role of nature and green spaces by participating in key governance groups that are being setup.

5. Compliance Issues

5.1	HWBB Forum Responsibility and Board Update
5.1.1	Creating a Physically Active City – report every two months

5.2	Management Responsibility
	The City of Nature Framework is led by the Council Inclusive Growth (IG) Directorate within Birmingham City Council. As part of this, a City of Nature Board is being developed which will hold partners accountable for the delivery of the Framework. A steering group has been set up, chaired by an Assistant Director within IG. An operations group has also been set up, chaired by a senior planning officer within IG. Organisations comprising the HWBB will be invited to partake at all three levels of governance. A City of Nature officer is being recruited to ensure the 12-month action is delivered.

6. Risk Analysis

Identified Risk	Likelihood	Impact	Actions to Manage Risk
The City of Nature Framework's remit becomes bigger than originally agreed	Medium	Medium	Ongoing dialogue with key stakeholders, including the Board to manage expectations. Ensure scope is constantly reviewed between senior officers.
Failure to create the City of Nature Framework could result in funding opportunities from investors being missed	Medium	Medium	Thorough planning aligned with conversations to ensure the Framework is delivered on time.

Appendices

Appendix 1 - Birmingham City of Nature Executive Summary
Appendix 2 - Birmingham City of Nature Achievements
Appendix 3 - Birmingham City of Nature Plan
Appendix 4 - Birmingham City of Nature 12 Month Action Plan
Appendix 5 - Birmingham City of Nature YouGov Poll Infographic 1
Appendix 6 - Birmingham City of Nature YouGov Poll Infographic 2
Appendix 7 - Birmingham City of Nature Final YouGov Report
Appendix 8 - Birmingham City of Nature Engagement Poll Infographic 1
Appendix 9 - Birmingham City of Nature Engagement Poll Infographic 2
Appendix 10 - Birmingham City of Nature Delivery Framework Engagement

Birmingham City Council

CITY OF NATURE

EXECUTIVE SUMMARY
NOVEMBER 2021

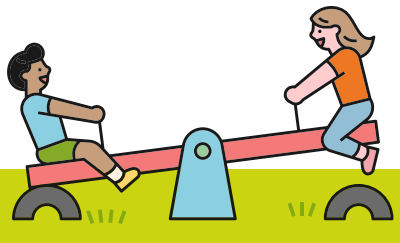
A BOLDER GREENER BIRMINGHAM

OVER THE NEXT 25 YEARS WE WANT TO SEE BIRMINGHAM RECOGNISED AS A CITY OF NATURE WHERE ITS PARKS AND GREEN SPACES ARE BOTH SUSTAINABLY MANAGED AND FUNDED.

This Delivery Framework will change the way Birmingham treats its natural environment and how it thinks about the future of its parks and green spaces. It will involve the whole council and its core third sector partners though a City of Nature Alliance; whilst reaching out to the citizens of Birmingham to facilitate significantly more involvement.

Although Birmingham has 600 blue and green spaces, many of these were inherited from our Victorian past. We need to see Birmingham as a 21st century green and blue city, not a city that looks backwards to its past but one that looks forward to the future addressing climate change, nature recovery and inequity of access. We also need to increase the number of publicly accessible green spaces by 400 to achieve this. This will then mean Birmingham will not only be a city of a 1000 trades but also a city of a 1000 green spaces.

This Delivery Framework will deliver the City of Nature envisioned in Our Future City Plan and beyond; and so, make Birmingham recognisable as a City of Nature on a world stage.



The City of Nature Delivery Framework has looked at how other cities around the world have responded to the issue of unequal access to green space; and is the first UK local authority to develop a measurement tool for Environmental Justice.

Environmental justice is defined as: the fair treatment and meaningful involvement of all people regardless of race, colour, national origin, or income, with respect to the development, implementation and enforcement of environmental laws, regulations, and policies

We have also developed a map (see next page) that shows where in the city compound issues are being felt most.

The red wards show those areas of the city where there is the least environmental justice for citizens living there.

This presents a real challenge to the city.

Over the course of this 25-year delivery framework, the Fair Parks Standard will be applied to all parks, ensuring all those falling below the threshold are brought up to that standard; starting with those scoring lowest, ensuring our parks network moves from red to green by 2047.

From 2022 to 2027, we will be focusing our efforts on the following 6 wards – Balsall Heath West, Bordesley and Highgate, Nechells, Gravelly Hill, Pype Hayes and Castle Vale. However, we will work with all wards in the City to provide support on how they can do more to support their green spaces.

BIRMINGHAM AS A CITY OF NATURE IS:

A GREEN CITY

WHERE:

Net Zero ambitions are fulfilled

~~Our planning and land management will be built around nature~~

A HEALTHY CITY

WHERE:

People will easily find places to enjoy nature safely to enable nature connectedness for their wellbeing

Growing in the community will be supported leading to at least one community garden in every ward of the city

A FAIR CITY

WHERE:

There is increased equality of access to and use of green space across our city, through the Birmingham Fair Park Standard

Citizens will be equipped with the skills to fulfil the future green jobs needed to deliver this vision

AN INVOLVED CITY

WHERE:

Our most passionate advocates of nature will become Green Champions - recognising the importance of their work looking after our blue and green spaces

Our children learn about the wonders of nature as Little and Young Green Champions

Citizens will be encouraged to bring their local green spaces to life using nature focused activities

A VALUED CITY

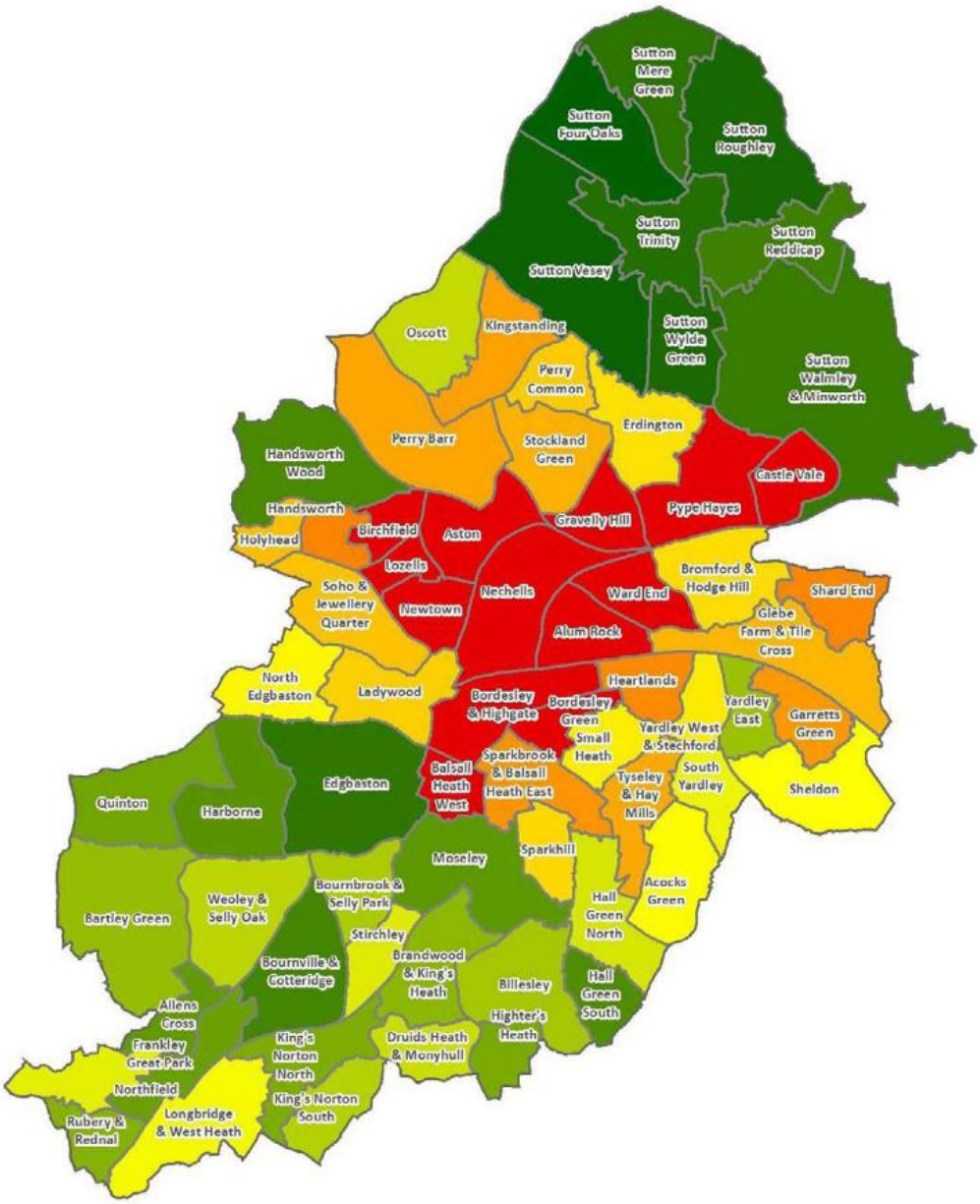
WHERE:

The city adopts a sustainable finance framework and a circular economy model for the future funding of the city's blue and green spaces

We make visible the invisible benefits to the city and citizen of good quality blue and green space

Combined index by Ward - Mean Value

- 0.14 - Sutton Four Oaks
- 0.15 - Sutton Vesey
- 0.16 - Sutton Roughley
- 0.19 - Sutton Wylde Green
- 0.19 - Sutton Trinity
- 0.21 - Sutton Mere Green
- 0.24 - Edgbaston
- 0.25 - Sutton Walmley & Minworth
- 0.26 - Sutton Reddicap
- 0.27 - Bournville & Cotteridge
- 0.27 - Handsworth Wood
- 0.27 - Hall Green South
- 0.27 - Harborne
- 0.28 - Moseley
- 0.29 - Allens Cross
- 0.29 - Northfield
- 0.29 - Quinton
- 0.29 - Highter's Heath
- 0.29 - King's Norton North
- 0.30 - Rubery & Rednal
- 0.30 - Brandwood & King's Heath
- 0.31 - Bartley Green
- 0.31 - Yardley East
- 0.31 - Billesley
- 0.31 - Bournbrook & Selly Park
- 0.31 - King's Norton South
- 0.31 - Weoley & Selly Oak
- 0.32 - Oscott
- 0.32 - Druids Heath & Monyhull
- 0.32 - Hall Green North
- 0.32 - Stirchley
- 0.32 - Frankley Great Park
- 0.32 - South Yardley
- 0.32 - Longbridge & West Heath
- 0.32 - Sheldon
- 0.33 - Acocks Green
- 0.33 - North Edgbaston
- 0.34 - Small Heath
- 0.35 - Yardley West & Stechford
- 0.35 - Erdington
- 0.36 - Bromford & Hodge Hill
- 0.36 - Sparkhill
- 0.36 - Ladywood
- 0.36 - Perry Common
- 0.37 - Soho & Jewellery Quarter
- 0.37 - Holyhead
- 0.37 - Glebe Farm & Tile Cross
- 0.37 - Stockland Green
- 0.37 - Tyseley & Hay Mills
- 0.37 - Perry Barr
- 0.38 - Kingstanding
- 0.38 - Garretts Green
- 0.39 - Sparkbrook & Balsall Heath East
- 0.39 - Heartlands
- 0.39 - Shard End
- 0.39 - Handsworth
- 0.40 - Ward End
- 0.40 - Bordesley Green
- 0.41 - Alum Rock
- 0.41 - Birchfield
- 0.41 - Bordesley & Highgate
- 0.41 - Pype Hayes
- 0.42 - Lozells
- 0.43 - Newtown
- 0.44 - Castle Vale
- 0.44 - Balsall Heath West
- 0.44 - Aston
- 0.44 - Nechells
- 0.44 - Gravelly Hill



If you want to find out more and share your thoughts with us, please visit

https://naturallybirmingham.org/birmingham-city-of-nature-delivery-framework/

Appendix A

To date our FPA programme, Naturally Birmingham has achieved:

- We have completed our baseline for the current view of our ecological network using a ground-breaking national method of satellite capture technology.
- Through developing a good relationship with parks service data team, we have a good understanding of our current green estate (and associated costs) mapped using GIS.
- We commissioned a Natural Capital Account, which highlighted £11 billion worth of value from our parks and green spaces, over 25 years.
- We have worked with partners TAWS to understand our community needs pertaining to our pilot sites. Our pilots have been testing interventions in a range of different community settings which is important for a city as diverse as Birmingham. Working across our partners we used this information together with an evidence review, intelligence on activity in green spaces to develop a full set of proposals in each of the four pilot themes (housing, children's, health and wellbeing, and employment and skills).
- Completion of 4 pilots.
- We have undertaken a full engagement programme including 3 internal BCC conversations, 10 community conversations and 157 responses to an online survey which show good support for our thinking and have helped to inform our delivery of the pilots
- We have commissioned a YouGov poll of Birmingham residents.
- We have agreement to create a Digital Platform regarding the environment.
- We have commissioned an external evaluation team who are developing our evaluation framework and baselining analysis has commenced
- Review of planning process with respect to public open spaces, and initial engagement with the city's contracted land and asset valuers- over planning viability formulae
- Being approached by major developments in the City to apply the 'FPA lens' to live development processes (such as Edgbaston Reservoir Master Plan) and the East Birmingham Development Corridor.
- Setting up an Alliance of community organisations to help connect residents to green spaces in a more coherent way.
- An environmental justice map which highlights areas most in need of environmental support.

NATURALLY BIRMINGHAM: FUTURE PARKS ACCELERATOR

Birmingham City of Nature Plan

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View City of Nature DRAFT Delivery Framework Executive Summary document

2. Foreword by Cllr Ward

Foreword - picture of Cllr Ian Ward

Councillor Ian Ward, Leader of Birmingham City Council

Thirty years ago, at the Rio Summit in 1992, the world formally recognised how important the environment, biodiversity and sustainability were as a new framework for 21st century living. Over the same intervening 30 years Birmingham has undergone a significant transformation rebuilding its city centre and a vibrant economy.

Over the next 30 years Birmingham sees its future as a *Bolder Greener City* responding directly to the climate change challenge. This green vision also embraces the inequalities in this city exposed through the Covid-19 pandemic and the children and young people struggling to have a fair start in life.

Our Future City Plan (OFCP) 2040 'Shaping this City Together' has introduced a new approach to strategy and plan making in the city based on a shared and inclusive vision. *OFCP* also introduced a vision for Birmingham becoming a city of nature; the City of Nature plan shows how this can be done.

The plan looks at the next 25 years to ensure that this current young generation inherit a much improved, fairer, and greener city. A city that puts nature, people, and the planet at the heart of its decision-making and inclusive growth agenda.

Actions will be delivered across 5 city themes that embrace the circular economy and introduce new ways of working right across the council and its partners. The plan also establishes the Birmingham City of Nature Alliance as a conduit for direct citizen engagement.

By adopting this sustainable and inclusive approach the city is set to benefit enormously, as shown later in this document to the tune of £2.5 Billion pound uplift in natural capital value across the city over the plan period of 25 years. The purpose of introducing this work is to present the true value of blue and green space to the city; literally making those invisible benefits, we can so easily take for granted, visible for all to see and start to appreciate.

Birmingham is rich in parks and blue and green spaces, much of it inherited from our Victorian past. What this document provides is a reimagining of our future as a 21st century green city, not one looking backwards but forward. By 2047 Birmingham, once known as a city of 1000 trades will be known as a city of a 1000 green spaces. This approach will address climate change, nature recovery and inequity of access. This plan will help bring about a bolder greener Birmingham envisioned in Our Future City Plan; and so, make Birmingham recognisable as a City of Nature on a world stage.

3. Introduction

Over the next 25 years we want to see Birmingham recognised as a City of Nature where its parks and green spaces are both sustainably managed and funded. This plan aims to change the way Birmingham treats its natural environment and how it thinks about the future of its parks and green spaces.

Birmingham's City of Nature Plan: -

- Provides an outline of the steps we will take to achieve the 25-year City of Nature vision for the city.
- Highlights the wider benefits the natural environment brings to our life that have remained invisible to many, making the invisible – visible.
- Explains why we believe there are opportunities to positively address the challenges we face and what it will mean in practice to benefit from these opportunities.
- Explains the changes that will need to be made at Birmingham City Council and beyond to achieve this.
- Shows how we will give citizens, elected members and wider stakeholders' confidence that we will deliver what we say we will deliver.
- Uses the United Nations Sustainable Development Goals as a metric to report our actions against to illustrate how many areas of city life are impacted by the natural environment.
- Encourages us to work with our partners across the Combined Authority geography by embracing the principles adopted by the West Midlands National Park.
- Ensures we will work to the Government priorities within the 2021 Environment Act and the 25 Year Environment Plan

The plan will involve the whole council and its core third sector partners working together to deliver outcomes though the formation of a City of Nature Community Alliance; whilst reaching out to the citizens of Birmingham to facilitate significantly more involvement at every stage.

Over the last two years the Future Parks Accelerator (FPA) Project in Birmingham, funded by the Heritage Lottery Fund and supported by National Trust and known as Naturally Birmingham, has been working to create a plan for the sustainable provision, maintenance and use of green and blue spaces in the city. Alongside the FPA project, the city and its partners have also been working on ways to make our whole city a Bolder Greener City including the Our Future City Plan (OFCP) 2040 that sets out the vision for the development of the heart of Birmingham.

When we refer to green spaces, this goes beyond just parks to encompass all aspects of the natural environment in the city and people's engagement with it. City of Nature therefore represents a major strand within Birmingham's Route to Zero Climate Emergency Plan and represents the substantive part of the city's adaptation response to climate change.

Our Future City Plan (OFCP) Central Birmingham Framework

The OFCP 'Shaping Our City Together,' visioning document was launched with a vision to create a vibrant city with a mix of activities including retail, offices, leisure, education, tourism, civic and community functions. With equal opportunities for all including access to jobs and high-quality homes.

The following principles were identified as representing the key qualities in the strategy for Central Birmingham 2040:

- Green City - Create a city environment that has a minimal impact on our planet and enables nature to be truly part of the city.
- Equitable City - A city where all our communities have the same opportunities, and no one is left behind.
- Liveable City - A people-focussed city where citizens can create homes and communities.
- Distinctive City - A city that takes pride in the individual identity of its communities.

Six City Themes have been developed to deliver the OFCP vision. These will include goals and actions that we can all work towards together including 'The City of Nature' theme which places nature at the heart of the framework. For the future success of the city tackling climate change, creating places that bring people together, and improving health and wellbeing is essential. The emerging 'OFCP Central Birmingham Framework' has identified seven potential "Central Renewal Areas" (CRAs) as areas with potential for significant change and reimagining. The areas have been selected as those with most scope to unlock new opportunities for mixed use redevelopment to provide housing, jobs and new public/green spaces within new and existing neighbourhoods.

4. Background

Matters related to the environment continue to move at pace and we have heard the worldwide pledges coming out from COP26 (2021) and the inclusion within the 2021 Environment Act on a draft strategy for the education & children's services systems; (Sustainability & Climate Change: A draft strategy for the education & children's services systems (publishing.service.gov.uk)*; together with* a statutory framework for work on natural capital and biodiversity net gain. This all serves to meet the Government's own stated aim of "For this generation to leave the natural environment in a better state than we found it"; the central message of the UK Government's 25 Year Environment Plan.

In 2019 Birmingham City Council declared a Climate Emergency.

In 2021 the UK hosted a UN Climate Conference - COP 26, 30 years on from the Rio Summit (United Nations Conference on Environment and Development, Rio de Janeiro, Brazil, 3-14 June 1992 | United Nations) The messages coming out from the conference clearly showed that the world is now racing to catch up with the science.

The UK's State of Nature Report
Urgent action is needed to address the rapid decline in the UK's biodiversity. The UK's State of Nature report provides a detailed look at how the natural environment is changing across the UK against a 1970 baseline.

The most recent (2019) report showed the following:

- **15 per cent of species are under threat of extinction**
- **The average abundance of wildlife has fallen by 13 per cent with the steepest losses in the last ten years**
- **41 per cent of UK species studied show a decline in numbers and 133 species have already been lost from our shores**

UK Government's 25 Year Environment Plan

The 25 Year Environment Plan has 10 themes

- Enhancing biosecurity
- Managing exposure to chemicals
- Minimising waste
- Mitigating and adapting to climate change
- Enhancing beauty, heritage, and engagement with the natural environment
- Using resources from nature more sustainably and efficiently
- Reducing the risks of harm from environmental hazards
- Thriving plants and wildlife
- Clean and plentiful water
- Clean air

The City of Nature Plan will recognise and work across all 10 themes where applicable, but will have a particular focus on 6:

- **Mitigating and adapting to climate change**
- **Enhancing beauty, heritage, and engagement with the natural environment**
- **Using resources from nature more sustainably and efficiently**
- **Thriving plants and wildlife**
- **Clean and plentiful water**
- **Clean air**

The UK 2021 Environment Act

The City of Nature Plan will be entirely consistent with the 2021 Environment Act. Local Nature Recovery Strategies, with their focus on comprehensive habitat mapping and biodiversity net gain, will be central to this. These are themes that run through all our work on the natural environment. Our focus is on genuine net gain, not just covering losses from new development. There will also be a commitment to follow the mitigation hierarchy to avoid impact where possible before moving through 'minimise, restore and offset' (with the latter as a last resort).

The Landscapes Review 2019

The importance of connecting people and nature more effectively emerged as a priority in The Landscapes Review 2019 (also known as the Glover Review). The report called for innovation in the way we think about our national parks and landscapes, how we connect them to urban communities, and how we ensure that there is representative diversity and inclusivity in their management. The West Midlands National Park (launched in July 2020) is cited as a positive example within the Landscape Review as a form of new, urban national park and this plan works to the principles adopted by the West Midlands National Park; choosing to work on the Combined Authority geography or through cross boundary working, when appropriate.

The Dasgupta Review on the Economics of Biodiversity

Finally, the fundamental benefits of our natural environment were highlighted in The Dasgupta Review on the Economics of Biodiversity, a landmark report commissioned by HM Treasury and released in February 2021. It calls for urgent and transformative change in how we think, act and measure economic success to protect and enhance our prosperity and the natural world and puts

forward ways in which we should account for nature in economics and decision-making. Its headline messages serve as a critical reminder of the importance of nature:

- **Our economies, livelihoods and well-being all depend on our most precious asset: Nature.**
- **We have collectively failed to engage with Nature sustainably, to the extent that our demands far exceed its capacity to supply us with the goods and services we all rely on.**
- **Our unsustainable engagement with Nature is endangering the prosperity of current and future generations.**
- **The solution starts with understanding and accepting a simple truth: our economies are embedded within Nature, not external to it.**

Recognising the many co-benefits from investing time, energy and resources into the natural environment, this plan will also support delivery against the United Nations Sustainable Development Goals 2030 which have been developed to help ensure that we act as an international community to help to make the world more sustainable.

The goals supported are shown under each of the five themes of the plan.

How green is Birmingham?

Birmingham is one of the greenest cities in Europe - with over 600 publicly accessible parks and green spaces across the city. These spaces cover over 4,700 hectares (47 Km2) - for comparison, this is three times the size of the city of Lichfield (14.02 Km2) or 1.5x Worcester (33.3 Km2). Fifteen of our city's parks, commons and country parks hold the Green Flag Award – the national quality award for parks and green spaces, making them among the best in the country.

There are over 1 million trees across the city - to recognise this, Birmingham has earned the prestigious 'Tree Cities of the World' status.

Connecting these spaces are 160 miles (257km) of canals and 400km of urban brook courses; sometimes referred to as our blue infrastructure.

How do we manage Green and Blue Spaces?

Green and Blue spaces owned by Birmingham City Council are managed through the work of the Parks Service, it's partners and an increasing number of volunteers who together care for a wide variety of green spaces from highway verges to large Country Parks. The Ranger Service also help engage the wider community through conservation land management and educational sessions and a wide range of events and activities helping to keep our city green, clean, and safe.

However, in recent years our parks and greenspaces nationally have been under huge threat. As a result of austerity and the demand placed on local authorities' budgets to support statutory services such as social care, non-statutory services like parks have been facing budget pressures and in turn the number of Parks Officers has been reduced.

In response to this, parks innovators in Birmingham and across the country, both inside of local authority parks teams, and outside in universities, community organisations, social enterprises, and charities, show there is a real community of experimenters, activists and entrepreneurs working to enable our parks and greenspaces to evolve, adapt and continue to be at the heart of our communities. But to face the challenges and opportunities ahead, we must continue to adopt and spread the mindset, habits and tools that can support this innovation. The challenges and

opportunities ahead create a clear reason for us to keep innovating for the future of our parks and greenspaces and rethink our future parks.

This plan aims to bring all this work together into one document.

How Do We Use Green and Blue Spaces?

Birmingham's parks and green spaces are our most used leisure and recreation facilities in the city with estimates suggesting over 58-million-person visits per year.

Nearly six out of ten (59.9%) of Birmingham residents visit green space on a weekly basis, with a further 17.5% visiting at least monthly.

Nearly two thirds of respondents (64.3%) rate green spaces as very valuable local assets and 72% of respondents visit the green space closest to home.

The most popular reasons for visiting green spaces in Birmingham are

- to walk or walk the dog (57.6%)
- peace and quiet and to relax (54.1%)
- To experience nature and wildlife (48.6%)

More recent data suggests that levels of use of parks and green spaces has increased because of Covid-19 and the associated lockdowns.

In April 2021, 68% of adults had visited a green and natural space in the last 14 days. A staggering total of 391,548,094 visits were made to green and natural spaces in this one month alone across the country.

(Natural England People and Nature Survey bulletin on 16/06/21)

So, what's the problem?

5. The Challenges

'No one will protect what they don't care about, and no one will care about what they have never experienced'.

Sir David Attenborough

Funding

The 2016-17 Parliamentary Inquiry 'The Future of Public Parks' found that the value of parks and green spaces was well documented but not well understood; so not fully protected in policy.

The Inquiry found that as a non-statutory service they have often been seen as non-essential services and have suffered disproportionately with budget reductions imposed following the 2008 global financial crisis and subsequent austerity measures.

Nationally, there are challenges in terms of finding long term management and sustainable funding solutions that prompted the National Lottery Heritage Fund, Department for Levelling Up, Housing

and Communities (formally Ministry for Housing Communities and Local Government) and the National Trust to fund a programme to explore these issues and develop learning across the sector, through the Future Parks Accelerator programme.

The Birmingham Future Accelerator Programme explored this challenge through four themes:

- Children
- Housing and development
- Health
- Skills and Education

To ensure that opportunities through these themes were developed by those with the greatest experience and real life understanding of the challenges faced in these areas a cross-organisational team was brought together to tackle the challenges. The project needed to:

- Understand and promote the benefits the natural world provides us across all the themes.
- Devise opportunities for everyone to access these benefits.
- Investigate how those opportunities would be funded over the next 25 years.

It became obvious that people needed parks and parks needed people and it wasn't just about how to preserve what we have; it was going to be how do we improve what we have and increase the amount of green space people have access to. Only by extolling the value of our green spaces and the natural world would we be able to provide fair and welcoming spaces in the city that people can be involved with every day, benefiting from the opportunities to improve their health and wellbeing.

Inequality

Although Birmingham has over 600 green spaces, many of them were inherited from our Victorian past. We need to see Birmingham as a 21st century green, not that looks backwards, but that looks forward to the future addressing climate change, nature recovery and inequity of access. So, we need to change the way we view and manage all green areas in the city to identify more good quality publicly accessible green spaces. So that Birmingham moves from its historic identity of a city of 1000 trades, to become known for its 1000 green spaces.

As we engaged with communities across Birmingham, we became very aware that sections of our community currently face barriers in accessing green spaces or making full use of facilities on offer. Work is already underway to understand exactly where the gaps are, and Birmingham is the first city in the UK to develop a tool to highlight the inequalities in accessing green space. We call the ambition to achieve equitable access to green spaces ***Environmental Justice.***

The tool highlights inequalities across the city at a ward level and produces a map showing wards ranging from "red" to "green" wards. *Details of this tool are shown in the Fair City Theme on page 10 of this document.*

Birmingham was asked to present the innovative work it has done on environmental justice to the All-Party Parliamentary Group on Parks in 2021 to demonstrate how cities could better understand this dilemma.

Now we know where we need to prioritise our use of resources, we need to coordinate these resources to be able to deliver the actions required to close the gaps. Tackling this will be key to the success of our wider ambitions and the goals for our plan over the coming years.

6. The Benefits

Introducing the United Nations Sustainable Development Goals as a key metric through the plan will help establish new working practices that better align with the 5 capitals model of the circular economy, (ref: The Five Capitals - a framework for sustainability | Forum for the Future).

The 5 capitals model sees natural capital (the natural environment) as the starting place for all human wealth and health creation and through this the wider benefits of the natural environment can be better expressed and valued.

Economic Benefits

It is now possible to capture the value of our natural environment by combining the biological science of ecology with the pragmatic discipline of economics, through a joint venture known as Natural Capital. In this way the invisible benefits of blue and green spaces to the city and the citizen can be made visible. Reference the Appendix

Land providing Natural Capital	Current (2021) Green Space in current condition.	Current Green Space in improved condition (Applying Birmingham Fair Standard actions)	Improved and additional Green Space to meet 25-year ambition
Natural Capital Value (Capitalised/stock values stated in £billions; 2020 prices; central estimates)	£12.30	£13.96	£14.93

Health benefits

Spending time in the natural environment – as a resident or a visitor – improves our mental health and feelings of wellbeing. It can reduce stress, fatigue, anxiety, and depression. It can help boost immune systems, encourage physical activity, and may reduce the risk of chronic diseases such as asthma. It can combat loneliness and bind communities together. However, there is more to do. The number of people who spend little or no time in natural spaces is too high. Recent data from the Monitor of Engagement with the Natural Environment survey tells us that some 12% of children do not visit the natural environment each year. In the most deprived areas of England, people tend to have the poorest health and significantly less green space than wealthier areas. Playing and learning outside is a fundamental part of childhood, and helps children grow up healthy. Some children are lucky enough to have a family garden; others will not, and it is important that we find other ways to give them better access to the great outdoors. We know that regular contact with green spaces, such as the local park, lake, or playground, can have a beneficial impact on children's physical and mental health.

(UK Government 25 Year Environmental plan)

Climate Change Response

Responding to the climate emergency presents us with an opportunity for positive change for the city. Bold climate action can deliver many benefits such as better health and wellbeing, improved air quality, economic savings for individuals and businesses, new jobs, less congestion on our roads, and cleaner and greener places.

Carbon contribution of natural environment	Tonnes of Carbon sequestered or absorbed by the city's natural environment	Tonnes of Carbon dioxide gas (CO2) taken out of the local atmosphere by the city's natural environment
Current Green Space in current condition	573,457	2,104,585
Current Green space improved to the Birmingham Fair Standard after 25 years	581,144	2,132,810
Improved and additional Green Space to meet 25-year ambition	621,824	2,282,106

Being able to make visible previously invisible benefits of the natural environment help city decision-makers appreciate their substantial contribution above and beyond their maintenance cost burden.

Biodiversity Net Gain and Nature Recovery

The UK Government have published a 25 Year Environment Plan which aims to return an improved environment to the next generation within 25 years. This City of Nature plan aims to do just that. Not to just protect existing parks and open spaces in their current condition but seek to restore the full natural potential of Birmingham. To connect and join up nature, to ensure development brings positive benefits for nature, which in turn will deliver far greater benefits for people and the wider economy. This requires rethinking how and why we value nature especially in the city.

The draft Nature Recovery Network Map (see appendix) shows how much more natural Birmingham could become in 25 years. The matching 2021 Natural Capital Assessment provides what value that would bring collectively to the city; helping make the future of this great city a *Bolder Greener Birmingham.*

Involvement

Involving citizens through the delivery of actions in this plan will mean that there is a greater understanding of the challenges the city faces and ensure local people have a voice in how their area is run.

Involving Council officers. other than just those in Street Scene, and their network of citizens from their associated service areas such as Planning, Public Health, Highways, Neighbourhoods and Jobs and Skills will result in the delivery of appropriate housing, better health outcomes, places for children to learn and play and a sense of pride of our citizens in their local area and in Birmingham as a whole.

7. The City of Nature Plan

Following on from the original 4 themes of the FPA Project the Birmingham City of Nature Plan will work across 5 citywide themes where nature is recognised as integral to wider decision making and planning and that also embraces the circular economy.

The learning gained as part of the FPA programme has highlighted 5 key themes, representing areas relating to nature which are either currently being missed, or are not sufficiently well connected within Council operations and so form part of a new governance model for the natural environment.

These focus on creating**:**

- A Green City – Ensuring green and blue infrastructure is safe, clean, and sustainably managed. Our 25-year Plan for nature will set the threshold for the City's Nature Recovery Network Plan and embed a new governance model.
- A Healthy City – We will make sure every citizen in Birmingham can access green spaces to improve their health and wellbeing as part of the foundations of a Good Life.
- A Fair City – We will make sure; that there is fair access to green jobs and that our workforce reflects our diverse communities; ensuring every citizen has access to good quality green space wherever they live, fast tracking those in greatest need first
- An Engaged City – Citizens will know, love, and protect green spaces and nature.
- A Valued City – Ensuring that the city better understand and captures the value of nature and green spaces, maximising their commercial and sponsorship potential and establishes new innovative funding avenues.

A Fair City

United Nations Sustainable Development Goals 2030:

Environmental justice is at the heart of what a fair city would look like. It is defined as *the fair treatment and meaningful involvement of all people regardless of race, colour, national origin, or income, with respect to the development, implementation and enforcement of environmental laws, regulations, and policies*

Measuring Environmental Justice in Birmingham

The Birmingham Future Parks Accelerator Project has looked at how other cities around the world have responded to this issue of unequal access to green space; and is the first UK local authority to develop a measurement tool for Environmental Justice; based on the existing Indices of Multiple Deprivation.

The Environmental Justice score measures:

- Access to a green space (2 hectares or larger) within 1,000m

- Flood Risk
- Urban Heat Island effect
- Health Inequalities (through Excess Years of Life Lost)
- Indices of Multiple Deprivation

Mapping Environmental Justice in Birmingham

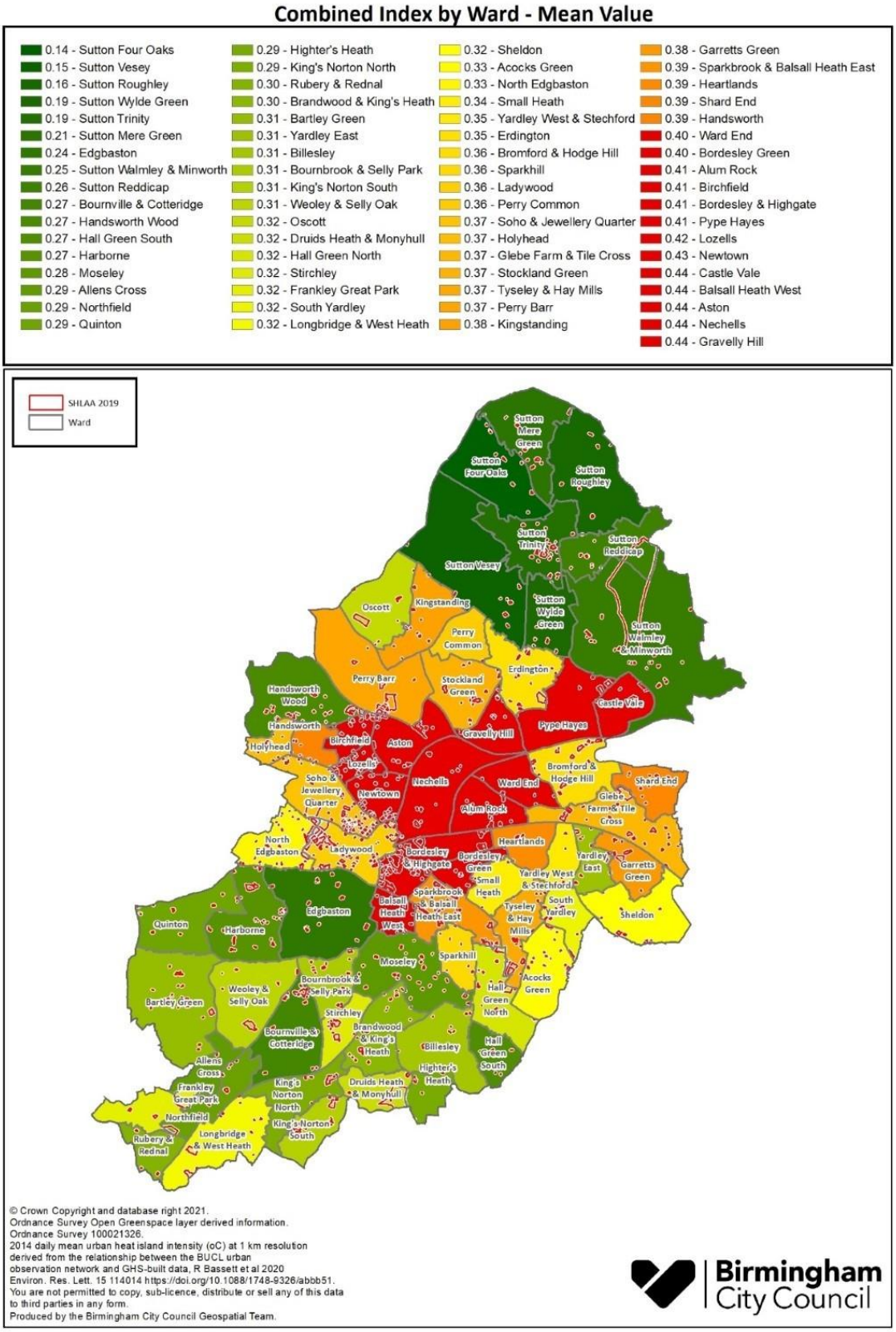
Have been asked for a description of what would be acceptable as public open space or do we need to say green space.

We have looked at the whole city and have developed a new map that shows where in the city all these compound issues are being felt most acutely. This then provides a very useful new baseline from which to develop an evidence-based approach to levelling-up.

All 69 Wards are given a value and a corresponding colour the highest scores receiving a red colour and the lowest scores show as green. We want to make the changes that will start to turn the “red” high priority wards green.

Priority Areas

The red wards show those areas of the city where there is least environmental justice for citizens living there. Access to green space is lowest, the areas are urban heat islands, at risk of flooding, have high levels of deprivation and people have worse health and wellbeing. This presents a real challenge to the city.



Fair Parks Standard

To be able to 'level-up' environmental justice in terms of the city's parks offer to our citizens, we want BCC Street Scene, which includes the management of green spaces, to introduce the Fair Parks Standard. By assessing each park against a standard under the same 5 themes as city wide.

At a local level we ask if the park is:

- **Fair** (is it welcoming, accessible, clean and safe).
- **Green** (are there different trees and plants, are there habitats for wildlife, is it managed sustainably).
- **Healthy** (are there walking routes, quiet areas, activities, is the park used for social prescriptions; and play value).
- **Involved** (can you find out what's happening in your park, can you influence what is happening).
- **Valued** (do we know the worth of what the park provides, is that shared, are there ways to raise extra funds).

If a park doesn't meet the Fair Standard when it is assessed an action plan is created to show what can be done to raise the park to this standard.

This approach will set a new benchmark of quality for all BCC green spaces. Over the course of this 25-year period all parks will be assessed against the Fair Parks Standard and action plans will be created for all those not meeting the standard to help direct the work of the City of Nature Alliance and identify any need to look for additional funding through the sustainable finance model.

We will work side by side with communities together with all council directorates and key partners to achieve this. Looking at the map above you can see this would be working from the inside out.

Proposed timescale for delivering Fair Parks Standard city wide

First 12 months: 2022 -2023

We will trial this approach first in 5 open spaces in Bordesley and Highgate Ward to ensure it is working well before taking it elsewhere.

First five years: 2022 to 2027

We will use the findings from the Bordesley and Highgate pilot to bring together council departments and community organisations to focus upon the green spaces in another 5 wards:

- Balsall Heath West
- Nechells
- Gravelly Hill
- Pype Hayes and
- Castle Vale

Three of these wards - Balsall Heath West, Nechells and Castle Vale are in the top 5 areas of most need of environmental justice; the other two are geographical neighbours making a central north-south spine of the city.

Years 6 to 10: 2028 - 2032

This will be followed by 8 more red wards:

- Alum Rock
- Aston
- Birchfield
- Bordesley Green
- Heartlands
- Lozells
- Newtown
- Sparkbrook and Balsall Heath East

Within the 25 years of the plan: by 2047

All our parks and green spaces will meet the Fair Parks Standard, with the 35 highest scoring wards forming a vital part of the city's nature recovery network and therefore it's response and resilience to Climate Change; ensuring our whole parks network moves from red to green.

But the City of Nature outcomes don't stop with the Birmingham Parks Standard Audit process. The City of Nature plan supports all green spaces throughout the 25 years to reach their full potential through the involvement of the local community to access resources that BCC alone can no longer provide

For example, there is already substantive work planned along the South and East of Birmingham as part of the East Birmingham Inclusive Growth Strategy. The Cole Valley is a key green corridor running through East and South Birmingham. It is identified within the Council's Route to Zero and East Birmingham programmes as a focus for the improvement of the natural environment and as an active travel artery. The Environment Agency has published a Vision for the Cole Valley Catchment in partnership with the Council and other stakeholders and this provides a useful starting point for planning the delivery of improvements to blue and green infrastructure. These include:

- Cole Valley Country Park designation
- Glebe Farm Rec Improvements
- Castle Bromwich Hall Gardens Access Improvements
- Cole Valley Walking and Cycling including the elements designed under EB002: Ward End/Cole Valley Skills Hub
- Ackers active travel interchange
- Tree planting

We will make sure the Route to Zero and East Birmingham programme teams support the improvement of the Cole Valley in line with City of Nature principles.

Fair City Outcomes

We will make sure every citizen has access to good quality green space wherever they live and that there is fair access to training and green jobs and our workforce reflects our diverse communities. – Involvement throughout the delivery framework including delivery of maintenance and management.

To do this we need:

- Good quality green spaces close to where people live, through the adoption of the **Birmingham Fair Parks Standard** process (F1)
- To Identify up to 400 more public green spaces (F2)
- Green spaces that are managed to ensure they are appealing to our diverse communities (F3)
- Green spaces that are accessible for those with additional needs and those who may need support (F4)
- A training and employment showcase of opportunities in the 'green sector' (F5)
- A green space workforce more reflective of Birmingham's diverse communities (F6)
- A Children and Young People strategy with City of Nature as part of that (F7).

A Green City

United Nations Sustainable Development Goals 2030:

Where nature is recognised as integral to wider decision and plan making; and where green spaces, nature and the environment are protected, maintained, and sustainably managed.

Under a green city this Delivery Framework will address one of the themes prioritised in the 25 Year Environment Plan:

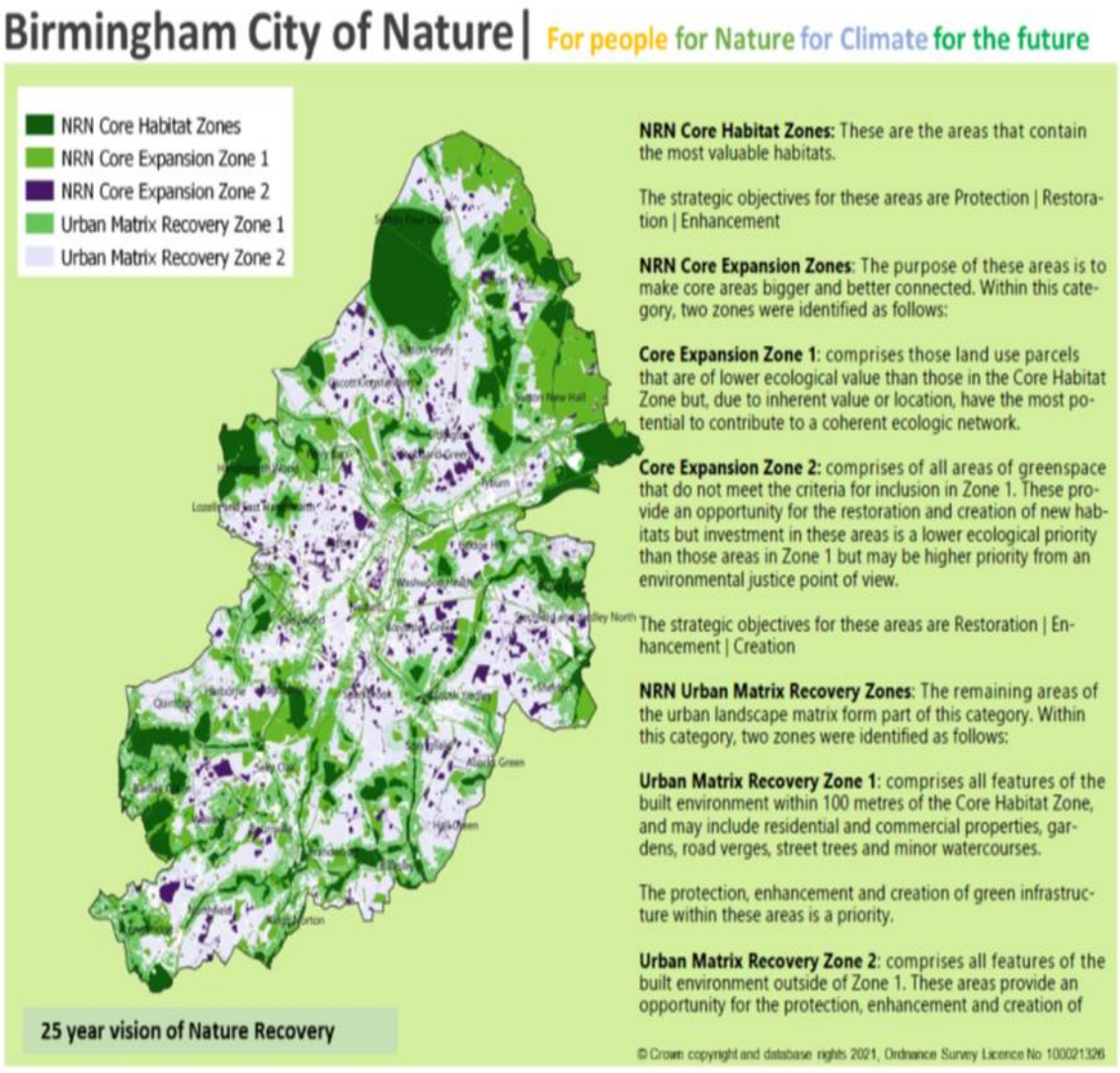
"Support the delivery of the national Nature Recovery Network, with its focus on enhancing landscapes; improving connectivity between wildlife rich places; climate resilience; protection of existing natural environments and supporting access to nature for health and well-being."

Green City Outcomes

To do this we need:

- A complete change in how we build all our public realm, providing improved connectivity and supporting the restoration and viability of urban areas (G1)
- Green corridors that are easier to find and use, helping citizens to use them for active travel and so improve air quality (G2)
- An enhanced network of green space and green infrastructure that are safe, clean, sustainably managed and meet the Birmingham Fair Parks? Standard (G3)
- The restoration of green spaces, nature, and the environment (G4)
- Greener development bringing natural landscapes or features into every place and neighbourhood (G5)
- Opportunities to help citizens make better use of green space outside of their home for food growing or communal gardens (G6)
- The **Nature Recovery Network**, stretching right across the city and linking with all our West Midlands neighbours, forming part of the **West Midlands National Park (G7)**
- An increase to the tree canopy coverage across the city to 25%, through the **Birmingham Urban Forest Master Plan (G8)**
- A change to the city's governance structures that oversee the city's natural environment across the full 25-year term (G9).

MAP OF THE DRAFT NATURE RECOVERY NETWORK FOR BIRMINGHAM FOR 25 YEARS



A Healthy City

United Nations Sustainable Development Goals 2030:

The value of parks, green spaces and nature is not just defined by numbers.

The health benefits of green spaces have been intuitively known by communities for a long period of time. In recent years there has been an explosion of evidence which comprehensively supports the idea that green spaces are integral for both our physical and mental health.

Green space has been demonstrated to improve physical health in the following ways:

Studies have shown that for children and young people access to green space helps regulate emotional and behavioural activity, specifically inattention and hyperactivity; encourages prosocial behaviour; and is the most significant factor to influence the reduction in childhood obesity.
For adults, access to green space brings significant benefits in terms of reducing the likelihood of cardiovascular diseases, type two diabetes, hip fractures, bowel, and breast cancers.
Older adults also benefit from reduction in levels of obesity, numbers of fractures and reduced death from cardiovascular diseases.

Access to green space can also bring significant benefits in terms of mental health with evidence suggesting higher levels of life satisfaction; lower levels of self-reported stress; and lower levels of anxiety and depression.

Healthy City Outcomes

*We will make sure every citizen in Birmingham can access green spaces to improve their health and wellbeing as part of the foundations of a Good Life (*The 7 Foundations of a Good Life - Foundations for the Good Life)

To do this we need:

- Nature Connectedness – whereby citizens understand the benefits of using green space and having contact with nature for physical and mental health (H1)
- Safe and attractive routes for walking and cycling (H2)
- An increased number of parks offering health and wellbeing services and green social prescribing (H3)
- To work with fitness providers to offer health and wellbeing activities in parks and other green spaces (H4)
- Support to citizens living in Council housing to make communal gardens where they live (H5).

An Involved City

United Nations Sustainable Development Goals 2030:

Community is key to the City of Nature framework. Our actions must create a better, greener future for everyone across Birmingham.

Our codesign process so far has stretched over 12 months, considering:

- An online survey with 157 responses
- 97 digital display campaigns
- 29k Twitter impressions
- More than 10 engagement sessions and workshops

Involved City Outcomes

Citizens will know, love and protect green spaces and nature.

To do this we need:

- New City of Nature pages on Birmingham City Council's website to bring our green spaces to people at home, helping them to connect to nature wherever they are through a series of videos and photographs (I1)
- Over 100 Parks pages detailing what these parks offer (I2)
- Support to children and young people to learn, play and explore the wonders of nature as part of their education, building on the work of UNESCO (United Nations Educational, Scientific and Cultural Organization) Schools and acting as **Young Green Champions (I3)**
- **Opportunities in green spaces to explore and celebrate art and culture and work with libraries to organise book clubs in parks (I4)**

- New and more flexible ways for the citizens to participate and to get involved in volunteering in green spaces; and becoming **Green Champions (I5)**
- A **City of Nature Alliance**, made up of charities and community organisations, to provide a new civic voice and engagement mechanism (I6)
- To establish at least one Community Growing Space in every ward (I7).

A Valued City

United Nations Sustainable Development Goals 2030:

One of the greatest challenges facing the long-term maintenance and recovery of the natural environment and parks and green spaces, is the issue of funding.

The 2016-17 Parliamentary Inquiry 'The Future of Public Parks' found that the value of parks and green spaces was well documented but not well understood; so not fully protected in policy.

The Inquiry found that as a non-statutory service they have often been seen as non-essential services and have suffered disproportionately with budgets reductions imposed following the 2008 global financial crisis and subsequent austerity measures.

Nationally, there are challenges in terms of finding long term management and sustainable funding solutions that prompted the National Lottery Heritage Fund, Ministry for Housing Communities and Local Government and the National Trust to fund a programme to explore these issues and develop learning across the sector, through the *Future Parks Accelerato*r programme.

Birmingham City Council was successful in its application to be one of the eight Future Parks Accelerator projects and the City of Nature Delivery Framework has been developed to form the legacy of this short-term programme to explore and test new solutions.

Historically the economic model adopted by all cities has been a linear one resulting in the maintenance of parks being registered as nothing but a cost; with their value not being captured.

In this City of Nature plan is moving away from that model towards a circular economy one, that better fits how the city will need to meet its twin challenges of levelling-up and climate change.

In addition, the city will develop a Sustainable Finance Framework with external green investors allowing for the long-term investment into the city's blue and green infrastructure.

All three above mechanisms will help the city realise the true value of the natural environment as captured in this latest Natural Capital Account which valued the city's future potential green estate as £14.93 billion after 25 years. See appendix for details.

Valued City outcomes

The plan has developed a circular economy funding model that seeks to better capture the true value of the natural environment and ensure that future investment happens where it is needed most, making the invisible benefits, visible.

To do this we need:

- Information that demonstrates the wider environmental, social, and economic value of green space through a Natural Capital Account (V1)
- Biodiversity Net Gain and improved access to good quality green spaces using the planning and development process (V2)
- Diversity of income and funding streams for green spaces from supporting communities to crowdfund and secure grants, through to large scale business contributions (V3)
- Increased Council income through commercial activity (V4)
- Added social value to our green spaces through our procurement processes (V5).
- Education and Skills commissioning done through a green lens (V6).

8. Measurables

As the 25-year city wide City of Nature Plan develops metrics will be developed with a cyclical review process in five-year intervals. Below are some examples of the ambition for city wide targets over the next 25 years.

A Green City

25% Tree Canopy Coverage across the City

50% of adults perceiving West Midlands is a National Park

25% residents feel they contribute to green city decision making

100% Green Waste recycled

1000 public green spaces identified in the city

A Healthy City

City of Nature webpage receiving 1 million visits

60% citizens using green spaces at least once a week

90% citizens always listening to birdsong

35% citizens taking part in Health and Wellbeing activities at least once a week in green spaces

50% of social prescriptions using green spaces

20% increase in walking cycling journeys

A Fair City

All public open spaces in all wards to reach the Birmingham Fair Standard

25% of parks service being under the age of 25 and be from ethnic minority backgrounds

100 million visits per year to our green spaces

Identification of 400 additional green spaces

An Involved City

100% of nurseries to be signed up to the Little Green Champions Programme

25% of all adult citizens to sign up to Green Champions Programme

600,000 volunteer hours per year

40% of volunteers to be from ethnic minority backgrounds

10% children in care mentoring sessions to be related to green spaces

1500 volunteers receiving training through City of Nature Alliance in total

A Valued City

Birmingham Health and Natural Capital Account increase by 20%

£25m per annum income through commercial activity

£1.5m raised through community and third sector investment for investment in green spaces

25% Green infrastructure & nature recovery joint funded through Green or Climate Bonds / Green Investment.

9. Delivery Partners

A major part of the Delivery Framework is the work to develop a city-wide Alliance of delivery partners (the creation of which is funded by Commonwealth Games 2022 Legacy Fund) who will work together under a memorandum of understanding to achieve the following objectives:

Objectives for the Birmingham City of Nature (BCoN) Alliance:

- Continue to identify organisations across Birmingham that deliver outcomes in line with the aims of the Our Future City Plan - City of Nature Vision and invite them to join the Alliance membership to help delivery of actions identified in the City of Nature Delivery Framework.
- Establish and maintain a forum for BCoN Alliance members to come together, whether online or in person to contribute to decision making regarding action taken in each of the 6 Red Wards as identified in the five-year plan.
- Communicate information between BCoN members, communities, and other stakeholders.

- Maintain relationships with people interested / involved with the City of Nature project, including but not limited to volunteers and may include teachers, police officers, local businesses.
- Leading the development and implementation of a data management system.
- Help deliver opportunities for volunteers to be involved in site development and management not already resourced.
- Deliver educational establishment engagement not already resourced.
- Deliver community engagement activities like Earth Stories.
- Identify Community Leads (Green Champions), who are individuals willing to train to lead community activities on a voluntary basis.
- Help to identify funding opportunities and investment to develop a sustainable funding model for the delivery framework including but not limited to, paying for assistance with bid writing for any established groups.
- Delivery of actions required to bring parks up to Birmingham Fair Standard - even in areas that do not have established Friends of groups.

Bordesley and Highgate Ward Delivery Framework Pilot

The Alliance will help deliver the Bordesley and Highgate pilot project through the following actions:

Identify, engage, and involve at least 1 Green Champion for each of the five sites in Bordesley and Highgate Ward (5 Green Champions). Green Champions are members of the community who will help deliver actions on site and or advocate for environmental justice and green spaces. They may be volunteers or professionals such as teachers who have a green focus. Training will be provided as appropriate.

Community Involvement activities with early years children and local schools, monthly activities.

Community involvement activities for individuals and families offered in at least the 5 Parks in Bordesley and Highgate ward 2 occasions per month March to December 2022 on site delivering activities including Healthy Parks, walks, exercise, and mental health mindfulness activities.

Physical landscape improvements including wildflower areas and tree planting appropriate for each site – being developed through the action planning process,

Sustainable Finance Strategy to ensure there is funding to keep comms, engagement, volunteer point of contact and CRM in operation after March 2023. A proposal of how the Alliance could raise money for the 5 subsequent wards to deliver some elements of place and people.

Communications Plan and delivery to engage local residents and businesses. Monthly newsletter, social media at least three times per week, monthly press releases, parks content webpages created for the POS sites within the 6 red wards (within BCC website).

Breakdown of costs

Phase 1

Establishment of Alliance Model	Small grants of £2,000 for up to 15 NGOs	£30,000
Community involvement activities	Small grants of up to £9,000 x 5	£45,000
Landscape enhancement activities	Small grants of up to £ 4,000 x 5	£20,000
Capital purchases	Leaflets, equipment, tools	£15,000
Community identified needs	Small grants of up to £2,000 x 5	£10,000

Phase 2

Customer Relation Management development and procurement	£7,000
Creation of action plans for the remaining 5 wards as part of 2 and 3	£7,000
Development of Sustainable finance model including grants and crowd funding	£7,000
Development of Sustainable finance model including grants and crowd funding	£9,000
Total for Pilot Project	**£150,000**

Full funding has been secured from the Commonwealth Games Legacy fund for the development of the Alliance Model and delivery of the pilot in the Bordesley and Highgate Ward to get communities more active.

10. Governance

Governance and Finance

Birmingham participated as a case study city in a 5 -year national research study – Liveable Cities (2012-2017) which looked at the world's most liveable cities to understand the critical ingredients needed to be successful as a green sustainable city.

One of its main findings was that successful cities were clear about how they linked municipal governance, with municipal planning and municipal finance. These lessons have been built into this Plan http://liveablecities.org.uk/

Strong and inclusive leadership will be key to the success of Our City of Nature **Plan**.

To ensure the long-term governance and management of Birmingham's natural environment a series of new bodies and groups have been formed to connect agendas and outcomes; with the benefits that the natural environment can bring to the improved performance of the city.

The core aims and ethos of the Plan need to be considered when any decisions relating to Birmingham green spaces are being taken.

These new bodies are: -

- **The City of Nature Board**: chaired by Cabinet Member for Parks and Street Scene.
- **The City of Nature Steering Group**: chaired by Assistant Director for Development who will bring together other Assistant Directors from across the council.
- **The City of Nature Operations Group**: chaired by Principal Planning Officer who will bring together operational officers from across the council.
- **The Birmingham City of Nature Alliance**: facilitated by the City of Nature Officer who will bring together representatives from external organisations.

The City of Nature Alliance will hold the Council accountable for the delivery of this Plan.

Some key actions we will take to ensure this include:

- The development of a City of Nature Board team - ensuring work ties in with Route 2 Zero and Green Recovery work

- The introduction of Green Champions - individuals responsible for connecting City of Nature's goals to employment, health and wellbeing, children, and housing/ development agendas
- Maximising planning consideration - planning officers will have a checklist that makes it easier for them to make sure nature and green spaces are adequately considered when assessing planning applications
- The creation of a City of Nature Alliance - bringing together environmental organisations, providing a one-stop shop for the interested citizen and an open door to all connected local and national green and blue space organisations operating in Birmingham.

Birmingham City Council Corporate Finance, the City of Nature Alliance and local corporate investors will work together to identify resources that will enable us to turn red wards to green. We will work on five to six wards per year, over a five-year period, taking a focused and co-ordinated phased approach. Although our immediate focus will be on Council owned green place, the Plan has an ambition to work with non-Council green space owners over the 25 -year period.

11. Getting involved

You can help deliver some of the action required to make Birmingham a City of Nature today, no need to wait.

As a resident you can. . . . .

- Visit your local park
- Explore the park with friends or other families.
- Look out for information about activities taking place in your local park.
- Sign up to become a Green Champion to help promote your park and learn new skills.
- Look out for children's activities through Little and Young Green Champions
- Take time to notice nature and share what you find.
- Volunteer with a Park Friends Group or help to set one up.

As a local group you can . . .

- Become a part of a Network Organisation like Birmingham Open Spaces Forum
- Consider running a crowdfunding site for your green space.
- Set up a social media account and spread the word!

As a school you can. . . .

- Sign up to our Young Green Champions programme for children aged 6 – 18

- Teach more outdoors!
- Champion National Trust's 50 things to do before you're 11 and ¾ !

As a business you can . . .

- Sign up to become Corporate Green Champions
- Add social value through investing in our parks and green spaces
- Create employment and training opportunities for local people within green industry
- Commit to protecting the environment, minimising waste, and energy consumption

12. Conclusion

In this plan we set out a clear ambition for Birmingham and offer an approach to becoming a City of Nature recognisable on a world stage. It shows how this would be owned right across the organisation and for the long-term.

To ensure this longevity, substantial changes have been made in relation to the ways of working across the council, in how the city wants to work with its core partners and invite in the support of its citizens.

For those surprised to see Birmingham listed as a founder member of the global Biophilic Cities Network and a Tree City of the World this represents the delivery mechanism to achieve these goals for generations to come.

This plan fits within a suite of city policy documents setting out a Bolder Greener Birmingham, making a fundamental contribution to the city's Carbon Net Zero climate ambitions, it has also been submitted for a West Midlands National Park Accreditation Award as they share the same under-pinning ethos.

At the start of the FPA programme the question was asked: "What is the problem you are trying to fix?" The problems were numerous but basically came down to one thing, "How could we make the invisible benefits of nature- visible to all those who could play a role in restoring its importance and therefore its long-term protection and restoration?"

Hopefully you will agree that throughout this plan are many instances of how we have made visible the great contribution the natural environment makes to the liveability of Birmingham now and long into the future; across many sectors and areas of interest and showing how it is something that should concern everybody. What we want to put in place is a mechanism that not only perpetuates that but expands it so that the degree of involvement and change accelerates with time, in full recognition of the urgency that is at hand.

Birmingham City Council are very grateful to the National Trust, National Heritage Lottery Fund and the Ministry of Housing Communities and Local Government for their funding and support through the Future Parks Accelerator scheme; 2019-2022; that enabled this co-ordinated transformational

work to take place and to our partners and the community of Birmingham that have help us shape this.

13. Earth Stories

Everyone in Birmingham has a unique memory of interacting with green space - we call this their Earth Story, whether that be from hanging off branches from trees in Cannon Hill Park or listening to the birds in Highgate Park.

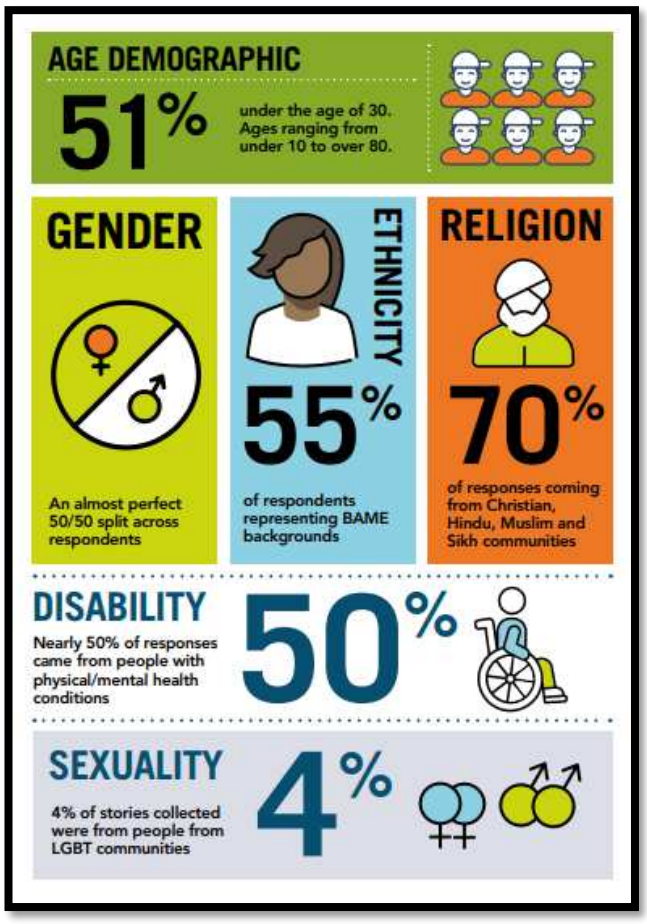
Our search for these Earth Stories provided us an opportunity to form a mosaic of Birmingham residents affinity to these green spaces and helped to shape our ambitions to create a city of nature.

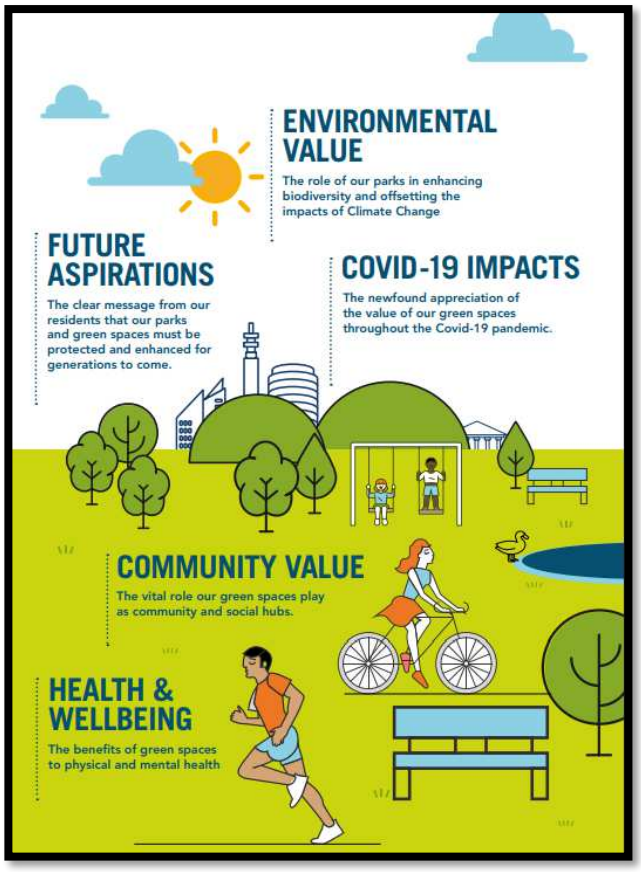
We've received 215 stories to date from a diverse group of citizens in response to our call out.

These insights provided a glimpse into our communities' relationship with nature.

We are particularly proud of the diverse range of sources providing us feedback, some key highlights of which are:

- Age Demographic: Ranging from Under 10 to Over 80 – including 51% under the age of 30
- Gender: An almost perfect 50/50 split across respondents
- Ethnicity: More than 55% of respondents representing BAME backgrounds
- Religion: Over 70% of Responses coming from Christian, Hindu, Muslim and Sikh communities
- Disability: Nearly 50% of responses came from people with physical/mental health conditions
- Sexuality: 4% of stories collected from were from people from LBGT communities.





We read or listened to all the stories and poems that were submitted and considered all the drawings and photographs including some amazing pictures from children and young people.

After analysis we found 5 common themes:

Green spaces must be preserved and enhanced for generations to come.

The role of our parks in enhancing biodiversity and offsetting the impacts of climate change.

Newfound appreciation of green spaces throughout the Covid19 pandemic.

The vital role our green spaces play as community and social hubs

The benefits of green spaces to physical and mental health.

A selection of Earth Stories will be woven through the final document, below is a small selection.

Making memories in parks - Cllr O'Shea

My favourite local park is Millennium Green in Acocks Green. It's a lovely little green space where you can climb trees, walk by the canal and generally enjoy nature. One of my best memories is bringing the kids down in the snow and getting the sledge out, playing with snowballs and just really enjoying the park in winter.

For me, our parks are crucial – whether it's about health, education, employment and in particular housing, they are so vitally important. They are not a dead weight cost to the Council. I'm really excited to see how much more we can involve volunteers in looking after and influencing the direction of their local parks.

One of my favourite places - by a young Birmingham resident

Before lockdown happened in March 2020 I used to enjoy going out for food or shopping, attending events in Birmingham and travelling out of town to see friends and family. I think that because of the lockdown rules and having to stay inside a lot of people felt like they were out of sync and I was definitely one of those people. It was a good thing and a bad thing because it enabled me to reflect and look at myself and look at what I do but also made me do new things and explore my local area. Something that I definitely enjoy doing now that I didn't so much before is going for walks.

There's a huge park by my house it's called Sutton Park. I recently found out it's one of the biggest parks in Europe. It's got a nature reserve on it and the loads of wild animals such as rabbits. There are horses, cows, weasels – loads of stuff. It's also got kids parks dotted around, it's got lakes and little rivers. It's just a really peaceful nice place to unwind chill. Maybe bring a blanket and a little speaker, sit with your friends and fam and just have vibes, you know what I mean. So that's somewhere that I really enjoy going and I've actually started to encourage my friends to go down there as well. Not always to just chill in the park and listen to music or have a picnic but sometimes we just go for a walk and meet new people.

So, it's something that I probably wouldn't have gone to before, because there was not really a reason to. But now it's one of my favourite places and it's a really nice green space in Birmingham that I didn't really explore properly before and still haven't because it's a huge 2400 acres, so there's a lot to see there, but it's one of my favourite places and it's something I love about Birmingham.

Dawberry Fields Forever - by Kim, a friend of Dawberry Fields Neighbourhood Park

We are blessed in Birmingham with so many green spaces/parks - Wherever we have lived, we have enjoyed playing, walking, exercising, learning about the birds and the trees.

Mom and I moved to Kings Heath, and what a lovely surprise it was to find that 'just over the fence' lies a hidden gem - Dawberry Fields Park shares its bounty with us.

it's (mostly) a tranquil oasis, interspersed with children playing, especially when they pour out of the nearby school to use the playground, and dog walkers chatting, joggers and has become a little busier recently, which is nice. Another bonus is that there are plenty of benches to sit and watch the World go by.

For the Planet We Need More Parks - by Nathan

My name is Nathan and I want to tell you why I like parks. I'm 13 and starting to be interested in the climate change emergency. I think older generations have let us down, although I don't think many people would have known what a mess we would get into, and my generation will change it.

Birmingham would be boring if it was all houses, flats, factories and offices, we have lots of green and it makes everything looks nicer and the trees put more oxygen into the air which is good.

I would like there to be more parks in the future. They don't have to be big, little parks near where people live are good as well. They need to be fun though. Some parks are all flower beds, and that's no good for children, making them interesting. Parks need to be for everyone so keep the flower beds for some old people to look at and have adventure trails where you can get muddy for little children. For the planet we need more parks.

Looking Up More - by Sophie Hislam, Public Space Innovator Jobs and Skills

Since starting my role with FPA back in April 2020, I have found myself looking up more – not only looking up on walks to enjoy the surrounding but using the internet to look up what plants grow when, why trees turn orange and yellow in the autumn and how to grow your own fruit and vegetables (the novice guide).

With a maiden name of Green it's no wonder my dad and grandma are such avid gardeners, during my teenage years, I would spend a lot of time watching both dad and grandma in the garden, planting, watering and weeding however at the time nothing was more important to me than sunbathing or "revising" outside....but now I'm older and have a garden of my own – I find myself regularly asking them both for advice on what to plant when, where to plant certain plants and how to best look after them.

I am lucky enough to have had my own garden for a year now and I am super chuffed that I have been able to grow my own basil, chives, tomatoes, cucumbers, chilli's. I'm hoping for courgettes and purple potatoes next year!

I Could Stay Here Forever - by Ellie Wilde, Health Mentor at Evolve: A Social Impact Community

I've been a Health Mentor with Evolve for over a year, and I love the holistic view that we take of children's health. We include not just physical health, but mental and emotional wellbeing too. One of the most important aspects of physical and mental health, for me, has always been spending time outside in nature. Not every child is so lucky, and some children will barely go into a green space at all. I was really keen to get involved with the Future Parks project recently, to engage children and families with the many green spaces that are all around us in industrial Birmingham.

A life that is a bit more like mine – by a Birmingham resident

I am 23 years old; I have Autism and I live in Lozells. I am also a wheelchair user. I am quite isolated anyway, so lockdown has just meant everyone else has had a life that is a bit more like mine. Getting outside is important to me. I love green spaces and outdoor activities including kite flying and sailing- anything with an adrenaline rush. I have support workers who work with me for a few hours every day and I enjoy going in their cars to visit places such as Edgbaston Reservoir and Cannon Hill Park. I am on the waiting list for an Assistance Dog and I am really looking forward to the company, support and cuddles. However, the parks don't feel safe in Lozells and I am worried about being able to take my dog to the park on my own. There is always lots of rubbish and I worry about the dog eating it. It also makes it difficult to manoeuvre in my wheelchair. I hope to be able to move to an area with safer parks as I know spending as much time as possible outside is really good for my mental health.

Next Generation of Birmingham Stewards - by Councillor John Cotton

I was born and brought up in Birmingham, so I suppose my first memory of a green space goes back to those early days growing up in the north of the city, with these amazing spaces on my doorstep, places like Perry Barr Park, Perry Hall Park and Red House Park.

So, my earliest memories are of hanging out with my mates in those parks, you know, building dens and playing games, just tremendously happy memories that have lived with me to this day.

And it does make me reflect on just how fortunate we are in Birmingham to have so many green spaces.

Whether it is parks, whether it's recreation grounds, whether it's bits of woodland in neighbourhoods right across our city they are a real asset, I think, to our communities.

And when we think about what that means for cohesion and tackling inequalities in our city those green assets are absolutely vital.

These are the places where communities come together, where we share in activities, where we build friendships, where we build those relationships that are so important to building a cohesive city like Birmingham.

Handsworth Park - by Councillor Paulette Hamilton

My name is Paulette Hamilton, I'm the cabinet member for adult social care and health and public health in Birmingham. Let me start by saying I'm a wife, I'm a mother, I'm a grandmother, I'm a carer and I'm daughter. I have a long history in this city, in fact I was born in this city, I grew up in this city, in an area called Handsworth and throughout my life I have visited many of the parks and open spaces in this city. For me when I go into a park and I'm in the open spaces I actually feel relaxed, it really helps my mental health, it helps me to think, and it just helps me to see what we can do going forward, not just for me myself and my family but in the roles that I do what we do going forward in the community.

We would like to thank all the those who shared their Earth Story and the community groups who worked with us to collect these wonderful stories – Black Arts Forum, Stechford Village Neighbourhood Forum, Welsh House Farm Green Grafters, The Friends of Georges' Park, Footsteps, Northfield Arts Forum, Queen Alexandra College, Over 50s Go Getters, Stirchley Snowflakes Festival, Norton Hall and Brownfield Road Allotment Garden Association as well as all those who have shared their earth stories via our blog page: Blog – Naturally Birmingham Future Parks Project

We plan to publish all our Earth Stories at the end of the Future Parks Project.

AREA
Create City of Nature Alliance
Community engagement
Improvements to POS sites
Ensure that all educational establishments promote green jobs and careers, and have access to sufficient and quality green and blue spaces that allow for outdoor learning, and natural play.
Create a Green Support/Promotional Package for local businesses

Enable changes to planning & Regeneration processes and policies to support delivery of the city of nature
Promote the use and improvement of existing green spaces with equal citizen involvement
Amend corporate processes to ensure city of nature theme became systemic across the Council

AMBITION
I6
I6, F1
I6, H3,H1
I5
V3
I2
I1
F1
I6
I5
I5
F1
F1
F1, F3, F4
F3
I3
I3
I3
F5, F6
I5
G4
H1, H3
H1, H3
V3

G1, G4, G5, G8
G4
G1, G4, G5
G1
G1, G4, G5
G1, G4, G5
G1, F3
G1,G2,G3,G4
F2
F2
G6
H5, I7
H3
F5, F6
I2
H3
H3
G9
G9
V1, V4
F1, F6

ACTION
Identify partners wishing to deliver community focussed activity initially in BHI ward
Employ City of Nature (CoN) Officer to support management of BCoN Alliance and liasion with BCoN Operations group
Start delivery of community actions in BHI
Agree plan for Green Champions recruitment and management
Agree plan for additional sustainable fundraising
Update 100 parks webpages with improved content
Create City of Nature webpages
Audit BHI ward green spaces (& all six red ward sites with Birmingham Fair Standard Audit Tool
Engage with local BHI communities to ascertain what kind of activities and/ or changes they would like to see in their parks; referencing audit suggestions.
Set up local volunteer groups to support POSs
Recruit 5 Green Champions
Put in place noticeboards in BHI ward
Create mini site plans; following audit recommendations & community views for all POS in 6 wards
Undertake simple repairs such as paths in BHI ward
Support from Streetscene teams for clearing flytip first; then Extra litter picks in BHI ward
Make contact with ***all*** educational establishments (early years, schools, colleges and adult education) within the BHI area and introduce idea of nature based learning
Provide clear offer of nature based learning to all early years and education establishments in BHI; work with community / third sector partners for use of joint facilities (toilets)
Deliver nature based mentoring for young people in care in BHI
Plan a series of physical skills show cases of green jobs and careers in BHI
Support alliance in the promotion of green champions
Increase biodiversity enhancement whilst giving local people green skills
Develop booklet with literature on benefits of green space to health and wellbeing and productivity, green business grants, and local open spaces
Series of webinars promoting the benefits of green spaces to health and wellbeing
Delivery of green/ blue spaces grant through the shared prosperity fund

Development of Landscape Led Planning Checklist (internal and external)
Development of informative condition requiring new developments to provide BMHT Green User Guide
Development of Condition requiring submission of evidence of adherence to landscape management plan
Explore requirement for evidence that developers have liaised with local friends groups in POS design and management; linked to their ESG requirements
Explore S106 procedure regarding the early delivery of open space in a development scheme
Explore development of a Tall Buildings Greening Policy & Green Roof Policy
Explore Service Charge Models as a long term maintenance strategy for new POS
Delivery of Open Space Assessment to support new POS policies in the BDP review
Commission study of how more green space can be incorporated into Bordesley & Highgate Castle Vale, Gravelly Hill, Nechells, Pype Hayes and Balsall Heath West wards- including evidence base of what works and financial implications
HIGHWAYS - complete license to cultivate policy
Explore control over the removal of front gardens
Explore case for ecological/ green enforcement officer
Identify housing land pockets in BHI and work with housing tenants to activate these spaces
Deliver at least one communal garden site within BHI ward
Increase number of parks in BHI offering health and wellbeing activities and social prescribing
In partnership with education and skills develop an outdoor courses delivery programme, including Sow and Grow
Promote Coordinated Campaign for Council Media to support green space initiatives
Put in place physical health solutions, e.g. Daily Mile routes
Work with local hospitals and GPs to ensure health services are linked up to green spaces
Adoption of new governance model for City of Nature, including setting up City of Nature Board
Ensure City of Nature embedded across Route to Zero program & team
Ensure climate ambitions of City of Nature are linked to BCC Treasury and BCC Finance through Treasury Panel
Complete service re-design for Streetscene and Parks Services

OWNER	START DATE
FPA team	Jan-22
FPA team	Jan-22
Alliance - supported by CoN officer	Mar-22
Alliance - supported by CoN officer	Apr-22
Alliance - supported by CoN officer	Apr-22
FPA team	Jan-22
FPA team	Jan-22
FPA team	Sep-21
Alliance	Feb-22
Alliance	Mar-22
Alliance	Mar-22
Parks	Jan-22
Parks	Jan-22
Parks	Jan-22
Streetscene Teams & Community	Jan-22
Education, Early Years and Skills and Employment Leads	Jan-22
Alliance	Mar-22
BCT Lead	Mar-22
Employment and Skills Lead	Jan-22
Education Lead	Jan-22
Alliance	Mar-22
Public Health Lead and Business Lead	Jan-22
Public Health Lead and Business Lead	Jan-22
Business Lead	Jan-22

Planning Lead	Nov-21
Planning Lead	Nov-21
Planning Lead	Nov-21
Planning Lead	Nov-21
Planning Lead	Nov-21
Planning Lead and Planning Policy Lead	Nov-21
Planning Lead	Nov-21
Planning policy lead	Nov-21
Planning Lead	Feb-21
Alliance working with Planning	Jun-21
Planning Lead	
Planning Lead/ Princial Arborculturalist	
City Housing Lead	Nov-21
City Housing Lead	Jan-22
Alliance	Mar-22
Employment and Skills Lead and Alliance	Nov-21
City of Nature Officer	Feb-22
Public Health & Parks	Dec-21
Public Health	Jan-22
CLT	Dec-21
AD for Route to Zero	Jan-22
Finance	Jan-22
AD for Streetscene	Jan-22

COMPLETION DATE
Mar-22
Feb-22
Sep-22
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May-22
May-22
Dec-21
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Dec-22

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	G2
	G2
	G2
	G4, G5
	G1, G4, G5
	G2
	G7
	G8

15 minute/ healthy living zone neighbourhood pilot in Bordesley Green	Planning Lead
Develop Green Transport Corridors and links to parks to encourage active travel and work with University of Birmingham WM-Air Research Team to advise on how to improve air quality	Transport Strategy Lead
Map planned and potential green routes to improve connectivity and active travel	Transport Strategy Lead
Develop an integrated approach and procedure for delivery of future transport infrastructure to improve biodiversity, green infrastructure, connectivity, and siting of services	Transport Strategy Lead
Work with utility companies to ensure future approaches allow for the retrofitting of green infrastructure into an environment	Transport Strategy Lead
Explore legal control over land designated for open space outside redline boundary of plan	Planning Lead
Development and delivery of Green Web Policy in OFCP 2040; consistent and in line with West Midlands National Park ambitions	Gary Woodward
Ensure delivery of emerging nature recovery network with neighbouring areas	Principal Aroboriculturist
Development and delivery of Birmingham Urban Forest Masterplan	Principal Aroboriculturist

Feb-23	Nov-24
Feb-23	Nov-24
Feb-23	Nov-24
Feb-23	Nov-24
Feb-23	Nov-24
Feb-23	Nov-24
Feb-23	Nov-24
Feb-23	Nov-24
Feb-23	Nov-24

OUR GREEN SPACES

MOST POPULAR REASONS FOR USING PARKS

- To walk the dog (57.6%)
- For peace and quiet and to relax (54.1%)
- To experience nature and wildlife (48.6%)

LEAST POPULAR REASONS FOR USING PARKS

- Volunteering (3.3%)
- To play sports and/or games (9%)
- Other e.g. photography (2.9%)

72%
OF RESPONDENTS visit the green space closest to home

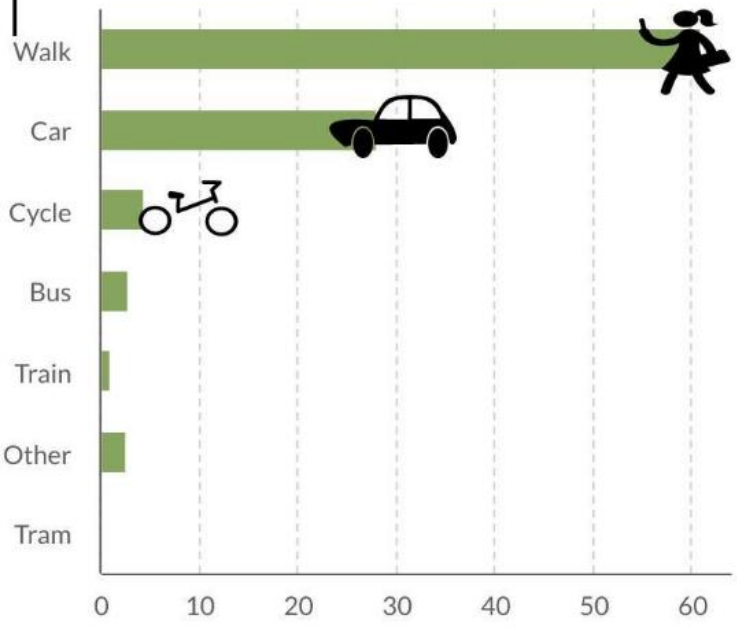
DOING THINGS IN GREEN SPACES

10.1% always take photos of nature

25.5% always listen to birdsong

22.6% always take time to notice butterflies/bees

TRAVELLING TO GREEN SPACES



45.9%

NOT aware of volunteering opportunities

Around a third were interested in being able to 'dip in and out' of scheduled volunteering opportunities

Lack of time most common reason for not being able to volunteer

NATURALLY BIRMINGHAM: FUTURE PARKS ACCELERATOR

OUR GREEN SPACES

611 RESPONDENTS

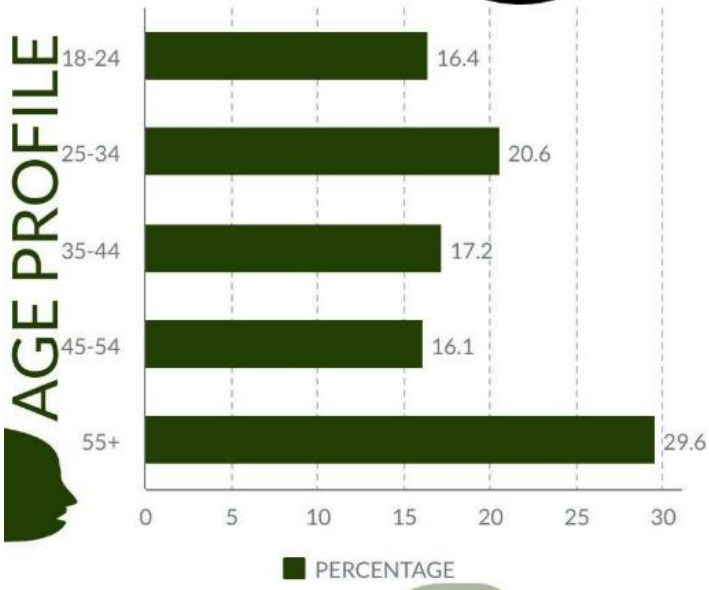
74.7% WHITE BRITISH

18.6% BAME

MORE **MEN** VISITED GREEN SPACES PRIOR TO LOCKDOWN

FROM BIRMINGHAM

AGE PROFILE



LESS SIGNIFICANT GENDER DIFFERENCE **AFTER LOCKDOWN**

FEMALES REPORT FEELING LESS SAFE IN GREEN SPACES, COMPARED TO MEN

HOWEVER, FEMALES MORE LIKELY TO VALUE GREEN SPACES AS SPACES FOR LEARNING AND VOLUNTEERING, COMPARED TO MEN

RESPONDENTS OF **ALL ETHNICITIES** VALUED GREEN SPACS AS INCREASING THE VALUE OF NEARBY HOUSE PRICES & A PLACE FOR COMMUNITY EVENTS AND ACTIVITIES

NATURALLY BIRMINGHAM: FUTURE PARKS ACCELERATOR

people spaces places

Birmingham City Council Green Spaces Survey

July 2020

Issue number: 1

Status: FINAL

Date: 24th August 2020

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Authorised by: Adrian Spray

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Birmingham City Council Green Spaces Survey

August 2020

Contents

1 Approach and Methodology

Birmingham City Council contracted survey specialists, YouGov, to conduct a survey asking Birmingham residents about their use and perception of local green spaces.

The survey was conducted using an online interview administered to members of the YouGov Plc UK panel of 800,000+ individuals who have agreed to take part in surveys. Emails were sent to panellists selected at random from the base sample. The email invited them to take part in the survey, providing a generic survey link. Once a panel member clicked on the link, they were sent to the survey that they were most required for, according to the sample definition and quotas.

Invitations to surveys do not expire and respondents can be sent to any available survey. The responding sample is weighted to the profile of the sample definition to provide a representative reporting sample. The profile is normally derived from census data or, if not available from the census, from industry accepted data.

The survey was available online from the 3rd July 2020 to 13th July 2020 and was completed by 611 respondents. This report was produced by CFP and outlines the key findings from the survey, including analysis by respondent demographics.

2 Respondent Demographics

The survey was completed by a total of 611 respondents and all respondents were from Birmingham. The sample has been weighted to reflect the population of Birmingham.

There was a more or less even gender split, with 51.4% of respondents identifying as female. **Table 1** below shows the age profile of respondents. The largest age group represented in the survey respondents were aged over 55 (29.6%), this was followed by those aged 25-34 (20.6%). The smallest age group represented were those aged 41-54 (16.1%).

Table 1 Age profile of survey respondents

Age group	Number	%
18-24	89	16.4
25-34	133	20.6
35-44	106	17.2
45-54	100	16.1
55+	183	29.6
Total	**611**	**100.0**

Around three quarters of respondents (74.7%) were White British (**Table 2**). The second largest ethnic group represented the survey was Pakistani (5.3%) followed by Indian (4.5%). Overall, 18.6% of respondents were from Black, Asian or Minority Ethnicities (BAME).

Table 2 Ethnic profile of survey respondents

Ethnic group	Number	%
English / Welsh / Scottish / Northern Irish / British	444	74.7
Irish	8	1.3
Any other White background	26	4.4
White and Black Caribbean	8	1.4
White and Asian	5	0.8
Any other Mixed / Multiple ethnic background	1	0.2
Indian	26	4.5
Pakistani	31	5.3
Bangladeshi	7	1.2
Chinese	8	1.4

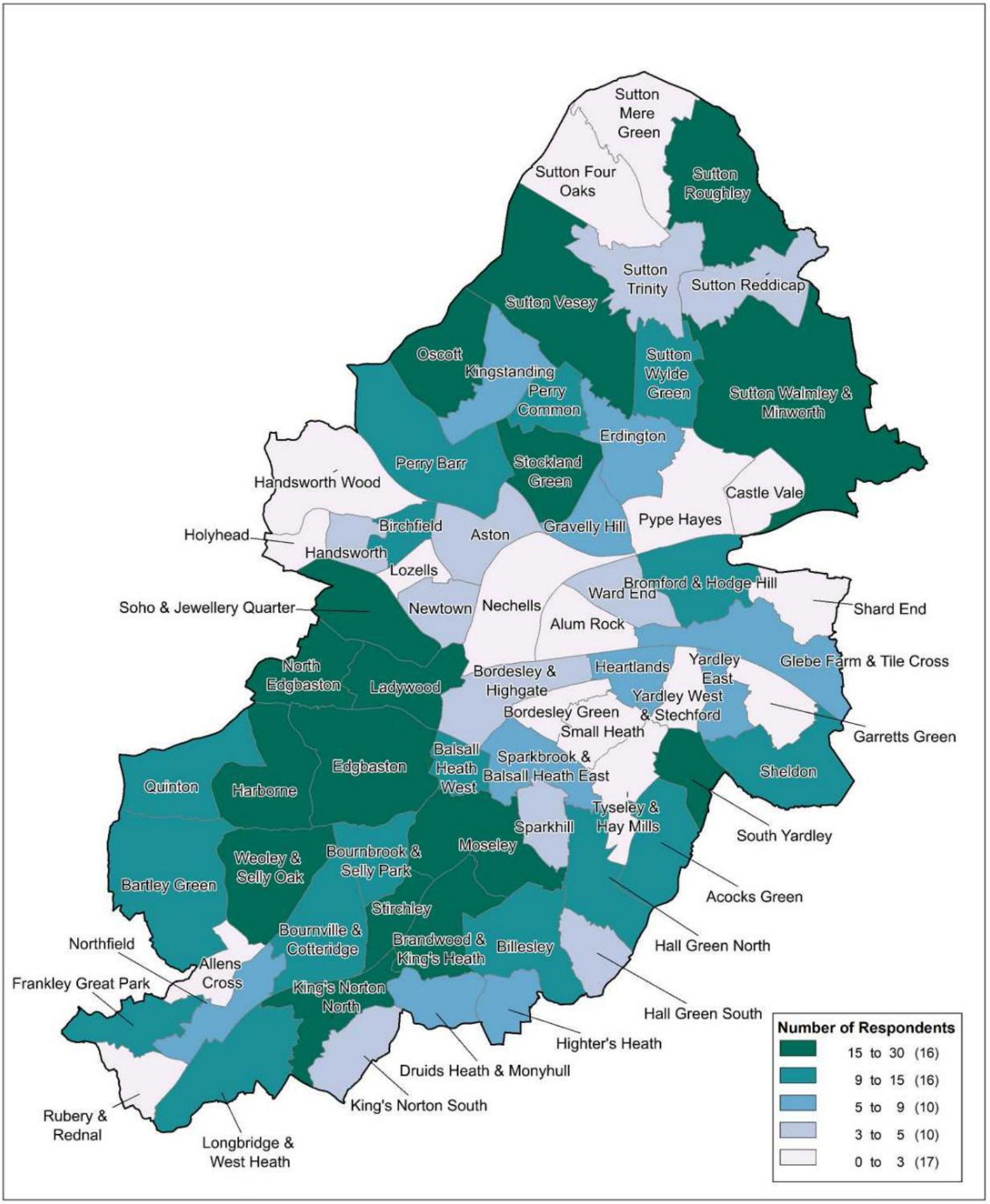
Any other Asian background	4	0.7
African	8	1.4
Caribbean	7	1.1
Any other Black / African / Caribbean background	1	0.2
Arab	1	0.2
Any other ethnic group	1	0.2
Prefer not to say	7	1.2
Total	**611**	**100.0**

Table 3 below shows the employment status of respondents to the survey. Just over a third (36.2%) of respondents work full-time and around a tenth (11.1%) work part time. Overall, 18.5% of respondents are retired, reflecting the proportion who were over 55. Around one in 13 (8.5%) of respondents were full-time students. This is likely due to the presence of the Birmingham Universities and associated with the 16.4% of respondents aged 18-24.

Table 3 Employment status of respondents

Employment status	Number	%
Working full time (30 hours or more per week)	224	36.2
Working part time (8-29 hours per week)	58	9.5
Working park time (Less than 8 hours per week)	10	1.6
Full time student	45	8.0
Retired	114	18.5
Unemployed	46	7.6
Not working	61	9.9
Other	53	8.7
Total	**611**	**100.0**

Respondents were asked if their day-to-day activities were limited because of a health problem or disability which has lasted, or expected to last, at least 12 months. One in ten respondents (10.6%) reported their activities being limited a lot, with a further 18.0% reporting being limited a little.



Birmingham City Council Green Spaces Survey	**LEGEND** Birmingham Boundary Wards Boundary	Drawn by LH	Checked by AS
Figure 1 Respondent Locations	Birmingham City Council · cfp people spaces places · National Trust · HERITAGE FUND	Date: 04/08/20	

2.1 Respondent Locations

Respondents were asked to provide their postcode in order to ascertain where in Birmingham they live. Overall, 610 respondents provided their postcode, which have been geocoded. **Figure 1** on the previous page shows the number of responses by ward. Respondents tended to be located in the north or south of Birmingham, with fewer from central Birmingham.

The results were also analysed by constituency. **Table 4** below shows the number of respondents from each of the Birmingham constituencies. Note, this sample has been weighted to reflect the population of Birmingham.

Table 4 Respondents by Constituency

Constituency	Number	%
Selly Oak	123	20.1%
Sutton Coldfield	77	12.6%
Edgbaston	72	11.8%
Ladywood	60	9.8%
Hall Green	52	8.5%
Perry Barr	49	8.1%
Yardley	49	8.0%
Northfield	48	7.8%
Erdington	43	7.1%
Hodge Hill	31	5.1%
Other	8	1.3%
Total	**611**	**100.0**

Constituencies highlighted indicate those where wards hosting FPA pilot studies are located. These are:

- Children's pilot study: Brandwood & King's Heath ward (Selly Oak / Hall Green)
- Housing pilot study: Stockland Green ward (Erdington)
- Health & Wellbeing: Perry Common (Erdington)
- Employment & Skills pilot study: Ward End (Hodge Hill)

3 Green Spaces

The following section outlines respondents answers to questions relating to green space in Birmingham. The wide range of respondent demographics outlined in the previous section should ensure that responses are representative of the population of Birmingham as a whole.

3.1 Visiting green spaces frequency

Chart 1 below shows the frequency of visit respondents reported before and after the UK went into lock-down on 23rd March 2020. Prior to lock-down, the majority of respondents (59.9%) said they would visit green spaces at least once a week. This has dropped slightly following lock-down, with around half of respondents (51.5%) now visiting at least once a week. Notably, the proportion of respondents who never visit green space has increased from 3.1% before lock-down to 17.7% following lock-down.

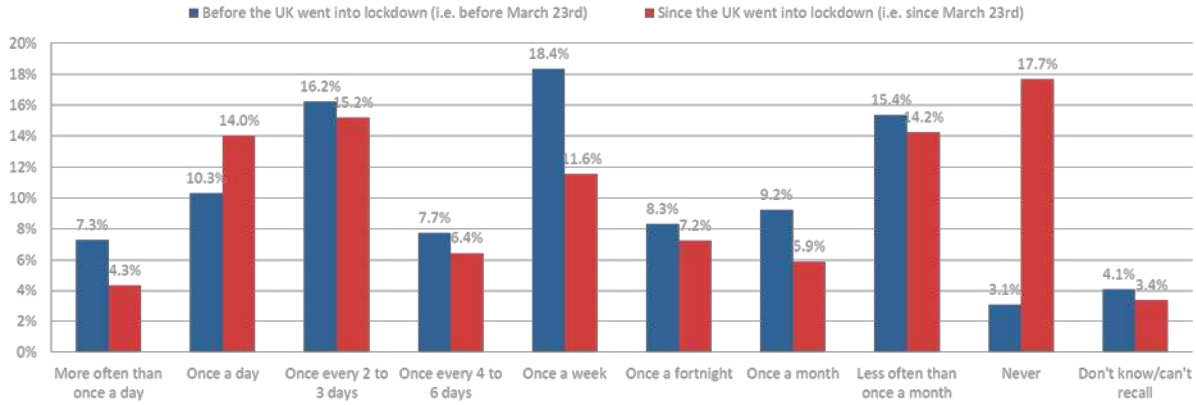


Chart 1 Frequency of green space visits before and after UK lock-down

Further analysis by demographics showed that, prior to lock-down, men tended to use green spaces more frequently than women. Over two thirds of male respondents (67.3%) reported visiting green spaces at least weekly, compared with only 53.0% of female respondents. After lock-down, there was a less significant gender difference, with around half of the male (52.3%) and female (50.9%) respondents visiting at least weekly. However, a higher proportion of male respondents (7.6%) report still visiting more than once a day than female respondents (1.2%).

Prior to lock-down, younger respondents also tended to visit green spaces less frequently; less than half (47.8%) those aged 18-24 visited up to once a week, with a fifth (21.3%) reporting visiting less than once a month. This has remained similar following lock-down, with 46.9% visiting up to once a week in lock-down. Meanwhile other age groups have shown a decrease in the frequency of use following lock-down.

Those with disabilities or long term illnesses tended to visit more frequently prior to lock-down. Over a quarter of respondents (28.6%) who reported their day-to-day activities as being limited a lot visit green spaces at least once a day compared with those who are limited a little (15.9%) or not at all (16.0%). Notably, since lock-down usage has dropped with those with disabilities but those without report using green space more frequently, with a fifth (20.8%) of those without disabilities now visiting once a day.

There was no significant association between ethnicity and frequency of green space usage before or after the UK lock-down.

Before lock-down, usage was most frequent in Hall Green, with a fifth (21%) of respondents visiting more often than once a day. Only around two fifths (42%) of respondents from Hall Green visited less than once a week; much lower compared with many of the other constituencies, where over half of respondents visit less than once a week. Notably, a fifth of respondents (21%) from Erdington visit less than once a month. Usage was lowest in Perry Bar where a tenth (10%) of respondents never visit green space and a quarter (26%) visit less than once a month.

Following lock-down, frequency of visit has reduced but remained high in Hall Green where 45% of respondents continued to visit at least every two-three days. This similar, high-level of use was also recorded in Selly Oak, where 45% of respondents also visit at least every two-three days. Frequency of use in Erdington remains low; almost a third of respondents (30%) reported not visiting green space since lock-down and a quarter (26%) now visit less than once a month. Usage has been similarly low in Hodge Hill, where over half of respondents (51%) either have not visited or visit less than once a month.

3.2 Reasons for using green spaces

The most popular reasons for visiting green spaces are to walk or walk the dog (57.6%) or for peace and quiet and to relax (54.1%) (**Chart 2**). To experience nature and wildlife was also popular with 48.6% of respondents. The least popular reasons given were to volunteer (3.3%) or photography (listed under other).

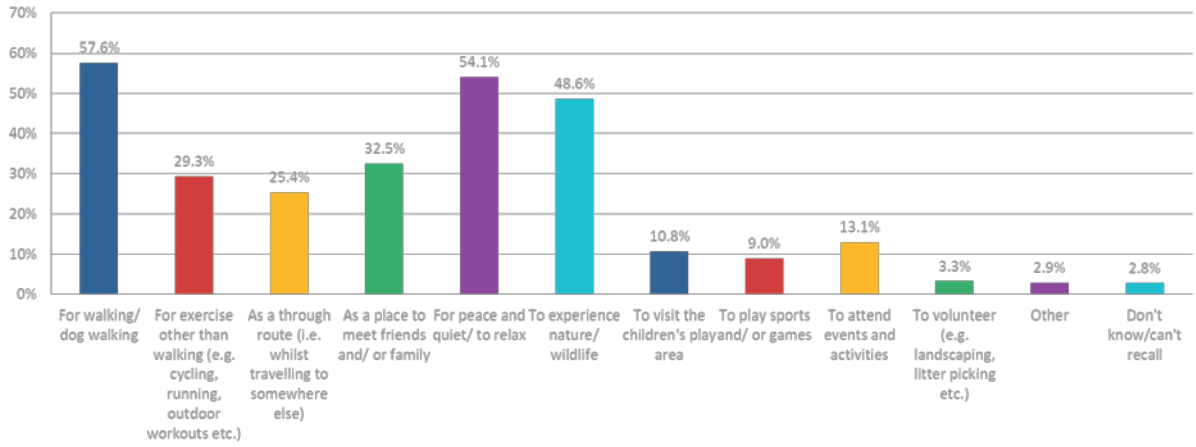


Chart 2 Reasons for using green space

Further analysis showed no significant difference in respondent gender and reasons for using green space.

There was little difference between green space usage and age, other than those aged 55+ were less likely to use it for exercise other than walking (23.3%) or as a through route (16.4%).

Reasons for visiting were similar among those with and without disabilities or a limiting long term illness.

There was also no significant difference among respondents of different ethnicities.

Analysis by constituency indicated little significant difference in reasons for visiting green space. Within all constituencies, the most popular reasons were to walk/walk the dog, for peace and quiet or to experience nature and wildlife.

3.3 Main method of travelling to green spaces

Respondents were asked what their main method of travelling to green spaces was. The vast majority tend to walk (60.9%) with some travelling by car (28.0%) (**Chart 3**).

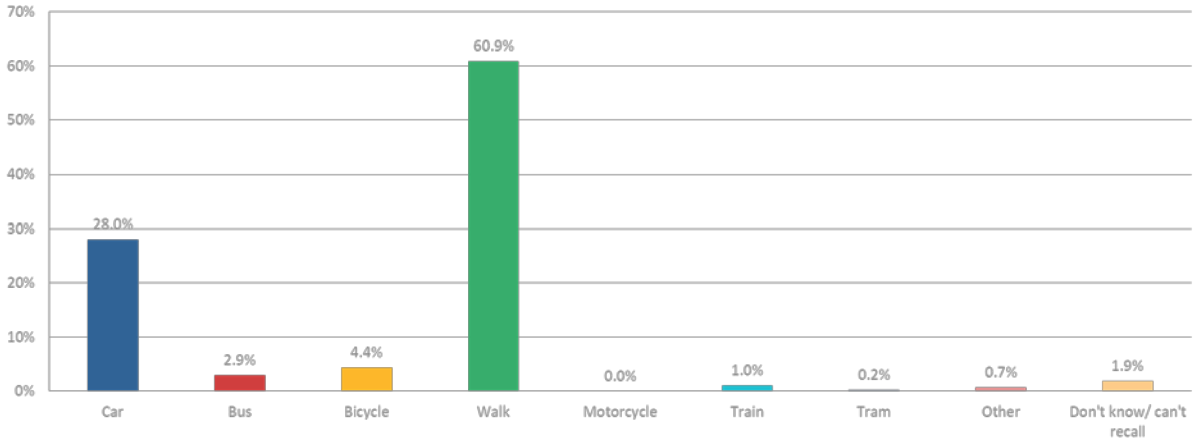


Chart 3 Main method of travelling to green spaces

There was no significant gender difference in method of travel. Both male and female respondents were most likely to travel to green spaces on foot (57.7% and 63.9% respectively).

While respondents were also most likely to travel on foot, regardless of age, further analysis showed that older respondents were the most likely to travel by car, with 39.8% of those aged 55+. In contrast, only 18.5% of those aged 18-24 would travel by car to a green space.

Those who reported their day-to-day activities as being limited a lot were the least likely to travel to a green space on foot (49.4%) however, they were most likely to travel by bus (7.0%) or bicycle (7.1%). Those whose day-to-day activities were limited a little were most likely to travel by car, with a third (34.8%) reporting using it as their main method of travel.

There was no significant association between ethnicity and method of transport.

Across all constituencies, walking was the most popular method of travel; however, car usage varied dramatically. Car usage was lowest in Edgbaston, where only 19% of respondents said they typically travelled by car. On the other hand, in Erdington, respondents were almost as likely to drive (42%) as they were to walk (43%). In Hodge Hill, while around half of respondents (54%) travelled on foot, a third drove (35%). In contrast

to Selly Oak, where 70% walked to green space, only 53% of Hall Green respondents did, despite Brandwood & King's Heath ward being within both.

3.4 Green space close to home

Almost three quarters of respondents (72.0%) said the green space they visited was the closest to their home (**Chart 4**).

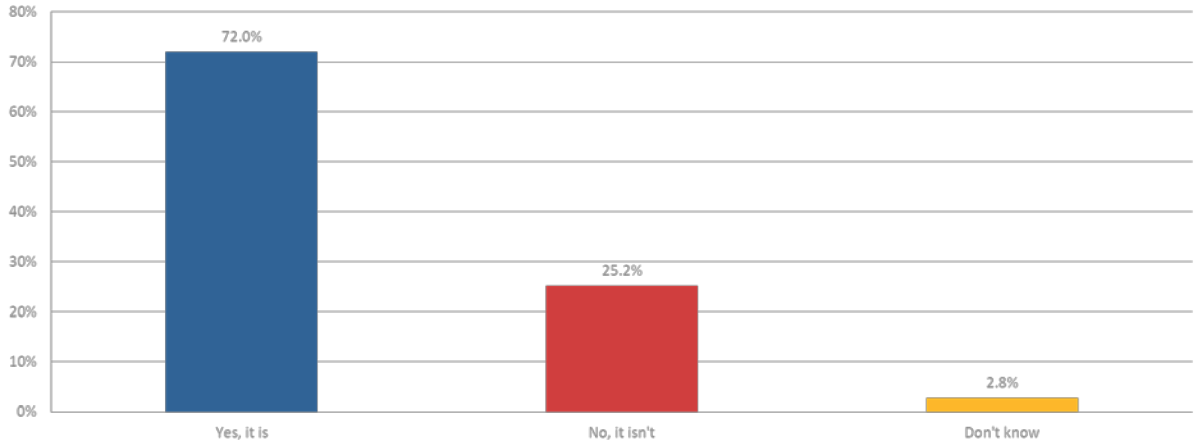


Chart 4 Is the green space that you visit most frequently the green space that is nearest to your home (i.e. the closest distance)?

Generally, male respondents were less likely to use the green space closest to home more frequently (29.1%) compared with female respondents (21.5%).

There was little significant association between age and use of the nearest green space, although it is worth noting that younger respondents were less likely to know if the green space they used was the closest or not.

Those who reported their day-today activities as being limited a little were the most likely to use green space that was not the closest to their home (30.1%).

Further analysis of respondent ethnicity and response indicates that those from certain ethnic groups are more likely to use green spaces which are not the closest. For example, Indian respondents were more slightly more likely to visit a green space which was not the closest (47.8%) than closest (44.8%).

Over half of the respondents from all constituencies were more likely to visit their nearest green space most frequently. Respondents from Edgbaston (82%), Hodge Hill (79%) and Hall Green (78%) were the most likely to

visit their nearest space. In contrast, only 57% of respondents from Perry Barr would visit their local space most frequently.

3.5 Put offs from visiting green space

As **Chart 5** shows, the most common put off from visiting green space was lack of time (27.1%) followed by a perception of anti-social behaviour in green spaces (14.8%) or not feeling safe (13.0%). Under other (11.4%) respondents mostly commented on health issues and lack of accessibility, both around and to green spaces. Around a third of respondents (32.6%) reported nothing in particular prevented them from visiting green spaces more often.

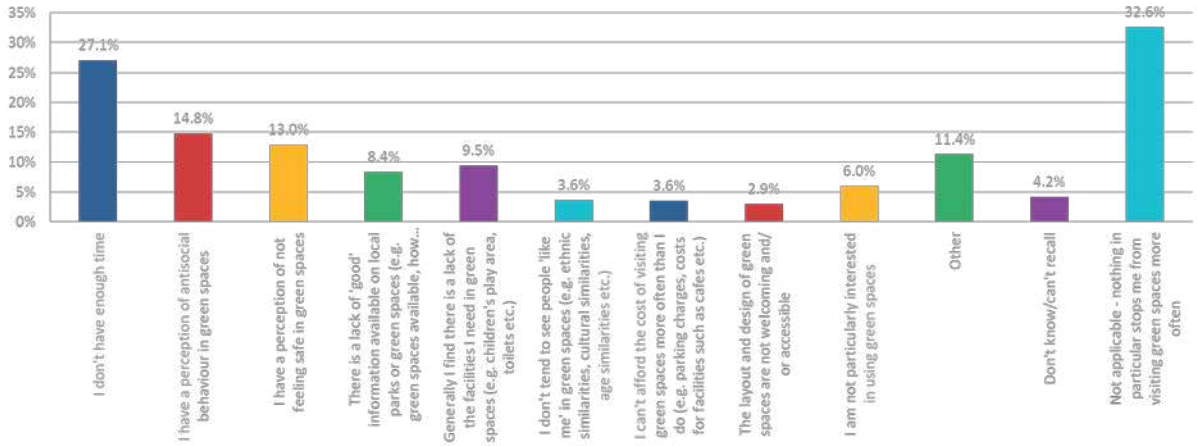


Chart 5 Put offs from visiting green spaces

Respondents who commented that perceptions of anti-social behaviours was a put off were asked to describe the behaviour which they had seen or heard of. Respondents said they had heard off or seen large groups of people taking or dealing drugs, drinking, and playing loud music. They reported feeling intimidated and unsafe, including one respondent who said their girlfriend was followed through a park by a man. Other anti-social behaviour reported included littering, vandalism, lighting fires, defecating in parks, riding around on motorcycles. Others also reported instances of abuse, including stone throwing, bullying (including sexism and racism) and dangerous dogs / dog mess.

Female respondents were more likely to have a perception of not feeling safe in green spaces (16.4%) than male respondents (9.3%).

Regarding respondent age, younger respondents tended to see lack of time as the largest put off, with 33.5% of those aged 18-24 reporting it as a put off. In comparison, fewer older respondents considered it a put off, with

26.0% of those aged 45-54 and 18.0% aged 55+ naming it. Notably, only 2.7% of those aged 55+ named lack of good information available on local parks or green spaces as a put off.

Those with day-to-day activities limited a lot (16.2%) or limited a little (25.2%) were less likely to have nothing in particular stopping them from visiting green spaces compared to those whose activities were not limited (36.4%). While lack of time was less likely to be a put off for those who reported their day-to-day activities as being limited a lot (10.9%) compared to those who not (30.9%), they more likely to report a perception of feeling unsafe (17.5%), a lack of good information (13.8%) and a lack of facilities (17.2%).

Further analysis showed perceptions of put offs varied with the ethnicity of the respondent. While a third (35.1%) of White British respondents commented nothing stopped them from visiting green spaces, only one in five Indian (19.7%), White and Asian (20.4%) or Pakistani (21.8%) said nothing stopped them. Aside from a lack of time, a lack of facilities and good information were the largest put offs reported by these respondents.

Analysis by constituency indicates lack of time is the most common put-off regardless of where respondents were located. Notably, Hodge Hill constituency had the lowest proportion of respondents reporting nothing prevented them from visiting green space. In Hodge Hill, only 13% of respondents said nothing prevented them, compared to an average of 32% across all constituencies. Among all the constituencies, a perception of anti-social behaviour was a significant put-off. This was particularly high in Hodge Hill (19%) and Hall Green (18%). Perceptions of not feeling safe were also a key put-off, particularly in Erdington (23%) and Hodge Hill (22%). In contrast, only 8% of respondents from Ladywood and 10% from Selly Oak perceived green space as unsafe.

3.6 Satisfaction with green spaces

Respondents were asked to rate their level of satisfaction regarding different aspects of green spaces. Respondents generally reported being satisfied each aspect, as shown in **Chart 6**. Four fifths (82.5%) were satisfied with the accessibility of green space. Over three quarters were satisfied with the quality of green space (78.0%) and the amount of green space (76.6%). Respondents were less satisfied with the range of activities offered in green spaces, however, over half (57.5%) were still satisfied or very satisfied with the offer.

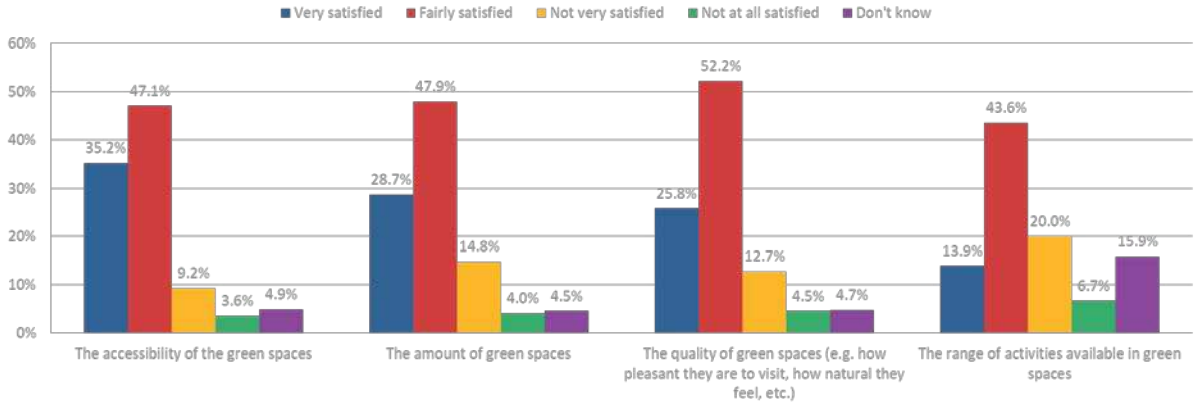


Chart 6 Satisfaction with green spaces

Further analysis showed that female respondents were slightly more likely to be dissatisfied with each aspect, however, this was not significant.

Notably, respondents aged over 55 reported some of the highest levels of satisfaction with each of the aspects; almost nine in ten respondents over 55 were satisfied with green space accessibility and around four fifths were satisfied with the amount (83.1%) and quality (80.4%). In contrast respondents aged 18-24 consistently reported some of the lowest levels of satisfaction. Only around three quarters were satisfied with the accessibility (74.7%), amount (78.0%) or the quality (73.1%) of green space. Levels of satisfaction were similarly low among respondents aged 25-34, indicating younger respondents were more likely to be dissatisfied with green space provision in Birmingham.

Levels of satisfaction were similar between respondents who reported their day-to-day activities as being limited a little or a lot and those who did not regarding the amount of green space and quality. However, over a fifth of respondents (22.4%) whose day-to-day activities were limited a lot were dissatisfied with green space access, compared with a tenth of those with day-to-day activities limited a little (10.4%) or not at all (11.3%).

Those whose day-today activities are limited a lot (28.1%) or not at all (27.8%) were more or less equally dissatisfied with the range of activities on offer.

Levels of dissatisfaction were higher among some ethnic groups. Indian and Pakistani respondents generally reported higher levels of dissatisfaction in particular, reporting the highest levels of dissatisfaction with green space quality and accessibility. Notably, half of Indian (48.2%) and Pakistani (54.2%), and over half (59.5%) of Bangladeshi respondents were dissatisfied with the range of activities offered.

Levels of satisfaction were consistently low in Ladywood constituency; most notably less than half of respondents (45%) from Ladywood were satisfied with the amount of green space compared with an average of 74% across all the constituencies. Satisfaction with the amount of green space was highest in Sutton Coldfield (93%) and Selly Oak (89%). Satisfaction was similar across the remaining FPA pilot study locations: Erdington (73%), Hall Green (73%), Hodge Hill (70%).

Respondents from Selly Oak and Sutton Coldfield also reported the highest net satisfaction with accessibility (91% and 93%, respectively), quality (91% and 88%) and the range of activities available (65% and 67%).

Of the aspects, the range of activities available in green space had the lowest level of satisfaction; less than half of respondents in Perry Barr (40%), Ladywood (47%) and Hodge Hill (47%) were satisfied. Satisfaction was similarly low in Erdington (59%) and Hall Green (54%).

3.7 Aspects of green spaces

Respondents were asked how valuable different aspects of green spaces were. With almost two thirds (64.3%) of respondents rating it as very valuable, the most valued aspect was providing 'green lungs' for the City (**Chart 7** overleaf). This was followed by somewhere to improve my mental and physical wellbeing (57.5%) and providing contact with nature and wildlife / seasonal change (56.0%). The least valued aspects were a place for learning, volunteering, and developing new skills and green spaces increasing the value of house prices in the area around them. However, at least half of respondents still rated these as very valuable or valuable (with 62.0% and 53.5% respectively).

Further analysis showed female respondents were more likely to value having a space to socialise or meet family or friends, as well as a place for community events and activities. Female respondents were also significantly more likely to value green space as a place for learning, volunteering, and developing new skills (69.9% considered this valuable) compared with male respondents (53.7%).

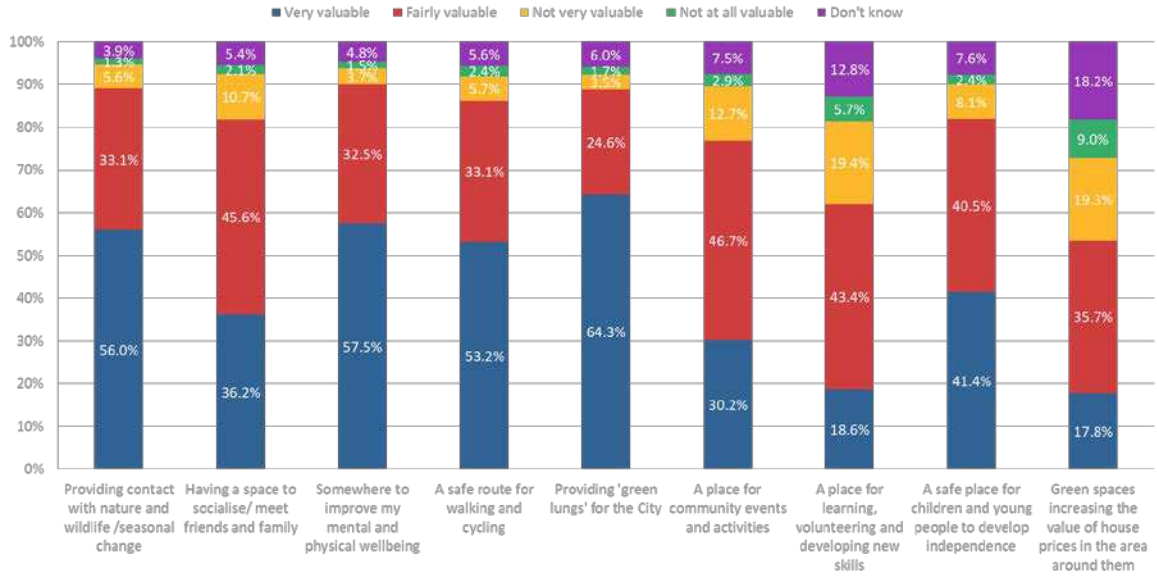


Chart 7 Aspects of green space

Those aged 18-24 consistently rated each aspect of green spaces as less valuable than other age groups. Respondents from this age group were less likely to value green space as a safe place for children and young people (71.8%), a place for community events and activities (69.1%), as 'green lungs' (82.9%), safe walking or cycling route (75.7%), improving mental or physical health (80.3%) or contact with nature (84.2%). While only two fifths (40.0%) valued green space as increasing the value of house prices in the area, compared with over half of the respondents from the other age groups. Markedly, respondents from this age group were some of the most likely to consider green space valuable as a space to socialise.

Generally, those whose day-to-day activities are not limited by a disability or long-term illness placed higher value on the social aspect of green space; over four fifths (84.7%) compared with only around three quarters of those whose day-to-day activities are limited little (76.4%) or a lot (74.3%). They were also more likely to value green space as a safe place for children and young people (85.4% compared with 76.8% and 73.9%, respectively).

The results indicate some significant cultural variations in values and green space. For example, only three quarters of Pakistani respondents valued green space as valuable for providing contact with nature (75.6%) or somewhere to improve mental and physical health (75.8%). Moreover, only 70.4% valued green space as a safe route for walking and cycling and 54.3% as a safe place for children. Regardless of ethnicity, respondents valued green space as increasing the value of nearby house prices and as a place for community events and activities.

Analysis by constituency demonstrated that the value of green spaces as providing contact with nature was consistently high throughout all the constituencies. Respondents in Selly Oak (95%), Edgbaston (92%) and Erdington (90%) valued this the most while only four-fifths of respondents from Hodge Hill (80%) rated this as very or fairly valuable.

Hodge Hill respondents were also the least likely to value green space as having a space to socialise, with only 69%. In contrast, nine in ten respondents from Sutton Coldfield (89%) valued this aspect of green space. The overall level of value was similarly high in Selly Oak (87%) and Hall Green (83%).

Across all constituencies, respondents valued green space as somewhere to improve their mental and physical well-being. In Selly Oak, 99% of respondents valued this aspect. Northfield (96%) and Edgbaston (95%) were similarly high. The constituency where the value of green space for improving mental and physical health was least prevalent was Hodge Hill, with 73% of respondents finding this aspect very or fairly valuable. 90% of respondents from Erdington and 84% from Hall Green valued this aspect.

Respondents in Perry Barr were the least likely to value green space a providing a safe route for walking and cycling, with only 74%. In contrast, 95% of respondents from Selly Oak described this as very or fairly valuable. The value of a safe walking or cycling route was similar across Erdington (81%), Hall Green (82%) and Hodge Hill (79%).

Only three-quarters of Yardley respondents (75%) valued green space as providing green lungs for the City. Constituencies, where this was valued most, were Selly Oak (94%), Edgbaston (91%) and Sutton Coldfield

(92%). Again, the value of green space as green lungs was similar across Erdington (89%), Hall Green (87%) and Hodge Hill (89%).

Around three-quarters of respondents in Hall Green (75%), Hodgehill (74%) and Erdington (72%) valued green space as a place for community events. Meanwhile, only 63% of respondents from Yardley valued this aspect. Constituencies which placed the highest value on green space for community activities were Selly Oak (87%) and Ladywood (84%).

There was little significant variation in the value placed in green space as a place for learning, volunteering and developing new skills. While this was valued the most in Northfield (71%) and Selly Oak (70%), Hodge Hill (64%), Erdington (60%) and Hall Green (57%) were not substantially lower. The only notable exception is Yardley, were only two-fifths (42%) of respondents valued green space as a place for learning, volunteering and developing new skills.

Perry Barr (70%) and Yardley (72%) were the constituencies with the lowest level of value placed on green space as being a safe space for children and young people. Respondents from Erdington (76%) and Hodge Hill (77%) did not value this significantly more. In contrast, almost nine in ten respondents from Selly Oak (88%) considered this very or fairly valuable.

There was considerable variation in the levels of value placed on green space as increasing the value of house prices in the areas around them. Only 28% of respondents from Erdington considered this very or fairly valuable, while two thirds from Sutton Coldfield did. Similar proportions of respondents from Hall Green (66%) and Hodge Hill (67%) considered this valuable. In Selly Oak, 57% of respondents valued green space as increasing the value of house prices in the areas around them, similar to the overall average among all constituencies (53%).

3.8 Organisations to manage green spaces

Respondents were asked which three organisations they thought was the most appropriate to manage parks and green spaces in the future (**Chart 8**). With three quarters (76.4%) of respondents, the organisation considered most appropriate was Birmingham City Council. This was followed by local conservation organisations (46.0%) and local resident groups (33.0%). The organisations considered least appropriate were sports clubs and organisations (6.6%) and private sector companies / developers and contractors (6.6%).

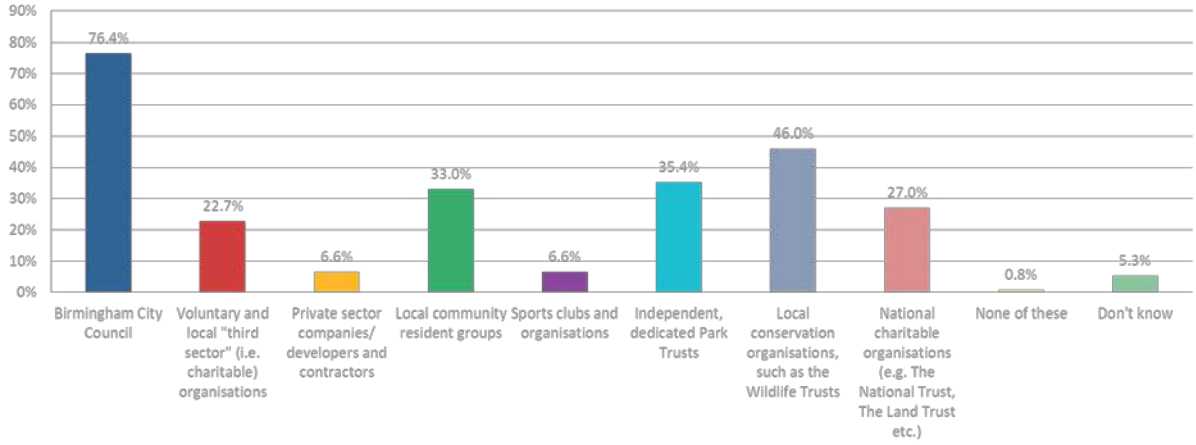


Chart 8 Organisations most appropriate for manage parks and green spaces in the Birmingham area in in the future

Regarding respondent gender and the organisations they considered appropriate, there was little significant difference. However, female respondents were more likely to consider local conservation organisations appropriate (49.8%) than male respondents (42.1%) and national charitable organisations less appropriate (23.6%) than male respondents (30.5%).

Notably, more than one in ten (12.1%) of respondents aged 18-24 answered 'Don't know' to this question. There was little significant variation among the age groups, other than younger respondents were less likely to consider local community resident groups appropriate; only 21.8% of those aged 25-34 considered them appropriate comparted with 42.5% of those over 55. Meanwhile, those aged 25-34 were more likely to consider independent trusts more appropriate (443%) compared with those over 55 (28.0%).

Respondents whose day-to-day activities were limited a lot were the most likely to consider local community resident groups as appropriate (44.3%) compared with only 30.8% whose activities are not limited. Those whose activities are limited a little were least likely to support local conservation organisations, such as the Wildlife Trusts (36.3%).

Compared with other ethnicities, White British respondents were among the least likely to consider sports clubs and organisations as the most appropriate, with only 4.6% of respondents. Meanwhile, 46.0% of White and Black Caribbean and 16.9% of Indian respondents considered them appropriate. Notably, White British respondents were the most likely to consider Birmingham City Council appropriate (79.0%).

Across all of the constituencies, the majority of respondents felt Birmingham City Council were one of the most suitable organisations to manage parks and green spaces. Regardless of the constituency, respondents also felt that private sector companies and sports clubs and organisations were among the least appropriate. There were varying levels of support for local conservation organisations; two-thirds of respondents from Northfield (65%) felt they would be appropriate compared with only 29% from Hodge Hill. Notably, support for local community resident groups was high in Erdington (46%), Hall Green (36%) and Selly Oak (38%).

3.9 Awareness of volunteering opportunities

Respondents were asked if they were aware of any of the volunteering opportunities listed. **Chart 9** below shows that almost half (45.9%) of respondents were not aware of any of the providers of volunteering opportunities in green spaces in Birmingham. Awareness of the Ranger service or the Parks service seemed to be the highest, with 31.5% of respondents. Under other, respondents mentioned local groups, including Thrive.

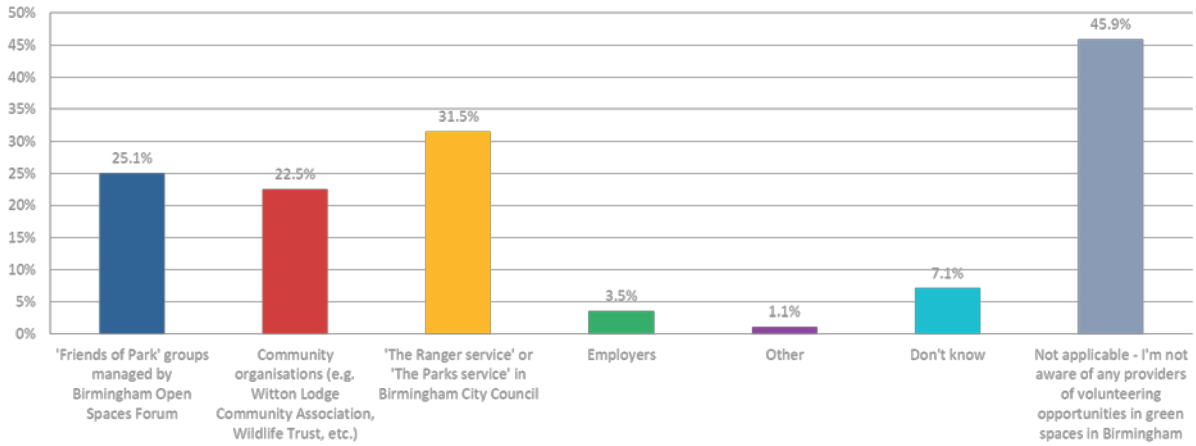


Chart 9 Respondent awareness of volunteering opportunities in green spaces in Birmingham

Female respondents were slightly more likely to have head of Friends of Parks groups and some organisations which they named under 'other'.

Respondents aged 18-24 and 25-34 were the least likely to be aware of volunteering organisations, with 60.7% and 56.5% answering non-applicable, respectively. In particular, they were unlikely to be aware of Friends of

Parks groups, community organisations or the Ranger Service. On the other hand, those other 55 were the most likely to have heard of the Friends of Groups (36.0%), community organisations (31.2%) or the Ranger Service (48.0%).

There was little significant variation among respondents whose day-to-day activities were limited or not. Those whose activities were limited a little were more likely to be aware of the Friends of Park groups (32.2%) than those who activities are not (23.5%).

White British respondents were the most likely to have heard of Friends of Groups (30.7%), community organisations (25.6%) and the Ranger Service (37.3%). Awareness was particularly low among BAME groups; 86.7% of White and Black Caribbean and 84.0% of Chinese respondents were not aware of any groups.

Respondents from Edgbaston and Ladywood were least likely to be aware of volunteering providers in Birmingham green spaces (59% and 57% respectively). Awareness of volunteering opportunities was also low in Erdington (47%) and Hall Green (46%). Moreover, only 16% of respondents from Erdington were aware of a Friends of Park group, compared with around a third of respondents from Hall Green (31%) and Selly Oak (32%) and 28% from Hodge Hill. Awareness of the Ranger Service was much higher. For example, two-fifths of respondents from Hodge Hill (42%) and Sutton Coldfield (43%) were aware of them.

3.10 Interest in types of green space volunteering

Respondents were asked which types of green space volunteering opportunities they would be interested in (**Chart 10**). The most popular opportunities were joining a community group of people in helping to look after nearby parks and green spaces (19.0%) and joining a 'Friends of Parks' group to help look after parks and green space (18.8%).

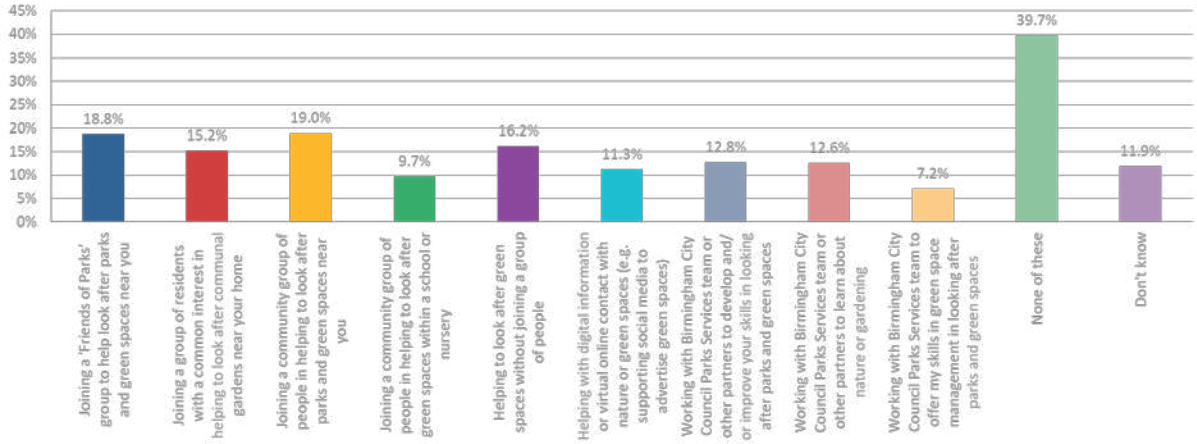


Chart 10 Interest in volunteering opportunities in green spaces in Birmingham

There was little significant difference between male and female respondents. Males were slightly more likely to say they would not be interested in any of the groups (44.2%) than females (35.5%).

Respondents aged 18-24 were the least likely to be interested in joining a Friends of Group (11.8%) or group of residents (6.9%). In comparison 23.0% of those aged over 55 were interested in joining a Friends of Group. Notably, respondents aged 35-44 were significantly more likely to be interested in working with Birmingham City Council Parks Services team or other partners to learn about nature or gardening, with a fifth of respondents from this age group (19.8%) selecting it.

Respondents who did not consider their day-to-day activities as being limited were the most likely to be interested in volunteering at a green space. Most notably, a fifth (19.0%) of those whose activities are not limited would be interested in volunteering without joining a group of people. Fewer than one in 20 (4.6%) of those whose activities are limited a lot would be interested in this.

White British respondents were the most likely to be interested in joining a Friends of Group (20.9%), group of residents (16.3%) or community group who look after green spaces (20.5%). BAME respondents were more likely to be interested in volunteering through helping with digital information or virtual online contact with

nature or green spaces or working with Birmingham City Council Parks Services team to offer my skills in green space management in looking after parks and green spaces.

Constituencies, where respondents were most interested in joining a Friends Group, were Edgbaston (23%), Ladywood (26%), Selly Oak (22%) and Sutton Coldfield (26%). Across all other constituencies, less than a fifth of respondents were interested in joining. Joining a community group was also a popular option in Edgbaston (22%), Hodge Hill (23%), Selly Oak (21%) and Sutton Coldfield (21%). Notably, a fifth (20%) of respondents from Hodge Hill were interested in working with Birmingham City Council Parks Services team or other partners to develop skills in looking after parks and green spaces. Respondents from Erdington constituency were the least interested in volunteering, with 53% saying none of the volunteering opportunities interested them. Respondents from Hall Green showed no significant preference for any form of volunteering.

3.11 Interest in ways of giving time

When asked which way of volunteering would interest them, around a third (35.8%) were interested in being able to 'dip in and out' of scheduled volunteering activities (**Chart 11**). Others were also interested in being able to volunteer on an ad hoc basis; a fifth would like to give their time at a place and time of their choosing (22.0%) or at a one-off event (21.2%).

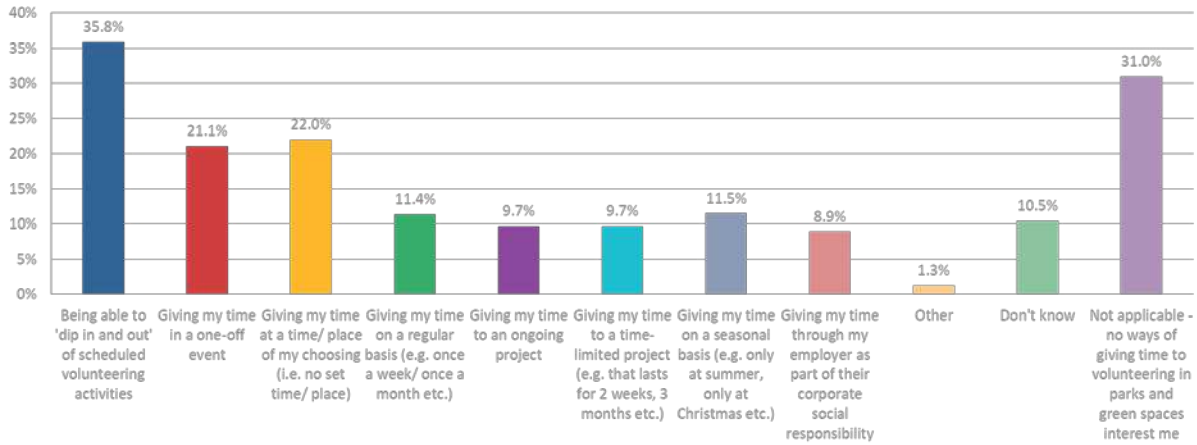


Chart 11 Interest in ways of volunteering time in green spaces in Birmingham

There was little significant difference between male and female respondents regarding volunteering preferences, other than female respondents were more likely to be interested in giving their time on a seasonal basis (14.2%) than male respondents (8.7%).

Similarly, those aged 25-34 were more likely to be interested in volunteering on a seasonal basis as well, with 19.5% of respondents from this age group selecting this option. Those aged 25-34 (14.3%) and 35-44 (17.0%) were also most interested in giving their time through they employer as part of their corporate social responsibility. This is in contrast to those over 55, with only 2.8% being interested in this way of volunteering. Fewer than one in 20 respondents (4.9%) over 55 were interested in giving their time on a seasonal basis, however, only 5.4% were also interested in giving their time to an ongoing project. Notably, around a quarter (26.0%) of respondents as 45-54 were interested in being able to 'dip in and out' of scheduled volunteering opportunities.

Respondents whose day-to-day activities are limited a lot were most likely to comment that there were no ways of giving time to volunteering in parks and green spaces that interested them, with two fifths (40.3%) selecting this option. Those whose day-to-day activities were limited a little were most likely to say do not know (17.4%) in response, possibly indicating a lack of available information on how they could get involved.

There was little significant variation among different ethnicities regarding how they would be interested in volunteering, other than White British respondents were significantly less likely to be interested in volunteering on a seasonal basis.

The option to dip in and out of scheduled volunteering activities was high across all the constituencies. There was some variation regarding the other ways of giving time. Around a quarter of respondents from Hall Green (24%) and Selly Oak (24%) were interested in volunteering at a time/place of their choosing, while 22% of respondents from Hodge Hill were interested in volunteering at a one-off event. Respondents from Erdington were the least likely to volunteer; 44% of respondents said there was no way of giving time to volunteering in parks and green spaces which interested them.

3.12 Reasons for not volunteering more

Lack of time due to work, study or other commitments was the most common reason for not being able to volunteer or volunteer more (**Chart 12**). This was followed by lack of awareness of the opportunities (28.8%). Under other, respondents said they were limited by health issues or disability. Others also commented that they thought any work in green space should be paid for or that they already pay council tax.

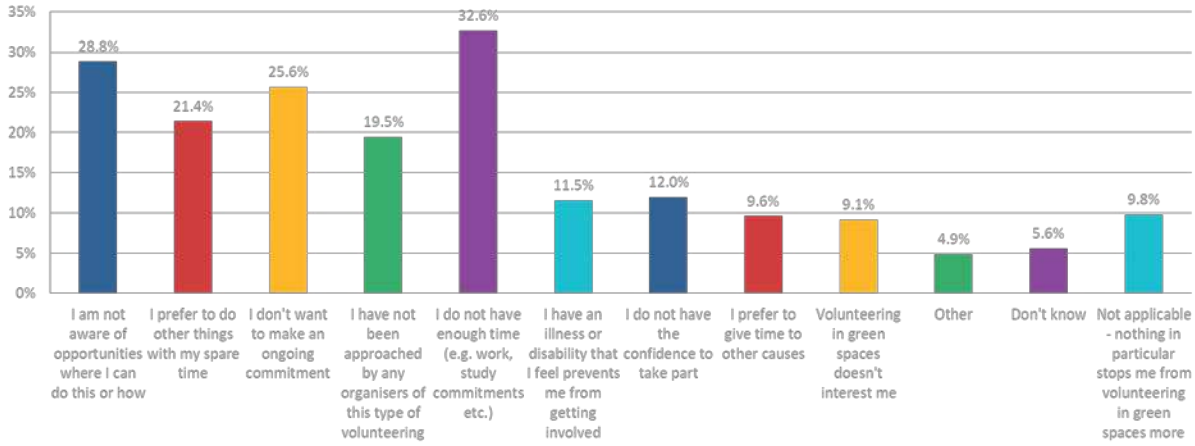


Chart 12 Reasons for not being able to volunteer

Further analysis showed that female respondents were more likely to feel they did not have the confidence to take part (14.9%) than male respondents (8.8%). Meanwhile, preferring to do other things with their time (26.6%) or not wanting to make an ongoing commitment (29.8%) were more likely to be reasons for male respondents.

Reasons for not volunteering varied with respondent age. Those aged 18-24 were most likely to not have the confidence (17.4%) or not be interested in volunteering in green spaces (18.7%). While those aged 25-34 (42.9%) and 35-44 (47.2%) were significantly more likely to not have enough time due to other commitments. Respondents aged 55+ were significantly less likely to put this as a reason for not volunteering (16.4%). On the other hand, older respondents were more likely to have an illness or disability which prevented them (20.8%) or not want to make an ongoing commitment (34.4%).

Those whose day-to-day activities were limited a lot were less likely to not want to make an ongoing commitment (17.2%), prefer to do other things (12.5%) or not be aware of opportunities (16.1%). Instead their illness or disability was the most likely reason they could not get involved in volunteering (56.2%). Those whose day-to-day activities are limited a little were most likely to not want to make an ongoing commitment (37.8%).

Over a third (38.5%) of those who did not identify as having a disability were most likely to not have enough time (38.5%).

There was a little significant difference between respondent answers and their ethnicity.

Lack of awareness and not having enough time were both among the most frequently cited reasons for not volunteering across all the constituencies. In Edgbaston, a third (32%) of respondents said they preferred to do other things with their spare time. This was also a common reason in Erdington (20%), Selly Oak (23%) and Hall Green (26%). A third of respondents from Hall Green (33%) and Selly Oak (31%) also said they did not want to make an ongoing commitment.

There was some variation in responses based on respondent's constituency. For example, only a fifth (19%) of respondents from Hodgehill said they were aware of the opportunities. Instead, 16% said they did not want to make an ongoing commitment or not been approached by volunteering organisers.

Respondents from Perry Barr were the least likely to experience reasons to not volunteer, with a fifth (20%) saying the question was not applicable.

3.13 Frequency of doing things in green spaces

Chart 13 below shows the frequency which respondents reported taking photographs of nature, listened to birdsong, or noticing bees and butterflies in Birmingham parks. Around a tenth (10.1%) of respondents always took photographs of nature every time they were in green space, with a further fifth (22.4%) said they often took photos. Respondents reported listening to birdsong or taking time to notice the bees and butterflies more frequently. Half of respondents said they listened to birdsong (49.9%) or noticing bees and butterflies (50.2%) at least often.

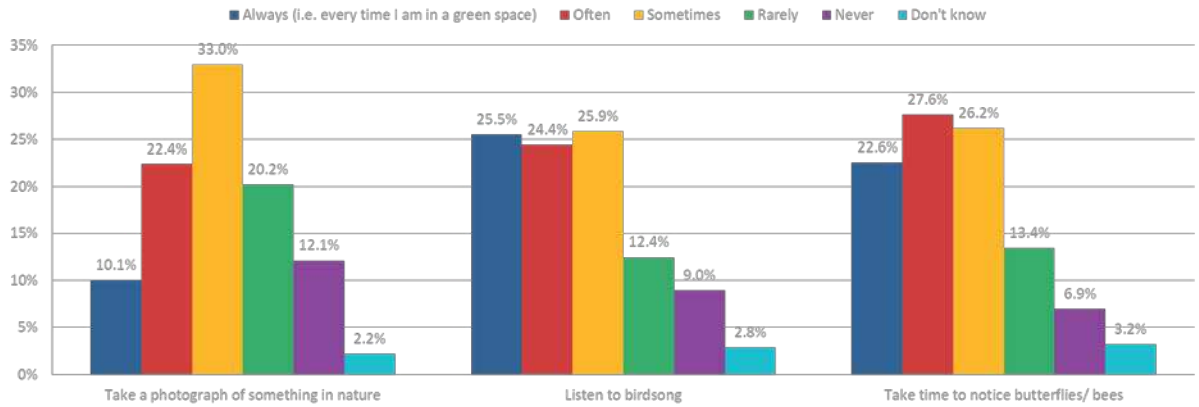


Chart 13 Frequency of doing things in green spaces

Female respondents reported taking photos of something in nature, listening to birdsong or noticing butterflies or bees more frequently than male respondents. For example, 28.9% of female respondents said they always took the time to notice bees and butterflies, compared to only 15.9% of male respondents. Instead a tenth of male respondents (10.7%) never took this time.

Younger respondents were more likely to take photographs of something in nature; a third (32.2%) of those aged 18-24 said they often did this when in green spaces. However, younger respondents were least likely to stop and listen to birdsong (18.4% of those aged 18-24 and 18.1% of those aged 25-34 rarely did this) or take time to notice birdsong (20.4% of those aged 18-24 rarely did this). In contrast, two fifths (41.4%) those over 55 always listened to birdsong in green spaces, and two thirds (67.1%) at least often took time to notice butterflies and bees.

There was little significant difference between those whose day-to-day activities were limited a little or a lot and those whose activities were not.

There was little difference between the frequency of stopping to take a photograph of something in nature and respondents ethnicity, however, White British respondents were most likely to listen to birdsong (57.1% reported doing this at least often) and take time to notice bees and butterflies (55.1%).

Respondents from Hall Green and Hodge Hill were the least likely to stop and take a photograph of something natural more frequently, with only 58% of respondents from both saying they would do this at least sometimes. Meanwhile, one in 14 respondents in Yardley (71%) would sometimes stop to take photographs. Frequency of taking photographs was similar in Erdington (66%) and Selly Oak (69%).

Respondents reported listening to bird song or taking time to notice bees and butterflies more frequently; almost a third of respondents from Sutton Coldfield constituency would always listen to birdsong (30%) or notice bees (32%). Regarding the constituencies where FPA pilot projects are taking place, respondents from Hodge Hill were the least likely to stop frequently. Only 22% from Hodge Hill would often stop to listen to birdsong, while two fifths (42%) would take time to notice butterflies and bees. Frequencies in Hall Green and Selly Oak were similarly high; more than half of respondents would listen to birdsong (57% and 59% respectively) or notice bees and butterflies (both 54%). In Erdington, 46% would often listen to birdsong, and 53% would take time to notice butterflies and bees often.

4 Summary

The weighted sample of 611 respondents provides an accurate representation of the opinions of the Birmingham population as a whole. The following conclusions can be drawn from the data:

- Green space usage is high; the majority of respondents would visit green space at least once a week before lock-down. While this has only reduced slightly following lock-down, a higher proportion of respondents are now not visiting green space at all. This is most notable in older age groups and those with disabilities, who are visiting less frequently than they did before lock-down. There was some variation based on respondent constituency; usage was highest in Hall Green both before and after lock-down, while Erdington and Hodge Hill respondents report the lowest levels of usage.
- Walking or walking the dog, peace and quiet or relaxation and to experience nature are the most popular reasons for visiting green spaces in Birmingham. This remained consistent regardless of respondent demographics or constituency.
- Most respondents travel to green space on foot, although older age groups or those with disabilities are more likely to use other methods of transport, including car, bicycle, or bus. Respondents from Erdington were also the most likely to travel by car.
- The vast majority of respondents reported that the green space they used most frequently was the nearest to their home. Although certain demographics are more likely to use a green space which is not the nearest to their home, including male respondents, those with disabilities which limit their day-to-day activities a little, and certain ethnicities, as well as respondents from Perry Barr.
- Although lack of time was the most prevalent put off for respondents visiting green space, anti-social behaviour and not feeling safe were also put offs. Incidents of anti-social behaviour included large groups of people drinking. taking drugs or being abusive to other park users. Female respondents and those with disabilities were more likely to report feeling unsafe as a put off. Lack of time was a bigger put off for younger users and those from BAME groups, alongside a lack of good information. Perceptions of safety and anti-social behaviour also varied across the constituencies. These put-offs were particularly high in Hodge Hill, Hall Green and Erdington.
- Satisfaction with green space was generally high among respondents, particularly with accessibility and the amount of green space. However, respondents consistently rated being less satisfied with the range of activities on offer in green spaces. Younger respondents and those from BAME backgrounds tended to be more dissatisfied with all aspects they were asked to rate, while those with disabilities were more dissatisfied with the accessibility of green spaces. Respondents from Ladywood were consistently less satisfied compared with the other constituencies, particularly satisfaction with the amount of green space. In contrast, respondents from Selly Oak and Sutton Coldfield reported some of the highest levels of satisfaction.

- The most valued aspect of green space was as providing green lungs for the City. Notably, younger respondents, as well as females and those without disabilities were more likely to value green space as a social space. Notably, there were also some significant cultural variations in the value of different green space aspects, as well as variations based on respondent's location.
- Most respondents agreed that Birmingham City Council was the most appropriate organisation to manage parks and green spaces in future. This was especially true for White British respondents, while other ethnicities, especially Indian and White and Black Caribbean respondents, considered sports clubs among the most appropriate.
- Almost half of the respondents were not aware of volunteering opportunities in green spaces in Birmingham, particularly younger and BAME respondents and those from Edgbaston and Ladywood. Meanwhile older, White British respondents were most likely to have heard of opportunities such as Friends Groups, community organisations and the Ranger service.
- When asked what types of green space volunteering they would be interested in, Friends Group and community groups were the most popular options, especially among White British and older respondents, as well as those from Edgbaston, Ladywood, Selly Oak and Sutton Coldfield.
- Most respondents would be interested in volunteer opportunities they would be able to 'dip in and out' of. Female respondents and those aged 25-34 were more likely to be interested in seasonal volunteering opportunities. Two fifths of those with disabilities which limited them a lot said there were no ways of giving time to volunteering in parks and green spaces that interested them. Interest in volunteering was also low in Erdington constituency.
- Lack of time was the most common reason for not being able to volunteer, followed by lack of awareness. Female and younger respondents were more likely to feel they lack confidence to join, while older respondents were more likely to be have other commitments or be limited by a disability or illness.
- Respondents reported often listening to bird song or taking time to notice butterflies and bees. This was especially true for female and White British respondents. Younger respondents were more likely to take photographs while older respondents listened to birdsong or took time to notice bees and butterflies more often.

Appendix A

Open Comments

Which, if any, of the following are reasons for you visiting /using parks or green spaces? - Other
Photography
Take photographs, sit on a bench and write
Allotment
Mental Health
Cultivating allotment
The countryside and especially woodlands is very calming for me. Especially if I can camp there.
Isolating but allowed exercise
Foraging e.g. blackberrying and for heritage exploration of canals
Work at a golf course
walking
Pushed in my wheelchair/photography
Enjoy peaceful walk with partner
Work - as a dog walker
I live on boat
for mindfulness
Running
Photography

Which, if any, of the following are reasons that put you off from visiting green spaces more often? -Other
Out with the city centre where I live
I'm visiting green spaces on average more than once a day. Why do I have to give a reason why I'm not visiting more often?
I already attend quite a lot so more not needed
Bad weather
distance
Virus
Dont like going on my own
rain
Do not go out
Not accessible - generally too far away
My wife's incapacity
toobusy
I'm a wheelchair user.
At the moment I'm shielding so I'm not allowed to. The other reason is the lack of available woodland allowing camping.
travel to the green space
Shielding
It is too far
I can only reach them by car, so my husband has to be available to drive
waiting for knee replacement so too difficult to walk etc
Illness
Bad knees limit walking. Also lazy
I have a lovely garden

Local park has been crowded on sunny days and there has been a distinct lack of social distancing. Park has become dirty either with litter or dog excrement.
My furloughed stepdaughter is now walking our dog
Have to be taken/disabled
covid
bedbound
I don’t have enough energy or the weather isn’t good
Gets boring
Unruly dogs
Loss of pet dog
I’m not walking and collecting my kids from school due to COVID-19
SELF ISOLATING
Restricted walking ability
Health problems
when the pandemic is over I plan to visit more green places
Having the time because of work
Can't walk that far more often
I live on an estate in Birmingham and only a middle class Guardian Reading Millenial would ask such a question
the lockdown said not to
To far
Disable and isolating
prefer to stay at home
Usually I go to the gym which closed on March 20
Bad weather
Need to isolate for health reasons
I get exhausted walking
Too many people visiting
Accessibility
Dog crap everywhere puts me off
Health holds me back. I'll health
The weather
It's sometimes crowded with people
Lots of rubbish and litter
Gangs are frequently inhabiting it now.
Not close enough
Lack of public toilets
Local green space is small
Weather, people find it weird if you go alone
Health
Rougher area
coronavirus
People not social distancing
Not having the time to
Depression
Moved home - further away
Requires public transport
Too crowded
Coronavirus
Sometimes I’d rather stay inside

You previously said you don't visit green spaces more often because of antisocial behaviour ..What experiences, if any, of antisocial behaviour in green spaces have you had/ seen yourself?
Drug dealing
Groups of people
__DK__
People insult to behave themselves while drinking, also taking drugs and behaving like idiots
Kids fighting, doing drugs, drinking
Gangs of youths lolling about and messing about ,see it regularly, football,dogs on the loose,saw a man physically assaulted blokes peeing.unsavoury behaviour. Have never seen a copper in the park.
Other dog walkers who do not clear up dog mess and also other dog walkers who have their dog running wild off the lead with no control or discipline
__DK__
Groups of teenagers racing around on bikes and verbally abusing people. Groups of young people lighting fires, drinking and playing loud music.
Large groups, loud music, littering, laughing gas
Increasing numbers of groups of people littering and drinking and listening to loud music
Vandalism of fences amenities gives air of poor safety; loud groups drinking; large amounts of litter at times - tend to influence the time of day when I would go alone.
As a cyclist, I read in local newspapers about muggings and anti-social behaviour along the canals in Birmingham which makes me reluctant to cycle along the canals alone.
Youths congregating, drinking, shouting and not adding to the ambience.
Gangs of youths everywhere making you feel intimidated
Nearest park to me I have seen eastern Europeans camping and junkies.
Drug dealing, gangs of teenagers
teenagers and young youths involved in smoking marijuana, fighting, urinating where ever they like and shouting
My girlfriend was followed by a man through the park and it scared her. He kept hiding behind trees to watch her, then followed her.
Fear of being assaulted and robbed.
__DK__
There is human excrement in the bushes, people lighting fires, and theft from people and cars.
Nothing too bad but i find it rather intimidating when on your own and you come across groups of youngsters.
__DK__
__DK__
Litter
Walking well established footpaths being nearly hit by irresponsible mountain bikers.
Gangs of youngsters are reported in the local park regularly causing trouble, so it is not safe .
Large groups of teenagers, litter, large groups hanging around cars playing loud music, smoking weed
Picnicking in large groups, failing to maintain social distancing throughout period of lockdown,
I'm not a person that scares easily, but when I see gangs of youths that could potentially due to the drugs they're using (the smell is awful) try to intimidate or snatch my bag then I really don't feel safe.
Groups of teens normally shouting screaming. Also drinking and drug use
People walking too close to you on the path, groups of teenagers gathering, more families out picnicking, leaving rubbish everywhere for our dog to eat
loud, drinking, disturbing others
Previous stabbing within local park, groups of teenagers commenting on me at twilight when running, littering and drinking. Also reports of dangerous dogs in local Facebook group for the park.
Youths riding bikes very aggressively and dangerously and shouting abuse. Groups of girls blocking the pathway.Individuals lying on the grass drinking and scattering litter
Sometimes teenagers hanging around
Hooded youths hanging around, and unsociable litter on the ground.
Too many youths gathering, playing loud music, being loud, not following distancing rules
__DK__
One of the green spaces I visit had large groups of people drinking. and being very loud and intimidating.

Drug use. Underage drinking
__DK__
Read/heard on the news
I've been shouted at and threatened by groups of people in several occasions . I was chased by a child on a bike. I've also seen people taking and dealing drugs
yobs hanging about in groups and swearing and throwing things
Not seen any.- is a perception from social media and news
__DK__
Large groups of youths that are rowdy and intimidating .. ppl getting drunk and taking drugs. .
__DK__
Teenage idiots hanging around children's playground, making it awkward for me to go there with my young daughter.
Litter, groups blocking paths, cyclists speeding, dog waste on paths, drug taking and drinking
Children, who should be in school damaging signs, trees etc. Dog owners letting their dogs defecate on paths and not clearing it up.
parks need more policing by wardens as i have witnessed antisocial behaviour and crime in my local park which changes the number of times i go there
Smoking, loud music
__DK__
drug use vandalism, large crowds
There has been a lot of antisocial behaviour in my local area in parks involving drugs , alcohol , and general bad behaviour
__DK__
Youths behaving in ways that encroach on privacy and then trying to antagonise people passing by
Swearing/drug-taking/drinking/inappropriate cycling.
__DK__
People taking their dogs off the leash
__DK__
People drinking openly and playing loud music.
There are yobs and thugs everywhere unfortunately
Drinking, littering, playing loud music
I haven't seen any but I read a lot about stories and there are often groups around
Large groups, playing loud music, drink8ng, littering and taking nitrous oxide
Groups of young boys loitering about and drinking
__DK__
Drinking and smoking with loud music
As a wheelchair user I feel extremely vulnerable
Gangs sometimes hang out in park
Graffiti, groups of youths, mugging, verbal abuse
Young groups of boys smoking and drugs
Fighting, shouting, swearing, bullying, drinking alcohol, smoking weed, starting a verbal or physical altercation, sexism, racism
Attempt mugging, stone throwing, verbal abuse, graffiti and other vandalism.
Drugs etc!
gangs, anti social behaviour, drug taking
__DK__
People getting drunk and disorderly.
__DK__
Big groups of people drinking
__DK__
On the phone in a conversation
Teenagers binge drinking
I have seen people ride across on motorbikes at the park closest to me, I've seen NOS canisters on the ground the morning after. Not enough to put me off going but enough to make me uneasy

Littering, youths shouting and fighting each other, playing loud music
Bullying in some spaces

Before taking this survey, which, if any, of the following were you aware provided volunteering opportunities in green spaces in Birmingham? - Other
parkrun
tree wardens
Local group
ON A HARBORNE SITE ON FACEBOOK
Thrive, a charity based in Kings Heath Park
Thrive
Charities such as thrive

Which, if any, of the following ways of giving your time to volunteering in parks and green spaces interest you? - Other
Neighbourhood team
parkrun
I would volunteer for any group teaching/ practicing bushcraft and campcraft
No longer able bodied unfortunately
DISABLED AND NO FEELING DOWN RIGHT SIDE SO IT'S NOT POSSIBLE FOR ME TO JOIN
illness & age
If I get paid
I am not interested because of my previous comment that I have a disability expected to last at least 12 months. This question is not applicable and should have been removed.

Which, if any, of the following are reasons why you don't volunteer in green spaces more? - Other
Criminal record
already volunteer elsewhere
I pay taxes for them to be looked after. I worked in community development and I don't want to spend time with the 'usual suspects' who undertake this type of volunteering
80 and limited
I have carer responsibilities
Only recently gave the time to be able to volunteer
I have a disability that definately prevents me from getting involved
vacation 6 months year
There's just no point. Young gangs hang around 5hem and destroy the areas.
I am 81
Already volunteer 2 days per week in green spaces plus other volunteering on other days
No spare time

Childcare
disability
Old age
I’m a full time unpaid carer
Health problems
Whatever is done by well meaning volunteers in my area is undone by teenage arseholes
not physically able to do a lot
Husband ill
I have no diagnosed health condition, but I know my limits and get tired very easily
Would want to be paid for my time
I believe work in green spaces should always be paid.
Have not felt relaxed with the people when I have done it.
I pay council tax for this!
Disabled
Health
Cv 19 restrictions
I do not 'feel' it prevents me, IT LITERALLY PREVENTS ME
Time

OUR ENGAGEMENT

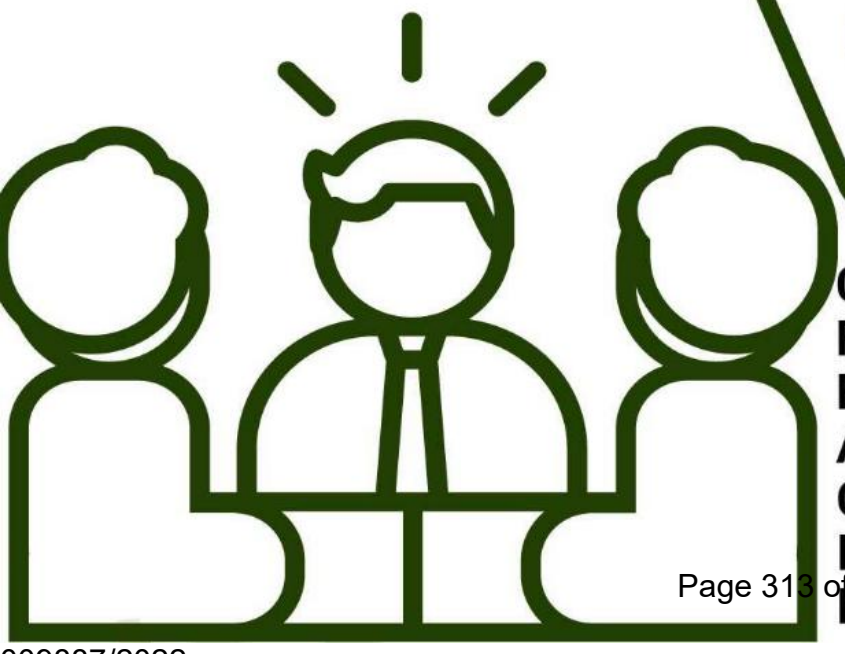
97 CAMPAIGN PROMOTED ON DIGITAL DISPLAYS ACROSS THE CITY

28.9K TWEETS, IMPRESSIONS & 97 NEW FOLLOWERS

10 COMMUNITY CONVERSATIONS

WITH **117** PARTICIPANTS

157 RESPONSES TO ONLINE SURVEY



CONSULTATION WITH FRIENDS GROUP, BIRMINGHAM ASPIRING YOUTH COUNCIL, CHILDREN IN CARE COUNCIL AND MORE...

NATURALLY BIRMINGHAM: FUTURE PARKS ACCELERATOR

OUR

ENGAGEMENT

JOBS & SKILLS

81.5% AGREE | 18.5% DISAGREE

HOUSING

78.8% AGREE | 21.2% DISAGREE

HEALTH & WELLBEING

81.3% AGREE | 18.7% DISAGREE

CHILDREN

83.0% AGREE | 17.0% DISAGREE

WITH **THREE IN FOUR** WANTING TO KNOW MORE

NATURALLY BIRMINGHAM: FUTURE PARKS ACCELERATOR

City of Nature Delivery Framework Engagement	
Date:	November 2021 – December 2021
Theme	Birmingham City of Nature Plan
Site:	City Wide
Lead:	Humera Sultan – FPA Project Director

Aims:

The Engagement sessions delivered were to:

- Present an outline of the steps we will take to achieve the 25-year City of Nature Plan for the City
- Highlight the wider benefits the natural environment brings to our life that have remained invisible to many, making the invisible – visible
- Explain why we believe there are opportunities to positively address the challenges we face and what it will mean in practice to benefit from these opportunities
- Detail the changes that will need to be made at Birmingham City Council and beyond to achieve this
- Show how we will give citizens, elected members and wider stakeholders' confidence that we will deliver what we say we will deliver
- Use the United Nations Sustainable Development Goals as a metric to report our actions against to illustrate how many areas of city life are impacted by the natural environment
- Gather feedback from participants to help to shape the BCoN Delivery Framework.

Method:

- Webpage created on the Naturally Birmingham Website to host information (see https://naturallybirmingham.org/birmingham-city-of-nature-delivery-framework/) which included:
  - 5 videos to convey main messages
  - Summary Document
  - Online survey
- PowerPoint slide deck presentation created
- Internal online engagement sessions via Teams
- External online engagement session via Zoom
- Face to Face open engagement session at the MAC
- Face to Face sessions at every Grounds Maintenance Depot
- Attendance at appropriate meetings
- Sharing weblink with FPA newsletter distribution, community groups in 6 key wards and all elected members

What has been achieved to date:

- 3 x Online Webinars via Team for BCC Parks Employees

17th November 2021

23rd November 2021

25th November 2021

Total: 49 attendees

- 4 x BCC Parks Grounds Maintenance Depots which were face to face meetings with all employees at each depot, in small group sessions.

24th November 2021
30th November 2021
1st December 2021
14th December 2021
Total: 95 attendees

1 x Face to Face meeting at the Midland Art Centre Open to all FPA Stakeholders
3rd December 2021
Total: 14 attendees
It felt important to ensure everyone had a chance to see the presentation and ask questions including anyone who may not have easy access to Teams.

1 x Online Community Conversation via Zoom
Total: 5 attendees.

Other meetings attended

Informal Cabinet	3rd November 2021
City of Nature Alliance	8th November 2021
East Birmingham Board	11th November 2021
Route to Zero Taskforce	15th November 2021
BOSF Committee Meeting	15th November 2021
Parks SMT	16th November 2021
City Operations DMT	18th November 2021
City of Nature Operations Group	19th November 2021
Star Chamber Equalities	24th November 2021
Council Management DMT	24th November 2021
Co-ordinating Scrutiny	26th November 2021
Public Health	2nd December 2021
Inclusive Growth EDMT	11th November and 2nd December 2021
Planning	6th December 2021
FPA Board	8th December 2021
Creating a Physically Active City Forum	15th December 2021
Public Health (Grade 6's)	21st December 2021

Online questionnaire – Delivery Framework Summary Document Feedback

Digitally, we have had a reach of 2.6 million people, together with 64,100 impressions.

67 people submitted feedback through an online survey based on the City of Nature Delivery Framework summary document.

92.3% of respondents agreed with the City of Nature approach outlined in the Summary document. Negative responses tended to either reflect a general dissatisfaction with the overall Council, or expressed a desire for more to be done on certain 'hot topics', such as crime, traffic, or city centre development rather than address specific issues with the City of Nature approach.

The questionnaire asked respondents to grade how important they felt each of the 5 city themes were:

- A Green City: 92.4% felt this was important or very important;
- A Healthy City: 87.9% felt this was important or very important;
- A Fair City: 83.4% felt this was important or very important;
- An Engaged City: 90.9% felt this was important or very important;
- A Valued City: 71.2% felt this was important or very important.

Respondents also had the option to add any additional comments; of which there were 46. 41.3% of these comments were positive statements of support, stating the importance of the City of Nature approach and their keenness to see it carried out. Another 43.5% of these comments were neutral, offering suggestions or general comments on the approach. 15.2% were considered to be negative comments, either disagreeing with the approach or suggesting that there were omissions in the Delivery Framework.

Demographics

The most common age bracket of respondents was 40-59, making up 63% of responses, followed by 20-39 at 23%, and 60+ at 14%.

Male respondents made up 57% of this total, and females making up 40%; 3% preferred to not say.

In terms of gender identity, 82.1% responded that they identified with the same gender as their biological sex, 4.5% identified as a different gender, and 13.4% preferred to not answer.

77% of participants were heterosexual, and 12% were from LGBTQ backgrounds. 11% preferred to not answer this question.

21.3% of respondents were from an ethnic minority background.

39.3% of respondents were from religious backgrounds, 45.9% stated that they had no religion, and 14.8% preferred to not answer.

20.6% of participants listed that they had a physical and/or mental health condition or illness lasting 12 months or more.

Challenges:

Face to Face meetings are still difficult due to Covid – 19 guidelines.

Key Learning from Feedback

- The need to refer to this as a plan, rather than delivery framework
- Closer links to Birmingham Development Plan
- The need to use the BDP standard for the environmental justice map
- The need to ensure a history of parks as a service is included
- Change the word 'pledge' to an 'ambition' or 'need'
- More clear links to the regeneration work in East Birmingham
- Explanation of how the first 6 wards have been selected
- Clear explanation of what the Fair Parks Standard is and how it is measured
- The links to green spaces that aren't council owned parks land
- Importance of working with planning and making sure the right planning policy is influenced to affect the changes we need to become a City of Nature
- Strengthening the links to the Birmingham Development Plan
- Greater recognition of cultural and physical barriers to using green spaces
- Balance between the need for people to use nature and the impact that has on biodiversity
- Stronger links to West Midland National Park
- Strong support for the ambition and importance of the concept of a City of Nature, especially with it's links to Climate Change.

How will this be taken forward:

The feedback above has been incorporated into the Plan.

Birmingham Health and Wellbeing Board

	Agenda Item: 23
Report to:	**Birmingham Health & Wellbeing Board**
Date:	**8th February 2022**
TITLE:	**HEALTH AND WELLBEING FORUM UPDATES**
Organisation	**Birmingham City Council**
Presenting Officer	**Shiraz Sheriff, Service Lead in Governance, Public Health**

Report Type:	**Information**

1. Purpose:

1.1 This update report details recent, current and future work related to:

- Creating a Physically Active City Forum
- Creating a Mentally Healthy City Forum
- Creating a City Without Inequalities Forum

1.2 Sub forum meetings, have been paused for the months of January and February 2022 to divert resource to support Covid-19 response

2. Implications:

BHWB Strategy Priorities	Childhood Obesity	Y
	Health Inequalities	Y
Joint Strategic Needs Assessment		N
Creating a Healthy Food City		N
Creating a Mentally Healthy City		Y
Creating an Active City		Y
Creating a City without Inequality		Y
Health Protection		N

3. Recommendation

3.1 It is recommended that the board note the contents of the report.

4. Report Body

Background

4.1 The Birmingham Health and Wellbeing Board has five thematic forums. The forums oversee the development and delivery of shared action to drive city-wide improvement. The forums are: Creating a Mentally Healthy City, Creating a Healthy Food City, Creating an Active City, Creating a City Without Inequality, and the Health Protection Forum.

4.2 The Health Protection Forum is presenting at the February Board meeting with an Annual Report as an information item with the remaining forums providing a written update. The Food forum had presented at the last HWB meeting in November and with no forums planned next due to Covid cancellations have not provided an update. Forums will continue to present on a rota basis, with each theme presenting at least annually.

4.3 This report is formed of 3 written updates. Further detail specific to each Forum can be found in **Appendices 1-3.**

5. Compliance Issues

5.1 HWBB Forum Responsibility and Board Update

5.1.1 Regular updates will be reported to the Health and Wellbeing Board via a joint update report in this format, with each forum providing a presentation item rather than an information item update at least annually.

5.1.2 Action logs of the forums shall be recorded and reviewed at every forum to ensure actions are delivered.

5.2 Management Responsibility

Shiraz Sheriff, Service Lead, Public Health
Kyle Stott, Service Lead, Public Health
Monika Rozanski, Service Lead, Public Health
Mary Orhewere, Assistant Director, Public Health
Modupe Omonijo, Assistant Director, Public Health
Dr Justin Varney, Director of Public Health

6. Risk Analysis

Identified Risk	Likelihood	Impact	Actions to Manage Risk

Partners not delivering on the assigned actions required to enable the forums work.	Medium	Medium	Robust monitoring and regular update reports via the relevant forum.

Appendices
Appendix 1 – Creating a Physically Active City Forum Appendix 2 – Creating a Mentally Healthy City Forum Appendix 3 – Creating a City Without Inequalities Forum

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

Christiana Torricelli, Senior Officer, Public Health
Andrea Walker-Kay, Senior Officer, Public Health
Kyle Stott, Service Lead, Public Health
Monika Rozanski, Service Lead, Public Health
Lucy Bouncer, Officer, Public Health

Birmingham Health and Wellbeing Board

Appendix X – Creating a Physically Active City (CPAC) Forum Highlight Report

1.1 Context

The CPAC met on Wednesday 15th December 2021.

1.2 Current Circumstance

The Forum received updates on:

1. CPAC Terms of Reference
   - Draft CPAC Terms of Reference were voted on and approved by members present, after amending the members list to include Future Parks Accelerator.

2. CPAC Action Plan
   - The approach to the CPAC Action Plan was reviewed. The draft action plan was tabled for further development by a sub-group of members to bring back to the CPAC March 2022 meeting for final approval.

3. Commonwealth Active Communities (CAC) Update
   - The Chair has asked that CAC updates are a standing item on future CPAC agendas.
   - CAC confirmed that Sport England has approved funding for community projects around the Commonwealth Games.
   - Weekly meetings of the CAC are taking place to review and collaborate on community projects.

4. First attendance at Forum from Youth City Board
   - Introduction provided to the Forum about the YCB from Youth Support worker assisting members of the Board.
   - Presentation from YCB member about their priorities – mental health, food, Commonwealth Games, poverty and physical health.
   - Welcome extended to YCB from the Chair and request to include them in future CPAC meeting.

5. Future Parks Accelerator delivered a presentation on their City of Nature initiative to link their activities to CPAC's future action plan.

1.3 Next Steps and Delivery

- Next CPAC meeting to take place in March 2022. The Chair noted the emerging pandemic scenarios as a reason for cancelling postponing February's meeting.
- A working group to draft the revised Action Plan for CPAC March 2022 meeting will be set up and convened.
- CPAC Action Plan scheduled for approval at March 2022's CPAC Forum.

Birmingham Health and Wellbeing Board

Appendix X – Creating a Mentally Healthy City Forum Highlight Report

1.1 Context

1.2 The 'Creating a Mentally Health City Forum' (CMHC) has an explicit focus on the mental wellbeing of citizens in Birmingham, with an emphasis on upstream prevention and promotion of better mental health. This includes also Suicide Prevention which has its own Advisory Group Strategy and Action Plan. It is one of five Fora created within the Public Health Division with reporting responsibility to the Health and Wellbeing Board. These reports are based on the activities set out in the Public Health Delivery Plan.

1.3 The aim of the CMHC Forum is to work with partners, stakeholders, academics, voluntary and third sector organisations, faith groups, and importantly our local communities to ensure that we are creating a City where all our citizens have equal opportunities to thrive and build a life that will enable them to achieve their potential and prosper.

1.4 A decision has been made by the Chair of the Forum and the Director of Public Health that we will step down the Health and Wellbeing Board and all sub-committees in January and February 2022 in light of the Covid Omicron variant, and this includes the CMHC Forum.

1.5 Current Circumstance

1.6 In line with organisational governance, the Prevention Concordat for Better Mental Health was taken to the Public Health Senior Management Team (SMT) for approval. The Concordat is at three levels: a) Commitment level our entry point; b) Achievement Level at year two; and c) Exemplar Level at year three. The Concordat had previously been presented in draft format to Public Health England and the Director of Public Health (DPH) for their input. The document was also submitted to the Cabinet Member for Health and Wellbeing via Councillor Member Briefing (CMB) for approval. It has now been disseminated to Forum members for approval and sign off by their organisations.

1.7 The Terms of Reference (TOR) is currently being refreshed after a year's delay due to Covid and lockdown. We have taken the impact of the pandemic and have engaged with organisations (including local communities working on inequality in some of our most deprived areas) that are committed to 'making a difference' to citizens who are disadvantaged. These community organisations can add value to the work we are dedicated to, and resolute in, addressing within the Forum, e.g. mental health and wellbeing, suicide prevention, domestic abuse, and justice health but most importantly we will be listening to people with lived experience of mental health conditions and act accordingly. We aim to invited representatives from organisation that are involved in the Better Mental Health fund as we are committed to working with partners in community settings, charities, sporting, and faith organisations. The new membership in the TOR will reflect the changes to how we intend working and engaging with local communities in the future.

1.8 The contracts from the Better Mental Health funds are now fully allocated and running. Monthly reports on each of the 11 successful bids are being sent to Public Health England for analysis and will be evidenced and evaluated for their lasting legacies beyond the fixed-term of the funding which ends on 9 May 2022. The focus will be on skills and resources development and value for money for each of the projects.

1.9 In addition to the Better Mental Health Funds the Public Health Division is also funding projects from their core budget that on merit were equally supportive in addressing mental health and wellbeing, including for people with lived experience.

1.10 Information against the actions from the Suicide Prevention Action Plan are being actively collected from providers and the Plan updated as and when information becomes available.

1.11 Good progress is being made against the delivery of a Real Time Surveillance and Referral System and the pathway flow diagram is now with the Coroner for review and comment. A joint meeting is planned to secure buy-in from parties involved and to work out logistics.

1.12 The Zero Suicide Alliance Basic Suicide Awareness Training has now been launched on the Learning and Development Service website and can be accessed both internally and externally on their portal via: https://tlds.learningpool.com/course/view.php?id=1358

1.13 Next Steps and Delivery

- Incorporate any feedback received from Forum members into the Prevention Concordat ensuring organisations have signed the Pledge to work in partnership on delivering the actions.
- Prevention Concordat to be signed off by the Chief Executive or a senior corporate colleague before submission to Public Mental Health publicmentalhealth@phe.gov.uk to express the commitment of the organisation in becoming a signatory to the cross-sector, prevention-focused actions through the adoption of public mental health approaches.
- Terms of Reference for the CMHC Forum to be refreshed and sent to Chair, DPH, and Forum members for approval.
- Will be seeking a replacement Wave 3 Suicide Prevention Co-ordinator for Birmingham and Solihull by advertising the post as soon as possible.
- The Suicide Prevention Action Plan will be updated with recommendations from members of the Suicide Prevention Advisory Group.

Birmingham Health and Wellbeing Board

	Agenda Item: 22
Report to:	**Birmingham Health & Wellbeing Board**
Date:	**17 January 2022**
TITLE:	**CREATING A CITY WITHOUT INEQUALITY FORUM UPDATE**
Organisation	**Birmingham City Council**
Presenting Officer/ Author	**Monika Rozanski**

Report Type:	**Update (information item)**

1. Purpose:
1.1 To report the progress of the Creating a City Without Inequality Forum

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
3.1 Acknowledge the progress made by the CCWI Forum

4. Report Body
4.1 Background and purpose The Creating a City without Inequality Forum is a subgroup of the Health and Wellbeing Board and convenes members across systems to shape and influence work

across Birmingham to prevent the exacerbation of health inequalities. The Forum undertook a refresh incorporating the national Marmot review '*Fair Society, Healthy Lives'* policy areas:

1. Give every child the best start in life.
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives.
3. Create fair employment and good work for all.
4. Ensure a healthy standard of living for all.
5. Create and develop healthy and sustainable places and communities.
6. Strengthen the role and impact of ill health prevention.

The forum reviews activity and outcomes in relation to the policy areas, identifying opportunities for action through a series of workshops and forums. However, the forums workplan is due to be reviewed in January 2022 and will be refined to ensure implementation of the new Health and Wellbeing Strategy, which is currently under consultation. This new strategy will ultimately drive the workplan of this forum.

4.2 Progress so far

Introductory meeting post suspension due to emergency response to Covid-19 took place in June 2021. It was followed by the first thematic workshop *Creating fair employment and good work for all* on 2 September 2021 and a forum meeting on the same topic on 12 October 2021, providing an in-depth discussion on this important Marmot policy area. The opportunities for action that emerged from those discussions identified the need to:

1) Work collaboratively and share knowledge/ data across all sectors
2) Build on past successes and existing best practice
3) Raise awareness and promote the benefits of employing people with disabilities and complex needs
4) Embed co-production and lived experience into decision/ policy making.

The following Marmot policy area guided the presentations and discussions at the wider partnership workshop on 25 November 2021: S*trengthening the role and impact of ill health prevention.* The workshop was attended by 11 members and partners as well as the following guest speakers:

Andrew Dalton – Screening and Immunisations Team, NHS England
Salma Yaqoob – Programme Director, BSol ICS Inequalities Board
Baljit Marway – Programme lead, NDPP Bsol CCG
Professor Wasim Hanif – Professor of Diabetes and Endocrinology.

The workshop explored:

- The clinical health inequalities that citizens face in Birmingham
- The inequalities in access to screening, immunisations, prevention and management programmes and what could potentially be done to address this
- The work of the ICS Core 20 Plus 5 approach and piloting co-production of diabetes service
- The upstream, prevention work needed to address the disproportionate impact of diabetes on more deprived communities.

The discussion brought out the following 5 themes:

- The need for Cultural Competency
- Improving access to services and a system approach to engagement
- Increasing health literacy of communities
- Consideration of the wider determinants of health and their role in ill health prevention
- A focus on prevention of diabetes.

The subsequent forum linked to this policy area was held on 16 December and attended by 15 members and 3 external speakers to further the discussion on reducing inequalities with a specific focus on diabetes prevention/management:

Tony Kelly – diabetes advocate and ambassador
Dr Manir Aslam - GP Director & Governing Body Member at Sandwell & West Birmingham Clinical Commissioning Group
Dr Nashat Qaram - Diabetes Strategic Clinical Lead for Bsol CCG

The discussion of the forum focussed on the following three strands of work:

1. Upstream solutions – stopping people developing diabetes in the first place
2. Early identification and intervention – finding people early in their disease to prevent
3. Living well with Diabetes – supporting people with diabetes to avoid complications and other diseases.

Specific actions will be drawn from all of the forum meetings held since August 2021 and incorporated into the new Forum's action plan.

The Service Lead for Inequalities has also started to work with the leads of the ICS Inequalities workstream to explore the priorities in the draft HWB strategy, Creating a Bolder, Healthier City, as well as the ICS Inequalities Board's priorities to ensure that both action plans, the CCWIF one and the ICS Inequalities one are aligned.

The Creating a City without Inequality Forum has also identified the need to hold joint forum meetings with the Creating a Mentally Healthy City Forum and the Creating a Healthy Food City Forum in the new year, which are to be arranged after the meetings resume and most likely after the elections.

Other actions that relate to access to food poverty, employment, physical activity and access to safe green spaces have also been identified during the Forum's discussions and will be fed to the relevant HWB sub-groups, as appropriate as well as the Birmingham Financial Inclusion Partnership.

4.3 Next steps

The forum has been once again suspended due to the Covid-19 response and is due to recommence in March 2022. In the meantime, the priorities of the forum are being reviewed to underpin the delivery of the new Health and Wellbeing Board's Strategy, also taking into consideration the work being undertaken by the ICS Inequalities Board.

5.	Compliance Issues
5.1	***HWBB Forum Responsibility and Board Update***
	There are no compliance issues to report.
5.2	***Management Responsibility***
Dr Justin Varney, Director of Public Health, Birmingham City Council Dr Modupe Omonijo – Assistant Director – Wider Determinants, Birmingham City Council Monika Rozanski – Service Lead - Inequalities	

6.	Risk Analysis		
Further delay in publication. Changes suggested at presentations.			
Identified Risk	**Likelihood**	**Impact**	**Actions to Manage Risk**
There is a risk that the activities of this Forum may lead to duplication which can impact on the clarity of its purpose and ownership due to the complex landscape and cut crossing priorities across a number of other existing partnerships in relation to health inequalities.	High	Medium	1. The draft HWB strategy identifies some priority areas, but what the CCWIF is expected to lead on and deliver may need to be specified further. 2. The PH Service Lead is working with the ICS Inequalities workstream to ensure priorities and actions are clarified and aligned. 3. Some activity may need to re-focus from seeking a direct responsibility for delivery to exploring and recommending evidence-based approaches and interventions to be delivered by other partnerships.

Appendices

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

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