BIRMINGHAM CITY COUNCIL

BIRMINGHAM HEALTH AND WELLBEING BOARD

TUESDAY, 30 NOVEMBER 2021 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 **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.

5 **DATES OF MEETINGS**

To note the dates of meetings of the Board for 2021/2022 as follows:-
Tuesday 18 January 2022
Tuesday 15 March 2022

All meetings will commence at 1500 hours.

5 - 22

6 **NOTES OF THE INFORMAL MEETING AND MATTERS ARISING (1500-1510)**

To confirm the Notes of the informal meeting held on Tuesday 21 September 2021.

23 - 34

7 **ACTION LOG (1510-1515)**

To review the Actions arising from previous meetings.

8 **CHAIR'S UPDATE (1515-1520)**

To receive a verbal update from the Chair.

9 **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.

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

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

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

Karen Helliwell, Interim Accountable Officer, BSol CCG

12 **ICS UPDATE (15:35 – 15:40)**

Karen Helliwell, Interim Accountable Officer, BSol CCG

13 **COMMONWEALTH GAMES UPDATE (15:40 – 15:45)**

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

35 - 174

14 **CREATING A HEALTHY FOOD CITY FORUM (15:45-16:00)**

Sarah Pullen, Public Health Service Lead will present this item

175 - 178

15 **BETTER CARE FUND (16:00-16:10)**

Michael Walsh, Head of Service, Commissioning Birmingham City Council and Helen Kelly to present this item

179 - 190

16 **SOCIAL PRESCRIBING (16:10-16:25)**

Stephen Raybould, Programmes Director, BVSC and Alex Ferguson to present this item

191 - 306

17 **BIRMINGHAM CHILDREN AND YOUNG PEOPLE TRANSFORMATION PLAN (16:25-16:40)**

Carol McCauley, Lead Strategic Commissioner BSol will present this item

307 - 312

18 **FORWARD PLAN**

This item is for information only.

313 - 316

19 **WRITTEN UPDATE BLACHIR**

This item is for information only.

317 - 328

20 **WRITTEN UPDATES FROM THE HWB FORUMS**

This item is for information only.

329 - 340

21 **WRITTEN UPDATE FROM ICS INEQUALITIES BOARD**

This item is for information only.

22 **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.
LCOEB Public Minutes 01 Sep 2021

LCOEB Public Minutes 06 Oct 2021

NB: This item is for information only.

23 **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 CITY COUNCIL

BIRMINGHAM HEALTH AND WELLBEING BOARD INFORMAL MEETING TUESDAY, 21 SEPTEMBER 2021

MINUTES OF AN INFORMAL MEETING OF THE BIRMINGHAM HEALTH AND WELLBEING BOARD HELD ON TUESDAY 21 SEPTEMBER 2021 AT 1500 HOURS AS AN ONLINE MEETING

PRESENT: -

Councillor Paulette Hamilton, Cabinet Member for Health and Social Care and Chair of Birmingham Health and Wellbeing Board
Dr Manir Aslam, GP Director, Sandwell and West Birmingham CCG
Professor Graeme Betts, Director of Adult Social Care
Andy Cave, Chief Executive, Healthwatch Birmingham
Mark Garrick, Director of Strategy and Quality Development, UHB
Chief Superintendent Stephen Graham, West Midlands Police
Paul Jennings, Chief Executive, NHS Birmingham and Solihull CCG
Carly Jones, Chief Executive, SIFA FIRESIDE
Stephen Raybould, Programmes Director, Ageing Better, BVSC
Dr William Taylor, NHS Birmingham and Solihull CCG and Vice Chair for Birmingham Health and Wellbeing Board
Richard Kirby, Birmingham Community Healthcare NHS Foundation Trust
Peter Richmond, Birmingham Social Housing Partnership

ALSO PRESENT:-

Dr Dyna Arhin-Tenkorang, Consultant in Public Health
Ricky Bhandal, Service Lead - Communities
Dr Andrew Dalton, Screening and Immunisation Lead, NHS England and Improvement
Stacey Gunther, Service Lead – Governance, Public Health
Luke Heslop, Service Lead – Evidence, Public Health
Dr Mary Orhewere, Assistant Director, Environmental Public Health
Avneet Matharu, Programme Officer, Partnership Insight and Prevention, Birmingham City Council
Patrick Nyarumbu, NHS
Aidan Hall, Senior Programme Officer, Governance, Public Health Division
Errol Wilson, Committee Services

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NOTICE OF RECORDING/WEBCAST

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

DECLARATIONS OF INTERESTS

27 The Chair reminded Members 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.

APOLOGIES

28 Apologies for absence were submitted on behalf of Andy Couldrick, Kevin Crompton, Professor Robin Miller, Dr Justin Varney (but Dr Mary Orhewere as substitute), Waheed Saleem and Douglas Simkiss.

FAREWELL TO PAUL JENNINGS

29 The Chair stated that she had known Mr Jennings for approximately 30 years and that he has been one of the nicest people she had ever met throughout her career. The Chair added that Mr Jennings had always been there for her personally. Mr Jennings had always been there to give advice and had been a brilliant member of the Birmingham Health and Wellbeing Board and was always there to support and steady the system. In the last four years she did not know what the Birmingham and Solihull CCG would have done without him. Mr Jennings came into the system and brought his brilliant personality with him and was able to steady and calm a lot of the water. Mr Jennings had been a brilliant leader.

On behalf of the Birmingham Health and Wellbeing Board the Chair formally expressed thanks to Mr Jennings for everything he had done not just in his time as the CCG Chief Executive or the STP Chief Executive, but for all the work he did in the NHS over 40 years. The Chair stated that it was an absolute pleasure to have worked with Mr Jennings and that she will personally missed him as he was always there to give that encouraging word. The Chair added that she knew as a system we were going to miss him, but the HWB would truly miss hm as he had never stated that he would do something, and t had not been done. Mr Jennings did not just talk the talk, but he had walked the walk. The Chair further expressed thanks to Mr Jennings and wished him all the best on behalf of herself and all the Board members.

Mr Jennings expressed his thanks and stated that the Chair's comments were generous and kind and that he had loved every minute of being back in Birmingham. Although not as Chief Executive of the CCG he would be here for Birmingham and the HWB.

DATES OF MEETINGS

30 The Board noted the following meeting dates for the rest of the Municipal Year 2021/22:

2021	**2022**
Tuesday 30 November**	Tuesday 18 January**
	Tuesday 22 March**

All meetings will commence at 1500 hours and may be extended to three hours if necessary.

NB: **These meetings are formal meetings and will be held as face-to-face meetings. Venues to be confirmed.

The Chair advised that we may need to add another meeting to this list.

MINUTES AND MATTERS ARISING

31 **RESOLVED: -**

The Notes of the informal meeting held on 27 July 2021, having been previously circulated, were noted and agreed as a true record.

ACTION LOG

The following Action Log was submitted:-

Stacey Gunther introduced the item and advised that there were no outstanding actions on the Action Log.

32 **RESOLVED: -**

The Board noted the information.

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33 **CHAIR'S UPDATE**

Hope everyone has managed to get a break over the summer
Recharged their batteries – ready for the challenges of the oncoming winter pressures

On Friday last week I sent a letter to the Right Honourable Sajid Javid MP in his new role as Secretary of State for Health and Social Care outlining our concerns in Birmingham with the need for all our care staff in our care homes to be double vaccinated by 11th November.

As you are all we aware, we have been clear on our messaging and promoting that vaccinations are crucial in infection control and disease prevention, and I am supportive that all care and
frontline staff should be vaccinated to help protect themselves and those that they care for in the wider community.

We have been working very closely with all Birmingham care homes throughout the pandemic and supporting them as best we can through the challenges they have faced. Our health colleagues with us have been leading on vaccinations and are now busy with the rollout of the Covid and flu booster vaccinations. Through our health colleagues' best efforts in rolling out and promoting vaccination take up and responding to concerns with the Covid-19 vaccination, we have improved the numbers vaccinated.

However, more time is needed to ensure we have enough care staff vaccinated, to avoid an impact on essential care and support. Our current local data shows that up to 2690 workers could be prevented from working in care homes on 11th November unless they become fully vaccinated.

Although I recognise recent announcements regarding self-certified temporary medical exemptions, which will inevitably assist in the short term this does lead to conflicting messages – yet again.

My ask to the Minister was for his urgent intervention in:

a. delaying the implementation until March 2022 to avoid the winter period and so it can be coordinated with any future approach to the wider health and social care workforce.
b. proposing in the interim that instead of mandating all care staff to be fully vaccinated by 11 November for this to be 80% of care staff within any given care setting to being fully vaccinated by 11 November.

As without this intervention 16% of care homes are expecting either significant disruption or will not be able to keep the service safe based on anticipated staffing levels. As winter pressures emerge, along with the anticipated bad flu season, we are expecting we could be in a situation of mass unavailability of care home beds.

Once I have received a response from the Minister, I will share this with you all.

Could I formally welcome Cllr Sharon Thompson – Cabinet Member for Vulnerable Children and Families who is joining the Board to replace Cllr Kate Booth the former CM for Children's Wellbeing.

PUBLIC QUESTIONS

The Chair advised that we have received a public question for this meeting the details of which could be found in the report along with the response to the question at paragraph 4.3 in the report.

RESOLVED: -

34 The Board noted the question and the response as set out in paragraph 4.3 of the report.

CORONAVIRUS-19 POSITION STATEMENT

35 Dr Mary Orhewere, Assistant Director, Environmental Public Health introduced the item and provided a verbal update highlighting the key points as follows:

- The case rates in Birmingham were falling. The data up to the 6th September 2021 was just of 2600 cases with 2 new deaths in the 60-day trend.
- We were still getting a lot of infection, but fortunately although this had transformed into pressure on the health service and the health system this had not transformed into deaths the way it did a year ago.
- The total number of cases were up but the rate at which we were getting those cases was falling and continue to fall.
- We were keeping an eye on the proportion of those cases in the over 60s and that had not risen as high on this occasion.
- The testing rate was falling, and the lateral flow test were available to the general public and we encouraged to use them at least twice per week and there was guidance to when they were required to do a PCR test.
- Compared with other parts of the country, Birmingham was not where we would lie it to be and we were looking to see what this meant in Birmingham.
- What we were seeing was that there were a few areas, but it was not whole Wards and we were getting details as to where the pressure was in terms of positive cases. We were continuing our engagement work there.
- A big part of this work is through our Covid Champions but was also through all the other people that had contact with the general public and having conversations about taking test when they needed to and isolating when they needed to.
- The dominant variant was the Delta variant, but other variants were identified and colleagues in Public Health England were keeping a close eye on this.
- The good news was that the prevention measures that we had used for all the variants to date remained the prevention measures that we need to use for what we knew now.
- We were still asking people to maintain an appropriate distance, wash their hands, wear a mask or face coverings where that was felt appropriate and when required and to take up the vaccine.
- The implementation of the vaccine was led by our colleagues in the NHS who had done an excellent job.
- We were now looking at vaccinating the younger people. The vaccination was extended to the 12 – 15 years old which will commence

later this month. The 16 – 17-year olds had their vaccine which we were trying to get them to take up.
- We had the highest take up amongst the older population particularly the over 60s and 80s.
- We were looking to get the rest of the population to take up the vaccine to the same extent. The goal was to get to 75% and at the moment 20% of our Wards have achieved that but there was more work to do which was continuing.

CORONAVIRUS -19 VACCINE UPDATE TO INCLUDE FLU/COVID VACCINATION ROLLOUT

36 Paul Jennings, Chief Executive, NHS Birmingham and Solihull CCG introduced the item and provided a verbal update. Key points as follows:
- We were still pressing as we could to get people to take up the vaccine for the first time which was an incredible hard work in trying to get people in social care to come forwards for the vaccine.
- We now had work in place for the 12 – 15-year olds, the booster programme and 1m text had gone out in the first tranche for the booster programme.
- In terms of flu there was a bit of a bump in the road around supply at the moment and we were hoping that this would improve as we had to cancel some of the sessions that were booked as the supply had not come through.
- We were now trying to move to a more business as usual approach to vaccine.
- We had a fantastic campaign and we had delivered over 1.5m Covid immunisation over this last 9 months, but we needed to get to a more business as usual approach to this.
- We needed to deal with the business of vaccine resistance as very often people who were resistant to Covid vaccine resist other vaccines.
- Sarah Jayne Marsh will be picking this up as she takes on the lead role with my departure.
- We will keep pushing at vaccine as anybody will tell you in public health, vaccination was one of the few things that we do that we really know worked.

Dr Aslam provided the following information:
- We were working ourselves up for the flu campaign and we have had some challenges around the delivery of that.
- A lot more practices had signed up to deliver the Covid booster vaccine as well.
- We felt confident that we were in a position to offer all those people who wanted to have a vaccine could have a vaccine.
- We knew that there were some vaccines being currently delivered into pharmacies.
- If you had the opportunity to get to a pharmacy and get your flu vaccine, please go and have your flu vaccine.
- We were taking the opportunity that whilst there were delays in the distribution of the flu vaccine to encourage people to get their flu vaccine as soon as they could.

- We had some challenges ahead, but we were in a reasonable position to meet those challenges head on.
- We stood up our hospital site at City Hospital and that would deliver some of the younger cohorts some of the Covid vaccination as well as those people who currently had no vaccination they would be encouraged to go.
- We had a walk-in service there that enabled that to happen.
- We will keep a watchful eye on the current scenario in terms of where we got to in the next couple of months just to think about the flexibility that we need to show for those people that needed to have a more flexible approach to vaccination.
- We had a lot to do alongside the vaccination campaign in terms of recovery in general practice and recovery within the wider NHS system.
- There was plenty to do so we were focussed on the vaccination but as Mr Jennings stated it needed to become business as usual.
- It needs to be part of the programme that we deliver on a regular basis alongside all of the other work as well as abandoning one just leads to a build-up in other areas and we could not afford to do that any longer.

The Chair posed the following questions:

Regarding the 12 -15-year olds has that programme started in Birmingham and across Solihull?
Response: Mr Jennings confirmed that the programme had started and that he had a bar chart and a presentation he was given earlier today that showed a small number that had been done so far. It was early days, but it had started.

I had the AstraZeneca vaccine, if I am invited back for a booster will I be getting the AstraZeneca again or will I be getting Pfizer vaccine? The news bulletins had stated that people who had the AstraZeneca vaccine may not be allowed into America.
Response: Dr Aslam stated that it was a medical and political question. The advice that was given was that the booster was going to be one of either Pfizer or Moderna, one of the MNAR vaccines.

With regards to being let into America, the news came a little bit on the hoof. They had not really thought about the detail in terms of how their own CDC would be able to validate the vaccines that had been approved by the heath authorities around the world. They had not thought this one through.

Clearly the AstraZeneca vaccine poses a particular problem for Americans as they had not used AstraZeneca at all. There was a challenge there for them to work through. Dr Aslam stated that his understanding was that the EU was lobbying strongly to ensure that the AstraZeneca vaccine was approved for travellers from Europe.

This was an effective vaccine against Covid – yes you could pick up Covid and the new variants having had a vaccination or any vaccination, but you symptoms would be mild and would be less likely to require hospitalisation. They have not thought through the different vaccine implications around the world.

COMMONWEALTH GAMES UPDATES UPDATE

37 Dr Mary Orhewere, Assistant Director, Environmental Public Health gave the following verbal presentation:

a. Most person will be aware that we have passed the key milestone of one year to go.
b. There had been a huge amount of work in terms of preparation and that had been changed and modified to accommodate the fact that we were also going through a pandemic in recent times.
c. There were several strands to the work of the Commonwealth Games (CWG) preparations.
d. Firstly, all the work around having a successful safe Games that is, successful for the athletes and their families including the officials and also for our residents and our visitors who will be attending the Games.
e. Secondly, the Legacy – a huge amount of work in terms of how we could embed that legacy by getting much of it in place before the Games going on through and beyond the Games.
f. This was a multi-agency approach and was not about Birmingham City Council alone or the Organising Committee alone.
g. It involved working with a number of agencies from Public Health England, liaising with the NHS in terms of preparedness checking that the emergency resilience were in place for any surprises we may have to deal with right the way through to how we procure supplies for the Games infrastructure and the consumables that we required. Some of this work involved looking to ensure that this Games did well for Birmingham and the wider region around Birmingham.
h. Getting our procurements to consider how we could develop opportunities for local businesses to meet the necessary standards and to participate in the progress towards a successful Games.

Dr Aslam commented that this was a great opportunity for children in this city to have an opportunity to look at elite sports. They watched the Olympics many times, but the CWG was a real opportunity to engage young people in sporting activity. We knew that we had an obesity crisis within our young people (and within our older people as well). What had the engagement been with schools and the wider young people's communities to engage them in sports so they could make best use of this opportunity. Part of the legacy was the excitement of leading up to this, but then what it leaves with us behind.

Response: Dr Orhewere stated that there were lots of opportunities for young people one of which was around physical activity, but we were taking an all age approach to it as we recognised that young people were a part of, he family. There will be something for young people, but there will be something for all ages. This was built into how we were organising access for example to the facilities and building in travel as much as we were able to but also as part of our legacy. Dr Orhewere undertook to come back to the Board around the issue of schools and what they were doing. We were doing things in our communities and accessing young people to increase activities as part of life not just structured physical activity.

Professor Betts commented that it was important and that there were so many dimensions to that. Professor Betts referred to Dr Aslam's statement and stated that this was absolutely right, and it had to be one of them with such an opportunity. He added that he also thinks that when we were thinking about the legacy we should also be thinking about the infrastructure. It was important that we think about site etc which were the underpinning things. As the Board may be aware, we were in the process of appointing a new director of Children's Services and he was involved in setting the framework for that new role and part of it was absolutely what we were about with the opportunity and the CWG for children and young people in this city and was a good point.

The Chair commented that the CWG was a once in a lifetime event, we will never see it again in Birmingham. It was a brilliant opportunity for us not just about the 10 or 15 days about the event but was really about the legacy that would come before and would be created for after the Games. The Chair encouraged the Board to be part of the Games. The local community had to take ownership of the Games. Over 25,000 people had applied to become volunteers for the Games. As part of the Board we were putting this on as a standard item as we wanted to see across the areas that the Board influenced what were we doing to be part of that legacy going forward.

Dr Aslam commented that the Chair made an excellent point about engagement and that the first time he heard about the CWG was in this forum. He added that we did not had the communication out to Primary Care in a way that was meaningful, and they could get a lot of engagement not just with young people but across the spectrum, to be volunteers to be creative about how they support the programme as well. If there was some way, we could help we would be happy to do that.

Professor Betts undertook to speak with Craig Cooper about how we ensured that colleagues in Primary Care wee more engaged.

ICS UPDATE

38 Richard Kirby, Birmingham Community Healthcare NHS Foundation Trust gave the following verbal presentation:

- We were at a point as Mr Jennings handed over the baton for a new Integrated Care System (ICS) Chief Executive to be appointed in the next month or so of getting all of the things – the system and the processes etc.
- We will need to make the ICS work effectively and in particular for the Health and Wellbeing Board (HWB) that includes some hard thinking about how we wanted to work through the two places that were the City of Birmingham and the Borough of Solihull and how within Birmingham we wanted to make the operational partnerships a reality at the five localities as well.
- Professor Betts with other colleagues was leading some of that work and he suspected that that will be shared at the HWB at the right point.

- If we stepped back a bit from all the work that was going on to manage the transition and get the ICS set up as a statutory body, there were two things to say around two big pieces of work that were on the agenda.
- In the here and now, the partners in the ICS were working hard at that how we get the health and care systems safely through the winter and into the start of next year.
- We had some big elective backlogs that were some real Covid-19 pressures in the system. There was pressure from the emergency work that did not came through during lockdown that was coming through.
- We knew we had to respond to all of that as we cannot do just one bit of it and not the rest of it.
- There was some work going on that should be completed around the end of November to pull all of the strand of that together into a coherent short-term plan for our health and care system.
- The second big piece of work was to look to the long-term and it linked to the conversation we were just having about the CWG.
- It was about building a sustainable system that picked up some of the things we will be coming to later on in the agenda around the role of the ICS in tackling inequalities and improving life chances.
- The role of the ICS in building a proper population health management way of working, that started to tackle some of the deep seated causes of ill health and inequality in health outcome and enabled us, having gotten through the current period to look forward to a more sustainable future, for our health and care services in the city, which was based on what Doug Simkiss call tackling the causes of the causes.
- Trying to work across the whole system on those things that enabled us to help people to stay active. That should take the form of the kind of ICS 5-year strategy early in the new financial year. There was a lot going on with quite a bit in the background.
- A number of people in this meeting were important parts of that work and would speak to their particular part of it if we needed them to.

The Chair commented that she had been part of that work and that social care and the local council had not been let out of any part of this. It was important as the months goes by that the HWB was clear and where it sees itself and where it wanted to position itself because we were a valuable part of what was happening within the health and care system. It was important that through the HWB the message was sent back to the ICS so that they know.

Stephen Raybould, Programmes Director, Ageing Better, BVSC commented that they were involved in planning the voluntary sector involvement in the ICS which had gone reasonably well. It was about to be stood up with the rest of the activity. Two things that would be useful was a system map so that we could see the governance route that incorporates all the things that were currently related to it so that they were met with something within the ICS. Just getting the timing of that right. A maturity update on the ICS so that we know when to stand up different structures within the voluntary sector so that they were met with something within the ICS. Just getting the timing of that right would be important and productive.

Mr Kirby commented that Mr Raybould made two important points and the wider work we were trying to do will not work if we did not engage Mr Raybould and his colleagues. We were still designing that system map ourselves, but there was something called the ICS Target Operating Model which was meant how we wanted to try to make the system work. If this would help, he would organise the right group of people to share that in a bit more detail at a future HWB meeting.

The Chair stated that if this was something that would involve going into more detail it would require a separate meeting as nothing about ICS was easy to grasp. Nothing was simple but what we were able to do with Birmingham and Solihull was to have the difficult discussions. We were having them early and were starting to put together a structure. We may need an Awayday/Development Day of the HWB for that to work.

POPULATION HEALTH MANAGEMENT

Dr Dyna Arhin-Tenkorang, Consultant in Public Health introduce the item and drew the attention of the Board to the information contained in the report.

The Chair commented that Dr Arhin-Tenkorang skipped over a really important piece of work relating to the first 1001 days in paragraph 4.3.4 of the report which for her was one of the most important pieces of work in the document. The Chair requested that Dr Arhin-Tenkorang tell the Board a bit more on progress with the Population Health Management (PHM) as this work had been driven through and there was a lot of good things being done in that specific area.

Dr William Taylor, NHS Birmingham and Solihull CCG and Vice Chair for Birmingham Health and Wellbeing Board commented that this was a great piece of work and that it came at the right point on the agenda as it came after we spoke of the health inequality issue we have seen across the city. We talked a little bit about place and how we can use place to tackle those health inequalities and having the PHM data to support that work in place was going to be vital. We have talked a little bit about how the ICS was developing and that collaboration between health and social care and the wider determinants of social care around the CWG.

Dr Taylor stated that there were a couple of things he was interested in knowing: the issue of combining datasets which was vital especially across health and social care. There was a bit about fuzzy data which he did not fully understand. How was this going? As a result of Covid we had not done as much as we could as this came across earlier about the benefits of the CWG. Was there an opportunity here to use the CWG and the data we have around the improvement of physical activities will have on health and the inequalities in that as a launch pad as one of the early projects as some of our PHM data?

Response: Dr Arhin-Tenkorang stated that the data in the update was a major issue. There were major information gathering issues around getting agreements to sharing the data. The of course there were some issues around the fuzzy data which was more surmountable. The issues around getting

agreement from the various partners to share the data was a bigger hurdle that we have to overcome. Given what had happened nationally concerning the upload of Primary Care data, that had produced a huge problem for the work. These were problems for which nationally would be overcome eventually, and we were working had to be in the position when the time comes to be in a position to make use of all the available data.

The suggestion around using the CWG as a launch pad was a brilliant one and this was something we would like to explore with the Board and others. The two pilot projects around infant mortality and obesity and weight management hat you have just suggested was something we should definitely looked into as it would be hugely beneficial.

Dr Aslam commented that as a data geek he was interested in the data as it should drive our decision making and enabled us to understand whether we were achieving some of the things we wanted to achieve. We have the biggest local authority in Europe in Birmingham City Council, and we have struggled to separate the data for West Birmingham so that we could start adopting a data management driven approach in West Birmingham. How could we have unpicked that? Do you recognised that there was an issue and how we could unpick it so that we could get on with the population health approach?

Dr Arhin-Tenkorang stated that it was recognised that this was a problem, but it was not a problem just to West Birmingham. The ICS approach was very much place based and therefore within Birmingham each of the localities would have to grapple with the same issue. She was not a data expert she was more in public health and health economics. These were some of the reasons we were trying to get in place those who had that capability to help us with that technical issue. Although I am unable to give you the answer, this was something that we recognised and was one of the reasons we were going through this work stream and trying to put certain capabilities in place.

Dr Aslam highlighted that this was a problem in West Birmingham as we cannot separate the West Birmingham data into its own dataset which meant that some of the interventions that were made, we cannot track. We would like to do that to help to unpicked some of the challenges we could help to do that.

Mr Kirby advised that when West Birmingham moved ICS it was thought that the splitting of the NHS data issues would be easier. This may be a bit of a time limited problem in many areas, but there was also some work that we had to conclude particularly with Primary Care and data sharing. I was having some conversation about this this morning in trying to get some of the difficulties that people were talking about straightening it out as quickly as we could though there were some complex things behind it. We were on the case.

Professor Betts stated that there was more work to be done but what was good was that it was flagged up now and we could begin to get a handle on it. Its positive that we could move forward on that.

If you cannot get the figures for your areas how would you know that you were dealing with issues in each part of the system.

Mr Raybould commented that West Birmingham offered a good opportunity to start somewhere if you were thinking about a locality within Birmingham because of the ICP governance there it was a good opportunity to test. My request was that PHM was one of the things the voluntary sector could contribute to, but its difficult if the presentation and challenges were particularly technical. One of the things that would be useful was a request of what was needed, and the voluntary sector has thought there was a specific…

Dr Arhin-Tenkorang stated that the qualitative data in particular from the users in the community were part of the data PHM had to use. It was appropriate that we strive to ensure that the population and citizens were aware of what PHM could do and offer so that they could participate, and this was one of the things that part of the work stream we were undertaking.

In terms of the 1001 days we were all aware of the challenges about our rate of infant mortality. The work we have been doing in PHM was looking at the data in order to support the infant mortality work that was currently being undertaken in the Council. We have a workshop activity that was in operation now which brought together many of the experienced people in that field - the geneticist, clinicians the community providers that were working on Child Death Overview Panel (CDOP). All of those individuals were currently trying to get together a strategy that would allow us to tackle that. The PHM would be providing data to support some of the work they were doing.

The Chair advised that BCC had an independent chair for that piece of work and that chair will be helping to drive that work forward. Whatever we got as a final outcome we will be ensuring that what we get would be implemented within the system. It was important to understand that for Birmingham City Council and the partners this was a key piece of work.

39 **Recommendation** –
The Chair invited colleagues to accept the report and recommendations at 3.1.

All those present agreed the recommendation.

SCREENING AND IMMUNISATIONS

Dr Andrew Dalton, Screening and Immunisation Lead, NHS England and Improvement introduced the item and drew the Boards attention to the information contained in the report.

Dr Taylor commented that both screening and vaccinations were sometimes the less glamorous part of the NHS and what we do and yet undoubtedly saves more lives than almost anything else that we do across health which was really interesting. All credit to you for the work that you do in trying to get this back on track after the difficult time during Covid. There were great bits of work in the paper you shared and the bits about learning from the Covid vaccination. This could revolutionise how we deliver vaccination programmes if we were quick enough to learn the lessons, we learnt from it. My only point was the paper you shared there were some big gaps in terms of data as there were quite a few sentences showing that there was no published data indicating screening up

take following the Covid pause. When were we likely to know more about what the backlog was and when that data would come online so that we could see the implications of the actions taken and to try and improve things post-Covid?

Response: Dr Dalton stated that anyone that worked in screening knows that these national data were delayed and that any modelling anyone could do on these would be welcomed. It varied between programmes so to get validated data in breast screening it tended to be about six quarters which was quite a delay. This was a problem for which he could only apologise but it was difficult.

Dr Taylor exclaimed that six quarters was quite amazing and that it was such a long delay. Dr Dalton advised that it was about the validation and the way it was extracted from the national databases. There had been a lot of criticism about the national database screening and the independent review screening nationally also had problems. There had been a national change and it was hoped that this would improve things. Dr Taylor commented that this make planning a strategy a bit more difficult.

The Chair enquired whether there were any plans to publish partial data as they were received as the gaps were quite large concerning data. As there was so many gaps, at some point somebody will need to take ownership of this and at least try to delve into it.

Dr Dalton stated that some of the immunisation data was getting timelier and there was progress on that, and this was something that we had a bit more up to date. In terms of the screening I could look into what we could and could not share. We absolutely wanted to and in cervical screening we hopefully got some agreement where we could get some data at a general practice level to get a much more within the last quarter of what the coverage was. Colleagues in general practice could then decide if they really need to promote it in that area. It was improving programme by programme but not systematically.

The Chair enquired whether people who had been missed would be called back.
Dr Dalton: Absolutely, that was why recovery had been so hard not just getting recovery to be 100%. To recover you need to work at 150% of the year to catch and that was what the programme was doing. Cervical screening for example everybody who were missed had been invited. Breast screening providers had to have done that by 31 March 2022 and that was really what restoration was. No one would miss it they would just have their interval ultra-scan in between screens due to Covid stoppage.

Dr Aslam commented that it was fair to say that we knew a lot more about vaccination and people's challenges around vaccinations now than we did before. In terms of the children's immunisation particularly the MMR, we have always been challenged, but it did not look like a data problem it just looked like a lack of MMR in kids arms at the moment. Were we going to learn the lessons quick enough to get these vaccination rates up or what do you think a recovery looked like? If we look at the national data for England and then the West Midlands, we were at a significant outlay. Dr Aslam voiced concerns that the vaccination programme would just highlight vaccination as an area that people did not want and then that would spread into children's services as well.

Dr Orhewere commented that we were aware that our child immunisation uptake rates were not where we would like them to be. There was apiece of work done shortly after the first tranche of Covid vaccine to see what we had learnt during the Covid vaccines and how we might use that for immunisations more broadly. My ask was for colleagues in the NHS system who showed real enthusiasm shortly after that as they could see the difference it had made to Covid vaccines to really *bite the bullet* and say shall we do this for MMR.

Dr Orhewere added that in conversations there had been lots of interest and it was how could we learn the lessons and how could we apply that to on-going Covid vaccine and flu vaccine. My ask was that we extend that to MMR and other immunisations. We could see the immediate short-term benefit to the NHS system of getting the flu jab and the Covid vaccines. When we got to the other part of the immunisation it was not an immediate pay off, but we had to tap into that passion and all of that knowledge. There was a piece of work that we will be doing in Birmingham working with our Covid Champions to see how we could use them to develop the messaging to reach bits of our community that we had not previously reached. The offer was there and what we want was a queue of young people with arms to be jabbed.

The Chair commented that she was worried when she saw our screening levels and that she echoed Dr Taylors comments. If we were not screening enough people at the moment in communities like hers, she did not know what was being done out there. Across all communities like mine I was seeing more and more people dying because they were not screened early enough. More and more women with cervical and other issues, because they had not been screened early enough, at the moment it had been masked by Covid, but it was uncertain how long this could be the mask due to the amount of people we had seen passed on. It would be interesting to see in the death data if there had been a significant increase over the last 18 months. Screening was vital if we were going to have a community that remained healthy.

Recommendation –

40 The Chair invited colleagues to accept the report and recommendation at 3.1.

All those present agreed the recommendation.

JSNA DEEP DIVES (VETERANS)

Luke Heslop, Service Lead for Evidence, Public Health Division introduced the report and highlighted that he would like to present 3 elements of the Deep Dives programme. Mr Heslop then drew the Board's attention to the information contained in the report.

(See document)

The Chair enquired whether there were any specific members that would fit into certain areas as JSNA Deep Dives Champion that Mr Heslop would approach first. Mr Heslop stated that they were just looking for members with time and an

interest within the areas mentioned in paragraph 4.1.3 of the report. The Chair enquired whether it would be April 2022 that the work would commence. Mr Heslop advised that half of them had started already so that would be pressing – learning disabilities; mental health and substance misuse; mobility impairment and domestic abuse. The others will commence in spring 2022.

Dr Orhewere stated that the champions were needed now. Knowledge was great but enthusiasm was even better as we needed the Board's eye looking at this, but also help us open doors and make connections where we needed to.

Carly Jones suggested that Mr Heslop write to each Board member and provide a bit more information including what it will entail, time commitment, the type of network Mr Heslop were looking for people to have. Mr Heslop advised that he relate this back to the earlier deep dive programme. This was the original plan, but it got shelved because of the pandemic.

Richard Kirby stated that the veteran's work had inspired BCHC to put right the fact that were not one of the Trust that was veteran friendly accredited. We will do that on the back of this and will see that through. Mr Kirby stated that he was the Champion for the Public Sector Workforce work that had been stood down. The Trust provides the Adult Learning Disability for the city. If you did not get a better offer for learning disability, he would be happy to be the champion to fill that gap.

Stephen Raybould commented that it would be good to get some more profile around the deep dives. One of the challenges was that some of the work were being undertaken in different parts of the system including the voluntary sector. This meant that some of the activities had to be moved around. He was happy to pick up domestic abuse and that it would be good to have a substitute partner on board as well.

Patrick Nyarumbu, NHS stated that the points made around mental health with this piece of work he would be quite happy to be involved with that work as some of his colleagues were involved, but if they were looking for senior representation there, he would be happy to be involved.

Dr Aslam stated that he was reflecting on the diabetes work stream and if we matched that into the obesity work he would be keen to be involved and just as Richard volunteered himself for another role for the West Birmingham Place setting we would like to do some work around diabetes the whole spectrum of obesity, diabetes and pre-diabetes. He would be happy to contribute to that if the Chair felt that this was appropriate.

The Chair commented that in relation to the diabetes one, we will be using some of those community champions expertise that do a lot of work in this area. The Chair requested that thy did not get left aside as they were key to some of the successes we will have in this area.

41 **Recommendation** –

The Chair invited colleagues to accept the report and recommendations at 3.1 – 3.3.

All those present agreed the recommendations.

AGENDA ITEMS 18 - 22

42 The Chair acknowledged Items 18 - 22 on the Agenda were for information and made specific reference to Items 21 – Sikh Community Health Report and 22 – Bangladeshi Community Health Report and stated that these should not be just for information only. The Chair then informed the Board that she had invited Ricky Bhandal to give a five-minute presentation on these reports for the Board to see some of the phenomenal work being done in Public Health.

Mr Bhandal stated that the community health profiles was as a result of a discussion that took place with Dr Justin Varney prior to the Covid-19 pandemic. What we wanted to do for the first time was a health profile on ethnicity, faiths, disabilities and sexual orientation in the city. The aim was to look at the hard questions and some of the gaps in the data. Little did we know that through Covid a few months later that those kinds of predictions we thought where gaps were, and the ethnicity data had started to come through fruition. This piece of work was a pilot and one of only one in the country we were aware of. What we did was to look at the existing evidence based on communities and put it together in one central place.

The Sikh community was chosen first and my background was from that community and I am from the city as I was born and raised in Handsworth. I also had some idea of what the data was already out there. This was a pilot and a test of what we will be doing. Mr Bhandal then gave a slide presentation on *Community Profile* to the Board in relation to the work that was being done.

The Chair stated that if there was anything that Mr Bhandal wanted the Board to assist with to please contact them. The Chair added that she had also read the Bangladeshi report which was a good read and that she would recommend all members of the Board to read the documents. The Chair expressed thanks to Mr Bhandal for attending the meeting at short notice and for presenting the information as it was a valuable piece of work.

OTHER URGENT BUSINESS

43 Stacey Gunther

The Chair commented that Stacey Gunther had worked alongside her and Dr Varney for the last two years and that Ms Gunther had been a star! We would not have been able to do half of what we had done with the HWB, getting the strategy together etc without Ms Gunther. Ms Gunther will be leaving us soon as she was ‘nabbed’ and will be going across to the West Midlands Combined Authority (WMCA) on a secondment basis. The Chair added that she wanted to formally place on record her thanks to Ms Gunther for all her hard work and that she will truly be missed. Ms Gunther has been a brilliant member of staff and she will certainly be missed, and she had been a wonderful support to the Chair as Cabinet Member for Health and Social Care.

DATE AND TIME OF NEXT MEETING

44 To note that the next Birmingham Health and Wellbeing Board meeting will be held on the 30th November 2021 at 1500 hours.

It was agreed that this will be a face to face meeting due to requirements for in-person decisions. The venue will be BMI, Margaret Street (tbc)

The meeting ended at 1654 hours.

……..…….
CHAIRPERSON

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	[illegible] 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.	

Birmingham Health and Wellbeing Board

	Agenda Item: 13
Report to:	**Birmingham Health & Wellbeing Board**
Date:	**30th November 2021**
TITLE:	**Creating a Healthy Food City Forum Update**
Organisation	**Birmingham City Council**
Presenting Officer	**Sarah Pullen, Service Lead (Food System), Public Health**

Report Type:	**Presentation**

1. Purpose:

- To provide an update on delivery to date, and current and planned activity on selected work streams within the context Creating a Healthy Food City Forum and wider food portfolio of work.
- To seek approval and input from the Board where noted within the report and as summarised in section 3 recommendations.

2. Implications:

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

3. Recommendation

The Health and Wellbeing Board is recommended to:

3.1 Endorse the outline of the draft Food System Strategy and contribute to the pre-consultation, if required, to shape the final draft.

3.2 Note that Birmingham have signed the Glasgow Food and Climate Change Declaration and have made pledges regarding the Right to Food and our plan to act on Food Justice, and to embed this in other HWB work streams.

3.3	Participate in the upcoming decisions about how to tackle poverty across the city in response to the recent Food Poverty Core Group workshop and resulting recommendations.

4. Report Body

4.1 Context

Vision: Our shared vision is to create a bold, healthy, fair, and sustainable food system, and a prosperous local food economy, where food choices are nutritious, affordable and desirable so all citizens thrive and can achieve their potential for a happy, healthy life.

The main purpose of the Forum is to work together to apply a whole system approach to understanding the food landscape of the city and improving the food behaviours at a population level across Birmingham by ensuring that a joint action plan is developed and delivered.

A wide range of work is underway on the food system agenda and the Council has recruited a new dedicated Food System Team within the Public Health Division to accelerate this work. The final member of the team joined at the end of September 2021. In our team are Sarah Pullen – Service Lead, Bradley Yakoob – Senior Officer, Rosemary (Rosie) Jenkins – Officer and Olanrewaju (Lanre) Akinola – Graduate Officer.

The minutes from the 13th October 2021 Creating a Healthy Food City Forum meeting can be seen in **Appendix 1.** This report will provide updates to the Board as requested on emerging food strategy and other work of the CHFCF.

4.2 Developing the food system strategy and action plan

4.2.1 Food System Strategy

The Creating a Healthy Food City Forum is in the process of developing a Food System Strategy for the city; an initial outline has been reviewed by the forum, Food Poverty Core Group and other key stakeholders and experts. The feedback received is being used to shape the strategy that will be presented to Cabinet and will go out public consultation in early 2022.

Vision: Our shared vision is to create a bold, healthy, fair, and sustainable food system, and a prosperous local food economy, where food choices are nutritious, affordable and desirable so all citizens thrive and can achieve their potential for a happy, healthy life.

Objectives:

1. Influence and support the food system and supply chains across Birmingham in order to **transform diets to become environmentally sustainable, ethical, and nutritious and support the local economy**. Actions will focus on increasing the supply, demand and consumption of target foods and

drinks.

2. **Develop a resilient food system** that is responsive to changing markets and food supplies by increasing the adaptability of menus and recipes, and improving the desirability of, and skills and knowledge with, a wider range of foods.

3. **Reduce the systemic structural inequalities** of food and nutrition by **improving the availability, affordability, and access** to safe, nutritious foods across Birmingham in every community, for every citizen.

4. Become recognised as a **world leader in urban food system innovation, insights, and research**, with a culture of learning and development and cross-sector partnerships.

5. Create a **thriving local economy**, where the **food system is a major employer**, and businesses and citizens benefit from the **high-quality food sector education and skills development** opportunities on offer.

6. **Facilitate coordinated working** across the city by capturing initiatives, services, local action, and community assets and enable partnership working. Also, improve communication to maximise opportunities, reduce duplication and increase signposting to initiatives.

7. **Identify the barriers, facilitators, and drivers of behaviour change** across the food system and utilise behavioural science and other evidence-based methods to shape action that will bring about immediate and long-term change.

8. **Empower the city** by improving skills and knowledge, enabling local action, overcoming barriers, and ensuring actions are financially sustainable for food businesses and citizens.

9. **Position Birmingham as a food destination** with a flourishing, vibrant food scene that celebrates the cultural diversity of the city and our excellent local produce.

10. **Work in partnership** across the city to achieve our shared ambition to create a healthy and sustainable food city in Birmingham. Develop meaningful engagement and communication with diverse communities, businesses and organisations across the city and mobilise joint action around common food system goals.

Context: Birmingham food landscape, and how we connect with local, national, and international strategies and initiatives.

Big Bold City Approach: The work streams and actions will be developed through a city-wide lens, with an understanding of how different elements of the food system interact. In addition, the impact the food system has on different people and places, and the impact those people and places have on the food system will be considered, including capturing what drives the decision-making, food behaviours and choices…

- **Across people and communities** including different demographics, life circumstances and those with protected characteristics
- **Across the life course** including early years, children, young people, adults, older adults
- **Across the city** including areas of deprivation, access to supermarkets
- **Across settings** The food system in Birmingham operates across a diverse range of settings. We will work to ensure a joined-up, city-wide approach by undertaking the actions for work streams across the following settings:

    1. **Birmingham City Council** e.g. Council services such as lifestyle services, education, regulation and enforcement and other services
    2. **Public services** e.g. medical settings, libraries, commissioned services
    3. **Research and innovation** e.g. knowledge hubs, innovation companies
    4. **Food business** e.g. catering, restaurants, cafés, canteens, takeaways, farm shops, food delivery services, markets, supermarkets, convenience stores and other food retailers
    5. **Supply chain** e.g. food producers and growers, logistics, delivery
    6. **Workplace and employers** e.g. onsite food offer, workplace policies and initiatives
    7. **Education settings** e.g. early years, nurseries, primary schools, secondary schools
    8. **Further education settings** e.g. colleges and universities
    9. **Community** e.g. community centres, allotments, shared spaces, third sector, initiatives
    10. **Home** e.g. the wide variety of living situations that reflect Birmingham citizens

Framework for action: delivering across eight work streams

1. **Food sourcing** – increase sourcing of environmentally sustainable, ethical, and nutritious foods across the food system and support the local economy.
2. **Food transformation** – transform diets and reformulate recipes to contain less fat, salt, and sugar, and more sustainable, less processed and a more diverse range of ingredients.
3. **Food production** – empower citizens to grow, produce and preserve their own food, and enable food grown and produced locally to connect into the city's food system.

4. **Food waste and recycling** – maximise the repurposing of food, distribution of food surplus and recycling, and minimise waste and unsustainable packaging.

5. **Food economy and employment** – create a thriving local food economy and maximise opportunities so the food system is a major employer and citizens benefit from high-quality training opportunities.

6. **Food skills and knowledge** – empower citizens and businesses with knowledge and skills in relation to the food system, including food sourcing, preparation, and nutrition.

7. **Food behaviour change** – identify drivers of behaviours, including barriers and facilitators, and shape actions and solutions to bring about immediate and long-term change.

8. **Food innovation, partnerships, and research** – gather insights and facilitate collaboration, innovation, and research across the food system by working with, and learning from, partners.

Measuring success: Indicators for change, outputs, outcomes.

Governance: Strategic oversight and delivery, cross-matrix working and connections to other strategies and priorities.

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

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

4.2.2 Working Towards a Sustainable Food Places Award

The Sustainable Food Places Award is designed to recognise and celebrate the success of those places taking a joined-up, holistic approach to food and that have achieved significant positive change across key food issues. Birmingham is working to achieve this award by meeting the following criteria:

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

A food strategy and action plan need to be in place for 12 months to be eligible to apply for the award, so Birmingham is aiming to apply in 2023.

Applying for this award gives us access to funding streams, and through a food resilience grant from Sustainable Food Places, The Active Wellbeing Society has been commissioned to develop a growing network, to deliver workshops and to explore how unused land could be used for growing.

4.2.3 National Food Strategy

The National Food Strategy was published in July 2021. The Food System Team have reviewed how Birmingham aligns with the 14 recommendations in the National Food Strategy and identified opportunities. See **Appendix 2** The National Food Strategy Recommendations Brief Summary and Alignment. The National Food Strategy established the national food conversation and movement that has been ongoing since 2019 and started in Birmingham.

Recommendation 14: Set clear targets and bring in legislation for long-term change – highlights the importance and need for cities to have established food strategies, that both reference national targets and the needs of their local communities that we serve.

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

The National Food Strategy also recommends actions to escape the junk food cycle and protect the NHS, reduce diet-related inequality, and make the best use of our land: recommendations which are encompassed in the Birmingham Food System Strategy. Within the strategy, we will reference the relevant National Food Strategy recommendations that Birmingham can influence and enable locally.

4.2.4 Citizen Engagement and Insight Work Across Birmingham

Research from Birmingham Food Conversations and other insight projects, including a recent report by Aston University (**Appendix 3**), have been used to

shape the emerging food system strategy and priorities. A series of commissioned focus groups were held with communities of identity and experience as part of the Seldom Heard Voices project to capture people's beliefs and attitudes towards the food system in Birmingham. The final report is now complete and can be viewed via an interactive presentation here.

4.2.5 Food Foundation, partnerships and other organisations in Birmingham involved in the food agenda

- The Food Foundation Partnership contract, established in July 2020 and in place for two years, assists with the implementation of national and international food policies and guidelines, and specialist advice, support, and management of Birmingham's international relationships. The partners have been in ongoing conversations with the Food System Team to discuss key project deliverables by quarter over the life of the contract.

- Mandala Consortium, whose focus is on transforming urban food systems for planetary and population health, and their project is centred on the city of Birmingham.

- Living Labs from Food Trails funded through the EU Horizon 2020 Programme, is addressing the call "Food 2030 – Empowering Cities as agent of food system transformation".

- There are also other organisations leading work including NIHR School for Public Health Research of which the University of Birmingham is now a member; Centre of Economics of Obesity at University of Birmingham; and also academics, professors and researchers from universities and colleges across Birmingham.

4.2.6 The Glasgow Food and Climate Declaration

Birmingham has signed the Glasgow Food and Climate Change Declaration which is a commitment by subnational governments to tackle the climate emergency through integrated food policies, and a call on national governments to act. We recognise the role that our city's food system plays in the climate emergency and are working in partnership across the city to address this.

4.3 Food Poverty and Food Justice

4.3.1 Food Poverty

In October 2021, a workshop took place with the Birmingham's Food Poverty Core Group to establish where food poverty action should sit in light of the considerable overlap with the Food Justice Network, Financial Inclusion Partnership, Creating a City Without Inequality and broader scope of the Creating a Healthy City Food Forum, which now covers more topics across the whole food system and is broader than just a health remit. An options paper has been written and is currently being reviewed by the group, and the Food System Team will action across BCC as needed to bring it to the attention of decision makers and to ensure tackling food poverty, and poverty more

broadly, is embedded and led effectively. The draft options paper is available in **Appendix 4**.

4.3.2 Food Justice Network and Emergency Food Plan

The Emergency Food Plan was an interim measure during the Covid-19 response; this is a live document that ensures that areas of assistance to the response can be strategically shaped and implemented. The Food Justice Network has been key to coordinating emergency food parcels, and it continues to be a grassroots proactive network and members of the BCC Food Team attend meetings. The members are currently reviewing where their focus and priorities should be going forwards.

4.3.3 Milan Urban Food Policy Pact, Right to Food and Food Justice Pledge

Milan Urban Food Policy Pact is a European partnership for action on creating healthy food environments in cities and towns. The partnership enables connection with a network of 193 cities across the world to share learning on approaches to food in urban environments. In 2021 Birmingham was elected by other cities to represent Europe in the Pact alongside Barcelona. Birmingham is leading the pan-city thinking on cultural dimensions of the food system and the political narrative around Food Justice. Dr Justin Varney and Councillor Hamilton launched a global city pledge on food justice whilst presenting at the Barcelona conference in October 2021.

As part of this work, a food affordability tool has been developed to examine differences in food availability and prices across Birmingham. It is based on the Lancet EAT Planetary diet. The idea is that this will also be tested in Pune and Johannesburg to see if it is transferable to other countries.

As part of our work representing Europe on Food Justice, we have led the development of a political statement on Food Justice for cities to sign and work with us on. This aligns with the Council's commitment to Right to Food but is more specific to Food Justice. The statement has support from the UN Special Rapporteur on Food Justice and the MUFPP secretariate in Milan. Cities sign up to the statement and then join a virtual network for shared learning facilitated by the Food team within the PH division. We hope that this emerging network will help us better address Food Justice issues in Birmingham as well as providing a national and international platform for the voices of cities to be heard in this space.

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

The experience of the pandemic has shone a harsh and hard light on the fragility of food security within urban cities exacerbating existing inequalities in many communities. Birmingham City Council is calling on cities across the world to collaborate with us to raise the voices of cities in national and international arenas and collaborate with us for action on food justice. As an

elected member of the MUFPP Steering Committee, Birmingham is calling on city leaders to pledge towards working collectively to address the United Nations Sustainable Development Goal (SDG) 2 to “end hunger, achieve food security and improved nutrition and promote sustainable agriculture” and ensure that the right to food is enshrined in city food policy. Cities that pledge will be invited to work with us as part of a learning and sharing network to build political networks between cities as we work together to ensure food justice for our citizens across the world.

4.4 Other projects

4.4.1 International Partnerships

The BINDI project (Birmingham Public Health partnership with Pune, India). How we can maximise sharing knowledge on food systems and work together on creating food smart cities. Both Pune and Birmingham are second cities in their respective countries, both have significant educational footprints of universities and schools, strong links to manufacturing and industry and growing and evolving economies. The partnership is supported by the Food Foundation who are funded to do this by DIFD and Tata Foundation. Work to date through the partnership has included using a shared survey tool for the food conversations with input from the CHEFS unit at KCL, shared learning on Covid food response and sharing of social marketing campaigns. Next steps work is looking to explore drivers of uptake of fast food and out of home hot food rather than home cooking in young adults and exploration of global exchange of food beliefs between urban diverse communities.

Food Cities 2022 Learning Partnership is an initiative that supports cities to develop and implement city led food policies and action plans. The aim is to build a network of cities who are developing their food agendas, with a particular focus on low to middle income countries in the Commonwealth. Through the partnership, responsive support and advice will be offered through a combination of events, resources, peer-to-peer learning, and access to experts. The Learning Partnership model was initially piloted in the BINDI project and the success of this project led to the Food Cities 2022 Learning Partnership.

The Food Foundation is also supporting Birmingham with other international work and partnerships, including Johannesburg.

4.4.2 Childhood Obesity Trailblazer Project

The Childhood Obesity Trailblazer Programme (COTP) seeks innovative action to tackle childhood obesity at local level. The programme is funded by the Department of Health and Social Care and managed by the Local Government Association with support from Public Health England. It is intended to test the limits of existing powers and developing solutions to local obstacles aiming to enable ambitious local action and to achieve change at scale. It is a national project, and several Local Authorities across the country are participating in the programme to tackle childhood obesity at a local level. Within Birmingham we decided on three workstreams to enable the ambition of the COTP programme:

Workstream 1 *Creating a healthy food planning and economic climate through creation and implementation of a developer toolkit.*

The Birmingham Healthy City Planning Toolkit has been designed so Health Impact Assessments can be conducted on planning applications and development plans, and to provide an opportunity to shape the future developments across the city to support health and wellbeing. The toolkit contains a range of questions that help developers consider the health impacts of new developments and shape ideas, and support planners and other stakeholders assess the potential impact of proposed plans and provide recommendations and challenge where necessary.

The toolkit went out for consultation on March 30th and closed on June 30th. We received a total of 22 feedback from strategic members of the community. A draft report is now available capturing the feedback, and the first page captures the key points (see **Appendix 5** Public Consultation Feedback Summary - Healthy Planning Toolkit Oct 2021). The public consultation feedback report will go out to Cabinet for approval and will be delivered alongside Birmingham Food Strategy.

A presentation was delivered at Birmingham City University on Friday 22nd October with built environment department, to share the purpose of the toolkit. We are developing plans on how to embed the toolkit into policy and practice, including the Birmingham Development Plan, which is being reviewed next year, by creating a cross-council partnership between planning and public health. A new Built Environment public health team is currently being recruited and will be able to support this work.

Workstream 2 *Creating a healthy apprenticeship workforce that understands health, healthy eating and can support a healthier food economy, known as the spiral curriculum.*

The Spiral Curriculum is a health literacy course that integrates the use of apprenticeship levy and training programmes to teach health and well-being content. An invite to tender for an educational writer went out and a content developer has created all the preliminary modules. The course focuses on health, food, nutrition, and physical activity and has three courses tailored to different apprenticeship levels (2-3, 4-5 and 6-7) at BCC.

This is a product development project, and the current recordings and module resources are the first draft for review. These will be beta-tested in a pilot study with 30 participants at BCC, and the evaluation conducted by University of Birmingham, including surveys and interviews, will be used to make recommendations of what needs to be changed/strengthened, and will be used to develop a scope for a future final product.

Workstream 3 *Creating a better understanding of food in the city through the Birmingham Basket.*

We had a tender document ready to release to capture food purchasing data

across Birmingham. We also had agreement from the LGA, who are managing the COTP grant, for us to conduct a Birmingham Food System Exploration project to capture insights from across the city about what barriers, facilitators and opportunities there are with regards to making selling healthy food an economically sustainable business choice. However, we have recently made a strong connection with the Mandala Consortium who are conducting a food system research project in Birmingham. We wish to ensure that the COTP proposed work doesn't duplicate what they are already doing on a bigger scale, and ensure our focus is on the gaps they don't cover instead. This means we're holding back on putting the Birmingham Basket tender out until we've spoken to Mandala again. It is likely they already have access to the food purchasing data we were planning to capture and can share it with us at no extra cost (with a data sharing agreement in place), and we can instead tailor our approach with our tender to gather other food system barriers and insights.

4.4.3 UCB Institute of Urban Food Systems

Partnership due to launch in Winter 2021 with University College Birmingham to create an academic nexus to bring together academics across disciplines and higher education institutions to support work to improve food systems in Birmingham & the West Midlands.

The Institute will host a series of debate dinners to highlight key issues in food system work hosted at UCB Restaurant which is staffed and run by culinary students. The Council is supporting these with subsidised tickets for citizens and young people to ensure the discussions actively involve a broad range of citizens.

4.4.4 Culturally Relevant Eatwell Guide project and the Commonwealth Games

Ensuring Eatwell Guide healthy eating guidelines are relevant and appropriate for the diverse cultures and communities across the city. Initial scoping exercise and then plan to commission recipes and materials to support a celebration of food culture. There will be a particular focus on Commonwealth communities in Birmingham linking to CWG 2022 legacy.

4.3 <u>Next Steps / Delivery</u>

4.2.1 Food Strategy

- To ask that the Board endorse the outline strategy (objectives, Big Bold City Approach, Framework for Action and 8 work streams and FADMaP decision making tool) inclusion of the elements in the emerging draft Food System Strategy, today.

- To finalise the Draft Food System Strategy with agreement from partners by November 2021 Creating a Healthy Food City Forum.

- To enter full public consultation in early 2022 with a view to finalising and publishing the Food System Strategy in August 2022.

4.4.2 Childhood Obesity Trailblazer Programme

- Embed the Healthy City Planning Toolkit into policy and practice, including the Birmingham Development Plan, which is being reviewed next year, by creating a cross-council partnership between planning and public health. A new Built Environment public health team is currently being recruited and will be able to support this work.

- Recruit 30 BCC staff to participate beta-test the Spiral Curriculum health literacy course as part of a pilot study evaluation.

- Finalise plans to capture insights as part of a Birmingham Food System Exploration, and work with Mandala Consortium food systems research study to explore how we can maximise the benefits of working more closely with them.

4.3.3 UCB Institute of Urban Food Systems

- Finalise partnership with University College Birmingham.

4.3.4 Culturally Relevant Eatwell Guide and Commonwealth Games

- Complete initial scoping exercise and plan and commission final project.

5.	**Compliance Issues**
5.1	***HWBB Forum Responsibility and Board Update***
	All work within the remit of the Forum will be reported to the Board as either a presentation or as part of the information updates detailing all Forum activity as per current governance arrangements. Day-to-day responsibilities are managed: • Internally via regular Food System Team meetings in line with Agile project management principles (bi-weekly updates as a minimum), and regular updates to the Cabinet Member for Health and Wellbeing through the Public Health Cabinet Member Briefing sessions (as requested). • With partners through the Creating a Healthy Food City Forum itself, as well as multiple interfaces on shared work packages, objectives, and outcomes.
5.2	***Management Responsibility***
	Sarah Pullen, Service Lead (Food System), Public Health, Birmingham City Council Maria Rivas, Assistant Director of Public Health (Wider Determinants), Birmingham City Council

6. Risk Analysis			
Identified Risk	**Likelihood**	**Impact**	**Actions to Manage Risk**
Continuity if members of staff in Food System Team off sick or other prolonged absence	Low	High	-Well organised folders accessible by the whole team -Actions and key dates on calendar and tasks app -All team briefed on whole food system agenda -Team members copied into emails for their information and so they can find information as required -Detailed workplan

Appendices
See attached 5 appendices. (An additional Appendix 6 maybe added during November as the Food System Strategy is currently being written) Subject to change on final submission to the board.

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

Sarah Pullen, Service Lead (Food System), Public Health, Birmingham City Council
e-mail: sarah.pullen@birmingham.gov.uk

Creating a Healthy Food City Forum
Virtual Forum, Teams Meeting
Wednesday 13th October 2021
13:30 – 15:30

Agenda Item	Action Notes
1. Welcome, apologies and introductions Dr Justin Varney	**[Video: 00:00:00 – 00:05:55]** **Attendees:** Dr Justin Varney, Bradley Yakoob, Heather Law, Juliet Faulkner, Olanrewaju Akinola, Emma Frew, Aidan Hall, Sarah Pullen, Maria Rivas, Florence Pardoe, Shaleen Meelu, Richard Schneider, Amit Dattani, Mark Oliver, Debbie Wallis, Dr Shiraz Sheriff, Hardik Singh (young person, Youth City Board), Farhat (young person, Youth City Board) **Welcome and introductions** from Dr Justin Varney **Apologies:** Cllr Paulette Hamilton, Joy Carter, Cllr Mary Locke, Iain Fulford, Gursharan Kaur, Tom Andrews, Martin Ramsdale, Sarah Monk. Recording of CHFC Forum
2. Partner Update Amit Dattani – The Active Wellbeing Society	**[Video: 00:05:55 – 00:15:19]** Amit gave an update on the work of the Active Wellbeing Society, whose work has included food distribution. Their role has diversified and they now have a range of activities including co-ordination of food supplies, co-ordination of hot food provision, co-ordination of growing (particularly working out how to access land in the city and what a light touch programme for accessing land would look like), co-ordinating on-street feeding and campaigning. There is also some work around a Birmingham Climate Justice March on the 6th November.
3. T.O.R and forum membership review	**[Video: 00:15:19 – 00:19:05]** DRAFT Creating a Healthy Food City For

	T.O.R was shared – key thing to note is greater focus on food strategy and role of food forum with leading on that. Emma Frew mentioned that we should strive to embed research wherever possible as evidence is needed, important link to some of the academic members of the forum. Also have we got the right membership – can membership be refined, is there anyone missing? **Action for all – please send any comments regarding forum T.O.Rs or membership to Rosie (rosemary.jenkins@birmingham.gov.uk) by lunchtime on Wednesday (20th)** New partnership with University College Birmingham to establish a new centre for Urban Food System Studies (collaborating centre).
4. MUFPP – Barcelona Update	**[Video: 00:19:06 – 00:27:15]** Dr Justin Varney described that Birmingham had been elected into a European seat on the MUFPP. Barcelona conference next week. There, he and Cllr Hamilton will launch a global city pledge on food justice. NOTE: there are some challenging metrics on food insecurity required e.g. Number of citizens who eat an organic diet required. Rhys Boyer gave an update on the food affordability tool, which has been developed to examine differences in food availability and prices across Birmingham. It is based on the Lancet EAT Planetary diet. The idea is that this will also be tested in Pune and Johannesburg (to see if it is transferable to other countries). Food Affordability Tool Pack.zip **Action for all – please do at least 2x the food affordability tool and send to Rhys** (rhys.boyer@birmingham.gov.uk)

	In particular, areas of interest are: *Sparkbrook and Balsall Heath East; Castle Vale; Alum Rock; Newtown; Heartlands; Gravely Hill; Balsall Heath West; Birchfield; Shard End; Garrets Green; Aston; Glebe Farm and Tile Cross; Handsworth; Ward End; Small Heath; Holyhead; Stechford (*most deprived wards*).* The larger the data set we have the more conclusive picture we can paint, but also, we can narrow our focus of affordability and availability to a ward level.

5. COTP Update	**[Video: 00:27:15 – 00:35:55]**
	
	COTP Briefing - CHFC Forum 13102021 (1).docx
	
	Lanre Akinola gave an update on the Childhood Obesity Trailblazer Programme:
	
	• Workstream 1: Birmingham Healthy City Planning Toolkit – consultation feedback received and report to be sent to Cabinet for approval.
	• Workstream 2: Creating a healthy apprenticeship workforce that understands health, healthy eating and can support a healthier food economy (the Spiral Curriculum) – preliminary content has been developed and a pilot study will be conducted with a small sample of BCC apprentices to feedback on modules. Evaluation methodology being developed by the team at the University of Birmingham.
	• Workstream 3: Two projects will go out to tender to explore the food culture and behaviours in the city:
	  ○ Birmingham Basket - quantitative work enabling us to capture purchasing habits of Birmingham citizens.
	  ○ Birmingham Food System Exploration - commissioning qualitative insight work into Birmingham food system to establish opportunities, facilitators and barriers to healthy, local, sustainable food offer, particularly in terms of food businesses and school catering.
	
	NOTE: working with DHSC on extending time-frame due to COVID-19.

6. Consultation – Creating a Healthier City Framework	**[Video: 00:35:55 – 00:42:25]** The Health and Wellbeing Board strategy for Birmingham is out for consultation. **Action for all - please take part in the consultation, it will be useful to highlight importance of food section (please do share within your organisation and encourage others to respond)** Birmingham Health and Wellbeing Board Strategy: Creating a Bolder, Healthier City - Birmingham City Council - Citizen Space (birminghambeheard.org.uk)
7. National Food Strategy – Birmingham Leading the Way	**[Video: 00:42:25 – 00:48:15]** National Food Strategy - Recommen Bradley described how we in Birmingham can act in alignment with the recommendations of the National Food Strategy. **Action for all - look at document regarding Birmingham and national food strategy - explore with your organisations how you are meeting recommendations and what can you, or we as a forum, can do or are already doing to meet recommendations; send any insights to Bradley (Bradley.yakoob@birmingham.gov.uk)**
8. Pre-consultation – Birmingham Food Strategy	**[Video: 00:48:15 – 01:49:25]**

	CHFC Briefing Food Strategy 13102021.dc Sarah took us through the strategy, particularly Big Bold City framework and the 8 workstreams. A city-wide approach ("Big Bold City Approach") aiming to address the food system in the following settings: • Home • Community (including community centres) • Education settings (including early years and schools) • Further education settings (including colleges and universities) • Workplace and employers • Business (including retail and catering) • Supply chain (including producers and logistics) • Research and innovation • Public services • Birmingham City Council (including council services such as lifestyle services, education, regulation and enforcement) Framework for action delivering eight themed work streams: 1. Food sourcing – supporting Birmingham food providers to increase sourcing of ethical, sustainable, local and healthy foods, and increasing sourcing from small businesses. 2. Food transformation – increasing the diversity of diets and reformulation of foods High in Fat, Salt and Sugar and using more sustainable ingredients. 3. Food production – empowering and enabling people to grow their own food, and sell and purchase food grown or produced locally.

	4. Food waste and recycling – minimising packaging, food waste and maximising recycling and repurposing surplus foods to improve food system sustainability. 5. Food economy and employment – considering local employment opportunities and maximising economic benefits. 6. Food skills and knowledge – empower Birmingham citizens with effective food knowledge and skills to bring about immediate and long-term change. 7. Food behaviour change – assessing and addressing drivers of food behaviours. 8. Food innovation, partnership and research – providing insight into the food system in Birmingham, exploring innovative practice, and working with and learning from other organisations including national partners. The Food Action Decision-Making and Prioritisation (FADMaP) tool can be used to prioritise actions based on the criteria of: • Citizen-first • Celebrating diversity • Addressing poverty and inequalities • Healthy and safe • Environmentally sustainable • Economically sustainable • Empowering • Evidence-based • Cost-effective • Scaled and paced • Learning and improving • Risk-aware and resilient We also discussed what the key indicators, outputs and outcomes we need to measure from 2022 to 2030 and who needs to connect with the strategy. We used Mentimeter to gather feedback (PDF of responses attached).

	This is a partnership forum so being specific about leadership and co-ownership. **Action for all - If any additional thoughts on vision, data or insights, settings, workstreams, FADMaP tool, indicators, key strategies or people, please email Sarah (sarah.pullen@birmingham.gov.uk).** **Action for all – think about leading on different aspects of the food strategy.**
9. AOB	**[Video: 01:49:25 – 01:49:33]** n/a
10. Chair Closing Remarks and Review of Actions	**[Video: 01:49:33 – 01:50:58]** Justin thanked the young people for joining. **Actions:** • **Action for all – please send any comments regarding forum T.O.Rs or membership to Rosie (rosemary.jenkins@birmingham.gov.uk) by lunchtime on Wednesday (20th)** • **Action for all – please do at least 2x the food affordability tool and send to Rhys** (rhys.boyer@birmingham.gov.uk) • **Action for all - please take part in the consultation, it will be useful to highlight importance of food section (please do share within your organisation and encourage others to respond) -** Birmingham Health and Wellbeing Board Strategy: Creating a Bolder, Healthier City - Birmingham City Council - Citizen Space (birminghambeheard.org.uk) • **Action for all - look at document regarding Birmingham and national food strategy - explore with your organisations how you are meeting recommendations and what can you, or we as a forum, can do or are already doing to meet recommendations; send any insights to Bradley (Bradley.yakoob@birmingham.gov.uk)** • **Action for all - If any additional thoughts on vision, data or insights, settings, workstreams, FADMaP tool, indicators, key strategies or people, please email Sarah (sarah.pullen@birmingham.gov.uk).**

	• **Action for all – think about leading on different aspects of the food strategy.**
11. Date/time of next meeting	**10am-12pm** **18th November 2021 (TBC)** **Virtual Forum, Teams Meeting**

The National Food Strategy: The Plan

Recommendations Summary & Alignment

Recommendation 1: Introduce a sugar and salt reformulation tax. Use some of the revenue to help get fresh fruit and vegetables to low income families

Government should introduce a £3/kg tax on sugar and a £6/kg tax on salt sold for use in processed foods or in restaurants and catering businesses to encourage business and manufacturing to reformulate their products to use less sugar and salt. The rate of £6/kg tax on salt is higher due to smaller amount used in products, resulting in a higher rate to encourage active reformulation.

The SDIL would be replaced by the Sugar Tax, and the new tax would apply to all sugar and sweetening ingredients (except raw fruit) at a rate of £3/kg which is approximately the same rate as the current SDIL.

Recommendation	BCC Projects Alignment	Draft BCC Food Strategy Alignment	Opportunities
Introduce a sugar and salt reformulation tax. Use some of the revenue to help get fresh fruit and vegetables to low income families	• Whisk B2B – Supporting local businesses (specifically SME and restaurants) to proactively assess and reformulate products to reduce sugar and salt in line with the NFS. • COTB: Birmingham Basket – identifying localised baselines of consumer habits and be able to use these baselines as levers to effect change, to measure these changes, and to be able to report success. • COTB: Spiral Curriculum – Educating apprentices on taking active change with healthy food options both personally and within their roles will enable proactive decision making from production through to consumption regarding sugar and salt in produce. • Birmingham Emergency Food Plan: Food & Drink Manufacturing Recovery Plan, Food Systems Vulnerabilities Mapping, Food Justice Network • Bhealthy Webinars: Prioritising Heathier Eating Behaviours and Buying.	1. Food Production: Opportunity to encourage reformulation of food production organisations to align with the Sugar and Salt rates. 3. Food Logistic / Supply Chains: Same as above 4. Food Retail – Home: Accounting the effect of a sugar and salt tax on consumer behaviours, availability, accessibility, and encouraging healthier food buying behaviours. 5. Food Retail – Out of Home: Encouraging and enabling OoH businesses to reformulate their food offer to the city to bring sugar and salt rates in line with the NFS and keep costs down for them and consumers.	• Birmingham Food Strategy – Align the contents, language and ambitions of the Birmingham Food Strategy with the NFS on a localised level. • Whisk B2B and C2C – Reposition the offer of the Whisk platform as a tool for both consumers and business (specifically SME's and restaurants/catering) to prepare for the incoming tax changes and reformulate to avoid incurring costs/losing customers. • COTB: Spiral Curriculum – Opportunity to include the prioritisation of healthier food buying within the module, with incentive in the later project goal of SME's and Food Apprentices accessing the Spiral Curriculum which particularly covers sugar, salt, and advantages of healthier buying/production behaviours.

	• MUFPP: International support for system change at national and local systems. Mexico is mentioned as an example of good practice with reformation of produce and Mexico City is a member of MUFPP – presenting a unique opportunity to learn and grow from Mexico City's experience with their national reformation taxes.		• "Community Eatwell" Social Prescribing Programme – See Recommendation 7.

Recommendation 2: Introduce mandatory reporting for large food companies

All food businesses with over 250 employees should have a legal duty to publish annual data on their sales of various product types as well as food waste. The report should include (both value in £ and vl/t) and be reviewed every five years for:

- Sales of food and drink high in fat, sugar or salt (HFSS) excluding alcohol.
- Sales of protein by type (of meat, dairy, fish, plant, or alternative protein) and origin.
- Sales of vegetables and Sales of fruit.
- Sales of major nutrients: fibre, saturated fat, sugar and salt.
- Food waste.
- Total food and drink sales.

The FSA should hold responsibility for collecting and creating a platform for reporting, establishing a common set of definitions/data standards. FSA should also ensure that the data recording aligns with current reporting mechanisms to maximise reporting and avoid proliferation in business metric reporting. FSA would report the findings in their annual report to parliament on the state of the food system.

Recommendation	BCC Projects Alignment	Draft BCC Food Strategy Alignment	Opportunities
Introduce mandatory reporting for large food companies	• COTP: Birmingham Basket – The exploration of consumer buying behaviours can assess the data reported from manufactures. Both manufacture and end consumer evaluation.	1) Food Production – Enabling organisations to reformulate production and encourage the healthier product creation to not stand out in reporting. 2) Food Transformation – See above. 6) Recycling & Waste – The need to report food waste will encourage better practice with food waste and enable better practices. 8) Data & Evidence – The data disclosure from businesses will enable Birmingham to make more informed	• COTP: Birmingham Basket – There is an opportunity to extend/develop the Birmingham Basket to become the "Birmingham Production Basket" to provide a voluntary option for SME and smaller food businesses to share their data with BCC PH.

		decisions and align action plans with annual production/buying patterns.	

Recommendation 3: Launch a new "Eat and Learn" initiative for schools

DfE should launch a "Eat and Learn" initiative for all children 3 – 18yrs, in partnership with Office of Health Promotion to ensure eating well is part of every child's school experience. The "Eat and Learn" initiative will involve the 5 key elements: 1) Curriculum Changes, 2) Accreditation, 3) Inspection, 4) Funding, 5) Recruitment and training.

1) Curriculum Changes
   - DfE to update the EYFS Framework to add Sensory Food Education for all EY settings.
   - Reinstate the Food A-Level which should undergo a substantial redesign with food education experts. The new A-level should include learning about the food system and where our food comes from, and how the food we eat affects the environment and our health.
2) Accreditation
   - Schools should be encouraged to adopt a "Whole-School Approach" to food by ensuring food in integrated into the life of the school.
   - The Government should require all schools to work with accreditation schemes - such as Food for Life - to improve school food and education using this whole school approach. The accreditation bodies would provide training and support for leaders and staff. All schools should strive to achieve bronze certification.
3) Inspection
   - Ofsted should assess, conduct deep dives, and publish regular "research reviews" of Food and Nutrition, providing the same level of scrutiny and rigour that is given to subject such as English, Maths, and Reading (Primary only).
   - Ofsted should ensure the mandatory certification under the accreditation scheme has been successfully executed and consider the certification award level in their overall school rating.
4) Funding
   - Government should pay for the ingredients that children use in cooking lessons (as they do for schoolbooks), in early years settings as well as in schools. Teachers must be given the time, equipment and support to be able to order, prepare and store these ingredients, including funding support staff where necessary.

- We recommend that the government doubles the funding for the School Fruit and Vegetable Scheme, from £40.4m to £80.8m. But it should give the money directly to schools rather than administering the scheme centrally.
- There should be an entitlement to at least one portion of local fruit or vegetables a day for every infant school pupil. Schools and their caterers should be encouraged to use the dynamic procurement scheme (see Recommendation 13) to purchase fruit and vegetables from local suppliers. The Government should provide comprehensive guidance and training on how they can do so.

5) Recruitment and training

- Primary School teachers should be upskilled and given guidance to deliver food & nutrition curriculum. Secondary level training/recruitment of Food teachers in key to tackle the workforce shortage.
- DfE should monitor the number of food teachers and actively recruit/attract more specialists to tackle the skill shortage. There should also be a focus on improving information on how to become a food teacher and reinstate the food teacher training bursary.

- The implementation of all these changes should be placed under a dedicated Eat and Learn team in DfE.
- DfE should update the School Food Standards to align with the Reference Diet (see Recommendation 14), and immediately ensure the Standards reflect SACN on sugar and fibre consumption in children.
- To support school leaders an interactive website for the initiative should be created by the DfE and the Office for Health Promotion. It should signpost schools and early years providers to the best materials available, and to expert organisations who can support the goals of the initiative.

Recommendation	**BCC Projects Alignment**	**Draft BCC Food Strategy Alignment**	**Opportunities**
Launch a new "Eat and Learn" initiative for schools	• COTB: Spiral Curriculum – Provides food and nutrition education for secondary level and above. Will also upskill and develop apprentice educators within settings. • Whisk C2C – Is already being used with HAF in education children and young people about food, ingredients, nutrition and encouraging cooking. • Bhealthy Webinars – A suite of food and nutrition training ready and utilised for localised education.	4) Food Retail – Home: Understand and reformulate the approach to home cooking through children and young people accessing better understanding of food and nutrition in the education. 5) Food Retail – Out of Home: Observing education settings as OoH Food Places focuses the approach in ensuring education settings provide nutritious food offer, adequate food and nutrition education, and drives community behaviours. 6) Recycling & Waste: Education and education settings have an important role	• COTB: Spiral Curriculum – Following the evidence collection of the Spiral Curriculum, we could inform the development of an online development modulation of Food and Nutrition for all education staff in a tiered format depending on whether the setting is EYFS, Primary, Secondary, FE, HE settings. • EYF Sensory Food Commission – We could work with our Education Department to create a commission for EYFS settings to enable Sensory Food Learning with evaluation to prepare Birmingham providers for governmental change. This will also open ongoing development/discussion with Education Partners

	• Birmingham Emergency Food Plan – Cooking Skills Sessions and BHealthy programme supported many of the above aspects in a limited manner. • CWG: EatWell Guides - Internationalise and personalise the EatWell guides for localised communities (interpret at community levels). This will aid educators and school settings in making EatWell guides accessible for both education purposes and catering goals.	in both education future generation on recycling & waste behaviours, and in ensuring they champion sustainable behaviours in their catering and lesson environments. 7) Food Beliefs & Behaviours: Incorporates all above statements as the 'Golden Thread' and aligns with all the Recommendations benefits.	for ongoing development of the "Eat & Learn" programme. • School Food For Life Accreditation Support – Our established connection with the Soil Association, we are in a prime position to create/support all education providers within Birmingham to proactively pursue Food For Life Accreditation by creating a support package for education settings and upskilling our education department to provide ongoing support to settings during their application stage to achieve bronze standard. • School Staff Upskilling Programme – This aligns with the Spiral Curriculum and suite of training already created. We can go a step further and establish a collection of tools that can be shared via the BGFL platform for all education settings as a mandatory module for education setting staff to upskill existing workforce. • PH/CityServe Collaboration – Utilise our partnership with CityServe to envision the NFS and what steps can be taken now with a working group. The primary focus will be on achieving the aim of having the canteen/catering staff as the "heart of the school". • Recruitment Network Collab between UCB/PH/Education – UCB HUB is growing in influence and is the central point for Food, Catering, and Nutrition training. There is an opportunity to create a Recruitment Network/Pipeline to support our education settings in filling the staff shortfall by establishing placement pathways for students to lead and learn within school's food education.

Recommendation 4: Extend eligibility for free school meals

Government should: Raise the household earnings threshold for free school meals (FSMs) from £7,400 to £20,000. Extend eligibility to children who are undocumented or have No Recourse to Public Funds (NPRF). Enrol eligible children for free school meals automatically.

This would increase the number of children benefiting from free school meals by 1.1 million, at a cost of £555m per year. The Department for Education (DfE) should bid for these funds in the upcoming Spending Review.

Recommendation	BCC Projects Alignment	Draft BCC Food Strategy Alignment	Opportunities
Extend eligibility for free school meals	No localised projects	5) Food Retail – Out of Home: School meals are key within our strategy. By ensuring that full opt-in is accounted for and that all school meals are highly nutritious. 7) Food beliefs and behaviours: See above	• Local FSM Supplement: Localised extension to the FSM programme to expand the reach of the Free School Meals in line with the recommendation. We aware that this is an ambitious and complex opportunity however it is key we scope all possible avenues. • Fighting the stigma & Increasing the take-up: FSMs often come with historical and inaccurate stereotypes which reduce "opt-in" by families who would benefit the most from the programme and many parents/guardians are simply unaware of the FSMs or how to apply – all these facts put our CYP and families at risk. We can produce a tailored campaign, working with our Education Department, to fight the stigma surround FSM, increase the awareness of the programme so more family's "opt-in", and establish a clear unified approach to applying that simplifies the process for families.

Recommendation 5: Fund the Holiday Activities and Food programme for the next three years

Gov should extend the HAF programme for 3 years past 2021 and evaluate the current provision of 4 weeks in summer and 1 week in Christmas and Easter is enough in ensuring vulnerable children are not going hungry.

Recommendation	BCC Projects Alignment	Draft BCC Food Strategy Alignment	Opportunities
Fund the Holiday Activities and Food programme for the next three years	• HAF Programme Oversight: We currently sit on the HAF Programme Board locally and support/influence their input. • WHISK B2C: We have provided bespoke support for the HAF programme to utilise the WHISK platform for children, families, and their partner organisations to enhance the food and nutrition offer during the Summer HAF.	5) Food Retail – Out of Home: Meals provided for children during the holidays are key within our strategy. By ensuring that children don't go hungry is accounted for and that all HAF meals are highly nutritious. 7) Food beliefs and behaviours: See above	• Local HAF Programme Supplement: Localised extension to the HAF programme to extend the duration into 2022 (if gov opt not to adopt this recommendation) in line with the recommendation.

Recommendation 6: Expand the Healthy Start scheme

Gov should expand the Healthy Start voucher scheme to all households earning under £20,000 with pregnant women or children under five. It should take steps to increase uptake among people who are eligible.

At the same time as expanding the scheme, the Government should attempt to increase uptake among eligible people by:

- Running a £5m communications campaign to publicise the expansion of the scheme.
- Making sure public information on the scheme (such as the website and leaflets) is up to date.
- Making the application process simpler.
- Making sure GPs, health visitors, midwives, social workers and early years workers are aware of the scheme and can help eligible families to apply. This could involve:
    - Updating the IT system GPs use so they are informed about Healthy Start.
    - Making it standard practice to give application forms to parents when they first record a pregnancy or when their children are born.

- Making sure application forms are readily available in GP surgeries, children's centres and other settings where pregnant women and mothers are likely to be.
- Encouraging local authorities, Clinical Commissioning Groups and hospital trusts to support people who work with pregnant women and young families (e.g. welfare rights workers, people working in food banks and community volunteers) to help them access the scheme.

- Continuing with plans to digitise the scheme (while ensuring alternative options are still available for those without digital devices).
- Considering how the scheme could be developed to allow purchases to be tracked, to allow more thorough evaluation of the scheme.

Recommendation	BCC Projects Alignment	Draft BCC Food Strategy Alignment	Opportunities
Expand the Healthy Start scheme	• Cllr Hamilton & Political Campaign: Cllr Paulette Hamilton has been instrumental for Birmingham and Nationally in expanding the Healthy Start Scheme and increasing the sign-up within Birmingham, working closely with the CYP Team within Public Health and The BUMP partnership. • Healthy Start Scheme Expansion: CYP Team have been visiting partner's networks and front facing organisations (midwifery, food bank, religious org, and more). They hosted a webinar fact finding initiative which was well received and attending. Front line staff had misunderstood that the scheme had come to an end and disillusion around what the Healthy Start scheme was. Plan to have a local campaign to increase uptake, in line with national revitalisation. This will go live in September with packages for front line staff, healthy eating links and healthy recipes, community services, and activities. Will go live to schools, GPs, pharmacies, food banks and more. Secured in the BCU midwifery module for healthy eating and presenting on the healthy start programme. Also working with CLLR to promote the service to improve the uptake which was at 61% and have seen a 1% increase each month with the hope of sharp increase after update in September. In October there is a plan to role a digital option of the Healthy Start Scheme in line with national trail. Birmingham is campaigning/lobbying for automatic registering – opt-out system rather than an opt-in system and currently awaiting.	4) Food Retail – Home: This recommendation will have a major positive financial and health impact on the food choices and behaviours at home of our most vulnerable citizens.	• Internal Collaboration: CYP Team and Food Team should aim at creating a co-production approach to improving the Healthy Start Scheme within Birmingham – establishing a flagship model to showcase nationally. Working to create and utilise existing platforms such as the Creating a Healthy Food City Forum, WHISK B2C, Diverse Birmingham Eatwell Guide, and more to expand the offer of the local HS Scheme.

	• WHISK B2C: Opportunity to work in connection with the CYP revitalised Healthy Start Support packages by providing an online food and nutrition support platform for sharing healthy eating options with discussion and communication options. • The Diverse Birmingham EatWell Programme: The Food Team are currently looking to go out to commission to create a diverse and inclusive EatWell Guide that will account for different cultural foods and eating behaviours. This will also accompany an accredited system to upskill community leaders to deliver EatWell advice and services locally, tailored to the community's needs.		

Recommendation 7: Trial a "Community Eatwell" programme (CEP), supporting those on low incomes to improve their diets.

The Gov should trial a "Community Eatwell" programme to provide targeted healthy eating support for people of low incomes. Gov should run a pilot to assess the programme and the roll out nationally.

Pilot projects should identify patients in need of dietary support and refer them to a Link Worker (non-clinical specialised healthy eating staff), who would design a programme for the patients' needs and link them in local services. The patients would receive an "Eatwell Prescription" which will entitle them to free fruit and veg, alongside healthy eating programmes such as cooking classes in community kitchens. The Link Worker will also act as a source of motivation and ensure engagement in the patient's personal programme.

Up to seven Primary Care Networks (PCNs) should be invited to bid for the chance to set up their own pilot programmes, to run over three years. The PCN would use social prescribing and other interventions to support healthy changes in behaviour, increasing fruit and vegetable consumption.

The programmes should be devised locally to ensure existing facilities and initiatives are utilised in the programmes and that the interventions are suitable to local needs.

After the 3-year pilot, a detailed evaluation should be conducted before rolling out nationally.

Recommendation	BCC Projects Alignment	Draft BCC Food Strategy Alignment	Opportunities
Trial a "Community Eatwell" programme, supporting those on low incomes to improve their diets.	No specific projects align directly with this current recommendation however: • Whisk B2C: The online platform provides an avenue for the Link Worker to upload healthy and nutritious recipes to be utilised with the fresh produce. Also, the online discussion portal creates the opportunity for the "Community EatWell" participants to communicate and share their experiences. • MUFPP: With our senior membership within the MUFPP and Cllr Hamilton's role on the steering group – we can establish a learning relationship with Washington DC who are also members, and have a successful food and eat well prescription programme since 2013 (Food as Medicine Programme) • Neighbourhoods Network Scheme: The NNS has established the effectiveness of community social prescribing and partnerships which can be pulled into trialling the programme under the pilot model when government announce interest. • CHFC Forum: The CHFC Forum membership is prime collective for actioning elements of the 'Community Eatwell' programme with community kitchen leaders, NHS & GP Leads, growing and food providers in place acting as an establish network. This can go further with the Creating a Healthy Food City Partnership group (see opportunities).	3) Food Logistics/Supply Chains: The prescription and social prescribing model will act as a radical remodelling of the current food supply chains – allowing for locally grown healthy and nutritious food to be prioritised and championed over alternative cheap options. 4) Food Retail – Home: The link workers and the extended programme of community cooking/recipe sharing will change the way in which the most vulnerable families buy produce and cook at home. 7) Food beliefs & behaviours: See above.	• Creating a Healthy Food City Partnership: Establishing a local cross-sector food partnership involving public and third sector, business and community representatives; including those with lived experience of food issues as well as organisations and institutions. This partnership will feed up into the CHFC Forum and act as an operational partnership linking in as many key/influential stakeholders. This group will also help us to meet the needs of the SFP Award scheme and by aligning the partnership with the 'Community Eatwell' programme will place the city at Silver Award. • Pilot City Status: The NFS has recommended that Gov look to pilot the 'Community Eatwell' programme, we should work closely with Food Foundation to ensure we are considered to pilot the scheme within the city. • Learn & Collaborate Internationally: As mentioned with the MUFPP section – we have a prime opportunity to expand our international relationships with Washington DC who are also active members within the MUFPP and have been flagged within the NFS for their Food as Medicine Programme which has informed the 'Community Eatwell' programme.

Recommendation 8: Guarantee the budget for agricultural payments until at least 2029 to help farmers transition to more sustainable land use

Defra should guarantee the budget for agricultural funding until 2029, maintaining it at its current level of £2.4bn (in real terms). It should ring-fence £500m–£700m of this money for natural carbon removal and restoring semi-natural habitats.

The Government should ring-fence £500m–700m for schemes to encourage natural carbon removal and habitat restoration. These schemes would incentivise farmers to convert their less productive land into nature-rich, carbon-sequestering landscapes.

Recommendation	BCC Projects Alignment	Draft BCC Food Strategy Alignment	Opportunities
Guarantee the budget for agricultural payments until at least 2029 to help farmers transition to more sustainable land use	This recommendation is outside the power of BCC. However, our Food System Dialogues work with The Food Foundation will include a specific event with Farms and Producers to ensure their voices are heard and gather their thoughts on the Food Systems.	1) Food Production – As part of our Food Strategy, we will work with local farmers, and producers to support new ways of utilising farming land and creating new sustainable routes for food production. 2) Food Transformation – Working with farmers and food producers to promote new plant based and sustainable growing behaviours.	• Sustainable Food Growing Marketing Stimulation: We are looking to hold, with our partners within the International Department, a CWG & International Partners Food Summit which will look a production, sustainability, and the Food System. This is a prime opportunity to start the discussion, development, and stimuli for encouraging new sustainable growing industry in Birmingham.

Recommendation 9: Create a rural land use framework based on the Three Compartment Model.

Defra should devise a Rural Land Use Framework, to be in place by 2022 and should work with the Local Nature Recovery network to prepare a National Rural Land Map. This will include data on productivity of farmed land, priority areas for the environment, areas where significant pollution, and the England Tree Strategy, England Peat Action Plan, and Local Nature Recovery Strategies.

The framework will provide detailed assessments of the best way to use any given area of land and inform the many existing incentive schemes and land-based strategies in Defra. This will also include the best way to achieve a “three compartment model” on farming yield and development land.

Land changes cannot be imposed by central Gov and should focus on ensuring the framework creates access to National Rural Land Map, key in decision making central and local government, join up the current eight different schemes, and shape regulatory priorities moving forward.

Recommendation	BCC Projects Alignment	Draft BCC Food Strategy Alignment	Opportunities
Create a rural land use framework based on the Three Compartment Model.	• COTP – Healthy City Planning Toolkit: The toolkit incorporates Climate Change within its reach for large land use applications. This currently accounts for nature conservation and biodiversity. There is more that can be included within the toolkit – see opportunities.	1) Food Production – Food Production is key element of our Food Strategy and will incorporate the use the 'Three Compartment Model' to inform food production decisions at a local authority level. 2) Food Transformation – The use of sustainable food methods such as agroforestry and ensuring land is used in a combined 6) Recycling & Waste – The current title is not broad enough to strategically include all elements of sustainability improvement we can achieve and influence within the Food System. To include this recommendation, we can change the theme to "Whole System Sustainability".	• COTP – The Healthy City Planning Toolkit: The current toolkit while still in consultation stage and before delivering to Cabinet for final implementation; we have a opportunity to incorporate the "Three Compartment Model" to the toolkit with links for land use application to consider elements of sustainable land use within the Climate Change supplement.

Recommendation 10: Define minimum standards for trade, and a mechanism for protecting them.

Government should establish a list of core standards which will direct all future trade deals and establish mechanisms that will protect the standards into the future. These should cover animal welfare, environment and health protection, carbon emissions, antimicrobial resistance, and zoonotic disease risk.

The Government should set out a list of minimum standards which it expects imported food to meet in support of the objective of a healthy and sustainable food system. These will include areas where we thrive such as animal welfare and environmental protection, conversely, must extended further to include the reduction of serious harms overseas.

The Government should also set out a mechanism which it proposes to use to defend these standards in trade deals. This mean that no trade deal will lower UK standard and/or open the UK market to imports that do not comply with the standards.

To avoid breaching World Trade Organisations Anti-Protectionism rules, Gov should consider implementing tariff reductions within Free Trade Agreements for products that comply with the UK core standards. Noncompliant products would incur the UK's full tariff, which is significant enough to keep noncompliant

products from flooding the market. This mechanism is supported by the Trade and Agriculture Commission and the government must establish standards and mechanisms before moving forward with trade deals with countries such as USA and Brazil.

Recommendation	BCC Projects Alignment	Draft BCC Food Strategy Alignment	Opportunities
Define minimum standards for trade, and a mechanism for protecting them	• International Partnerships (MUFPP, Delice, Horizon): Our international partnerships and our positions of influence within these partnerships provides insight into the potential to influence members states/cities to adopt UK core standards. There is also the opportunity to learn from member states on effective city level standards for trade to champion positive standard and mechanism approach.	1) Food Production – This recommendation directly influences and impacts on the production of both domestic and international produce to comply with a core UK standard. There is the opportunity to align our Birmingham Food Strategy with potential levers/standards than can influence all forms of production, transformation, and trade. 2) Food Transformation – See Above. 3) Food Logistics/Supply Chains – See Above.	• Birmingham Food Buying/Trade Charter – We have the opportunity, in collaboration with the Creating a Healthy Food City Forum and The Greater Birmingham Chamber of Commerce, to establish a Birmingham Core Standard for trade/buying of produce that will outline what Birmingham businesses should look for such as animal welfare, environment and health protection, carbon emissions, antimicrobial resistance, and zoonotic disease risk. We can then create a Birmingham Food Buying/Trade Charter that awards businesses with accolades and/or incentives for meeting the standards.

Recommendation 11: Invest £1 billion in innovation to create a better food system.

The Government, as part of its Innovation Strategy, should invest in transforming the food system. This should include:

- ***Challenge funding for healthy and sustainable diets -*** Establishing a £500m fund, managed by UK research and Innovation (UKRI), to invest in innovation for healthy and sustainable diets, including £75m for alternative proteins.
- ***Farmer-led Innovation & Methane suppressants*** - Ensuring the £280m Defra has already earmarked for innovation through the Agricultural Transition Plan supports a full spectrum of "farmer led" approaches, with priorities including agroecological farming, horticulture, and methods for reducing methane emissions from cows and sheep. Defra's £280m fund should also specifically include investment to develop new technologies to suppress methane emissions from cows and sheep, and to encourage their take-up by farmers.
- ***Fruit and vegetable production*** - One priority for Defra should be fruit and vegetable growing, with its innovation funding becoming a key component of an ambitious growth strategy for fresh produce, developed with the industry. This should be supported by a wider programme of investment to

boost horticultural productivity sustainably, creating a less bureaucratic, more inclusive and better funded successor to the previous EU Fruit and Vegetable Regime.

- ***Alternative Proteins Cluster*** - £50m to help build, fund and support an innovation cluster where scientists and entrepreneurs can develop, test and scale up new alternative proteins.
- ***What Works Centres*** - Setting up two What Works Centres, with a combined endowment of £200m, to strengthen the evidence for farming and food policies.

Recommendation	BCC Projects Alignment	Draft BCC Food Strategy Alignment	Opportunities
Invest £1 billion in innovation to create a better food system.	• WHISK: We have directly influenced and funded innovation through the propriety WHISK (Samsung) digital platform which intends to create a social and connected food discussion platform that will connect the world. The platform also offers both a free B2C platform, as well as a unique B2B platform for improving the food system at retail/production stage. • International Learning & Sharing: Our international partnerships via MUFPP, Delice, Horizon's and more have acted in a similar way to the What Works Centres – with Birmingham both showcasing research and innovation within the cities Food System, and also allowing us to learn from a plethora of other cities on their approaches and on what works for them.	1 to 8) Cross Cutting with all streams of the Birmingham Food Strategy – The importance of research and innovation with our approach to radical change of the Food System of Birmingham and the UK must be underpinned by sound/constant research and insured/supported innovation.	• DIPS & Steamhouse Collaboration: We are currently looking at working with DIPS and Steamhouse to create an opportunity for a new digital start-ups and SME's to create a bespoke online food system map for public and service provider access. This will help to connect innovation and start the discussion within Birmingham on the importance on whole system innovation in food. • Extra Strategy Stream/Cross Cutting Stream: There is an opportunity to reposition the Birmingham Food Strategy to either have a focus on research and innovation or ensure that it is cross-cutting throughout the strategy. This will better align our future approach to the NFS and possibly position us better to take advantage of future funding/WWC outputs. • Cross-sectional Grassroot Partnership: The recommendation repeatedly highlights the importance to share/communicate and innovate with farmers/producers rather than marginalise them. We could look to

			establish a Cross-Sectional Grassroot Partnership of 'on-the-ground' people from every stage of the food system. This will unify the food system discourse, support our approach to the SFP, and further strengthen the CHFC Forum by acting as the operational group (?Creating a Healthy Food City Partnership?) • Possible £250m funding for non-commercial (e.g. public health) innovation projects: The recommendation suggests that £250m of the £1b, should be allocated to Public Health innovation projects. If we work to meet the above opportunities and continue to build of our current projects, we should be able to access the funding. It would be advantageous for lobbying and strategic national discussions to take place now to influence the funding pot.

Recommendation 12: Create a National Food System Data programme.

Government should create a National Food System Data Programme to collect and share data, so that the businesses and other organisations involved in the food system can track progress and plan. The programme should connect two main areas of evidence: data about the land (pre-production and will inform Recommendation 9) and data on food production, distribution, retail and the environmental and health impacts of that food (post-production and will inform Recommendation 2).

These two areas of evidence should be connected through a single programme, to create a clear, accessible and evolving picture of the impact our diet has on nature, climate and public health, to help guide decision making throughout the food system.

The key data should be published using visualisation dashboards that make it easier for users to compare information, model future scenarios and assess the effectiveness of different policies or logistical models.

Our initial recommendations for food system metrics against which data should be collected are set out in Table 1 (click here), alongside bodies that currently hold at least some of those data. In addition, the food system is closely connected to many other systems, both national and international. Over time, data on transport, energy, environment, healthcare and so forth should be added to the programme.

Recommendation	BCC Projects Alignment	Draft BCC Food Strategy Alignment	Opportunities
Create a National Food System Data programme.	• COTP – Birmingham Basket: The Birmingham Basket work programme will be a localised data exploration of the buying behaviours within Birmingham to create a baseline for consumer habits and use as levers to effect change, measure influence, and report success. The Birmingham Basket will potentially be the first of its kind at a local level and can be used as a flagship approach to the value of a National Food System Data programme. • WHISK – B2B & B2C: WHISK provides an alternative approach to data collection and use but aligns with the post-production element of understand both food retail decisions and consumer decisions. This can be further extended to deliver a measurement mechanism to access whether interventions are seeing direct influence on recipes and uptake of different cooking practices.	1 to 8) Cross Cutting with all streams of the Birmingham Food Strategy – The importance of using effective evidence with our strategy, action plan, and all programmes within the Food ambitions is paramount. Currently all the data and evidence we utilise is brought together manually from multiple sources such as focus groups (Seldom Heard Voices, Food Dialogues, etc.), city wide surveys (B'ham Food Survey), NCMP and Obesity Measures, and Birmingham Basket. We are leading the way nationally with our commitment to evidence gathering and ensuring our programme decisions are data lead – demonstrating the importance of creating a National Food System Data Programme.	• Flagship Localised Data Programme: Our current trajectory, we are on track to lead on the collection, collation, and use of whole food system data to inform, measure, and enact effective change levers. We should consider creating a report and summarising the effectiveness of our local data programme, sharing our learning nationally to both support and leverage the National Food Data Programme.

Recommendation 13: Strengthen government procurement rules to ensure that taxpayer money is spent on healthy and sustainable food.

Government should reform its Buying Standards for Food (GBSF) so that taxpayers' money goes on healthy and sustainable food. All public sector organisations should be required to apply these standards. The Government should aim to increase the role of small and local suppliers in public food procurement, including through the rollout of a web platform currently being trialled in the South West.

The Government should also introduce a mandatory accreditation scheme for caterers in schools, hospitals and prisons, working with existing certification bodies such as Food for Life, to support caterers to reach baseline standards and encourage them to aim higher still.

Defra should redesign the GBSF to emphasise the importance of quality over cost. All tenders should be required to meet an achievable but high baseline standard for quality before cost is considered at all. It should also align with the new Reference Diet (Recommendation 14), which likely to recommend serving less meat and dairy and more wholegrains, fruit, vegetables and pulses, to maximise the health and sustainability of the food served. The GBSF should then be updated every five years.

All public sector organisations should be required to apply the redesigned GBSF when procuring food, including those which are currently exempt (such as schools and local authorities). The Government should develop a monitoring and enforcement mechanism to make sure that the food served is healthy and sustainable.

The Government should also seek to increase the participation of small and local businesses in food procurement. As a first step, it should provide adequate funding for a pilot of a dynamic procurement system that is scheduled to launch in the South West of England from June 2022. This scheme, based on a web platform run by Bath and North East Somerset Council, should allow SMEs and local businesses to sell smaller quantities of fresh food and drink to public bodies. If the pilot succeeds, the Government should roll out the system nationwide. The Government should also encourage the use of SME and local suppliers in the GBSF.

The Government should work with existing certifier – such as Food for Life – to introduce a mandatory accreditation scheme for the food served in schools, hospitals and prisons. Institutions that complied fully with the obligations in the GBSF would be awarded a Bronze certificate. Taking further steps towards a good food culture would entitle an organisation to a Silver certificate, while a Gold certificate would be awarded to organisations that demonstrated a whole organisation approach to food.

Recommendation	BCC Projects Alignment	Draft BCC Food Strategy Alignment	Opportunities
Strengthen government procurement rules to ensure that taxpayer money is spent on healthy and sustainable food.	• CityServe & BCC Public Health Collaboration: In 2019, CityServe and BCC Public Health Division began discussions on the current GBSF, exploring how we as a public institute either met or was working to meet the GBSF. We also explored how we could go further to act as an exemplary organisation moving forward. COVID-19 stalled these discussions however with this recommendation, a new dedicated Food Team, and CityServe's current strategic refresh – we are in a prime position to move forward with	3) Food Logistics/Supply Chains – Repositioning the GBSF, providing further support for SME's to compete with larger suppliers, and ensuring accreditation will fundamentally change the food logistics, supply chains, and procurement processes within Birmingham. We should aim to incorporate as many aspects of this recommendation within this stream (such as Quality over Cost, increasing accountability, and assessing the whole food system when procuring). 5) Food Retail – Out of Home – As mentioned in the opportunities of Recommendation 3, we should strive to include an expectation for	• Food For Life Accreditation Support – Our established connection with the Soil Association, we are in a prime position to create/support all public institutions within Birmingham to proactively pursue Food For Life Accreditation by creating a support package for tailored to settings and upskilling our public body partners to provide ongoing support to settings during their application stage to achieve bronze standard. (Further resource is needed to achieve this)

	championing this new approach and begin work on meeting Food for Life accreditation. • Birmingham Healthy Catering Charter: Birmingham Pubic Health in collaboration with Environmental Health are currently creating a city-based accreditation charter for catering and food retailers. This will encourage catering and food retailers to work on sustainability, quality, local buying, and more to work towards attaining accreditation as part of the Birmingham Healthy Catering Charter.	all schools, NHS Trusts, and prisons within Birmingham to strive for Bronze Food for Life accreditation. This will greatly influence the Food Retail of Out of Home meals of our most vulnerable citizens and evidence demonstrates a positive result for both consumer and economy.	

Recommendation 14: Set clear targets and bring in legislation for long-term change.

Government should set a long-term statutory target to improve diet-related health, and create a new governance structure for food policy, through a Good Food Bill. The Good Food Bill's diet-related health target would complement the existing statutory target for carbon reduction, and proposed targets in the Environment Bill. The Bill would also require the government to prepare regular (five-yearly) Action Plans to make further progress beyond the initial steps we set out in this report. These Action Plans should set out interim targets, and measures to meet them, that are consistent with the food system's contribution to national health, nature and climate commitments.

In this, the Government would be assisted by the Food Standards Agency (FSA), whose remit would be formally extended. The FSA would have powers and duties to advise the Government on the contents of its five-yearly Action Plans, and to provide an annual, independent progress report to Parliament.

In addition, the Bill would put in place mechanisms to support a consistent approach to improving the health and sustainability of the food system across the whole public sector, and throughout the food industry in England. It would:

- Commit the Government to establish and periodically update a healthy and sustainable Reference Diet, to be used by all public bodies in food-related policymaking and procurement.
- Oblige all public sector organisations that spend public money on food to do so in line with specific procurement standards, consistent with the Reference Diet (supporting Recommendation 13).
- Commit the FSA to developing a harmonised and consistent food labelling system to describe the environmental impacts of food products, which we recommend it undertakes in collaboration with Defra and the Institute of Grocery Distribution.

- Require local authorities in England to develop food strategies, developed with reference to national targets and in partnership with the communities they serve.
- Facilitate the development of the National Food System Data Programme by requiring large businesses to publish data on the health and environmental impact of their product portfolios (supporting Recommendations 2 and 12).

Recommendation	BCC Projects Alignment	Draft BCC Food Strategy Alignment	Opportunities
Set clear targets and bring in legislation for long-term change.	• The Birmingham Food Strategy: The strategy is a key project and commitment that will place us within the other leading 50 cities, boroughs, and counties with an established local food strategy. The advantage we have, is that we can include and learn from the NFS, existing strategies, and international partners in our pursuit of an outstanding flagship local food strategy. • CWG Birmingham EatWell Guide: The Reference Diet mentioned within the recommendation will set the national approach to health and food. Our current project that will aim to create cultural and international EatWell Guides for the diverse city of Birmingham will further support the move of organisations across the city to deliver high quality, healthy, and culturally diverse food.	1 to 8) Cross Cutting with all streams of the Birmingham Food Strategy – The implementation of a national Good Food Bill will greatly influence our cities local strategic approach to food. Fortunately, with our partnership with The Food Foundation who worked closely with the NFS, we are in a prime position to ensure that our Food Strategy is prepare and anticipates the Good Food Bill and Reference Diet. We will need to ensure that our strategy has the flexibility/foresight to allow for new national legislation to complement our aims/streams/goals.	• Developing the Draft Birmingham Food Strategy: As we are currently still developing and finalising our local food strategy, we now have a prime opportunity to adapt and incorporate elements of the NFS to ensure our strategy is ahead of the potential national changes that will be coming into place.

Aston University BIRMINGHAM UK | IHN Institute of Health & Neurodevelopment

East Birmingham Family Food purchasing project

A qualitative analysis

Aston University BIRMINGHAM UK | Birmingham City Council

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1. Introduction

Birmingham has a young and diverse population, with one of the highest rates of adult and childhood obesity in the UK, from which there is significant health and economic burden. Although dietary quality and obesity have multiple and complex interacting predictors, one of the primary determinants of quality of diet is the immediate food environment (Hartman et al., 2015), and family purchasing decisions are powerful predictors of intake (Applehans et al., 2017). However, our understanding of predictors of family purchasing decisions is limited to literature which is predominantly from the US context, and little is known about how ethnicity and socioeconomic status might moderate purchasing decisions within similar geographic areas in the UK. Understanding this is important for the development of policies that are likely to influence purchasing behaviour in the specific groups that have greatest vulnerability. Lower socioeconomic status families and families from ethnic minorities have poorer quality of diet and obesity outcomes. Examining food purchasing decisions at a local level is key to inform local government policy, because sometimes, evidence from one culture or context does not apply in others. For example, one study in Leeds, UK, did not find any support for the link between proximity to food outlets in home and school environments and childhood obesity rates (Griffiths et al., 2014), despite other studies (e.g., in the US) demonstrating strong relationships between fast food outlet density and prevalence of obesity. Thus, currently, at local, regional, and national levels it is not known what policies could most effectively influence relevant purchasing decisions, nor at what ecological level (household, local community, wider region) they should be focused.

In February 2020, Birmingham City Council published the East Birmingham Inclusive Growth strategy to 'address health and employment inequalities, improve social mobility and make lasting improvements to residents' lives'. One goal of this strategy is to promote a healthy food economy across East Birmingham. Ideally, this policy will both strengthen local businesses and increase access to fresh, healthy food. However, whilst businesses may be encouraged to provide increased access to such food, if people do not purchase it, this provision will not be sustainable or effective in improving health.

Therefore, this study aimed to explore factors contributing to parental decision-making regarding food purchasing at the family level, by examining parents' capability, opportunities, and motivations regarding food purchasing decisions in and out of home. Exploring this will help to identify at which ecological level important determinants sit, specifically for individuals in a discrete geographical area of East Birmingham. This will help to identify potentially effective targets for policy intervention to improve healthy food purchasing tailored to East Birmingham, which could have positive implications on community health and support local food suppliers.

2. Method

2.1. Design

Sixteen semi-structured interviews were utilised to investigate people's family food purchases, both when eating inside and outside the home. (See appendix A for the Interview Schedule)

2.2. Materials

An Olympus Dictaphone was used to record the interviews.

2.2.1. Demographics

Demographic information was gathered; parent age, gender, ethnicity, number of children, and dietary requirements were assessed. Information about the number of adults and children in the household was measured. Parents subjective social status was examined using the MacArthur Scale of subjective social status. The scale features an image of a ladder, with the top depicting those who are the best off, and the bottom depicting those who are the worst off. Lower scores indicate participant perceived lower subjective social status.

2.3. Participants

In total, 16 parents were recruited using online advertisements and social media between March and April 2021. Parents were eligible to participate if they were the primary food decision maker in the family. Parents were also eligible to take part if they could read and speak English, were living in the Hodge Hill area, and if they had at least one child under 11 years old who was resident with them most of the time. Families with food allergies or illnesses that affect eating behaviour were excluded. Ethical approval was obtained from Life and Health Sciences Ethics Committee at Aston University (#1748).

2.4. Procedure

Each interview took place online using programmes such as Skype or Microsoft Teams. Interviews lasted around 60 minutes depending on how much the participant had to say. Each interview was audio recorded and consisted of eight semi-structured questions investigating participant's family food purchases. By using semi-structured interviews, participants were able to speak freely about their experiences with the researcher. Where possible, the researcher was able to probe the participant's further for more detail, to gain a greater understanding of their experiences. Parents received a £20 shopping voucher after participating.

2.5 Data Analysis

Each focus group was transcribed by the transcription company TranscribeMe. Once transcribed, the interviews were analysed using a framework analysis, as outlined by Gale et al. (2013). After the researcher had familiarised themselves with the data, codes were applied to a small selection of the transcripts, these codes were then reviewed against the components of the COM-B model of behaviour (Michie et al., 2011). The COM-B model is a framework for understanding behaviour, where three essential components – *Capability* (physical/ psychological), *Opportunity (*social/physical) and *Motivation* (reflective/automatic) - are all needed for *Behaviour* to occur. These components were utilised to create a coding framework which was applied to each interview transcript. In a reflective process, the interviewer then returned to the transcripts to see if the coding framework was appropriate. The researcher then reviewed the statements attached to each code and identified emerging themes within the data.

3. Results

3.1 Participants

In total, 16 parents participated (13 women, 3 men). Participants had a mean age of 38.5 years (range = 29-51 years). Participant ethnic background was: 75% Pakistani, 12.5% White British, 6.3% White and Black Caribbean, and 6.3% "Other". Most families (68.8%) followed a Halal diet for religious reasons. Parents' had a mean of 3 children (range 1-5) per household, of which a mean of 1.69 (range = 1-3) were primary school children (children under 11). Households comprised a mean of 5 people (range 3-8). Mean subjective social status was 5.13 (SD = 1.63), indicating that participants in general felt they were neither high nor low in social status.

3.2 Framework analysis

When purchasing food to eat within the home, analysis of the transcripts resulted in five themes:

I know what I need to do

I want my family to be healthy

Purchasing food is complex

The importance of social support

The use of problem solving

When purchasing food to eat outside of the home, analysis of the transcripts resulted in a further five themes:

Reasons for purchasing food

Barriers and facilitators to purchasing foods to eat outside the home

It's not possible to eat healthily outside the home

Eating outside of the home is a treat

I want what they are eating

3.2.1 Food to eat within the home

3.2.1.1 I know what I need to do

Parents were able to demonstrate their capability to understand and produce healthy meals. Most families reported enjoying producing healthy food for their family and saw doing so as part of their identity.

When asked to describe healthy eating, all participants were able to identify healthier foods and provide a rationale for the health benefits of eating these foods. However, there was a varying level of difference within the depths of knowledge parents had about the health benefits of foods. Some parents simply noted that foods such as fruit and vegetables were important for a healthy diet.

> *"Honestly, just fruits. And salad, cucumber, tomatoes, just those things." Sanaa*

> *"Healthy food, basically like vegetables, fruit, they're all healthy." Zohan*

Other parents provided much more detail about the importance of food types for a healthy diet:

> *"If I think about any meal, I'm thinking about all the different things that need to go on a plate. So it's, okay, well, I need to have-- today we're going to have whatever. This has got protein in. It's just having a variety of stuff, so if I have a rough idea of what meals I can make out of certain foods, that's what I'm going to buy but it's got to incorporate all the different things. So it's got to have protein. It's got to have carbohydrates. Those are my main things really… and protein's just amazing because I know even for myself like I said, I was the last person to look after myself. Now I know that if I eat properly; if I eat protein, I'm not then snacking on all the crap that's in the house." Safiya*

> *"Fish is quite healthy… The red meats, carbohydrates, stuff like that. Fibre for their health. They have to eat fruit for the fibre… Not too much and not too less for them. And to take things like vitamins and things into consideration. They will have like an orange juice so that vitamin C is there." Alaya*

A small selection of parents believed that the sign of preservatives within a food's list of ingredients indicated that it was unhealthy.

> *"I think that if the availability of the product is longer, it means that it's not healthy. This is how I connect this. So if it said like, "Oh, this food, it lasts for two years," I'm thinking, "Okay. It's two years, so it must have something inside." So I'm trying to avoid that. So if it has a short date, then I'm like, "Okay. This is healthier. If it's gone in two days, I know that this doesn't have a lot of processed things in it." So this is the main thing that I'm looking at." Nadiya*

"When we look at healthy eating in our family, it would be stuff that's not processed. It's all homemade. It's got less salt, less sugar, that kind of stuff." Farah

It is important to highlight that there were some contradictions in families' views on what foods could be classified as healthy foods; with some foods high in sugar or fat still being perceived as a healthy option.

"I know the normal chocolates are more calories, more sugar than chocolate biscuits, and I pick that or a Penguin. Stuff that isn't as much chocolate as the normal chocolate bar… They might have too much sugar in it. Too many calories. I do avoid that. I do get them chocolate biscuits and KitKats or Penguins, but I don't buy the normal chocolate bars. They know they're not actually good." Alaya

"Sometimes they'll pick up a can of Pepsi and I'll say, "No, no. We're not having that. We'll have the Capri Sun sugar-free instead." So I'll give them the alternative option if I can." Hamza

However, in general, parents believed it was important to eat a varied diet of both healthy and unhealthy foods.

"Healthy eating? It's a good balance of your foodstuff. So you will get some fats and things in there. But yeah, a mix of your proteins and your carbs it's going, so we will let them have sweets and things like that on the understanding that they need to actually get some fruit down maybe first before they get the sweets and plenty of liquids as well." Richard

"Healthy eating is having everything in mod-moderation. So don't deprive yourself of anything, but not-- yeah, not having too much of one thing. So in our house, we don't lock away the crisps, the chocolates, and things like that but, equally, they're not kind of free reign to have all the time. It's something that you have after you've had a proper-- a proper meal." Fatima

Despite these differences in knowledge about the health benefits of certain foods, there was an overall understanding that the way foods were cooked also depended on whether they were healthy or not; with greasy foods cooked in oil or ready meals perceived as being unhealthy when compared to grilled foods or foods cooked in an air fryer. Using healthier cooking methods, allowed families to feel that they could eat a variety of foods and live a healthy lifestyle.

"I mean like I said when we make curries, we tend to put a lot of oil in. But that's something that I really kind of don't do now. I'll put in as less that I can." Farah

"But my wife's a healthy cook, so we don't fry our food, they vary. Even when she's making curry's or whatever, very little oil is used. Instead of making chicken steaks, we're grilling them instead of frying them. We've got an air fryer. So the food

themselves, the shop doesn't change regarding the health, it's the way we cook it-- or my wife cooks it as well." Naeem

"Initially, I did use to cook quite a lot of deep fried-- initially, when my children were really young, but I've really moved away from that since I purchased a Tefal Actifry. And then, my children don't mind it as well. They're none the wiser because they were quite young when they used to have the really deep-fat-fried things." Aisha

Similarly, when exploring parents abilities to cook healthy meals, all families felt they were capable of doing so. Those who felt they were most capable described cooking as "*quite easy as well once you get to it" (Richard).*

"If I need to make them a healthy meal, I'll know where to go and buy, from where to buy, and the price as well, because it's important as well." Nadiya

"I cook everything from scratch. So don't really buy ready-made meals." Iqra

"I'm cooking at home because I think that I cook really good. And I prefer to go and see the products that I'm going to cook. And the vegetables, I know that they are fresh, and I know the meat is fresh. If it's processed, I don't know where that meat comes from. So I'd rather just go and see my products and start cooking at home for my kids." Nadiya

For some parents, the role of being the home cook was part of their identity as the caregiver and they therefore spent their spare time looking at recipes and planning what meals they will prepare for their family over the coming days.

"My third child will tell me that they had no food at all at lunchtime, which obviously they did, but she'll tell me that - then obviously, Dad's at work, so I have to kind of rustle something up. So I try to prepare in advance sometimes, but that doesn't work out. But I do sort of have to think on the spot." Aisha

"You've got to do your shopping. And it's like, okay, so for this week we're doing five healthy meals using fish, veg, chicken, kind of thing. And you've got your recipe cards and you've got all the ingredients on the shelf, in the fridge. And you just pick it up and you go. And you know what to make." Farah

"No. I mean if I haven't cooked; if I haven't done the hard job of feeding them myself, I feel like they haven't eaten properly. And they need to have it on time. And I am guilty. I finish work at 3:00. I haven't finished. I was supposed to finish, but I'm going to jump back on a computer in a bit… and I know that I would like him to eat right now. So I tried to give him something which was healthy …But I'm going to make-- so in between 5:00 and 6 o'clock I'll make a proper meal... So you just try and do the best that you can." Safiya

By planning meals days in advance, this encouraged parents to write shopping lists to help them purchase healthy foods whilst out shopping.

> *"So what I do is, I do a shopping list and I just tend to buy what I need". Sanaa*

> *"So if anyone suddenly comes up with something that they want, we will slap it on the shopping list, and if they've got it, we'll pick it up as long as it's reasonable… there'll be discussions on is there something you particularly fancy this week. And if there is, then again, we'll get out on that shopping list, and we'll look out for it." Richard*

Some families felt it was important to not only provide healthy home-cooked foods for their children but to teach their children how to cook healthy foods themselves.

> "S*o instilling that at quite an early age, I think, alongside that kind of-- some of the basic coo-cooking things. So I know when my oldest was, like, 10 or 11, I taught him how to do a basic pasta sauce and, and a basic curry. 'Cause curry-- it's, it's the same base, and then you just chuck in your eggs or your meat or your veg or whatever you put into it. And, and that kinda thing … I thinking having some cooking skills are, like, really good. So my kids will make healthy choices, generally, when they're having stuff at home. They know how to fry an egg or to scramble, you know, something like that to have for breakfast." Fatima*

However, while families displayed their **capability** to cook healthy foods, it was often perceived that doing so took more time, than cooking unhealthier meals. Due to this, the decision about what to feed a family was sometimes "*about convenience as well." (Rania)*

> *"Obviously, with work commitments as well, so it'll be during the week depending on what hours I'm doing, what's going to be quick to make." Safiya*

Therefore, there was a general consensus that families knew what they needed to do to eat and prepare healthy foods; however there was a great variance within families' knowledge of healthy eating, which may contribute to their food purchasing decisions.

3.2.1.2 I want my family to eat healthy.

Parents expressed their opinions on the importance of having a good diet and reported being highly motivated to eat healthily in order to keep their children and themselves healthy and not at risk of developing any health complications.

Some families valued healthy eating as they believed a good diet was important for a person's mental health, wellbeing and education.

> *"Whatever you're putting into your body, I feel like you have to be clean, nutritional, to get your mind working." Zohan*

> *"And I've always said feed the belly and feed the mind because if you put good food into your bodies that's fuel for their minds. Even when they've gone to school, when they've had exams, I'd give them a banana. Or when they sat their grammar test, I gave them almonds. Right. "You need to nibble on these." That sort of thing. ... I always felt that they have to have good food to be able to feed the brain, to be able to be engaged in their education. So it was feed the belly, feed the brain. It was just something as I said." Safiya*

Due to the value placed upon the benefits of healthy eating, parents believed it was important to expose children to as many food choices as possible.

> *"I like them to have a taste of everything, really, so getting them to try different fruits as well, or vegetables, even. Yeah. Because sometimes they go, "Oh, what's that?" if they've never seen that before… and if this a type of fruit or a vegetable, just so they have that understanding and awareness of what they're eating." Zohan*

> *"I think when it comes to food, it should be cooked from home and every option should be thrown at the children. From the beginning, we've had that; throw as much variety, different kind of bits for them to pick up the taste and that's what I've done since they've been babies and it still lingers on." Iqra*

Iqra continued to explain how exposing her children to different foods had influenced them to enjoy eating healthily and ensured that they stayed in good health.

> *"And even fruit. I know a lot of parents don't give fruit. But fruit is something which is-- my kids love fruit, and especially when it comes to summer season when you have all the different variety of the berries and that. But every day when they come back from school, there's a fruit bowl waiting for them. So they know what they are expecting and they enjoy their fruit. So I think fruit is very important as well… I'm very conscious when it comes to food when feeding my children. To the best of my ability, I have given them the healthiest diet, the healthiest food that I can… Usually, kids don't really eat their veg. My kids were raised with that…. I've brought them up like that so they actually enjoy their vegetables and that. So when it comes to healthy eating, I think they're pretty good." Iqra*

The main reason for parents motivation to feed their children healthy foods was to ensure the health of their children, as parents wanted their children "*to grow up fit, well, and healthy" (Fatima)*

> *"It's as I feel any reasonable parent should be. You don't want your kids to be unhealthy. So I try and do it for them because I understand they could be healthier for them than just eating junk. So it's purely to look after them and have a good start in life. They may hate me for it when I'm older, but hey, at least they'll be healthy and hating me." Richard*

"If you see, there's a rise of children's obesity, and this percentage rise from the past three years. Those kinds of things scare me that are on the news and things that I've actually seen." Rania

A selection of parents had more specific worries about their children developing future health complications due to a poor diet.

"I know that, for example, as they're growing, their teeth are developing, and obviously, a lot of food contains things that could spoil your teeth, for example. So it's about making them aware, and I do tell them, "You need to make sure that you brush your teeth because you've had this now because it contains a lot of acid." For example, the oranges, do you know? I do tell them because I think it's important that they are aware of these things." Aisha

"The UK average of obese children was 1 in 10, but Birmingham was 1 in 4. I don't know if you knew that. So you have to be on it". Naeem

"No. It's just, I'm thinking of them, to keep them as healthy as I can. Because I'm thinking, if I'm providing them unhealthy food, they can develop diseases, and they can get ill. They can have anemia. And I'm thinking that I need to provide them with healthy food as much as I can. Because nowadays, the amount of food that we have, you don't know what is healthy and what is not healthy anymore. So I'm trying just to keep them as healthy as I can." Nadiya

Worries about keeping their children healthy were enhanced when there was a family history of diet related health complications.

"Because I've got [diabetes], I don't want the kids to have it as well... So, long-term, I'm watching out for the kids as well if that makes any sense ... because we have a strong family history of heart problems and diabetes and that. I'd like to make a suitable choice, for now, otherwise, we'll probably end up in the same direction as the rest." Hamza

"Just to ensure that the kids don't become obese. Maybe on a subconscious level one of my wife's nephews is actually-- he was an obese child and it made him an obese adult. He's not good in terms of his health. So we're just conscious that our kids don't become super unhealthy." Naeem

For families whose children had already experienced poor physical health or dental complications, parents felt more motivated to change their lifestyle and eating habits.

"My oldest is getting a bit sort of round around her stomach, so I have to really watch things for her, just because obviously, with the weight, once she puts it on, it's just going to be really difficult to lose. So I don't tell her that I'm doing it for her, but I'm conscious, and I do try to cook to make sure she does that." Aisha

"When I started breastfeeding my little boy, I thought I was giving him the best of the best..But I thought that by giving him breastmilk that was the best thing that I could do. And I did do that.. And for the first few-- four, five months, this one or two teeth, okay, I don't think I bothered too much cleaning them. ..So when his teeth did start coming through, by that time he was about two-and-a-half, his teeth were rotten. I'm sorry. The other thing I did was, the breastmilk was constantly in his mouth. So even at night because I thought, "My baby wants this." Even though it was hard for me sleeping in an awkward position, I wanted to give him breastmilk. And I did that for two years I breastfed him. And he used to sleep with the breast in his mouth. And it was the worst thing to have done. So he had rotten teeth. So at the moment-- last year, we had to have his teeth taken out. So right now, that's the only other factor that I have to think about. Foods that he can eat which are going to be soft food" Safiya

"My second [child], she's got two big cavities in her teeth. She likes, you know the ready-made biscuits and cake? So I avoid buying the ready-made snacks. If I buy it, she'll probably have it three or four times in a day, and that's not good for her teeth so I avoid-- there are some foods that I know they like but I have to avoid them." Alaya

In order for their children to stay healthy, some families denied their children access to unhealthy foods either within their meals or as a snack.

"I don't buy fizzy drinks. I don't allow them." Aisha

"When the kids are with me they're picking up biscuits and things like that. I'm like, "No, no. You don't need that." Iqra

"And with my children, I like to limit fizzy drinks and things like that. They don't drink a lot of fizzy at all. Even though I do and I keep it in the house, I won't allow them to have it." Rania

Alternatively, a few parents felt that denying their children foods could have negative consequences, and encourage their children to eat unhealthy foods without their knowledge.

" I do buy some sugary chocolates, like Snickers or Twix, because it's only right that I do give them some sugary items. Because I don't want tomorrow going to the local and getting it from there without me knowing. So at least I know I've bought it and they're eating it in front of me. But I tend to buy a lot of-- if I coach them to choose the chocolate, I'll get the cakes, the ones that are really plain, no chocolate or no honey or syrup in it. So something plain that it's sweet and sugary but not like a chocolate, if that makes sense?" Sanaa

"Because it's no good just saying no, you can't have all the time because they'll just try and get it from somewhere else. If they go to grandparents or friends or their nans, as soon as they get there, can I have sweets? Can I have biscuit? No, it's like they've never seen one of our house." Richard

Parents were also motivated to eat healthily in order to keep themselves or their partner in good health. Again this was in response to a current health problem, or a perceived health problem in the future.

> *"I remember since my youngest was born, and I think Asian people usually suffer from low vitamin D. And then since he was born, I had really, really low vitamin D where it affected my health a little bit. And so you know when something says fortified with vitamin D written in whatever? That will make me stop and think, "Oh, well, okay. Yeah, I will get that." I don't know. I look at that word. It really does-- that sticks out for me." Rania*

> *"My husband's been told he's got high cholesterol, we started to make small changes in our diet, so we've changed our oil to a rapeseed oil. All our bread is all brown or 50/50. Even our chapati flour that we use is also brown… If we can do an alternative, we will do an alternative. I try to put at least one sort of veg in every meal. So whether that is like spinach that I can hide well, or if it's courgettes or peppers or potatoes, I'll try to hide that in a meal" Farah*

As well as demonstrating their own motivation, a small selection of families had begun growing their own vegetables in order to increase their child's motivation to eat healthily.

> *"But they've each taken their own choice. They've decided to grow their own vegetable that they'd want to do, so they now decided that they're in charge of that specific one. So my oldest daughter is doing sweetcorn, and my son is, well, hopefully, going to start growing some carrots, so nobody else will be allowed to touch the sweetcorn or the carrots. It'll be them pulling them out. And my daughter, the youngest one, is doing some peas. So that's their own specific vegetable that they're going to be in charge" .Aisha*

> *"Something to do, I suppose. It's nice when you can actually plant something. Look after it for a few months, and then go, that's lovely. And it's takes you a couple of seconds to eat it what you've grown… But the taste is generally nicer. So and you know nobody's messed about with it. So there's only really rainwater that's gone on it. Nobody's been standing there spraying it, injecting it with things, or gassing around it. So yeah, it's the fact of something that you've actually nurtured that you can then shove in your face and enjoy." Richard*

> *"We do find if they've grown it they will try it, even if they don't think they'll like it. We've actually got a fig tree as well down in the garden which is amazing and they will literally go and eat-- just literally pick them off the tree… So they can be quite adventurous" Emily*

Additionally, some parents were motivated to provide their children with healthy foods because of their experiences of healthy eating within their own childhood; this was experienced for parents who had positive and negative experiences of healthy eating.

"If you look at me being an Asian woman, and my mum was illiterate, and we used to come home from school and we'd have chips. We'd have a big tray of chips and all the kids would help. And she was a widow. She'd just gone from being really well-off to nothing. And that was all carbs. And as I grew up, I didn't really know any better, and we would just have chapatis and that's all wheat. Now, if you think about that, as a child, if you're having bread in the morning, then you're having chapatis in the day, or some potatoes in the day, and then you're having two chapatis and that, it's a lot of carbs all day. Right. And I didn't know any better." Safiya

"I think because I grew up in a family and I grew up with a farm, I know how important it is to have healthy food. And that's why I'm so obsessed with this. Because I used to garden to plant my vegetables when I was a kid, and I want to share this experience to my kids as well. So, as well, education, I think, is the most important thing. So because of that, I want to give this experience to my kids." Nadiya

"It's like all the mistakes I made when I was younger, not eating as healthy. Because we didn't have that when we were younger, having salad all the time, whatever. We used to just eat our main meals and that was it. We have 10 times more salad and veg and fruit, healthy foods, than when I was younger… My husband did because he's from Pakistan and everything is fresh there. He's from a village so everything is fresh there. Fresh fruit and vegetables, off the trees. Literally, they had peach trees and banana trees in their backyard, do you understand? So everything was fresh. So he's used to it." Samia

"But I just think we were brought up on fresh fruit and vegetables and my mum's from an Irish background so he went to my nan's house for dinner. It was meat and vegetables. Meat, potato, and vegetables. And that stayed in. My mum got a bit more adventurous with a bit more stuff in there. But I think that cooking from fresh definitely is a family thing." Emily

However, parents also reported situations where they may lack motivation to eat healthily, with one participant admitting they "*hate healthy eating" (Naeem).*

"I mean, depending on how my day has been at work and if I feel like, "Do you know what? I'm tired and I can't do it anymore. I can't be bothered to cook today, let's just--" but that sort of mood. I think my mood really depends…sometimes I'm like when I am in the mood to cook, for example, I think about that before, what I'm going to have tomorrow so I know that I've got the ingredients there, ready. But sometimes on the day, I'm like-- or if I can't think about it the night before, "Oh, should I have it?" Zohan

"Not being able to pick up what you want and eat it. I want to pick up chocolates and cake. I have a major sweet tooth. I wanna pick up deserts and just eat them…I want to pick up whole fat, high-fat crisps and just eat it. I snack a lot and I like that, but I can't. I want to eat peanuts again, very high fat. Even though it's good fat, I have to reduce them, you see?... I want fish and chips all the time, but I can't. It's unhealthy, yeah? So

it's a chore because I want the unhealthy food, but I choose to stay away from it and eat the healthy stuff" Naeem

Parental **motivation** was therefore high across the interviews, and this was predominantly due to the desire to ensure the health of their children and themselves. Parental *motivation was influenced by their knowledge* of the potential health consequences of a poor diet, as well as their *childhood experiences* of healthy eating.

3.2.1.3 Purchasing foods is complex.

There was a vast amount of variability within parents' experiences of purchasing healthy foods, with some families feeling very limited despite their high levels of knowledge and motivation to do so. However, others felt they had enough *opportunity* to purchase healthy foods. Key factors considered when purchasing foods were the location of the store, the cost to purchase foods, the quality of the foods, the time taken to cook the purchased foods, the ability for the food to meet the families' dietary needs and family food preferences.

When deciding what food to buy, parents evaluated the convenience of the store's location and how the food retailer's location suited their shopping needs.

"It depends, if I'm coming back from work, so Sainsbury's is near me. So Sainsbury's is on my way, on this side, so I'll pop into Sainsbury's. Other times when I need groceries, our local is Tesco." Iqra

When asked to think about whether they would shop at a new healthy food retailer, families felt they would be encouraged to do so if the store was located near their home.

"Obviously, being able to get there. If it's closer to me, within walking distance. And then that would be a nice walk down as well. But, obviously, parking and all that comes into it." Samia

"If it was quite far away, there's a lot of effort going down that way, then you would think, "It's just too much effort going there." Hamza

"If there was one close enough, and I could walk to almost like on the way home from the school run and pick up-- every couple of days and pick up this, I would probably do that, but then you would have a market when you're almost on every street corner, or you could have a proper old-fashioned greengrocer's wouldn't you? And I would do that, but at the moment, it's just easier and more convenient to go to one place, pick everything up, and bring it back in the car." Emily

When it came to purchasing foods, most families agreed that the cost of food was important to consider. Richard described how cost determined which supermarkets he would purchase food from.

"Cost would come into it. I mean, we wouldn't think of going to, say, Waitrose or so on. We stick to the more-- not well-known but the cheaper supermarkets as it was." Richard

"So if I knew you could buy an apple from this new shop for 50p where I could buy a bag of apples from Aldi for 50p, I'm more likely to use Aldi because it just makes sense. At the end of the day, it's an apple. I don't know what's going into the background of them pesticides and things and how it's grown, but all I see is what I've got in front of me. It's an apple." Richard

Most families perceived healthy foods to be financially high in price and in most occasions more expensive than the less healthy alternatives. Parents often perceived organic foods to be the healthiest and most desirable foods; however these often came at a higher price.

"And some of the fruit can be quite expensive as well. You have to think about the budget as well. You don't want to go over the budget" Alaya

"It's quite hard to buy healthy foods because it's a lot more expensive. So if you're getting organic foods, it's more expensive. Fruit and veg, generally, is more expensive unless you're getting frozen" Farah

"So then, obviously, you have to think about the price. When you're going through a lot of salad and veg and fruit, then you have to think about the price. And think, "Well, where's the best option?" And we've kind of switched over to organic as well. My husband likes the organic Gala apples. We've been having organic eggs for quite a while, free range ones. Yeah. So but that's expensive as well to get, that's more expensive. But if you shop around, you can get a good price." Samia

The high price of foods, in particular organic foods, prevented some families from feeling able to purchase them, despite feeling highly motivated to do so. This was often frustrating for families as they felt they were unable to provide healthy foods for their family.

"Maybe the money. So, for instance, in one week, I don't have enough money, I just buy the non-organic ones. So it depends on what the shops provide you as well. Because in some shops, you can't find the organic products. So maybe I'm feeling a bit frustrated because I don't have the possibility to offer the kids something healthier. So this is the main thing as well, the fact that the shops are not providing what I want" Nadiya

"Yeah. It's a bit more expensive, isn't it? Yeah. Even if the government's cracking down and trying to get everyone to eat healthy and stuff, but at the same time, the prices are quite high, so if your someone that's less fortunate?, then I don't think you'll be able to really get to that; buy regular healthy food if that makes sense." Hamza

"Again cost. So we can pick up a cucumber for 40 pence, a normal cucumber, and an organic one is like 90 pence a pound. You can get two cucumbers for that price. But,

obviously, if we had the money, I wouldn't hesitate to go for organic. But, obviously, pricing is always an issue." Iqra

Despite the high financial cost of the desirable healthy foods products, other families felt the health benefits of the foods outweighed the price and were therefore happy to pay more for food items to ensure their families ate healthily.

"It's a big difference between the normal tomatoes and the organic ones. The price is triple. So you just have to have that in consideration. But for the kids, I'm trying to buy as much as organic. So I'd rather have, for them, organics, and for me, non-organic. So this is the main that I'm looking at, if they're organic or not." Nadiya

"Yeah, so it's better to spend a little bit more money to ensure that your family are going to eat the food." Maria

"I'm not one of these prescribers where they go, "Processed food is cheaper than fresh." So I don't think I could just go into a processed food shop. I couldn't. That kind of goes against everything that I've been brought up with myself, so we've always had fresh food and vegetables." Emily

When deciding what foods to purchase in a shop or market, all parents felt that the quality of the food was very important. Some believed that to purchase good quality food, you need to avoid cheaper food items.

"Definitely. Because if it's not going to look good it might not even taste good as well. And sometimes they don't taste good, and why spend less? Spend a little bit more and get something proper." Zohan

"Then because I always have to look at the price as well, and then go to a good priced shop. Not necessarily the cheapest because, obviously, the quality guarantee won't be that good. But I've shopped around so over the 9 years, we've kind of worked out now where the best places are." Samia

The hygiene standards of the shop or market were also perceived to be reflective of the foods quality. Parents were keen to ensure that the food was fresh and had not been subjected to germs.

"I think with the big stores, you're more or less guaranteed that it is going to be fresh and it's going to be good quality. I think with the markets, you still have to be careful. As in sometimes if it doesn't look nice or it doesn't look clean, or if it looks a bit off, then I wouldn't go. Obviously, I wouldn't go in that direction. That would put me off. That would put me off. It has to look fresh. Mostly in Tesco and Asda and wherever you go, it's going to be-- it looks nicely packed and fresh. I wouldn't like it packed neither. I'm not into the packing neither. I like it just open in a basket for me to pick out. I'd like that" Samia

"I'm quite conscious of buying food from markets because they're quite open spaces and sometimes I feel that people sneeze on them. I'm quite weird that like. I see like what if they've sneezed on them or touched them? You don't know whose hands have been on them, do you know what I mean? Whereas in the supermarket, when they're prepacked, I feel like,... It's got a lid or if it's got a seal over it, even though it's probably got holes in there" Zohan

"If it's not clean. Yeah. Because around here, we have a lot of shops that they are not-- when you see them, they don't make you feel like, "Okay. I can go and buy from there." Because you see the stall shops that they have the stalls outside with the food, with the vegetable and the fruits. I'm not going there when I know that those vegetables and fruits, they stayed outside, and maybe a lot of people touched them. So I'd rather go to Aldi or Tesco than those shops." Nadiya

The location of where the food was produced was also perceived to be closely linked to the foods quality. Aisha felt that if food products were grown in the UK, this meant they would be a higher quality than foods grown abroad.

"I would like to buy a lot of UK-grown produce. I don't want to buy things that have come from Spain. I mean, I saw spinach the other day somewhere, and it was UK spinach, and then somewhere else, I saw spinach from Spain, and I thought, "Why do we have spinach from Spain?" I mean, because it's from-- so God knows what the taste would be like if it's travelled all the way here." Aisha

The majority of families followed a Halal diet and therefore had to be conscious that all foods they purchased met their dietary requirements. While these foods could not necessarily be purchased from a supermarket as part of the weekly shop, most felt it was relatively easy to purchase Halal meat, as they knew specific shops in their local area that could meet their needs.

"It has to be Halal and it has to be-- if we're buying like a chicken or some meat, it has to be from the Halal butcher. Fish is okay. We can buy that from anywhere, but the chicken and the meat and everything, they have to be from a Halal shop. The Halal butchers or they have to say Halal on it." Alaya

"I've got a butchers, that is, again, a Halal butcher that is about a two-minute walk from me. So we're there every weekend or every other weekend when we need meat" Naeem

"I go to a separate shop. Yeah. Because the supermarket one, I still doubt it a little bit. I still have a few doubts there, and it's expensive, as well, the supermarket one is compared to the smaller shops." Aisha.

Another key factor when purchasing foods from a supermarket was whether their children and other family members would eat the foods.

"She'll have raw broccoli. My little one, five-year-old, he'll have steamed broccoli. And I'll see my nephews and nieces and they'll be like, "Why is he eating little trees?" [laughter] But he likes it." Nadiya

"It's mainly me but it depends on what the children actually like to eat. So in the supermarket, we usually buy things like frozen pizzas because I know, obviously, the kids enjoy frozen pizzas. So I would buy that and then the juices and the crisps. They have particular flavours of crisps so I'll buy that depending on them. If I buy something new…they won't enjoy it. So it's mainly I buy it but keeping the kids in mind" Alaya

Parents who referred to their children as "fussy eaters" felt it was pointless to purchase foods that their child had not eaten previously or try new foods with their children, because "*Anything new, no. New is bad" (Richard).*

"We don't buy as many vegetables as we should. But it's mainly this youngest child. My youngest is nine. He doesn't like vegetables. So then, when I make a meal, I just like to make one meal so that will suit everyone. I can't make as many vegetables as I should" Rania

"It's back down to will they actually eat it because there's no good filling cupboards and fruit bowls full of stuff that they're never going to try. It's just a waste. And as well as overpaying, I don't like waste." Richard

When parents reported that one or more of their children were a fussy eater, negotiating which foods to buy became quite complex, as parents were faced with the challenge of having *"to cook what everybody likes" (Aisha)* whilst still ensuring the family ate a healthy diet.

"And I try to eat more vegetables and fruits, but then it's again, it's my youngest that doesn't like fruits and vegetables. We won't ever have a meal where it's all fruits and just vegetables on the whole plate. There has to be some kind of meat or chicken or something so that I feel okay that he's eaten something. So the whole meal won't be vegetables and things like that "Rania

"Who's going to eat what is the biggest one. So I can cook a fish pie and four of us will eat it, the other one won't. So what I try to do in that case, because he doesn't like white sauce, I'll do fish fingers, mashed potatoes, and peas. So he's literally having the same meal. I'm one of these that won't cook a different meal for every person. But I will make adjustments, so he can have fish fingers, mashed potatoes, and peas, which is essentially the same meal as the fish pie, but just without white sauce. So I look at it like that. So most of us will eat one thing and I could tweak it slightly for somebody else" Emily

"So my youngest, he doesn't like vegetables, any kind. I do still try. But if I put a portion of peas in his plate, he'll eat one. And he actually looks like he's going to to be sick. So but I will try to put them in there. He'll leave them till the end of his meal. And then he'll just-- it'll just be such a big a scene, and okay, I'm trying one. I'm going to try, and then

everyone's just looking at him and waiting for it to happen. And he actually looks like he's going to be sick sometimes. So but I will keep trying. But it's usually the same vegetables like carrots and peas and sweet corn and whatnot. So yeah, but I will put it in on the side of a meal" Rania

In addition to the likes and dislikes of their children, parents were also less inclined to purchase foods that they themselves did not want to eat and often chose foods that meet their "*own desirable flavours" (Alaya).*

"I mean, there's some foods that I suppose I've never tried. So I'm not encouraging the kids to try, or I might have tried before and gone, no, that is just wrong. So there's no way I could put on a straight face to say to kids, "Mmm. That's lovely. Try it." Things like avocado and aubergine. I've tried avocado, and I couldn't encourage anybody to have that if they didn't like it already. And aubergine, something I've never tried it. Excuse me, so I've never tried it and have no encouragement to try it or try and get my kids to have it" Richard

As outlined above, purchasing food for the family to eat inside the home was complex and often influenced by a variety of factors. Parents felt that they had the opportunity to purchase Halal foods, but only in specific stores. Whilst the cost of foods was the most discussed within the interviews, parents also placed a large amount of importance on the quality of the foods items. The purchasing of foods was further complicated by a child's fussy eating, as parents were often challenged with the task of creating healthy meals that everyone would eat.

3.2.1.4. The importance of social support

Healthy eating within the home was often perceived to create the optimum time for family social bonding; parents also looked to their friends and family for social support to allow them to continue to cook healthy meals for their family.

Most families believed that eating a home cooked meal encouraged the family to spend some well-deserved time together. Families treasured the time to sit and hear all about each other's day.

"It's a family time as well. So you can eat with us, and it's a family time, which is good." Nadiya

"We do actually all sit down and have dinner at the same time. It's one of the things I was brought up on and I think it's important. Especially when the oldest one's eleven and the youngest one's seven to sit down and just talk about their day and all that is crucial still at the minute." Emily

"I make sure that we have at least one meal every single day all together, and I like it. Because my children, even though they tend to be quite, "Hurry, eat up quickly," before

the younger one comes and trashes everything for them, but they have a nice chit-chat whilst they're eating. And I want that rather than eating independently watching television. I don't let them have food next door with the television. I don't allow it because I want them to have a conversation between themselves. It might be a very silly conversation, but at least they're having a laugh between themselves and just building that bond." Aisha

As well as a good time for bonding, parents also felt their children benefited from watching their parents eat healthier foods when they all ate together.

A lot of the times, they see that we have this so they will want to have it as well. So it's just like, salad… Because they're used to it. I know a lot of children, they don't even want to touch that food. Yeah. So I think it's because they'll see us eating then, like, "Okay. We want to try it too." Yeah. Zohan

Parents often sought and benefited from social support provided from people outside the household, this support was reported to have a large impact on parental food choices. Parents often discussed recipes and ways to encourage young people to eat healthier foods with other parents.

"Oh, that's a definitely talked about technique on the playground… So we've had various conversations about all sorts of topics as you can well imagine with kids. But we have talked about food. We've talked about different ways of sneaking different things into their food. It's quite ingenious sometimes what you can come up with." Emily

"We do ask around, my sister-in-laws what are you cooking this and that, and then we do get an idea from each other. Then we would kind of go and buy that thing and try it out." Maria

"I would listen to other mums, if you just start talking about healthy options. One mum will say something and then another mum will say something. I mean, I listen and take it from there" Sanaa

Farah did not feel she had the social support as discussed by other parents and this was something she felt would be highly beneficial.

"But I think a lot of girls like myself, we're Asian women, we drop the kids off, we're doing the housework. I might go to work or I might have a day off. But there should be these kind of groups where you can get together and where you can share what you're making. Let's have a look, how many calories is this? Not just calories. Is it actually healthy? Where are you purchasing your stuff from? And it gives something for the women to do or men even as well. It gives them something to do, something to pass their time. And they'll probably come away learning something from that as well." Farah

However, sometimes the opinions of those living outside the household could cause upset or shame over the family food purchases.

> *"I used to always shop in Asda, always. I don't know, Aldi and Lidl, personally I used to think that people will laugh at me if I went in that shop. But then when I realised that my friends are shopping in Aldi and they're telling me about how much they save, and the taste is exactly the same as the branded items… So I've stopped shopping at Asda and now I shop mainly at Aldi" Sanaa*

> *"[My children are] quite skinny… It's like I don't mind….But you do get the odd snide comment from family, that, "Oh, they're quite skinny. What to do with that." Obviously, we do see that. But he's like skinny… But some people are like no, they have relatives that are fat, and they're probably similar age.." Oh my gosh. What's happened to her"… Things like that. Me and my husband are quite slim so obviously, the kids are not going to be quite fat. We do get the odd comment." Alaya*

Therefore, the social aspects of sitting down to eat a meal together not only benefited the family on an emotional level but also allowed children to view their parents healthy eating as normal eating behaviour. Equally, through sharing recipes and advice with other parents, families knew they had sources of social support which they could turn to if they were finding it challenging to provide healthy foods for their family.

3.2.1.5 The use of problem solving

As noted previously, families decisions when purchasing foods can be quite complex; this encouraged some families to formulate strategies to overcome challenges with the complexities of food purchasing decisions, and cooking for children who are fussy eaters.

The most common problem solving method utilised across the interviews was for parents to shop at multiple food retailers to ensure families were buying good quality food at a reasonable price.

> *"I do shop around in a couple of shops. I don't just sit in one place and shop. I do a weekly shopping in Lidl for the fruit and stuff. And then the veg, I have to go to-- you can get like cauliflowers and stuff like that. But you can't get the actual proper turnips and the other vegetables. You only get them in the Asian shops. So I do go to the Asian shop as well once a week. But the meat takes six weeks. I will go in six weeks limit. But for the other food, basically ones that-- things I would go to the Asian shop because you can't get sort of Asian things in Tesco and stuff like that. You have to go specifically to the Asian store for it." Maria*

> *"So going to different places for different things. So I'd go to Iceland for my frozen food. I'd go to Tesco for a lot of my fresh food and veg, because it last longer. And then Aldi for, like, a few of the filler bits in between.… And then Asda's got more choice. You*

pick up a variety of other things as well. But I think one of the things that, like, with-- and, and it's-- that's really random, but, um, fruit and veg and milk, how long it lasts, and that kinda thing, Tesco and Asda seem to fit better than Iceland and, and some of the other more British supermarkets, which is weird. 'Cause you'd think it'll-- it's a-- it's all coming from the same place in" Fatima

"Because sometimes, to buy different things from different shops works out a lot cheaper, rather than buying it all from one place" Aisha

For some families shopping at multiple food retailers each week was a necessary but laborious task, and parents often questioned the longevity of whether they would be able to continue doing so.

"And I find it difficult when I do my shopping. When I go to some stores where I can't buy Halal stuff, then I'm having to do-- the Asian stuff. I'm having to do three different shops, for instance. And that just obviously does my head in. Now, if I just stick to-- we've got a Tesco. We've got an Asda nearby. Well, Asda is a bit further away. And if I buy my meats from there, it's expensive. Whereas if I go to the butchers, the Halal butchers, it's cheaper" Safiya

"It is a bit time consuming because you have to get that time and then by the time you do all that, you've got to go to this shop and then you're just going to hope they have something in there, if they haven't got the stuff then you've got to go somewhere else. It would be nice if we could get it in one store or one place; it could make life a bit easier. But hopefully, slowly, I think they are getting a lot of Halal meat into these local shops and supermarkets. So it is becoming better. But when they don't have it, it's a bit more effort going around. But we still do it because we need the food." Hamza

"I have got that time to shop around and I'm okay at the moment because I've got the energy to do it. I've got the time to do it. I've got the car to do it. I think maybe later on in life I'd prefer the one shop [laughter]. When I haven't got the energy to shop around and walk around or anything. But at the moment, I don't mind it because it keeps me busy, so I don't mind. I don't mind" Samia

Samia further described how having access to a car benefited her food purchasing decisions.

"So I go to quite a few different places for different food stuff as well. Only because I can, because I drive. I think if I didn't drive, then it would be really different. So I've got that luxury where I can. I mean, I go to Tesco for my normal shopping because it's just down the road. I go to Asda every other week. I go to Aldi for my fruit and veg because they have good quality and good prices. And then I go the Asian shops for my meat. And then they have good fruit and veg as well, so I go there" Samia

Other families did not mind shopping at multiple stores, as they felt the benefits of saving money and ensuring they were purchasing good quality food for their family was worthwhile.

"I do a bit of shopping everywhere - sometimes the price can put you off. Because you see a price of a punnet of strawberries, for example, at a ridiculous price, but then when you go somewhere else, they're quite cheaper, and you're like, "They look more pale and there's yellow ones and they're expensive, whereas--" and they're not even-- for example, they'd be class 2 and it's expensive, and then you go somewhere else, you get the cheaper class 1s, do you know what I mean? Sometimes I think it's the price as well that kind of puts you off" Zohan

In order to overcome financial barriers families reported purchasing food items when they were on special offer in order to save money. In addition to buying foods when they were sold at a reduced price, families also bought larger sized products to save money and time.

"If there's an offer, as a family, obviously, cost is always involved. So if things are on offer, that's why I stock up due to the price. If it's half-price or buy one get one free, whatever it is, or if it's a third off, so I do stock up on that from supermarkets." Iqra

"It depends on offers and sales, to be honest. Because nowadays foods, I've realised, have gone up. So if something's on offer, I'll tend to buy two so I know it comes in handy for the following week, or store it, because they have a long expiry date" Sanaa

"With the meat and the chicken, I buy it in bulk because it works out much cheaper. Because at the supermarket-- when you buy a full sheep and it's £7, £8 a kg. When you buy it like a portion, I mean, £7, £8 a kg. But when you're buying a full sheep, they actually charge you £4.50 to £5, half of the price per weight. So I find it, because my family's big, so I buy every like five to six weeks, or seven weeks maybe, a full sheep. And then I make some mince from it and different of a portion of the meat, I like put it into bags and label it, this is for this, this is for this, and then with the chicken, the same. I buy it in bulk because it works out very, very cheaper for me and it like saves me from going to the shopping every time to buy small, small pieces and things." Maria

Furthermore in order to save money, a small amount of families had started to cook foods they would have previously purchased ready made from the supermarket. In doing so, it is also likely that parents were providing their children with a healthier alternative.

"We went, "Come on. We can have a go at this." And so we actually ended up making our own pizzas. Buying the cheeses and a couple of meats to throw on them and trying to sneak some veg on them. That didn't work. But yeah, and then having those, and you just thought, hold on. Yeah, I've just made some, but I don't know the cost differences. But it would have been quite big, I reckon. Yeah. For the three pizzas that we was making and the size of them, and what you would have bought. We would have probably saving about 15, 20 pound." Richard

For children who were deemed to be fussy eaters, families discussed their use of coping strategies to help encourage their children to eat a greater variety of foods. One coping strategy was to hide foods that would have been rejected by the child into their meals.

> *"If they wanted to try and get fruit and veggie inside the kids, it's rather than just saying, here's some broccoli. Eat it. Because if the kids decide they're not going to have it, you're never going to get that broccoli in that kid. But whereas if you hid it in something that they like, and you could disguise it, now there's a chance they're going to eat it. They're going to have it in there. Okay, they're still not going to take a lump of broccoli off your fork. Or at least you know for yourself you're getting some goodness in them. So if you can disguise this stuff and if people could work out to disguise stuff better, then absolutely brilliant." Richard*

Richard went on to provide further examples of how food was hidden in his children's meals.

> *"So he will have mashed potato, but there'll be things like butternut squash blended in it or even cauliflower. So a little bit cauliflower and potato mash done. And as long as we don't tell him, he just eats it." Richard*

Other families took a different approach to handling fussy eaters and encouraged children to choose their own healthy foods when out shopping.

> *"I used to - before COVID - take them with me to the shops and say, "Okay, what do you want to pick? What's your fruit of the week? Do you want to have this?" And they would pick it themselves" Farah*

For Farah, this encouraged her children to be more open and willing to try new foods.

> *"What she'd normally do is she'd go for the brightest thing and then realise, "Actually, I don't like it," kind of thing. But trying it is a big thing. So with my son, he'd be like, "Yep, I want bananas," or, " I want pears." And then he'd eat it because he knows he chose it and he's got to eat it. I think something that you're picking, I'm giving you responsibility for picking something that we can all eat" Farah*

Parents also discussed ways that families could be supported in the future to help reduce barriers to healthy eating. There was a consensus that further support should be given by food retailers, the government and their children's school. Aisha and Fatima thought that supermarkets should use their advertising space within their stores to promote healthier foods to encourage parents to feel supported to do so.

> *"Because when I walk into Tesco's, I can't see them advertising healthy food or things like that. No. I can't see-- for a lot of the stuff in now, well, they've already got the Easter things up, and they're really like, "Easter this. Easter this," posters, everything and rabbits and everything, but I haven't seen that with healthier foods. Do you know? Get encouraged with, "Oh, look, it's healthy foods." I haven't seen that encouragement." Aisha*

> *"I know at our local Tesco, that first aisle you go down has got all the stuff that's on offer, and I-- if I think about the stuff that's normally in there, it's always biscuits and chocolates, those kind of things on promotion. And actually, that probably is the point*

when people first go in and start grabbing, that you'd want some of the healthier stuff out there." Fatima

Other parents believed the government and food retailers should provide a financial incentive to shoppers to encourage them to purchase healthier foods. Food providers who already provide money off vouchers were viewed favourably amongst families.

"Well, the government is encouraging us not to have X, Y, and Z because it's bad for you. But what happens is a lot of the bad stuff is cheaper. So why don't they make the good stuff cheaper so that people can-- then they'll have a choice." Safiya

"You know Tesco vouchers, you get points and vouchers there. So whenever I get them, that kind of influences me to buy as well. You get Tesco vouchers and stuff like that. Because we're shopping more at Tesco's, so we do get voucher… So that kind of influences me to buy extra things like, in a healthy way as well." Maria

"I know that as a business, they're not going to start giving out stuff like 20, 30 p. But it has to reflect the product that we're buying because like I said, there are certain things that they really overprice. If Aldi can do say broccoli for like 30p, other shops shouldn't be charging over a pound for it. It's not-- and again they're taking advantage of the convenience because if somebody is going to, say, Tesco where there is actually a Halal section there, and you can buy everything there, you're going to spend £40 there whereas you'll probably spend £15 in Aldi. And that's them taking advantage of the convenience." Farah

Some parents felt there was a responsibility from the government, their child's school and supermarkets to educate children and their families on the benefits of healthy eating as well as providing support to help them change their eating behaviours.

"I think maybe more should be done in schools because when children are around their friends, it's different. They're like in a different comfort zone…It's a different comfort zone to home, but that's their little friends, and that's their little circle. And that's a different part of their life… they'll be more relaxed and more open to try new things. Maybe with food, it could be influenced in the schools and nurseries from a really young age. So encouraging schools and nurseries to try different things, and then prepare as well. When they kind of doing something, and they'll be like, "Oh, we've created this," and they're really pleased about it. And I know my son's-- where he will, if he's made something at home himself, and he's helped, he's really proud of what he's made. He'll eat it even though he knows there's something in there that he doesn't like, but there is still that he's holding back. That look on his face that I can recognise. And I know he's not comfortable. Maybe if he was eating more vegetables and fruit, I think from age of two or three in nurseries and schools, so where he tried it at home, and he didn't like it. But then he was with his friends in nursery, and they were all eating it." Rania

"To make people aware of the fact that they need to change their lifestyle… I've seen a lot of-- even parents, that they are giving the kids a lot of sugary stuff, a lot of drinks and fizzy drinks which is not good for their age. At least let them explore the healthy food. Then when they will grow up, they can have that decision. You can't give a three years old child-- you can't give them fizzy drinks and a lot of sweets. Because if they see this at home, they will tend to grow with it. So I think the education is-- the parents needs to be educated as well. Because probably, as you said earlier, they don't know how to do it. So maybe if the shops or schools, they can provide family training to-- say trainings on how to cook, what to give to their children" Nadiya

"[The shops] should just have, "Okay--" even a quiz and-- they can have a small quiz. "Okay. How good do you think you're doing for your kid?" and, "Let's find out." And then you can just discuss and have one-to-one with the parents. I think this could be a good idea. Because the parents would say, "Oh, what do they know?" But when you see this every day, then in your mind, it would be like, "Okay. Let's try this on my kid. Am I doing the right thing? Let's find out." So I think the shops and the schools, they are the primary things that they can make a change" Nadiya

Throughout the interviews parents were keen to share their problem solving ideas and the benefit these had on their food purchasing decisions. Families also had strong opinions on how outside sources such as supermarkets, could be of a further assistance in overcoming the barriers families faced to eat healthily.

3.2.2 Purchasing food to eat outside of the home

3.2.2.1 Reasons for eating outside the home

Prior to deciding what foods to buy from a restaurant or takeaway, parents needed to decide if they wanted to eat outside of the home and where they wanted to buy food from. This decision was formulated due to parent's perceived inability to cook a home cooked meal, the convenience of purchasing foods and families preference as to where they would like to eat.

Even though families held the belief that home cooked meals were important, it was their perceived lack of opportunity to do so that often resulted in families purchasing food outside of the home. The main factor hindering parent's opportunity to cook for their family was a lack of time.

"When I don't have time to cook. When I came late from work, I'd rather just order a takeaway or take the kids there than just spend two hours of cooking. It depends on the time as well. So the lack time is the primary thing that I'm doing this" Nadiya

"Sometimes, it's time as well I tend to say because everyone's so busy, going to work and back. Sometimes you don't get the time to actually go to buy the food, the

ingredients and all that. So you just rely on a quick takeaway or something quick just to keep everything going." Hamza

Farah suggested that healthy takeaway foods should be more readily available to purchase quickly in order to fit in to busy family lifestyles.

"So if there's somewhere you can go, it was a drive-through, for example, great. I mean people who want to eat healthy, I mean a lot of us are very, very busy. And having a healthy meal would mean that you take a bit of time out to make this and this. If there was a drive-through healthy place, great." Farah

When Fatima felt their time was too constricted to cook, they purchased home cooked meals from a local member of the community. In doing so Fatima felt that she was still providing her family with healthy foods, rather than the unhealthy options from traditional takeaways

"I knew that I didn't have the time to that full-on Asian meals, particularly. I wanted the kids to still have that taste for curry… And I knew I wasn't gonna have time 'cause I worked in a different town, so the commute in, collecting the kids, getting back inside, it would be late evening. Curries take a long time. So it's more to make sure that they were kind of-- you know, they were having home-cooked food that was curry, that was healthy, rather than having to order takeout or, or other options in. It started from then. It's carried on because it works from us-- from that convenience factor." Fatima

For some families, the choice to eat outside of the home was made rarely due to the cost of doing so.

"Sometimes the kids would take me, or as a family we'd go down on occasion, or just like that, once in a blue moon. Because it's really expensive, so we didn't want to go and that. Whenever we used to go, we used to pay like £60, £70 for a small portion of food. So it's really expensive. So that's the only thing we used to do, otherwise we don't go too often" Iqra

When it came to deciding which takeaway or restaurant to purchase a meal from, some families felt the choice was relatively simple as they had a preferred eating establishment.

"There's the one restaurant that is the actual, they do a lot of good food. That's the only restaurant I used to go. I don't like the buffets that much because I've tried one or two buffets, but I didn't like it. But there's one restaurant that they do good food, so I used to always like" Maria

"We don't order from a lot of different places. When it comes to pizza, we have to like the base, and everyone has to kind of be happy with it and what the taste is like and whatnot. So there's maybe just two places where we would order pizza from. And so it's a taste and the value, so they'd be good value as well. And so there's one-- actually, there's probably just the one place now that we would order pizza from, but then it's

just pizza from there. We wouldn't order anything else because we like it. Everyone's happy with the taste and the options. And it's really good value as well" Rania

"We can just drive up to them, and because we know where we've eaten previously before, we know it's going to be clean" Zohan

However, Aisha thought it was important to try new eating establishments when eating outside of the home.

"I do let them try new things. I think that's important. Otherwise, how are you going to know if you like it or you don't like it?" Aisha

The reviews left by strangers were also very important in parents' decision making when choosing which restaurant or takeaway to eat at, as this helped decipher the quality of the eating establishment.

"And then reviews. If someone got poor reviews, like I said, less than four out of five, then we work hard for our money, and the last thing you want to do is go to a restaurant that hasn't got great reviews, you eat there, do not enjoy the experience, to come home frustrated. So you want to ideally go somewhere that always has decent reviews." Naeem

As most of the sample followed a Halal diet, the takeaway restaurants' ability to meet their dietary needs was essential when considering which eating establishment to choose. Families felt limited as to where they could eat, as they felt uneasy eating at establishments that served non-Halal foods as well as Halal options. However, despite these limitations, families still felt they had enough opportunity to eat outside of the home, as they knew which food establishments could meet their dietary needs.

"With McDonald's, we're limited on choice, being, like, vegetarian, because it's not Halal" Fatima

"And then if we're going to an Asian kind of restaurant where we're going to be buying meats and stuff, then yeah, it's going to have to be a Halal restaurant then. That says only Halal. But I don't mind their serving drinks. That doesn't bother me. Sometimes bothers my partner, my husband, but it doesn't bother me if they're serving drinks in the same restaurant or whatnot. So that doesn't bother me. And yeah, yeah, so we will go to places like Pizza Hut, Pizza Express, and we'll choose vegetarian option. And then if we go to a different restaurant, yeah, just we're going to have some kind of meat or something there, then it has to be a Halal restaurant." Rania

"The only thing would be if it had non-Halal meats also there. Because then you've always got that risk of contamination or anything. And I wouldn't take the risk. I wouldn't want to take the risk. That's the only thing that would put me off I guess" Samia

Prior to choosing what food to purchase, parents have to consider lots of different factors when deciding where to eat. However, this did not restrict families from purchasing meals outside of the home.

3.2.2.2 Barriers and facilitators to purchasing foods to eat outside the home.

When looking to eat outside of the home, families experienced a variety of barriers and facilitators to purchasing foods; these included the cost and quality of the food provided, whether the food establishment could meet their dietary requirements and their child's fussy eating.

When eating outside of the home, families wanted to purchase food that would be both satisfying and filling for their children. However, these foods were often high in fat and sugar and were not the traditional healthy foods that were provided within the home.

> *"If I buy a burger, they eat the whole burger, I know that for some time they won't be hungry then because they ate the whole burger." Alaya*

> *"If he was outside and then he would get hungry, I would buy him something…we used to buy from the Greggs the pasta mix, whatever age they were, whatever the specific they could eat, then we used to buy them a snack they were there, or otherwise from the Asian shop some crisps, or corn crisps, or stuff like that, we used to buy them if we were out and about and they used to get hungry and stuff like that" Maria*

All participants felt the cost of eating out was important when deciding what foods to purchase when eating outside of the home. The cost of foods was experienced as a barrier to buying healthier foods and parents were often confused as to why the healthier options cost more than the unhealthy options. If takeaways or restaurants did offer healthy foods at a cheaper price, parents felt they were more likely to consider purchasing it.

> *"If it's overpriced, then I'm not really going to pay for healthy food that is too overpriced. I'd rather just not-- again, we'll just cook it at home then" Naeem*

> *"Sometimes the price. I'm not going to lie to you, yeah, I think the price comes in quite a lot. Because it's like, "Well, then, why is that so expensive?" Or like say if you want to go for a grilled salad or grilled chicken salad, sometimes it's like, "Why are you charging so much money?" when it's only a few strips of chicken and a bowl of salad that you probably could make it yourself at home, do you know what I mean? Yeah. So that's what it is, yeah. Sometimes I feel like a lot of the times the grilled food is quite expensive, actually. And that's why sometimes people go for the cheaper option of just having fast food" Zohan*

"So I think for healthier foods to be priced, you know, around the same benchmark as unhealthier food, is, is a massive factor, um, that would encourage people to make better choices" Fatima

When deciding what food to purchase, families took the quality of the food into consideration. For some families they evaluated the food's quality in relation to its taste. However most felt for food to be of a high quality it needed to be prepared by a trained chef and cooked in a healthy manner.

"The main factor would be the taste, so it'd have to taste brilliant. And, again, I think the customer service would be a factor there as well." Rania

"I think it depends on who's cooking it as well. You can't have anyone and everyone cooking. It has to be an experienced chef. You have to take that into consideration as well." Alaya

"The takeaway food are really greasy these days and they've not been cooked in a proper oil, like they can reuse, reuse the oil" Maria

When it came to eating healthy Halal foods, some families felt they were limited to do so. This often left parents feeling disappointed to be limited in such a way.

"Because there's certain places that we go that they don't really have even the Halal option that we eat. So then it was like Greggs they would just pop in to there and get stuff from there. So I think that is less convenient as well because there's not enough shops providing that." Alaya

"If you're having a healthy meal as well, again, the larger companies wouldn't have something was something Halal. They need to have more healthy grab and go Halal options as well. I know that at Tesco they've started doing the wraps and the sandwiches, and they sell out quite well because of the location that it is. So, obviously, there's a market there but it would just depend which area you're doing it in" Farah

When eating at a restaurant, takeaway or café parents felt it was important that their children enjoyed the food they were eating. Parents of children referred to as fussy eaters described experiences where they felt their child's food preferences had resulted in a negative experience.

"So we think we wouldn't take them back there again because it's not worth it. We enjoyed it, but they don't. So as a family, it's not worth for us going out there. An example would be a Smokehouse that's not far from here. We went. Tried everything and thought this is good. We could bring the kids because there's a variety of things that they might like and might try. And no. I think they had a few fries and some popcorn. That was about it. So it was decided that's not really a good day out for us" Richard

Other parents continued to explain the challenges of eating outside the home with a fussy eater. Alaya described how their child's fussy eating limited their opportunity to eat outside of the home as they would avoid trying new foods with their children.

> *"I have to take into consideration the kids' taste. Like you get the Subways quite a lot of sandwiches and they are healthy but they haven't had the Subways from the start. I don't think if I take them into Subways, and even if they make the foot-long or whatnot, they won't have it because it's not something they've had before. So something new for them." Alaya*

To ensure meals out with fussy eaters went smoothly, parents often allowed their children to choose what they would like to eat. Some parents of fussy eaters felt they were more likely to "*be wasting my money" (Naeem)* when they ate outside the home with their child, unless they went to places that they knew their child liked the food.

> *"Because I'm thinking, if I'm going to pay a lot of money and they would not like it, it's a big-- there is no point in paying like £50 and they will not like the food. So I'm a bit afraid to do that. So I'd rather just go somewhere that I know that they love the food and just provide them with that kind of food." Naydia*

In contrast, families of non-fussy eaters felt they were able to eat healthily outside of the home.

> *"They doesn't complain, so I think they're content with what I buy and what they eat. I wouldn't say my kids are fussy. They'll try everything and if they like it, they'll say, "Yes, mum, we'll have this again." Sanaa*

> *"Then because we're a family, we all sort of stick together because if one eats healthy, so say my wife eats it, then I'll tend to get something because if me and her are getting something, we'll tend to get the kids something; a healthy option as well if we're getting healthy. The main influence comes from the family." Hamza*

There was a variety of barriers and facilitators outlined by parents when asked how they decided what food to purchase at a restaurant or takeaway. The biggest reported barrier was a child's food preferences and the cost of the meal. Another significant barrier was the lack of healthy Halal options available in the local area, which left parents feeling frustrated.

3.2.2.3 It's not possible to eat healthily outside the home

Within this theme parents discussed their limited opportunity to eat healthily when eating outside of the home and their desire to be able to do so.

Most parents felt unable to provide their family with healthy foods when they were purchasing foods from a take-away or restaurant. A selection of parents had not even considered if it would

be possible to purchase healthy foods from a take-away as they only perceived takeaways as providers of greasy, processed foods.

> *"I don't think there's an option for healthy food when it comes to takeaway. I think if you look at it, takeaway is mainly grilled or fried, it's either burgers, paninis, chips" Sanaa*

> *"I don't know if a takeaway does do healthy food…but what I try to buy or what I encourage them to buy is things that are, again, grilled maybe, like a grilled chicken burger. Well, I look at the commenting on them, so I know if it's been grilled or I know if it's been deep fried, or the description of it.." Aisha*

> *"So to me, it just doesn't seem-- I mean, I know that the kebabs we have, they grill. The long ones that we used to have, the seekh kebabs, they grill anyway. But I'm assuming what they put in the kebabs is not very healthy…. The stories that I've heard is that they're always saying, especially the doner one, the doner kebabs, they say that's not very healthy." Samia*

Richard also believed that takeaways and restaurants did not solely provide healthy foods, especially when thinking of the food establishments around his home. However, Richard did acknowledge that these food providers may have a healthy option on the menu, but that it would require a customer to search through the menu to find the healthier items.

> *"I would say as a rule, no. But I guess within some of these restaurants, there may be healthier options you can have. Generally, if I've walked up the road from us, we've got about three or four places selling chicken. Pizza place. Two or three pizza places. A cheesecake shop, and just a general restaurant selling burgers and things like that, so it's yeah, there's nothing there that you'd walk past and go, "Oh, hold on a minute. That's a healthy variation of a restaurant, this." I think you'd have to look inside and carefully pick through the menu as to what could be healthy for you." Richard*

Despite the limited opportunity, a handful of families tried to look for healthy options when eating outside the home with some success.

> *"He'll go and he'll get-- there's a place local that we'll go. He'll have his grilled fish with his veg and his beans and whatever, and the kids will get a jacket potato from there with beans and a wrap. That sort of thing." Farah*

> *"If we're out on a walk, I would try and find a café where they could at least have a sandwich or something a bit more healthier than a full of fat Greggs sausage rolls regardless of how nice they are. I would rather do that, but obviously, sometimes, you're just not in the right place at the right time." Emily*

> *"We would never go to a takeout, but if it was a takeaway, we'd go to like a grill place, somewhere they did grilled food 100%." Zohan*

When thinking about the possibility of a healthy takeaway opening near their home most families welcomed the idea, as this would provide them with the opportunity to purchase healthier foods for their family.

> *"If there was something that was local-- there needs to be more of those kind of shops really because a lot of them sell the same stuff; burgers and chips and the bad stuff. But we don't really have a lot that sell healthy food. So like your grilled chicken or your steamed fish or your jacket potatoes, your paninis. There's not a lot of them" Farah*

Whilst some families were able to look through food establishments menus to find healthier food choices, there was a general belief that healthy foods could not be purchased from a takeaway or restaurant. The perception of takeaway foods being highly calorific added to families' beliefs that they could not purchase healthy foods from takeaways. However, families were positive about the possibility of a healthy food establishment opening near their home.

3.2.2.4 Eating outside of the home is a treat

When discussing families' habits of purchasing foods from a takeaway, restaurant or café, the majority of families viewed this as a treat and therefore allowed their children to eat whatever they wanted, regardless of the health benefits and even to some extent the cost. This often meant families ate unhealthy or "*naughty takeout" (Naeem)* foods or meals at a restaurant.

Despite families beliefs about the importance of eating healthy home cooked meals; this did not seem to be emulated when eating outside of the home; as families reported they specifically ate foods they would not normally eat within their own home.

> *"We just order what we like, like we usually don't get at home. So we don't have any limitation on that, so we just kind of grab everything that we like. It doesn't matter if it's healthy or not healthy because it's our day where we can relax. So I'm not thinking of anything. Just to have anything that we want… Nope. Nope. No. If they want to have chips, they can have chips. They can have fried food. It doesn't matter… So we don't look if it's healthy or not. We just look if we like it, and that's it. If we like it, if the kids love it, that's fine." Naydia*

> *"With me, it doesn't make a difference because-- if it's healthy or not because that's an indulgence anyway, ordering from a takeaway. So it wouldn't matter if it was healthy or not. We'd just order what we want, do you get me?" Samia*

> *"It's normally me who takes the kids out for a meal and that kind of thing. We get the foods that the children enjoy eating, which is quite similar to what I like, like, a nice curry or a steak, something like that. And they normally do have a dessert because they just think the whole point of going out is to be bad, so you might as well go for the whole hog." Fatima*

"Okay. I do have a rule. Even though I don't like too much meat in my house, if I'm going to a restaurant, I'm not having vegetables. Yeah. So that firstly is genuinely impact my decision, that all right, fine, I'm going to purchase meat or chicken. But generally, I don't have much of a vegetable dish" Naeem

Naeem continued to discuss how viewing restaurant meals as a treat impacted his choice to purchase healthy foods, in periods when he is trying to be health conscious.

"If I'm in my eating healthy phase, then I'll still order your unhealthy food like your curries or whatever it is, but for example, I won't order extra cheese, instead, I'll order normal chapati to eat with it." Naeem

Furthermore, families viewed an unhealthy meal at a restaurant or takeaway was a reward or treat for their healthy eating at home, which ultimately allowed parents to feel that eating unhealthily was acceptable.

"So I suppose because of what I feed them at home, they know that having takeaway means you can have whatever you want, I suppose, so they do try to sort of-- and then, like I say, especially with lockdown and the restrictions on them, I don't want to constantly restrict them from things. So although I do try to create what they would like from a takeaway at home, they sometimes still see Sunday to be their takeaway day" Aisha

Parental attitudes towards eating outside of the home seemed to be centred around wanting to have a positive experience of eating outside of the home.

"If I'm in the restaurant, I want to sit down, and I really want to enjoy what I'm eating. And I don't want to think about the price. And I don't want to think about the health food factor. I just want to think about-- I just want to enjoy my food. And so I won't think about-- no, not in a restaurant" Rania

"If I'm going to a restaurant, I want to go have a good time. I'm not going to be too concerned about what I'm buying in a restaurant, to be honest. You just want to go-- once you're there, I don't wanna overthink it" Naeem

As part of this positive experience children were allowed to choose their own meals from the menu, regardless of the foods health and nutritional value.

"To tell you the truth, we don't really think about anything because it's their treat. The menu is in front of them, so we ask them, "What would you like?" And they take it from there. So it's up to them, whatever they'd like to order" Iqra

"So if the children want ice cream and two meals, that's fine. We will provide this for them. Because we provide a new experience for them, so it's fine. We don't look at the cost when it comes to going to the restaurant." Naydia

Some families felt that treating their children or themselves to whatever they wanted when eating at a restaurant or takeaway was acceptable because they did not do this frequently. However, frequency was not the only factor, as this perception of a treat was also applied to the weekly takeaway

> *"I think, for me, because we have a takeaway as a treat, and it's not an everyday or-- it's not even every week occurrence, then for me, there's no point in having a healthy option really" Emily*

> *"On the weekends, we usually go for a takeout. So usually, Saturday, Sunday, we do like a treat thing. So we'll have a burger or pizza or something like that." Hamza*

In contrast to the experiences outlined above, a small minority of participants still restricted the foods their children ate when outside of the home, to be in line with their views on healthy eating.

> *"I think if knew that we'd had a particularly bad week or a bad couple of days of eating unhealthily, I would then go, "No, we're not having that. We're going to go there. It will take us an extra 10 minutes, and we can have a proper sandwich and a proper--" so it'd be kind of our circumstances in that kind of week or weekend or whatever we've been doing." Emily*

> *"They had a few takeaway pieces on Saturday, some samosas, so then, that was it for the week. So I said, "No, you're not having any takeaway on Sunday," which is their usual takeaway day." Aisha*

Aisha continued to explain that if her children did have a takeaway they were not allow a dessert, as the children has already eaten enough unhealthy foods.

> *"I don't let them have an ice cream afterwards. They don't ask for it, and I don't say to them, "You can't have one," as well, just because they already have enough sugar, in my opinion, daily that they don't need any extra." Aisha*

When families ate outside of the home, little thought was paid to the nutritional or health benefits of the foods consumed. Instead families felt eating outside of the home was a special occasion or treat; perceiving eating outside of the home in this manner encouraged children and parents to indulge in highly calorific foods.

3.2.2.5 I want what they are eating

Food choices made by other people when outside of the household, had a significant influence on the family's food purchases; this included children wanting to eat what other children were eating as well as how food choices were influenced by the social setting.

In social settings, such as children's play areas, parents often reported their children wanted to purchase unhealthy food items if they had seen them being consumed by other children.

> *"When I have the kids with me, they won't go for the healthy options. They'll see the burgers chips and whatnot, so. So the other people eating there as well. There is quite a lot of people so they focus on what they're having as well" Alaya*

Non-household family members or friends also influenced families' desires for foods and takeaway food purchases. By discussing takeaway foods with other family members, children wanted to eat the same food as their relatives.

> *"If my daughter, she messages her cousin, she'll tell her that it's takeaway day and she's having such-and-such for tea tonight. Then, she will definitely be like, "Well, she's having this and this, so I want this and this." Aisha*

The advertising used by a food retailer also impacted parents' food purchases as the desirable images increased parents and children's desire for the foods.

> *"You might see an advert or something and they'll go, "Well, let's try this. See if it's great." Hamza*

Parents also discussed how they were more likely to purchase snacks when out of the house with their family, due to this being ingrained in the experience of spending family time together.

> *"You enjoy snacks more as well when you're with somebody and you talk, and walk, and eat. That's better as well. If I was on my own, I'd never get anything. But when I'm with somebody, my friends or my girls or my family, then we normally do" Samia*

The social element of eating foods, highly impacted families food purchases, in particular children were influenced by the foods ate by others. The social element of being outside of the home as a family also encouraged families to purchase snacks, as it was perceived as part of the experience.

4. Discussion

The current research found that parents in the Hodge Hill area of Birmingham felt confident that they knew how to eat healthily, however many families experienced barriers to doing so. When it came to eating outside of the home, families reported a lack of motivation to eat healthily, as the experience was viewed as a treat.

Parents displayed their capability to understand what foods needed to be purchased in order to eat healthily, as well as how to cook nutritious meals. Most parents thought healthy eating included eating a variety of foods and was inclusive of all food groups. When discussing healthy foods, some families were able to identify the nutritional benefits of foods, and were

conscious of avoiding high sugar diets. During the preparation of the family meals, most parents enjoyed cooking meals for their family and often looked for new recipes to try.

Throughout the interviews parents expressed their desire for their children to eat healthily. This aspiration was stronger in parents who had grown up eating healthy home cooked meals, as they could not imagine living any other way. This desire was also experienced in families who had grown up with a self-reported unhealthy diet, as they were conscious of giving their children a better diet than they had experienced.

Regardless of their childhood experiences, all parents wanted their children to eat a healthy diet in order to preserve their children's health. For a minority of families, their choices in their children's earlier years had left their children in poor health, including obesity and poor dental health; parents were therefore motivated to change their behaviour to ensure they limited the impact of their previous decisions. However, parents were also highly worried about their healthy children developing diet related health complications in the future. This concern was a very strong motivational factor for parents, with those who displayed a greater knowledge of the potential health complications displaying a higher motivation.

Despite the capability and motivation observed in parents to eat healthily, parents felt there were significant barriers stopping them from purchasing the foods they wanted for their family. The main barrier was the cost of foods, with healthier foods being experienced as more expensive; this was particularly discussed by families who wanted to purchase organic foods. Families did try to overcome barriers relating to the products cost and quality, with a number of strategies, including growing their own fruit and vegetables, buying products when they were on special offer, shopping at multiple stores to ensure they were buying food at an appropriate price, as well as bulk buying certain products. However, despite aiming to reduce these limitations, families still felt unable to purchase foods as they desired.

Despite the majority of the sample following a Halal diet, there were few reported barriers to purchasing Halal food inside or outside the home. However on a deeper reflection, parents felt unable to purchase Halal foods at their supermarket of choice, and had to purchase their meat from a Halal butchers. Purchasing food in this way was deemed to not be too much of a burden for families; rather it was a necessity. However some parents questioned their opportunity to purchase foods in this manner as they age. When eating outside of the home, again families reported they were only slightly restricted when purchasing foods that met their dietary requirements; however the majority of participants, only ate at food establishments who solely sold Halal meals.

Most families reported one or more of their children were a fussy eater. The presence of a fussy eater within a family had a large influence on the foods their family bought both to eat inside and outside of the home. When it came to the purchasing foods to eat within the home, parents often avoided purchasing foods their child had refused to eat in the past, as well as avoiding foods their child had not yet experienced, as they believed this would result in the child not eating their meal. Some parents tried to develop strategies to overcome the issue of their child's

fussy eating, including encouraging children to choose which healthy foods (such as fruit and vegetables) they would like to purchase, growing their own fruit and vegetables to increase their child's motivation to eat healthy foods and hiding vegetables within their children's meals. When eating outside of the home, the child's fussy eating placed large barriers on which food establishment family could purchase a meal from. To accommodate a fussy child's food preferences, families were likely to allow their children to choose where they wanted to eat as well as what food they wanted to eat off the establishments menu. Parents also avoided trying new restaurants and takeaways, as this could lead to an unpleasant experience and a perceived waste of money.

However, despite their cooking abilities and desire to eat healthily within the home, families attitudes towards choosing food off a restaurant or takeaway menu were vastly different. Families viewed the experience of eating at such food establishments as a treat or a special occasion; this perception allowed parents to give their children permission to eat whatever they wanted, and were more concerned with everyone having an enjoyable experience than the cost of the meal or the worries for their child's health. Sometimes this treat was perceived to have been earnt; due to the families' typically healthy eating at home. Alternatively eating at a restaurant was perceived as a treat due to it being an infrequent occasion. Regardless of the parent's reasonings for this behaviour, their actions of purchasing whatever the child and family wanted when eating outside of the home, could impact on child obesity, especially for the families who were eating weekly "naughty" takeaways.

Families were heavily influenced by the opinions and experiences of other people when deciding what food to purchase. When outside of the home, the reviews left by others allowed families to make a judgement on a food establishment's quality, and whether they wished to purchase food from there or not. Equally when out at a play centre or a playground, children often requested to eat the same sugar filled, processed foods that they had seen other children eat. When thinking about what to cook at home, parents often shared recipes or cooking tips with each other, these conversations were often inspiring for parents and directly impacted their food purchases.

Most families felt it was important for other parents to be educated on the benefits of healthy eating, and receive encouragement to provide their children with healthy meals. Commonly reported sources for this additional support were from the government, the child's schools and supermarkets. There was a perceived need for families to be educated on the health benefits of foods and the importance of healthy eating, to allow parents to make an informed choice when purchasing foods for their children. Equally, some felt it was the responsibility of schools to help encourage children to try healthy foods, as children would benefit from seeing their peers eating such foods. It was also suggested that financial encouragement could be offered to help support low income families to purchase healthier foods. The need for the additional support may assist in reducing the barriers identified by parents, such as cost and family food preferences, and therefore it is crucial to be considered when formulating ways to support families in both the Hodge Hill and wider Birmingham area.

4.1. Future research opportunities

As with all research this study had some limitations. Firstly, there was a clear capability and motivation to eat healthily within the sample. Families often aimed to overcome barriers to healthy eating that they had identified within their daily life. It is possible that the nature of this research is more likely to appeal to families who already practice and value healthy eating, rather than those who do not, due to a fear of being judged. It is also possible that the fear of being judged further impacted participants' interview answers and parents may have been more inclined to provide answers that they believed the interviewer wanted to hear. The researchers tried to overcome this by making it clear that participants would not be judged or criticised for their family food purchases.

The majority of the sample followed a Halal diet; these families were able to provide a detailed insight into the complexity of food purchasing decisions based on their dietary requirements. Whilst the interviews sample was representative of the area of Hodge Hill, further research may wish to look to include a wider range of dietary requirements, to explore how this impacted families' food purchases.

All interviews occurred during the COVID-19 pandemic. While families were asked to think about their food choices prior to the national lockdowns and restrictions, this was challenging for some families. It might be beneficial for future research to explore families' food purchasing decisions now the national restrictions are coming to an end. Equally, the research was conducted during term time, when most children were able to attend lessons at school, it would be interesting for future research to be conducted concerning school holidays, to explore if parents report any differences in the food they purchase for their children.

Some families provided contradictory answers when exploring their capability and motivation to eat healthily, for example parents were able to describe healthy eating and why it was important, but still gave their children high sugar snacks as these were perceived as healthy. However, the most obvious contradiction was the commonly reported belief that home cooked meals should be healthy, but little concern was given to the health benefits of meals from a takeaway or restaurant. These contradictions provide an insight into the need for future research to understand this phenomenon and its implications for interventions or initiative to support healthy eating within families, particularly when eating outside of the home.

5. Future Recommendations and Implications for promotion of a healthy food economy in East Birmingham.

In summary, this study demonstrated that broadly, families in Hodge Hill had a good standard of knowledge and skills with regard to healthy eating and cooking. Thus, parental 'capability' is not likely to be a key intervention target to improve healthy food purchasing in this group. As expected from prior research, there were a number of 'opportunity' barriers to healthy food purchasing in terms of cost, lack of time for cooking, locations of stores, markets, cafes and restaurants, access to transport and other common barriers. Healthy food was not always perceived to be good value for money when eating outside of the home. However, social opportunities of family meals were recognised and offered opportunity for social bonding and

modelling of healthy eating. There is a clear need for future interventions to be developed to assist families in reducing the perceived barriers to healthy food purchasing. As suggested by the families involved with this research, educational and financial support should be offered to families to promote healthy eating, but the primary focus in terms of planning a *healthy food economy* should be on motivational aspects of food purchasing. Enjoyment was key to determining whether and what parents would purchase for consumption of food outside the home. In particular, the concept of 'healthy' takeaway food was not common, and this kind of food was positively framed as an indulgence and a treat, with the liking and enjoyment of it more important than health or price. In this context, businesses and the services that support them, who are aiming to encourage parents' purchasing behaviour of their healthy food will need to consider how to emphasise enjoyment, palatability, and value for money. Thus emphasis on enjoyment, indulgence, and social bonding, whilst consuming healthier foods that offer good value for money, may be key to increasing parental motivation to purchase healthy foods in their locality and thus create sustainable business models.

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Appendix A: Interview Schedule

Aston BCC PH East Birmingham Family Food purchasing project

Interview schedule

Interview Schedule Key

1. Key question
    - Possible follow up question
        - Possible prompt

1. Can you tell me about what your family like to eat?
    - What don't they like to eat?

2. How would you describe healthy eating?
    - What types of food do you think of when you think of healthy eating?
    - What types of food do you think of when you think of unhealthy eating

'We are really interested in how families and parents make decisions about what food to buy. We are interested about food choices you make for your family in shops and markets, but also when and if, you choose to buy food for your children to eat outside of home, e.g. in cafes, or from takeaways etc'.

1. Can you tell me who makes most of the decisions in your family about what to buy in a shop, market or supermarket?
    - Why does this person make the decisions?

2. Thinking about the food you buy to eat for your children at home, what do you think about when deciding what foods to buy in a shop or market?
    - What things make you **more likely** to buy healthy food from a shop or market for your children to eat at home?
    - What things make you **less likely** to buy healthy food from a shop or market for your children to eat at home?
        - How does the cost of food impact your decisions?
        - How does the health benefit of foods impact your decisions?
        - How does the convenience of foods impact your decision?
        - How does your knowledge/skills in food preparation/cooking impact your decision?

- How does your family's preference for foods (e.g. children/parents/extended family) impact your decision?
- Are there any religious or cultural significance that impact your decisions?

3. Where else do you buy food that your children eat?

(if to eat at home, repeat q above, if not to eat at home, i.e. eat out or as a snack outside home, ask below).

3.1. Still thinking about the food that you buy to eat with/for your children outside of home, what do you think about when buying food outside home?

- What makes you **more likely** to buy healthy food outside of your home?

- What makes you **less likely** to buy healthy food outside of your home?

  - How does the cost of food impact your decisions?
  - How does the health benefit of foods impact your decisions?
  - How does the convenience of foods impact your decision?
  - How does your knowledge/skills in food preparation/cooking impact your decision?
  - How does your family's preference for foods (e.g. children/parents/extended family) impact your decision?
  - Are there any religious or cultural significance that impact your decisions?

4. If there was a shop, café, restaurant, takeaway or market selling healthy food near your home, what would make you **more likely** to buy healthy food from there?

- What would make you **less likely** to buy healthy food from there?

  - How does the cost of food impact your decisions?
  - How does the health benefit of foods impact your decisions?
  - How does the convenience of foods impact your decision?
  - How does your knowledge/skills in food preparation/cooking impact your decision?
  - How does your family's preference for foods (e.g. children/parents/extended family) impact your decision?
  - Are there any religious or cultural significance that impact your decisions?

5. What **stops you** from buying more healthy food, or makes it harder to buy healthy food for your children and family?

- How do you think you could overcome this barrier?

- Do you feel you have the opportunity to buy healthy foods?

    - How does the cost of foods limit you from buying healthy foods?
    - Do you feel it is convenient to buy healthy foods?
    - How does your knowledge/skills in food preparation/cooking limit you from buying healthy foods?
    - How does your family's preference for foods (e.g. children/parents/extended family) limit you from buying healthy foods?
    - Are there any religious or cultural significance that limit you from buying healthy foods?

6. What **currently helps** you to buy healthy food for your children and family?

- How does this help you?

- What motivates you to buy healthy food for your children and family?

    - How does the cost of food help you?
    - How does the health benefit of foods help you?
    - How does the convenience of foods help you?
    - How does your knowledge/skills in food preparation/cooking help you?
    - How does your family's preference for foods (e.g. children/parents/extended family) help you?
    - Are there any religious or cultural significance that help you?

7. What **would help you in the future** to buy healthy food for your children and family?

- Why would this be helpful?

- Has anything helped you in the past?

    - How would the cost of food help you?
    - How would the health benefits of foods help you?
    - How would the convenience of foods help you?
    - Would developing your food preparation/cooking skills help you?
    - How would changes to your family's preference for foods (e.g. children/parents/extended family) help you?
    - How could this help be offered to you?

8. Is there anything else you would like to add?

Food Poverty Core Group Workshop

Thursday 14th October

10:00am – 12:00pm

Agenda item	Action notes	Action/Recommendation Owner
Welcome, apologies and introductions: Sarah Pullen	**Attendees**: Sarah Pullen, Bradley Yakoob, Rosie Jenkins, Atif Ali, Helen Shervington, Rhys Boyer, Janet Mahmood, Beccy Crosby, Richard Schneider, Mike Davis, Manny Sandhu, Rose Bray, John Hardy **Welcome and introductions:** from Sarah Pullen **Apologies**: Monika Rozanski	
Objectives of the workshop	• Receive updates on the different groups/projects around the city that aim to tackle food poverty. • Outline any actions that will need to be taken by the core group regarding food poverty. • Discuss what direction the group will go, where the food poverty core group sits, what our objectives are and how we can influence the actions needed to tackle food poverty.	
Recommendations for the Food Poverty Core Group and poverty agenda - Actions	• A common theme brought up by attendees was the overlapping issue of poverty, which is not limited to food, but applies to fuel etc and is impacted by many things outside of the food agenda, such as welfare, disability, employment etc. and cannot be tackled in isolation. • As a result of this, we recommend a poverty action group (with a holistic view of poverty which is wider than food poverty) is set up under the inequalities forum to have oversight. One representative from The Financial Inclusion Partnership was present at the meeting, and this recommendation will need to be discussed and	MR, Inequalities Team Public Health Division, BCC

	aligned with the inequalities and the financial inclusion agenda, in order for it to move forward. • Additionally, a BCC Public Health representative should support the Food Justice Network, attend their meetings to represent BCC and close any gaps with food poverty. • Explore whether further funding for the Food Justice Network could extend its reach/power and achieve a partnership co-production approach not under Birmingham City Council's leadership. • Any actions recorded within the new poverty action group should be sent to the Food Team and other organisations such as the Food Justice Network to refocus the approach from discussion to actionable change. • With regards to food poverty specifically, we should create a more informal Team's network (or online intellectual sharing platform) to share information and then organise meetings, if and when needed, such as if there is a strategy to review or a consultation requiring feedback.	SP/BY, Food Team Public Health Division, BCC SP/BY, Food Team Public Health Division, BCC Inequality Team and Food Team Public Health Division, BCC SP/BY, Food Team Public Health Division, BCC
Next Steps	• The notes below represent the feedback, comments and discussions received during the workshop. However, draft objectives and corresponding actions will be pulled out from this, in relation to tackling food poverty. This will then be shared with the group for approval and added into the Food Strategy and the Financial Inclusion Strategy.	Action for all
Meeting minutes and workshop notes		
Atif Ali – Update on the Poverty Truth Commission	• There are 8 recruited commissioners out of the expected aim of 15-20. Progress has slowed down due to summer holidays, sickness of staff and Covid. However, work is now accelerating, and recruitment will be completed by the end of December in 2021. • Preparations to begin the conversation on the first theme, which is housing, are already on the way with connections being made with relevant council officers.	No Actions – Update

	• Development of the food strategy action plan is also being considered as part of the Poverty Truth Commission.	
Helen Shervington – Update from Finance Inclusion Partnership, Emerging Priorities	• The Birmingham Financial Inclusion Partnership Strategy is being reviewed to make sure it is fit for purpose and reflects the new challenges such as the financial impact on people in Birmingham. • First workshop to review this has taken place already - Vison reviewed and their definition of what financial inclusion is, and what this means. The definition of this will be tweaked moving forward. • 6 strategic objectives which have its own separate lead and action plan. The approach of the strategy is underpinned by 3 principles - Prevent, Survive, Recover. • There is a need to discuss a potential 4th element which is to help people to Thrive. • They also focus on life stages and preventative work including supporting young people in schools by addressing poverty. • Final section of the workshop is the action plan for the rest of the financial year which considers furlough ending, people losing their jobs, universal credit £20 uplift, energy crisis and so on. • This will be a focus in Talk Money Week campaign taking place from 12th November 2021.	No Actions – Update
Beccy Crosby - Update from Food Justice Network, Emerging Priorities	• In March, 60+ organisations came together to discuss food and distributing it to those who needed it - data showed 62% requesting food parcel are doing so don't have enough income to pay for essential costs. • Altogether, they have distributed around 600,000 parcels. FJN have grown to around 200+ organisations joining their mailing list or WhatsApp group. There is now a focus on what needs to be done to stop poverty, and not just food poverty.	Action For All – Contact Beccy or Food Team Public Health Division with interest in being involved in the FJN.

	• They have a campaigning work group that meets separately, which is linking in with the Right to Food Campaign. • The Growing Group network is a sister network to FJN and has its own monthly virtual meetings and newsletter. • The Street Feeding Group support the vulnerably housed and homeless. • The Cooked Food Group creates coordinated approach to hot food provision and delivery across the city. They look at mapping to see what organisations can support over Christmas period and share the information across the city. • They regularly receive requests for support around emergency food provision. • FJN survey went out in August to members on the email list and had 36 - 40 respondents with a range of representation. • Next steps for the FJN work groups is for them to continue to meet bi-monthly, share their weekly newsletters, and continue with the two active WhatsApp groups, and respond to requests for support and information sharing. • FJN has created a platform where people can get their voices heard and amplify people issues such as food storage issues, limited equipment etc. • FJN relay this information to spaces like this meeting and generate ideas. • They are also talking to Commonwealth Games about distribution of surplus food that will come out from the games. • Long term plan – continue to create space where this work is happening, identify challenges, people's barriers and adapt to the needs of people.	Action For All – Contact Beccy or Food Team Pubic Health Division if you are able to support or add to any FJN initiatives.
Rhys Boyer – Update on Right to Food work – Food Affordability Tool & Food Justice	• Birmingham City Council is a part of the Milan Urban Food Policy Pact, which has a yearly global forum which will be taking place in Barcelona this October. • We will be sharing the lessons we learnt from the impact of Covid on food system and the global impact. We will launch a Food City Pledge to address this and to	Action for All – Utilise the Food Affordability Toolkit and complete the tool of food availability and affordability in two shops. Share with colleagues and teams to encourage

	generate support for affordable nutritious food for all. Cities that sign up to the pledge will join Food Cities 2022, led by The Food Foundation. • The Food Affordability Tool has been created to gather information on availability and affordability of food. This started this week but will finish in November. • Cohorts from Aston University and Birmingham University are being asked to collect data using the tool. • The ask is for more people to visit two food outlets and shops, in two wards across the 10 constituencies in Birmingham and complete the tool.	further completion. The tool can be completed via this link or via the excel tool in the zip folder. Send results to rhys.boyer@birmingham.gov.uk
Sarah Pullen – Birmingham Food Strategy, BCC Food System Team	• It will be a city-wide approach, made up of 8 main work streams, indicators for measuring success and decision-making tools to tackle inequalities and priorities. • It is governed by a Food Action Decision-Making and Prioritisation Tool to raise key considerations when proposing action, aid decision-making and prioritisation and to strengthen proposed plans. • The work streams consider action required across the following settings: home, community, education settings, further education settings, workplace and employers, food businesses, supply chain, research and innovation, public services and Birmingham city council. • The work streams are food sourcing, food transformation, food production, food waste and recycling, food economy and employment, food skills and knowledge, food behaviour change, and food innovation, partnership and research.	No Action - Update
Food Poverty Action Workshop		
Sarah Pullen – Workshop Part 1 – What strategic objectives do we need to develop to tackle food poverty in the city?	• Research and intelligence - a real understanding of root causes • We really need to be looking at the various ethnicities in the city and how we can link in with the faith groups like mosques, temples, gurdwaras to ensure we work with them to support communities • Understanding the barriers to accessing good food – is it just affordability? Also access/choice/travel/confidence etc.	

	• Assigning actions and ownership of objectives. No one team/organisation should be responsible for making things happen. • Tackling the root causes of poverty – through access to advice and support services for people, through lobbying for policy change etc. • Reaching smaller communities who historically don't access support services • Working with schools and young people. • Working to increase healthy start vouchers uptake. • Remove stigma attached to healthy start vouchers. • Understanding of current barriers why some parents who have access to current food voucher schemes do not redeem the vouchers. • Move away from the Eurocentric view of healthy food. • Partly this is about lobbying government as they have a responsibility to ensure citizens have enough to live on and provide for their families. We need more emphasis on advice and maximising income for citizens attending foodbanks. • Maximising use of, and access to, Local Welfare Provision as a first line of support. • Distribution of surplus food, working with food providers, businesses across the city. • Integration of Financial Inclusion Support (income/max/debt/benefits/welfare) into frontline services. Affordability of food isn't just about food costs. • Focus on "cash first" responses to poverty – giving dignity and trust to individuals. • Should be a focus of the food forum in collaboration with the FIP with a link officer between both strategic groups. Elevate the food poverty agenda to strategic boards consistently. • Building dignity and choice into the whole food strategy – reducing stigma. • An overall anti-poverty strategy for the city. • Increased access to financial and relationship support, linking to local need. • Integrate the views of people with lived experience of poverty into developing strategies and initiatives.

Sarah Pullen – Workshop Part 2 – What should be developed and included in action plans to deliver the strategic objectives?	• Mapping food assistance. • Maximising access to affordable, nutritious food. • Having a co-ordinated (co-operative) approach to distributing surplus food. • Establishing a representative steering group, that truly represents all the diverse Birmingham communities, to have a voice in action planning to tackle food poverty. • Food growing projects. • Licensing – fast food takeaways. • Embedding of support and advice into food settings. • Building confidence/skills/resources around cooking, nutrition, growing. • Think about all aspects of poverty e.g. set up fuel banks in food projects that are at risk of disconnection from gas/electricity. • Education around food labels and policy simplification. • Maximising incomes – cash first approach. • Interest in exploring affordable food projects – pantries etc. • Employability pathways/opportunities. • Recognising that food parcels are really important, but don't necessarily solve the problem. How can we get upstream? A hand up, not a handout. • Recognition of pinch points e.g. school holidays/winter. • Ensuring food provision that meets people's needs – dietary, culturally, kitchen equipment etc. • Commitment and visibility across all city leaders (BCC Cabinet, WMCA mayor, GBCoC). Not just those involved in leading inequality and poverty. • Thinking about routes out poverty – how do you support people to stop needing emergency food support? Ladders/stepping-stones out of this.

The Birmingham Healthy City Planning Toolkit

Public Consultation Feedback Summary October 2021

Overall

- Most responders strongly agree with the principle of having such a toolkit
- Most responders agree that all the indicators should be in the toolkit
- This is a timely and thoroughly considered proposal that has allowed the community to bring ideas forward and contribute on how planning can and should impact health positively

Concerns

- The non-binding status of the toolkit makes it not compulsory for planners to consider or implement
- The toolkit needs to be clearer, more specific and measurable on what exactly developers need to do
- Where will the cost and funding for this come from?
- Will it apply to every area or ward in the city?
- There is no reference to compliance to BS kitemark scheme, FENSA schemes etc

Areas of improvement

- Adopt it as planning policy
- Make it compliant with Environmental Protection Act
- Develop it into the Healthy Planning SPD, using existing BDP policy – TP37
- Add into city's validation criteria checklist for major planning applications

Possible Indicators to add

- Age friendly - support for elderly/vulnerable
- Stalled traffic affecting health
- Impacts of the effect of Air traffic across the city
- Development actively supports healthy activities, e.g. stairs inside the developments
- Change indicator 11: 'Climate Change' be changed to 'Climate Change and Resilience' – to capture extreme weather events
- In Indicator 5: Accessibility and Active Travel, change 'People with Disabilities to 'Disabled People'. Change the overview wording to 'Prioritisation of active and sustainable over car usage is critical for delivering sustainable communities, improving public health and achieving carbon net zero targets'
- Houses to be accessible to quality schools, public transport, health facilities, close to adequate healthy green spaces
- Include traffic management and speed reduction measures
- Mental Health considerations
- Intergenerational Living
- Healthy Ecosystems

Public Consultation Feedback

Full Report

General feedback

42.86% of people strongly agree with the principle of having such a toolkit

14.29% of people agree

4.76% don't know

4.76% disagree

4.76% strongly disagree

28.57% not answered

Why some agree

- The Planning Committee of Birmingham Civic Society consider this a timely and thoroughly considered proposal. We have found in assessing applications that many fail because of a lack of consideration of aspects of design within the Toolkit and having the facilities to assess design in this respect, and better still enforce better design, is very welcome. BCC are to be congratulated for such a thorough document at consultation stage.
- This is a positive initiative towards integrating health in planning but given the non-binding status of the toolkit effective implementation will be critical.
- BMHT (Housing Development) would like to be further consulted and talked to about the consultation some more, to talk through the issues raised in the toolkit.
- Sport England are also aware that the Leisure and Sport Service are shortly commissioning a new Sport and Physical Activity Strategy for the City. There is a significant opportunity here for Public Health to link this toolkit with the forthcoming strategy to promote a more co-ordinated approach to the benefits of sport and physical activity on physical and mental health and well-being within the City's communities.
- Healthy city is good if it is inclusive of areas of deprivation, it seems these areas are ignored continually.
- These proposals have been 10 years in the development and it is good to see them becoming more formally adopted and integrated into the planning processes.

Why some disagree

- It reads well but seems to happen in Certain areas of city whilst other areas are totally ignored.
- There are already numerous toolkits available across the country. We know what makes a healthy environment, and don't need a toolkit to tell us. What we need is to get developers to use the evidence that we've known about for many years, not create more guidance for people to ignore. This will not be a useful document. From experience it's unlikely to be used. You need overarching policy to hang an SPD on first, which should have been done first. Disappointed of Sutton Coldfield.

- The principal is fine. the difficulty stems from the myriad of toolkits and the lack of clarity around weighting, the ability to process and move forward things in appropriate/ effective timescales. We have currently concerns on BMHT about the ability, skills and capacity of public health to interact, and the clashes between political agendas.
- What are you going to do to reduce HMOs built by people purely for profit using retrospective planning approvals, who do not care for neighbours, green space or safety?
- I feel this document is pointless as it will have no influence within the planning system. There will be no requirement for developers to follow any of these principles, so I do not understand why you have put resources into this document.

23.81% strongly agree that the main principle is clear

23.81% agree that the main principle is clear

14.21% don't know if the main principle is clear

4.76% disagree

4.76% strongly disagree

28.57% not answered

<u>Improvements to overall toolkit</u>

- Deprived communities should be the focus to level them up with other neighbourhoods, communities in Birmingham are becoming more deprived.
- This needs to be adopted as planning policy for it to be of use in the planning process. Otherwise developers will ignore it.
- Consider how opportunities to improve environment can be grasped.
- Make It compliant with the Environmental Protection Act
- It should include reference to health and inequalities.
- Just work on specificity and measures. Without any targets to reach, it becomes a document easy for planners to write around.
- There are many faces of the principal and costs with each, the decision making is less clear
- In the future we can improve human health by improving disposal waste
- Could this toolkit further be developed further into a Healthy Planning SPD, using the existing BDP policies, particularly TP37, as the hook to the existing Development Plan? The toolkit could also form the basis of a new development plan policy when the Birmingham Development Plan is reviewed to require all major applications to submit a HIA using the toolkit. Is there an opportunity to add this to the City's validation criteria checklist for major planning applications? How does this relate with recent planning consultations for the City's new Design Guide and the Future City Plan? This is not clear from the consultation.
- As set out previously, the lack of any formal planning status for planning decision making will be a major constraint to getting this toolkit used widely for development proposals in the City. Could this be developed further into a Healthy Planning SPD, using the existing BDP policies, particularly TP37, as the hook to the existing Development Plan?
- The toolkit could also form the basis of a new development plan policy when the Birmingham Development Plan is reviewed to require all major applications to submit a HIA using the toolkit.

- Is there an opportunity to add this to the City's validation criteria checklist for major planning applications? How does this relate with recent planning consultations for the City's new Design Guide and the Future City Plan? This is not clear from the consultation.

The toolkit does create opportunities...

- Yes it gives the public a chance to say our bit.
- Yes, protect the environment, maintain the health & wellbeing of those living & working our city
- Opportunity to link into the City's thinking on 20 minute neighbourhoods as set out in the recent Future City Plan consultation.
- It creates opportunities for cross sector working, bridging council silos and delivering action which goes beyond statutory obligations and requirements.
- Better designed developments which result in a higher quality experience for residents, which is not otherwise tested in the planning system.

The toolkit does not create opportunities...

- We need to create opportunities with this toolkit, we can create an opportunity to engage in an open dialogue between developers and communities about issues that have an important impact on health & wellbeing.
- No. In fact I think it will do the opposite because people in public health will be frustrated because the tool doesn't change anything, which in turn will be a barrier to collaboration. I wonder why the planning officers did not highlight this earlier?
- I think it only highlights that it should be considered
- No, without clear direction it could lead to stagnation and an inability to meet expectation

The toolkit creates challenges because...

- In my view you may as well drop this project immediately. There are so many challenges that this tool will bring about. It is not a useful use of your resources and seems to show a disregard for the planning process, lack of communication, or misunderstanding of how the planning process works. It would be far better to wait for the new Birmingham Plan, get a useful policy in there and then hang this as an SPD afterwards. Don't waste your time doing it now.
- It puts the question and guidance only
- The lack of any status when used to determine planning decisions will be a major barrier to facilitating its use. If it is to have no bearing on decision making, it will be difficult to get developers to fully engage in the process of completing the HIA using the toolkit as they won't see the value/benefit of doing this.
- The main concern is the non-binding status of the tool kit regarding planning applications. Therefore robust mechanisms to incentivise implementation will be necessary.
- Many of the considerations are one we have to have in mind when moving forward schemes for housing and one size does not fit all. The time involved and the scale of challenge will add substantially to cost and not assist getting a balanced housing market for all.
- We need to consider the incentive to employ them - can this be a statutory requirement, to what degree is it a factor in approval of a development? Clarity on this is necessary, but also concrete benefits to using it or penalties for not using it.

The toolkit doesn't create challenges because...

- It is only a challenge if an organisation shows bias
- This will depend on the calibre of Public Health advice and political will to support planning officers
- To ensure developers, architects and planners to consider and assess the impact of their new developments have on the health and wellbeing of the population. Provide them with the Healthy City Planning Toolkit such that they support the creation of healthy communities and reduces the environmental impacts across the city.

Indicators or headline areas for consideration that are missing for this list

- Stalled traffic affecting the health of children especially those in pushchairs
- Make Birmingham an age friendly city - Support for elderly/vulnerable
- The impact of the effects of Air Traffic across the city
- I feel there is one element which appears to be missing which would relate to whether any development actively supports healthy activities. Element 5 highlights the need to encourage healthy forms of travel / access 'to' a development however it does not appear to relate to within a development. As an example, we often see shops, offices etc built with prominent lifts / escalators but stairs are discretely designed to be less prominent - as a result people use lifts / escalators rather than stairs. It would be helpful therefore to include an element that recognises that without reducing support for those less able, that developments are designed internally to positively encourage active movement options.
- We recommend that indicator 11 is changed to "Climate Change and Resilience" (to capture extreme weather events)
- Value for money, how do you get the best from schemes and expectation needs to be clear. The longer the process, the greater the intricacy, the greater is the delay and cost
- Mental Health, Intergenerational Living and Healthy Ecosystems (i.e. support for protected / other ecology which can be said to contribute to the environment). On Mental health the RTPI published very good planning guidance: https://www.rtpi.org.uk/practice/2020/october/mental-health-and-town-planning/

Indicator 1 Housing Quality and Design

42.86% strongly agree that this indicator should be included in this toolkit

14.29% agree

4.76% don't know

0% disagree

0% strongly disagree

38.10% not answered

Why some agree that this indicator should be included in this toolkit

- None stated

Why some disagree that this indicator should be included in this toolkit

- Certain urban communities will be overloaded, which will take up green spaces, Erdington a good example sold out part of local park in a deprived area

19.05% strongly agree with the overview that supports this indicator

28.57% agree

0% don't know

0% don't know

0% don't know

52.38% not answered

Why some agree with the overview that supports this indicator

- None stated

Why some disagree with the overview that supports this indicator

- Define sustainable location
- Inter-generational living could be reinforced.

23.81% strongly agree that the proposal meets the national technical standards

19.05% agree

4.76% don't know

4.76% disagree

0% strongly agree

47.62% not answered

No reason for either response was asked to be given

14.29% strongly agree that the proposal promotes good design

33.33% agree

0% don't know

4.76% disagree

0% strongly disagree

47.62% not answered

No reason for either response was asked to be given

23.81% strongly agree that the proposal includes a range of housing types, sizes and tenures

23.81% agree

4.76% don't know

0% disagree

0% strongly agree

47.62% not answered

No reason for either response was asked to be given

23.81% strongly agree that the proposal contains homes that are highly energy efficient

28.57% agree

0% don't know

0% disagree

0% strongly disagree

47.62% not answered

No reason for either response was asked to be given

23.81% agree that the homes are in a sustainable location

14.29% agree

9.52% don't know

0% disagree

0% strongly disagree

52.38% not answered

Why they agree with any of the above points

- I agree with the choices, but it's not specific or measurable enough "good design" "range of housing types" - this can be easily bypassed

Why they disagree with any of the above points

- The proposal on range of housing is flawed unless you can provide some local needs assessment that is not just a description of the current tenures available linked to another measure of household size. This type of analysis is too frail to be used.
- Care needs to be taken on 'good design as often this becomes very personal around taste.
- There are no references to compliance to BS kitemark scheme , FENSA schemes etc

Things that should be added to this section

- Accessible by public transport at low cost.
- Accessible to quality schools.
- Yes give housing priority to those like myself to be considered as children settle in school not those who lie and get the housing they don't need
- The room sizes have been reducing in new houses over the last 15 years and this has a health impact on the residents
- Adequate healthy green spaces
- The push to number is affecting the balance of the housing market away from Social and affordable elements and needs balancing.

What is important for us to know with reference to this indicator 1: housing quality and design

- Provide some local needs assessment that is not just a description of the current tenures available linked to another measure of household size. This type of analysis is too frail to be used.
- Use of brown sites
- Reduction of tower blocks
- Convenient access for value based shops
- Suitable for the right size of family right size of housing
- Housing Quality & Design should include solar panel installation to the roof. The installing of heat pump systems to reduce the environmental impacts of gas boilers. There is no reference to material selection. It's vitally important to ensure that materials have fire safety certificate compliance and have the ability to self-extinguish.
- It is good to have housing that is good quality and meets the need of the user. However, care needs to be taken about over - design which adds costs and reduces either S106 contributions or the ability to bring forward viable schemes.
- There needs to be clear discussion about the size of the housing scheme as it is only with larger schemes some of this should apply.
- The need for the installation of defibrillators to the outside wall with easy access to the community will save lives.

Indicator 2: Access to healthcare services and other social infrastructure

33.33% strongly agree that this indicator should be included in the toolkit

14.29% agree

4.78% don't know

4.76% disagree

42.86% not answered

Why some agree that this indicator should be included in the toolkit

- None mentioned

Why some disagree that this indicator should be included in the toolkit

- It looks good on paper but people living in deprived areas just see it as another written exercise that looks good on paper but in reality is only applied in the more privileged areas of city.
- There needs to be clear discussion about the size of the housing scheme as it is only with larger schemes some of this should apply.

28.57% strongly agree that the overview supports this indicator

14.29% agree

0% don't know

4.76% disagree

0% strongly disagree

52.38% not answered

Why some agree that the overview supports this indicator

- None mentioned

Why some disagree that the overview supports this indicator

- There needs to be a clear framework which at this stage isn't the case

28.57% strongly agree that the proposal retains or re-provides existing social infrastructure

19.05% agree

0% don't know

9.52% disagree

0% strongly agree

42.86% not answered

No reason for either response was asked to be given

23.81% strongly agree that the proposal provides for healthcare services

14.29% agree

9.52% don't know

0% strongly agree

42.86% not answered

No reason for either response was asked to be given

33.33% strongly agree that the proposal enhances accessibility

14.29% agree

4.76% don't know

4.76% disagree

0% strongly disagree

42.86% not answered

No reason for either response was asked to be given

23.81% strongly agree that the proposal explores opportunities for shared community use

19.05% agree

0% don't know

14.29% disagree

0% strongly disagree

42.86% not answered

No reason for either response was asked to be given

19.05% strongly agree that the proposal contributes to meeting primary, secondary and post 18 educational needs

23.81% agree

0% don't know

9.52% disagree

0% strongly disagree

47.62% not answered

No reason for either response was asked to be given

Why they agree with any of the above points

- None mentioned

Why they disagree/strongly disagree with any of the above points

- Communities that have become deprived because of lack of services, will probably still be ignored.
- The issues of planning and estate of NHS and education facilities are not the responsibility of the developer but evidence of an engagement should be. The NHS and education sector have a history of failing to engage or plan for provision. Both of these sectors are centrally funded.
- Does the proposal assess the demand for healthcare services, - this can only be determined by the health authority not housing professional though I believe that if there is opportunity to assist then this should be looked at.
- Does the proposal explore opportunities for shared community use. There is a risk around funding models and timelines besides time and available revenue.

Things that should be added to this section

- An agreement with NHS, education, and local authority social care planners on needs.
- I do not see the point of including Post-19 education as the catchment areas for this extend far wider than the 'development zones' stated within your introduction.
- Assess isn't enough contribute if impact is negative
- This Indicator should be expanded to more explicitly reference other social infrastructure including facilities for sport and physical activity, since facilities for sport and recreation form an important part of the network of community facilities within local communities.
- Access to retail is an important factor (for example a mini-super market).
- Consideration too of the impact of development on specific communities, for example whether development in the Gay Village is diluting that community or causing the loss of amenities.

What is important for us to know with reference to this indicator 2: access to healthcare services and other social infrastructure

- Heath care should be a priority in deprived areas or roadside communities where pollution is harming health dramatically but ignored.
- You state, 'Does the proposal assess the demand for healthcare services and identify requirements and costs using the HUDU model?' - most consultants are unable to use this model due to licensing issues. Can you please confirm if other methods for understanding this data can be used?
- As per response to Q7, that the network of facilities for sport and physical activity is to be protected and enhanced to meet local needs.
- What funding can assist this and what floating support etc is around

Indicator 3 Access to open space and nature, heritage and culture

42.86% strongly agree that this indicator should be included in the toolkit

9.52% agree

0% don't know

14.29& disagree

0% Strongly disagree

33% not answered

Why some agree

- None mentioned

Why some disagree

- Living in an area that exceeds both noise and pollution levels, all that has been done is to increase these levels, remove trees and allow HGV into residential roads near schools
- This clashes or overlaps with other policy e.g. Future Parks and either needs inclusion while removing the duplication or needs leaving out from the process

19.05% strongly agree that the overview supports this indicator

19.05% agree

9.52% don't know

4.76% disagree

0% strongly disagree

47.62% not answered

Why some agree that the overview supports this indicator

- None mentioned

Why some disagree that the overview supports this indicator

- Break it into wards and a clear picture emerges.
- This is an issue for the whole document but it just isn't specific or measurable enough. For example, "In areas of deficiency, does the proposal provide new open or natural space, or improve access (by foot, bicycle and public transport) to existing spaces?" someone could provide a foot of new open space or trim a bush on a cycle path and claim to improve access.
- It's not clear whether wildflower planting, tree preservation or planting is included in the open green spaces
- There is no reference to what facilities are being provided for adults and children e.g MUGA, or seating or picnic area. Secondly there is no mention of environmental facilities e.g ponds or flower meadows or woods or coppice etc. thirdly drainage to stop flooding and be nature friendly
- See answer to 2. The disagreement is not in the principal but the way often this is adopted or measured. Sport England and the City do not agree on the investment strategy and Planning will not at present stand up to the former, who they treat s a stat. objector even when technically not the case.

33.33% strongly agree that the proposal protects existing open and natural spaces

19.05% agree

4.76% don't know

0% disagree

0% strongly disagree

42.86% not answered

No reason for either response was asked to be given

28.57% strongly agree that the proposal improves the provision, quality and access to green infrastructure

28.57% agree

0% don't know

0% disagree

0% strongly disagree

42.86% not answered

No reason for either response was asked to be given

28.57% strongly agree that in areas of deficiency, the proposal provides new open or natural space

19.05% agree

4.76% don't know

4.76% disagree

0% Strongly disagree

42.86% not answered

No reason for either response was asked to be given

33.33% strongly agree that the proposal provides safe, walkable links between open and natural spaces

19.05% agree

0% don't know

4.76% disagree

0% strongly disagree

42.86% not answered

No reason for either response was asked to be given

38.10% strongly agree that the existing and new open and natural spaces, etc, safe and accessible for all

9.52% agree

9.52% don't know

0% disagree

0% strongly disagree

42.86% not answered

No reason for either response was asked to be given

23.81% strongly agree that the proposal set out how new open space and assets will be managed

19.05% agree

9.52% don't know

4.76% disagree

0% strongly disagree

42.86% not answered

No reason for either response was asked to be given

23.81% Strongly agree that the proposal connects people with nature

14.29% agree

9.52% don't know

4.76% disagree

0% strongly disagree

47.62% not answered

Why they disagree/strongly disagree with any of the above points

- Consider places like Digbeth. They are areas of deficiency, yet it is very difficult for viability to suddenly give large pockets of open space. Furthermore, the canal is not counted as 'open space', however this is a big asset. Also very frustrating that the open space studies by BCC are VERY outdated, so the ability to know if an area is deficient is difficult. Also need to consider when applications are in outline, they won't have ideas on who will be managing the spaces yet. There needs to be consideration for the phase of the development.
- connect people with nature is spin... if you can walk through a wood it doesn't mean people will " connect ".. whatever that is.. every site must be designed with by what local people would like then they will connect. No local people survey no permission!
- It is hard to argue v the principal, it is the mechanics that are the worry

Things that should be added to this section

- Consultation with residents, destroyed many open spaces, trees and left certain areas devoid of nature
- Access to more council information on the current open spaces in BCC.
- We need to plant more trees / foliage as part of any new proposal
- Money...how's it going to be built and to what standard? Access could be an ash path or tarmac or gravel 1 foot wide or 2 meters wide. For the football pitch, how often will it get mown. How does this fit BCC parks strategy?
- The indicator should be expanded to more explicitly reference the role of facilities for formal and informal sport and physical activity, both indoor (sports halls, swimming pools, community centres, gyms etc) and outdoor (playing fields and other outdoor sports facilities on land and water) for a broad range of activities from informal recreation to competitive play.
- Stop counting everything as POS when often it is poorly used, redundant or looking to replace like for like
- Features which improve biodiversity. Consideration of permeability - often in urban design this is at odds with Secured by Design but permeability is important to high quality living.

Things we should know with reference to Indicator 3: access to open space and nature, heritage and culture

- Equality
- Ensure adequate provision of children's play areas.
- BCC has a reputation for ripping down heritage...now you want others to save it. how will you look after it once they have saved it? Local people must be involved. Access for all to all nature is not always what is needed sometimes nature should be undisturbed.
- As Q7, to reference the need to protect and enhance informal and formal facilities for sport and physical activity.
- Care needs to be taken this does not become the defence for Nimbyism and protectionism
- This indicator clashes or overlaps with other policy e.g. Future Parks and either needs inclusion while removing the duplication or needs leaving out from the process

Indicator 4: Air quality, noise and neighbourhood amenity

42.86% strongly agree that the indicator should be included in the toolkit

9.52% agree

0% don't know

9.52% disagree

0% strongly agree

38.10% not answered

Why some agree

- None mentioned

Why some disagree

- Sadly, Gravelly area, that exceeds pollution levels has had traffic rerouted including emergency services even though the road is classed as a noise mapping road. The whole community has suffered from illegal businesses that has had an environmental impact on whole community.
- While the principal is good, the detail you are asking for comes at planning stage but also beyond with traffic plans, detailed design etc and therefore may not be possible unless more work is done pre-planning but that can heighten risk, increase costs and if something happens post planning lead to cost over-runs and delays potentially.

23.81% strongly agree with the overview that supports this toolkit

14.29% agree

4.78% don't know

9.52% disagree

0% strongly disagree

47.62% not answered

Why some agree

- None mentioned

Why some disagree

- Transparency and community involvement NIL, which has resulted in a dangerous community. Why would you turn a community that suffers with pollution illnesses into a industrialised area. So the above seems a bit hypocrital.
- Again, needs more specificity and measures - e.g. for noise, time limits, decibel measures, 25% reduction on average noise pollution, etc. Without any measures, someone could tick all the measures but not have anything specific to hold them accountable.
- We agree with the overall sentiment of this indicator but want to introduce the issue of personal exposure to air quality as a significant risk not picked up in the overview. Good design and the separation of land uses can lessen the impact of air quality. The indicator requires consideration for geographical and demographic context (e.g. level of deprivation, existing health inequity). Reference: Ferranti, E.J.S., MacKenzie, A.R., Levine, J.G., Ashworth K., and Hewitt C.N. 2019. First Steps in Urban Air Quality. Second Edition. A Trees and Design Action Group (TDAG) Guidance Document. UK: London. Available from: http://epapers.bham.ac.uk/3069/. Trees and Design Action Group:www.tdag.org.uk

- Not with the overview, but mechanics, priorities are lacking

19.05% strongly agree that the proposal minimises construction impacts

23.81% agree

9.52% don't know

0% disagree

0% strongly disagree

47.62% not answered

No reason for either response was asked to be given

23.81% strongly agree that the proposal minimises air pollution

14.29% agree

4.52% don't know

4.76 % disagree

0% strongly disagree

52.38% not answered

No reason for either response was asked to be given

23.81% strongly agree that the proposal minimises noise pollution

14.29% agree

9.52% don't know

0 % disagree

0% strongly disagree

52.38% not answered

No reason for either response was asked to be given

19.05% strongly agree that the proposal considers how green infrastructure could assist

14.29% agree

4.76% don't know

9.52% disagree

0% strongly disagree

52.38% not answered

No reason for either response was asked to be given

Why you responded disagree or strongly disagree to the any of the above points

- We recommend that the air pollution assessment criteria be split into a. emissions reduction and b. exposure reduction given that these have different respective metrics and outcomes.
- In order to improve air quality there is a serious omission with no reference to the national clean air strategy (DEFRA 2019) including the population-based targets for PM2.5 exposure reduction. Furthermore, there is no consideration for existing compliance with health based ambient air quality guidelines (currently under WHO review).
- There is also no consideration of future changes to air quality driven by the development.
- The role of green infrastructure (GI) needs to be more clearly articulated and an assessment of potential benefits carried out. References: DEFRA, 2019. Clean air strategy 2019. DEFRA, London. Available at: https://www.gov.uk/government/publications/clean-air-strategy-2019. Ferranti, E.J.S., MacKenzie, A.R., Levine, J.G., Ashworth K., and Hewitt C.N. 2019. First Steps in Urban Air Quality. Second Edition. A Trees and Design Action Group (TDAG) Guidance Document. UK: London. Available from: http://epapers.bham.ac.uk/3069/. Greater London Authority 2019. Using green infrastructure to protect people from air pollution. Greater London Authority, London. Available from: https://www.london.gov.uk/WHAT-WE-DO/environment/environment-publications/using-green-infrastructure-protect-people-air-pollution
- This is very unclear, and the answer could be across all the points on all the above. What is the baseline? There are no perimeters so because of this while I support the principal I probably disagree on the inclusion.

What else would you like to see added to this section

- Neighbours and children suffer pollution health issues as the air quality get worse long term residents suffering breathing and sleeping difficulties. There is also lots of dust in the area that covers you when waiting at bus stops.
- The health Impacts of Air and Noise Pollution across the city
- We recommend that this is more robustly worded. For example, an assessment criterion could be "will the proposal contribute to an exceedance of WHO limits?" if so, there must be robust consideration of health impacts and relevant evidence-based mitigation measures.
- Is accommodation flexible to meet changing need and technology
- Does the development have sufficient acoustic insulation to protect residents from existing uses which they might consider a nuisance, such as night clubs?

Anything important for us know with reference to indicator 4: Air quality, noise and neighbourhood amenity

- Since industrialisation of gravelly, pedestrians have become third class citizens as HGV invade neighbourhood. When catching buses, you are forced into the road as cars park outside business and leave limited footpath space. In addition, planning has not accessed the impact on community. In addition, the businesses that are allowed to operate illegally next to residential properties are a fire risk.
- That all construction programmes, shall comply with the Environmental Protection Act & the Noise Act.
- More streets close to motorised traffic are designed with flower planters in mind to begin with trial e.g. as in kings' heath trial
- We recommend additional consideration is given to the impact of air quality for mental health and cognitive development especially for vulnerable groups. Reference: Royal College

of Physicians. Every breath we take: the lifelong impact of air pollution. Report of a working party. London: RCP, 2016.

- Would suggest liaising with Environmental protection regarding siting of developments in terms of exposure to air pollution and canyon effects of building design in terms of location and surrounding buildings.
- Wondering whether construction/delivery should be an entirely separate indicator? Particularly for large developments there are numerous health impacts at construction phase whether air quality, noise, or transport disruption/ loss of cycling and walking routes etc... ideally this should tie in with comms plans to ensure public awareness of major impacts (particularly transport ones).

Indicator 5: Accessibility and Active Travel

42.86% strongly agree that this indicator should be in the toolkit
14.29% agree
0% don't know
4.76% disagree
0% strongly disagree
38.10% not answered

Why some agree

- None mentioned

Why some disagree

- Because walking in a community that is polluted, cars given priority and speed of vehicles is dangerous. Street clutter flooded and damaged footpaths filth noise and dirt is the reality

23.81% strongly agree that this overview supports this indicator

19.05% agree

0% don't know

14.29% disagree

0% strongly disagree

42.86% not answered

Why some disagree that this overview supports this indicator

- I can tick the boxes below to indicate what would be good for this area, but being deprived, it seems like a tick box exercise where this will be applied will be in the areas that are already quite safe. The accidents and speed of vehicles does not make this a safe area to walk.
- The wording could be improved:- 'Disabled people' (with a capital 'D') rather than 'people with disabilities'. and 'providing opportunities for walking, cycling, and wheeling' (using a wheelchair, scooting etc)
- The wording of this indicator requires modification –facilitating active travel is an absolute necessity. It is essential for achieving carbon zero targets and for tackling the physical inactivity crisis; this is not reflected in the overview which suggests a focus upon convenience. We suggest changing the overview wording to 'Prioritisation of active and

sustainable over car usage is critical for delivering sustainable communities, improving public health and achieving carbon net zero targets'. Active travel is also a key mechanism for addressing health inequalities, recognising that the lowest income households have higher levels of non-car ownership, with 40% of the poorest households having no car access (Government Office for Science, 2019). https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/784685/future_of_mobility_access.pdf

- I think it is good and important to adhere to the basic principles but do not believe this can be applied to small schemes in its entirety.

38.10% strongly agree that the proposal prioritises and encourages walking

9.52% agree

4.76% don't know

14.29% disagree

0% strongly disagree

33.33% not answered

No reason for either response was asked to be given

38.10% strongly agree that the proposal prioritises and encourages cycling

14.29% agree

4.76% don't know

9.52% disagree

0% strongly disagree

33.33% not answered

No reason for either response was asked to be given

38.10% strongly agree that the proposal connects public realms and internal routes to local and strategic cycle and walking networks

14.29% agree

14.29% don't know

0% disagree

0% strongly disagree

33.33% not answered

No reason for either response was asked to be given

42.86% strongly agree that the proposal includes traffic management and speed reduction measures to help reduce and minimise road injuries

14.29% agree

4.76% disagree

0% strongly disagree

33.33% not answered

No reason for either response was asked to be given

38.10% strongly agree that the proposal well connected to public transport, local services and facilities

19.05% agree

4.76% don't know

4.76% disagree

0% strongly disagree

33.33% not answered

No reason for either response was asked to be given

38.10% strongly agree that the proposal minimises transport emissions and discourages car use

14.29% agree

4.76% don't know

4.76% disagree

0% strongly agree

38.10% not answered

No reason for either response was asked to be given

33.33% strongly agree that the proposal provides parking/charging facilities for low emissions

19.05% agree

9.52% don't know

0% disagree

0% strongly disagree

38.10% not answered

No reason for either response was asked to be given

38.10% strongly agree that the proposal allows people with mobility problems or disabilities to access buildings and places

9.52% agree

4.76% don't know

9.52% disagree

0% strongly disagree

38.10% not answered

No reason for either response was asked to be given

Why some responded disagree or strongly agree to any of the above points

- Questions re-promoting walking and cycling should include 'enable' - many people would cycle but cannot do so due to inaccessible infrastructure. An additional question on wheeling should also be included.
- The final question on 'people with mobility problems' should be rephrased as 'Does the proposal allow Disabled people or people with mobility impairments to access buildings, public spaces, and places, whether on foot, wheeling, or cycling?' Specifying the varied ways in which a Disabled person may wish to move through a space or into a building highlights the different needs of different Disabled people, and the need to expand accessibility beyond just having a ramp into a building (e.g. smooth pavements for wheeling, clearly delineated road and pavement spaces, sufficient width of cycle lanes and pavements, clearly marked crossings)
- Walking & cycle route often just stop at a busy road. These need to be part of an integrated walking /cycle scheme across the city
- Does the proposal prioritise and encourage walking? – Disagree – the issues for consideration need extending to include surface materials and durability.
- Does the proposal prioritise and encourage cycling? – Disagree – all cycling infrastructure must be accessible and in accordance with LTN 1/20 (DfT, 2020) https://www.gov.uk/government/publications/cycle-infrastructure-design-ltn-120
- Does the proposal include traffic management and speed reduction measures to help reduce and minimise road injuries? – Disagree
- 20mph speed limits should be introduced in residential areas (even without traffic calming measures) in accordance with existing public health evidence and NICE Guidance https://evidence.nihr.ac.uk/alert/twenty-mph-speed-zones-reduce-the-danger-to-pedestrians-and-cyclists/
- Does the proposal allow people with mobility problems or a disability to access buildings and places? – Disagree
- This needs to also consider accessibility to routes between places (e.g., avoidance of barrier construction) in accordance with LTN 1/20
- The proposal does not prioritise or encourage walking because the issues for consideration need extending to include surface materials and durability

What would you like to see added to this section?

- Lower pollution in areas that are really polluted
- Ensure that walking & cycling routes are safely away from vehicle traffic
- The health impact section should also include mental health benefits associated with active travel.
- Does the development provide protection, where there are low levels of parking provision, that prevent residents parking on adjacent streets and reducing provision elsewhere? Where there are low levels of provision of parking on site, this must also be 'tied' to the provision of other amenities. For example, it would seem acceptable to have low parking where there are good amenities, but essential to have a car when amenities are poor.

- The appendix with resources for Accessibility and Active Travel should include the DfT's LTN 1/20. With regard to inclusive cycling, Wheels for Wellbeing's Guide to Inclusive Cycling is freely available online

What is important for us to know with reference to indicator 5: Accessibility and Active Travel

- Put pedestrians first in areas like this, plant greenery and stop removing trees in areas of real pollution.
- It is critical that active travel is not an 'add on' or 'nice to have' but is of fundamental importance within the planning proposal. Adherence with current local and national guidance is critical and the broader context of network links should be considered at pre-application stage.
- The proposal does not include traffic management and speed reduction measures to help reduce and minimise road injuries because 20mph speed limits should be introduced in residential areas (even without traffic calming measures) in accordance with existing public health evidence and NICE Guidance
- There would be instances where we would discourage all types of parking, even ULEV charging bays - particularly in the city centre (please see Parking SPD). Electric cars are part of the solution, but must still be seen as creating congestion and particulate issues and reducing active travel.
- Transport impacts should be a key consideration during construction phase (particularly air quality, noise and disruption of active travel routes). Would suggest a separate construction indicator but if not, should be added in here too please.

Indicator 6: Crime Reduction and Community Safety

28.57% strongly agree that this indicator should be in the toolkit

9.52% agree

4.76% don't know

4.76% disagree

0% strongly disagree

52.38% not answered

Why some agree

- None mentioned

Why some disagree

- The council has allowed the overcapacity of HMOs in many of the diverse areas of this city. This has caused violence fear gangs which has had a major impact on these areas. It has also seen an increase in racial attacks and graffiti which we have never seen in this community but has become a daily occurrence.
- The last point is likely to be the sticking point as most do not want new development in their back yards unless they get a lot with it which means may well be priced out. Consultation needs to be real and focussed not based on unreal expectation

23.81% agree with the overview that supports this indicator

9.52% agree

0% don't know

4.76% disagree

0% strongly agree

61.90% not answered

Why some disagree with the overview supporting this indicator

- None mentioned

28.57% strongly agree that the proposal follows the five underlying principles of crime prevention through environmental design (cpted)

9.52% agree

0% don't know

4.76% disagree

0% strongly disagree

57.14% not answered

No reason for either response was asked to be given

19.05% strongly agree that the proposal incorporates other elements to help design out crime

14.29% agree

0% don't know

9.52% disagree

0% strongly disagree

57.14% not answered

No reason for either response was asked to be given

23.81% strongly agree that the proposal incorporates design techniques to help people feel secure

14.29% agree

0% don't know

4.76% disagree

0% strongly disagree

57.14% not answered

No reason for either response was asked to be given

23.81% strongly agree that the proposal includes well designed, multi-use public spaces

14.29% agree

4.76% don’t know

0% disagree

0% strongly disagree

57.14% not answered

No reason for either response was asked to be given

26.57% strongly agree that the proposal clearly indicate the intended use of any public spaces or buildings

9.52% agree

0% don’t know

4.76% disagree

0% strongly disagree

57.14% not answered

No reason for either response was asked to be given

19.05% strongly agree that the proposal creates any areas of ambiguous space where conflicting interests may occur

14.29% agree

0% don’t know

9.52% disagree

0% strongly disagree

57.14% not answered

No reason for either response was asked to be given

23.81% has or will authentic engagement and consultation been/be carried out with the local community

9.52% agree

4.76% don’t know

4.76% disagree

4.76% strongly disagree

52.38% not answered

Why did you disagree or strongly disagree with any of the above points?

- There is never any meaningful consultation held with residents in certain areas, there is a great divide.
- There are instances where "designing out crime" in practice results in spaces which are "easy to police" which has a detrimental impact on the quality of living in those spaces. The

Secured by Design guidance sometimes reads as if all citizens are opportunistic criminals, which is not the case. Permeability is beneficial but is often defeated by the desire to "design out crime" which discourages paths accessible by people but not by (police) cars for example. There needs to be some balance with the application of such standards.

What would you like to see added to this section?

- Equality of services across the board
- Does the proposal need to be considered in terms of impact on population: police ratio?
- The use of well-lit area in the design layout and security cameras in less frequented areas

What is important for us to know with reference to indicator 6: Crime reduction and community safety?

- The council have allowed crime to flourish in these areas from drugs to speeding to illegal business and residents have had no say unlike our neighbours who enjoy safer streets
- 'Authentic' community engagement should have further definitions. It should also specify, is this engagement meant to be specific to crime?
- Need to look at schemes against a background of prevailing crime and not creating a prison
- Does the proposal need to be considered in terms of impact on population: police ratio - A well thought out plan for the development and the West Midlands Police Service, should be involved in this programme?
- Perhaps worth mentioning that permeability for walking and cycling is a positive thing, if it is designed in a safe way (wary of discouraging walking routes, alleyways etc on the grounds of crime prevention)

Indicator 7: Access to Healthy Food

28.57% strongly agree that this indicator should be included in the toolkit

14.29% agree

4.76% don’t know

9.52% disagree

0% strongly disagree

42.86% not answered

Why some agree

- None mentioned

Why some disagree

- We had Erdington high street, but the council failed to complete a form correctly, this is now a drug violent and no longer a place where many visit even though it has a lot of natural cultural food shops but area to dangerous
- Impossible to measure in large part, impossible to predict how people will operate
- Assuming supermarkets sell healthy food or there is the ability to hang social partnerships on the back of these is not always born out

19.05% strongly agree with the overview that supports this indicator

19.05% agree

0% don't know

9.52% disagree

0% strongly disagree

52.38% not answered

Why some disagree with the overview that supports this indicator

- Seems more personal than having a defined and set base. Is this more applicable commercially?

14.29% strongly agree that the proposal facilitates the supply, delivery and self-sufficiency growing of local food

23.81% agree

4.76% don't know

4.76% disagree

4.76% strongly disagree

47.62% not answered

No reason for either response was asked to be given

33.33% strongly agree that there is a range of retail uses, including food stores and smaller affordable shops

9.52% agree

9.552% don't know

0% disagree

0% strongly disagree

47.62% not answered

No reason for either response was asked to be given

28.57% strongly agree that the proposal avoids contributing toward an over-concentration of hot food takeaways

19.05% agree

4.76% don't know

0% disagree

0% strongly disagree

47.62% not answered

No reason for either response was asked to be given

23.81% strongly agree that the proposal allows for large vehicle access to properties for the purpose of home deliveries and accessibility

19.05% agree

4.76% don't know

4.76% disagree

0% strongly disagree

47.62% not answered

No reason for either response was asked to be given

Why have you responded disagree or strongly disagreed to any of the above points?

- The allotment question is very rarely able to be answered with a 'yes'. Unless there are greenfield developments (which are few and far between) it is unreasonable to have this included. Growing local food is important and should be supported, but it is unrealistic for many authorities and is a waste of time including it. The other questions included link back to the same theme of promoting healthy eating and accessibility to this. Within these, applicants can add the details of allotments, rather than have it as a standalone question.

What else would you like to see added to this section?

- Income and education are important

What is important for us to know with reference to indicator 7: Access to healthy food?

- A community needs to feel safe; this is no longer applicable to residents living here

Indicator 8: Access to Work and Training

14.29% strongly agree that this indicator should be in the toolkit

23.81% agree

0% don't know

4.76% disagree

0% strongly disagree

57.14% not answered

Why some agree

- None mentioned

Why some disagree

- This is an overlap with what we do anyway

14.29% strongly agree with the overview that supports this indicator

14.29% agree

4.76% don't know

4.76% disagree

0% strongly disagree

61.90% not answered

Why some disagree with the overview that supports this indicator

- Partially, job creation is important and training but the third point I think is less to do with housing than a commercial scheme

19.05% strongly agree that the proposal provides access to local employment, training, etc?

19.05% agree

4.76% don't know

0% disagree

0% strongly disagree

57.14% not answered

No reason for either response was asked to be given

9.52% strongly agree that the proposal link skills development with technology and services

23.81% agree

4.76% don't know

0% disagree

4.76% strongly disagree

57.14% not answered

No reason for either response was asked to be given

14.29% strongly agree that the proposal includes managed and affordable workspace for local businesses

23.81% agree

0% don't know

4.76% disagree

0% strongly disagree

57.14% not answered

No reason for either response was asked to be given

14.29% strongly agree that the proposal includes access to training, work experience, apprenticeships and jobs for local people

19.05% agree

4.76% don’t know

4.76% disagree

0% strongly disagree

57.14% not answered

No reason for either response was asked to be given

Why some disagree/strongly disagree with any of the above points

- The developer has no influence on the working opportunities. This is a weak section to enforce and support with evidence of impact in this way, despite the evidence that good work enhances health & wellbeing
- I cannot understand what is meant by 'Does the proposal link skills development with technology and services that will help manage our relationship with the natural environment into the future? ' - more guidance on this needs to be given as it is not clear. It also needs to be asked how a development can contribute to this. There is little control over what programmes can be offered in many cases. You will likely get no valuable responses, unless it is relevant to a very targeted development.
- Workspaces is the most contentious point

Is there anything else that should be added to this section?

- None mentioned

Is there anything else that is important for us to know with reference to indicator 8: Access to work and training?

- None mentioned

Indicator 9: Social Cohesion and Lifetime Neighbourhoods

33.33% strongly agree that this indicator should be included in the toolkit

9.52% agree

4.76% don’t know

4.76% disagree

0% strongly disagree

47.62% not answered

Why some agree

- None mentioned

Why some disagree

- Erdington has been damaged beyond repair unless proposals include areas like this as priority.
- Would need to see more about how this will be judged

23.81% strongly agree with the overview that supports this indicator

9.52% agree

4.76% don't know

4.76% disagree

0% strongly disagree

57.14% not answered

Why some disagree with the overview that supports this indicator

- A proper consultation is needed
- Broadly support but again scheme size is a defining factor as may not be possible to have any worthwhile measurement.

28.57% strongly agree that the design of the public realm maximises opportunities for social interaction

9.52% agree

4.76% don't know

4.76% disagree

0% strongly disagree

52.38% not answered

No reason for either response was asked to be given

28.57% strongly agree that the proposal includes a mix of uses and a range of community facilities

9.52% agree

4.76% don't know

4.76% disagree

0% strongly disagree

52.38% not answered

No reason for either response was asked to be given

28.57% strongly agree that the proposal includes provision of communal areas facilities within multi-dwelling buildings, etc

9.52% agree

4.76% don't know

4.76% disagree

0% strongly disagree

52.38% not answered

No reason for either response was asked to be given

23.81% strongly agree that proposal addresses the principles of lifetime neighbourhoods

9.52% agree

9.52% don't know

4.76% disagree

0% strongly disagree

52.38% not answered

No reason for either response was asked to be given

Why some responded disagree or strongly disagree to any of the above points

- Lifetime neighbourhoods presupposes that we know what supports this and that there will not be any socio-economic changes locally or globally hat might change this. Therefore, not sure it can be answered honestly and could be removed
- A degree of caution is needed here, and it may not be applicable as the scheme is not of an appropriate size. Needs clarity
- There are different socio-economic changes that take place locally and globally that may affect lifetime neighbourhoods. This makes it hard to agree or disagree that the proposal addresses the principles of lifetime neighbourhoods

Is there anything else that you would like to see added to this section?

- Focus on communities that are so deprived that between neighbourhoods of a few miles one can have lifespan decrease of several years. Council focus seems to be in certain areas whilst other Certain areas have been turned into a dangerous environment
- Development should make sure that all age ranges are catered for especially with layout pavement surfaces

Is there anything important for us to know with reference to indicator 9: Social cohesion and lifetime neighbourhoods?

- Lifetime neighbourhoods are the white areas that have greenery, no pollution, safer streets it's a very divided city of have and have not and the have not areas have become worse
- There should be more definitions, less concentration on water, but more on other utilities
- This indicator should aim to focus and ask questions on deprived communities instead of more developed areas in Birmingham

Indicator 10: Minimising the Use of Resources

23.81% strongly agree that this indicator should be included in the toolkit

14.29% agree

0% don't know

4.76% disagree

0% strongly disagree

57.14% not answered

Why some agree

- None mentioned

Why some disagree

- This really seems like questions for the more privileged areas of Birmingham
- However there needs to be a lot more definition, less concentration on water, more on other utilities

19.05% strongly agree with the overview that supports this indicator

4.76% agree

4.76% don't know

4.76% disagree

0% strongly disagree

66.67% not answered

Why some disagree with the overview that supports this indicator

- In deprived areas, green spaces no longer exist, in polluted areas trees are removed. it's very hard to comment on proposals when these things that once existed have been destroyed and replaced by damaging industries.

23.81% strongly agree that the proposal makes best use of existing land, green and natural spaces, waterways and natural resources

9.52% agree

0% don't know

4.76% disagree

0% strongly disagree

61.90% not answered

No reason for either response was asked to be given

28.57% strongly agree that the proposal encourages recycling, including building materials and food waste

4.76% agree

4.76% don't know

0% disagree

0% strongly disagree

61.90% not answered

No reason for either response was asked to be given

19.05% strongly agree that the proposal allows for future wate collection and promote minimalisation on site

14.29% agree

0% don't know

4.76% disagree

0% strongly disagree

61.90% not answered

No reason for either response was asked to be given

23.81% strongly agree that the proposal incorporates sustainable design and construction techniques

9.52% agree

0% don't know

4.76% disagree

0% strongly disagree

61.90% not answered

No reason for either response was asked to be given

23.81% strongly agree that the proposal makes effective use of water minimalisation techniques

9.52% agree

4.76% don't know

0% disagree

0% strongly disagree

61.90% not answered

No reason for either response was asked to be given

Why some responded disagree/strongly disagree with any of the above points

- Does the proposal make best use of existing land, green and natural spaces, waterways and natural resources? This is contentious and rarely will this be agreed upon, especially as different interests will take diametrically opposed views.

Is there anything else that should be added to this section?

- Ensure as part of the Design and construction that the use of recycling of material has the highest priority

What is important for us to know with reference to indicator 10: minimising the use of resources?

- As we go forward in the short term we are faced with the import of more elements and materials which initially work against the savings. This needs to be considered

Indicator 11: Climate Change

23.81% strongly agree that this indicator should be included in the toolkit

9.52% agree

0% don't know

4.76% disagree

0% strongly disagree

61.90% not answered

Why some agree

- None mentioned

Why some disagree

- None mentioned

19.05% strongly agree that the overview supports this indicator

9.52% agree

0% don't know

4.76% disagree

0% strongly disagree

66.67% not answered

Why some disagree that the overview supports this indicator

- None mentioned

21.31% strongly agree that the proposal maximises energy efficiency

4.76% agree

4.76% don't know

4.76% disagree

0% strongly agree

61.90% not answered

No reason for either response was asked to be given

19.05% strongly agree that the proposal incorporates low and zero energy generation

9.52% agree

0% don't know

9.52% disagree

0% strongly disagree

61.90% not answered

No reason for either response was asked to be given

23.81% strongly agree that the proposal conserves water

4.76% agree

9.52% don't know

0% disagree

0% strongly disagree

61.90% not answered

No reason for either response was asked to be given

23.81% strongly agree that the proposal considers the type and sources of the materials used

9.52% agree

4.76% don't know

0% disagree

0% strongly disagree

61.90% not answered

No reason for either response was asked to be given

14.29% strongly agree that the proposal is flexible and adaptable to future occupier needs

19.05% agree

0% don't know

4.76% disagree#

0% strongly disagree

61.90% not answered

No reason for either response was asked to be given

19.05% strongly agree that where relevant, the development aims to achieve Building Research Establishment Environmental Assessment Method

14.29% agree

0% don't know

4.76% disagree

0% strongly disagree

61.90% not answered

No reason for either response was asked to be given

23.81% strongly agree that the proposal encourages the use of waste as a resource

9.52% agree

4.76% don't know

0% disagree

0% strongly disagree

61.90% not answered

No reason for either response was asked to be given

23.81% strongly agree that the proposal promotes sustainable transport

4.76% agree

9.52% don't know

0% disagree

0% strongly disagree

61.90% not answered

No reason for either response was asked to be given

23.81% strongly agree that the proposal ensures that the buildings and public spaces are designed to respond to winter and summer temperatures

9.52% agree

4.76% don't know

0% disagree

0% strongly disagree

61.90% not answered

No reason for either response was asked to be given

19.05% strongly agree that the proposal maintains or enhances nature conservation

14.29% agree

4.76% don't know

0% disagree

0% strongly disagree

61.90% not answered

No reason for either response was asked to be given

23.81% strongly agree that the proposal reduces surface water flood risk through sustainable urban drainage systems

9.52% agree

0% don't know

4.76% disagree

0% strongly disagree

61.90% not answered

No reason for either response was asked to be given

23.981% strongly agree that the proposal takes account of natural features of a site to minimise energy use

4.76% agree

4.76% don't know

4.76%

Disagree

0% strongly agree

61.90% not answered

No reason for either response was asked to be given

Why some disagree or strongly disagree to any of the above points

- Energy generation, this needs to start at recycling and fabric first. The word maximise has no room with costs. could consider aim to maximise efficiency and potential generation. NB unless storage benefits are substantially less.

Is there anything else that you would like to see added to this section?

- Many in roadside communities have already seen their health damaged, and clearly understand the need to be green
- The addition of Heat pump technology to reduce the use of gas boilers.
- The addition of Triple glazing windows to reduce the energy use in the buildings.

Is there anything else that is important for us to know with reference to indicator 11: climate change?

- The use of resin drive surfaces, which trap the water in the surface, while tarmac surfaces, have 100% water run-off, causing flooding.
- We recommend that indicator 11 is changed to "Climate Change and Resilience" (to capture extreme weather events).

Indicator 12: Digital Technology

19.05% strongly agree that this indicator should be included in the toolkit

9.52% agree

4.76% don't know

9.52% disagree

0% strongly disagree

57.14% not answered

Why some agree

- None mentioned

Why some disagree

- Street lighting next to busy road causes light pollution in bedrooms on roads
- Too complicated, presumes to large development and loaded with costs. Who is paying for it?

14.29% strongly agree with the overview that supports this indicator

9.52% agree

4.76% don't know

4.76% disagree

0% strongly disagree

66.67% not answered

Why some disagree with the overview that supports this indicator

- In part, I agree with the competition element but this is loaded with costs that have wider but not necessarily development driven costs

23.81% strongly agree that there is a telecommunication/connectivity plan submitted as part of the proposals

4.76% agree

4.76% don't know

4.76% disagree

0% strongly disagree

61.90% not answered

No reason for either response was asked to be given

14.29% strongly agree that the proposal provides for a digital model or 3D visualisation of the development

4.76% agree

4.76% don't know

14.29% disagree

0% strongly disagree

61.90% not answered

No reason for either response was asked to be given

23.81% strongly agree that there is adequate provision of internet and broadband available within the proposal from multiple providers

9.52% agree

0% don't know

4.76% disagree

0% strongly disagree

61.90% not answered

No reason for either response was asked to be given

14.29% strongly agree that the proposal makes provisions for digital assets, enablement and legacy

9.52% agree

4.76% don't know

9.52% disagree

0% strongly disagree

61.90% not answered

No reason for either response was asked to be given

19.05% strongly agree that the proposal ensures that the build design minimised the barriers to cellular network penetration

9.52% agree

0% don't know

9.52% disagree

0% strongly disagree

61.90% not answered

No reason for either response was asked to be given

19.05% strongly agree that the technology embedded in this proposal enables users to control their environmental quality

9.52% agree

4.76% don't know

4.76% disagree

0% strongly disagree

61.90% not answered

No reason for either response was asked to be given

19.05% strongly agree that there are provisions for free public WiFi in communal areas or in open spaces across the development

9.52% agree

4.76% don't know

4.76% 0% strongly disagree

61.90% not answered

Why some responded disagree/strongly disagree to any of the above points

- Free Public WiFi and digital assets fall outside of the developer's control into the future, given that we cannot be certain about the shape of the future of the technology and the space becomes communally owned.
- Not all developments (ie. a development just over the 'major threshold') can feasibly produce 3D models.
- What is meant by digital assets? This makes no sense - more explanation needed.
- Using technology as a tool has some good points but also maintenance is often more complicated and maintenance costly
- 3d models etc, not cheap and unnecessary on smaller developments

Is there anything you would like to see added to this section?

- Care is needed that signals do not affect the young and education needed against overuse

Is there anything important for us to know with reference to this toolkit?

- None mentioned

Indicator 13: Child Friendly Development

23.81% strongly agree that this indicator should be included in the toolkit

4.76% agree

4.76% don't know

9.52% disagree

0% strongly disagree

57.14% not answered

Why some agree

- None mentioned

Why some disagree

- NONE of this is applicable as Erdington has become an area with high levels of sickness caused by actions of others and authority. This area is not child friendly as it once was.
- This is indeed an important driver of future health & wellbeing but the evidence base of what makes an impact or what is achievable in planning the built environment, is not yet well developed or robust enough to be able to recognise or measure these proposals. I

would rather not include it to reduce any weakening of what is otherwise an important approach in this toolkit
- The relevance lies also in safety, overlaps with health

19.05% strongly agree with the overview that supports this indicator

9.52% agree

0.00% don't know

9.52% disagree

0% strongly disagree

61.90% not answered

Why some disagree with the overview that supports this toolkit

- The evidence base is not yet strong enough concerning the impact and benefit this approach can have
- Not sure where this fits in prioritisation

23.81% strongly agree that the development promotes the rights of children to gather, play and participate

9.52% agree

4.76% don't know

4.76% disagree

0% strongly disagree

57.14% not answered

No reason for either response was asked to be given

14.29% strongly agree that the development recognises children as a distinct group of inhabitants of the development

4.76% agree

4.76% don't know

14.29% disagree

0% strongly disagree

61.90% not answered

No reason for either response was asked to be given

23.81% strongly agree that the development focuses on achieving child friendly outcomes

9.52% agree

0% don't know

9.52% disagree

0% strongly disagree

57.14% not answered

No reason for either response was asked to be given

23.91% strongly agree that the proposal enhances links between the development and early years, childcare, play and education

4.76% agree

4.76% don't know

9.52% disagree

0% strongly disagree

57.14% not answered

No reason for either response was asked to be given

19.05% strongly agree that the proposal provide affordable childcare and training facilities

4.76% agree

0% don't know

19.05% disagree

0% strongly disagree

57.14% not answered

No reason for either response was asked to be given

Why some responded disagree or strongly disagree

- What about aged care or commercial developments? This isn't entirely relevant
- Also - many developments cannot provide childcare facilities and many would not have enough demand for this anyway. These developments should not be criticized for this. Furthermore, what do you mean in terms of 'training'?
- Messy and divisive, hard to treat separately as an entity and this goes way beyond access and safety. overcomplicated and expensive.

Is there anything you would like to see added to this section?

- I would omit it at present
- More children play areas
- This indicator needs to link to education, sport recreation and supervised activity for its relevance to make sense.
- Could we add a consideration regarding safe and sustainable access to school and green space/leisure facilities - encouraging safe walking and cycling routes and considering proximity? Consideration for children as a particularly vulnerable road-user group (refer to Road Safety Strategy).

Is there anything for us to know with reference to indicator 13: child friendly developments?

- You are focused on development but the chaos in communities needs to be addressed
- Children's play area should be a safe space

Indicator 14: Impact Upon Equalities: Protected Characteristics

23.81% strongly agree that this indicator should be included in the toolkit

4.76% agree

4.76% don't know

9.52% disagree

0% strongly disagree

57.14% not answered

Why some agree

- None mentioned

Why some disagree

- Birmingham seems to be a city of inequality and getting worse. Crime ,speeding, violence pollution, noise, drugs, gangs ,inequality of planning process has had a major impact on community, these are seen as priority by many.
- This is a core part of an inequality, impact that is already statutory and difficult enough to enforce. I would rather not include it to reduce any weakening of what an important approach in this toolkit is otherwise.
- There is some merit but not in the form that it is, I think this is additionality if it is better than neutral

14.29% strongly agree with the overview that supports this indicator

9.52% agree

4.76% don't know

9.52% disagree

0% strongly disagree

61.90% not answered

Why some disagree that the overview that supports this indicator

- It should explicitly state that local organisations/communities/stakeholders from different protected characteristics should be consulted, and proactive steps to engage them from the first design stages should be taken. Consultations should be fully accessible (e.g. not simply online; compatible with accessibility software; multiple languages; audio; easy read ...)
- There needs to be the consideration of this and no scheme should have a negative impact. But this whole thing depends on harder form and the softer side which is where the difficulty comes in

19.05% strongly agree that the proposal fosters good relations between persons

14.29% agree

0% don’t know

4.76% disagree

4.76% strongly agree

57.14% not answered

No reason for either response was asked to be given

23.81% strongly agree that the proposal contributes to inequalities of access to the development

4.76% agree

9.52% don’t know

4.76% disagree

0% strongly disagree

57.14% not answered

No reason for either response was asked to be given

19.05% strongly agree that the proposal advances equality of opportunity between persons

9.52% agree

9.52% don’t know

4.76% disagree

0% strongly disagree

57.14% not answered

Why some responded disagree or strongly disagree with any of the above points

- Development needs to level up areas that have been levelled down by authorities
- Suggest that 'contribute to inequalities of access' should be rephrased as 'promote and enable equitable access'.
- There should also be additional questions, asking whether an Equality Impact Assessment has been done, and whether communities with protected characteristics had been consulted and involved in the design/implementation
- Not sure on the last point on how measurable and deliverable. On the first point good design can help, but no one can claim in its own right it can foster good relations as people are all different.

Is there anything else you would like to see added to this section?

- Tackle real air pollution and noise, the biggest environmental dangers to human life. This does not refer to CAZ as there are no main roads running through the city centre, the roads on out skirts are more polluted and exceeds safe levels.
- Lifetime homes, single level access

- Protection for communities which have a protected characteristic, for example considering housing development in the Gay Village, or where there is a particular ethnic group, and ensuring that they are not impacted by development or gentrification.

Is there anything important for us to know with reference to indicator 14: Protected characteristics?

- Look at allocation system and ability to access housing

References of those who referenced their points

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Birmingham Health and Wellbeing Board

	Agenda Item: 14
Report to:	**Birmingham Health & Wellbeing Board**
Date:	**30th November 2021**
TITLE:	**BETTER CARE FUND**
Organisation	**Birmingham City Council**
Presenting Officer	**Michael Walsh and Helen Kelly**

Report Type:	**Information / Approval**

1.	**Purpose:**
1.1	To approve the Birmingham Better Care Fund Plan for 2021/22

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		

3.	**Recommendation**
3.1	To approve the Birmingham Better Care Fund Plan for 2021/22

4.	**Report Body**
	Background
4.1	Each year the health and social care system is required to submit a Better Care Fund (BCF) Plan to outline the areas of income and expenditure, highlight areas of priority and set performance measures against the BCF metrics.

4.2 During Covid there was no requirement for a BCF Plan so this will be the first full complete BCF Plan with narrative, financials and metrics since 2019. The guidance on what was required for the BCF Plan was published on the 1st October 2021.

4.3 The combined financial value of the BCF Plan is £199,403,618 this includes the required minimum Clinical Commissioning Group contribution of £92,657,315. The Plan also confirms that the minimum contribution of £36,750,065 towards Adult Social Care provision has also been achieved.

4.4 The Plan for this year sets out our progress as a health and social care system recognising the significant impact Covid-19 had on services but also the fantastic work of teams on the frontline as the mobilised to deliver during the pandemic.

4.5 There has been a focus in the development of this plan to better align the BCF programme with the Birmingham Integrated Care Partnership Programme. As we move towards ICS arrangements it is increasingly important that our integrated commissioning arrangements are fit for purpose. Clearly aligning expenditure through the BCF plan on shared priorities is an essential step.

5. Compliance Issues

5.1 HWBB Forum Responsibility and Board Update

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

5.2 Management Responsibility

5.2.1 The Better Care Fund Commissioning Executive will provide updates on the progress against the Plan to the Health and Wellbeing Board on regular intervals.

5.2.2 The Health and Wellbeing Board are ultimately responsible for the Better Care Fund providing strategic direction and decision making as required (Further detail on the governance for the BCF can be found on page 4 of the Narrative Plan)

6. Risk Analysis

Identified Risk	Likelihood	Impact	Actions to Manage Risk
Reablement metric – ability to track	Medium	Medium	Working with the providers as part of the EI Programme to

citizens who have received enablement 91 days after discharge			embed this metric for reporting as part of the wider performance measures.

Appendices
Exempt Appendix 1 - Birmingham Better Care Fund Narrative Plan 2021/22 Exempt Appendix 2 - Birmingham Better Care Fund Planning Document 2021/22

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

- Michael Walsh – Head of Service (Birmingham City Council)
- Helen Kelly – Director of Acute and Community Integration (NHS Birmingham and Solihull Clinical Commissioning Group)
- Sarah Feeley – Commissioning Manager (Birmingham City Council)
- Andrew Healey – Adult Social Care Business Partner (Birmingham City Council)
- Heather Moorhouse – Director of Commissioning Finance (NHS Birmingham and Solihull Clinical Commissioning Group)

Birmingham Health and Wellbeing Board

	Agenda Item: 15
Report to:	**Birmingham Health & Wellbeing Board**
Date:	**30th November 2021**
TITLE:	**BSOL ICS REVISED APPROACH TO SOCIAL PRESCRIBING**
Organisation	**BSOL CCG**
Presenting Officer	**Alan Ferguson (BSOL), Stephen Raybould (BVSC)**

Report Type:	**Presentation/Information**

1. Purpose

- To respond to the Social Prescribing Strategy paper presented to the Health and Wellbeing Board on 19th May by Birmingham Voluntary Service Council (BVSC)
- To align changes with new requirements of the PCN DES regarding social prescribing
- To reset the relationship social prescribing has to BSOL ICS so that it further supports system integration

2. Implications

BHWB Strategy Priorities	Childhood Obesity	
	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		

3. Recommendation

The Health & Wellbeing Board is recommended to; -

3.1 Note the contents of the paper

3.2 Support:

3.2.1 Provision of a 'system map' to enable more effective understanding of where data-informed 'gaps' around Social Prescribing should be raised.

3.2.2 Establishment of integrated commissioning by partners within the ICS.

4. Report Body

Social Prescribing within BSOL ICS will continue to support patients to access non-medical interventions at PCN level. In addition, the following new activity will be undertaken:

Provision of intelligence to support system-wide commissioning (1st April 2022)

- Provide data on the gaps in service provision to the broader health and social care system to support commissioning. To include presenting issue, type of service required, location of required service, service user demographics, level of unmet demand.

- Work collaboratively with BVSC and through the VCSE ICS Engagement Programme to support VCSE organisations to attract inward investment around unmet need.

Introduction of 'Proactive Social Prescribing' for single cohort (1st October 2022)

- Implement 'Proactive Social Prescribing' for Target Cohort One, including ensuring that service capacity is sufficient to meet the needs of this cohort.

Introduction of 'Proactive Social Prescribing' for multiple cohorts (31st March 2023)

- Implement 'Proactive Social Prescribing' for additional target cohorts, including ensuring that service capacity is sufficient to meet the needs of these cohorts.

5.	Compliance Issues
5.1	***HWBB Forum Responsibility and Board Update***
	• Relevant data to be presented at HWBB Forum • HWBB to receive update from ICS summer 2023
5.2	***Management Responsibility***
	As of 1st April 2022, Social Prescribing becomes the formal responsibility of BSOL ICS.

6. Risk Analysis			
Identified Risk	**Likelihood**	**Impact**	**Actions to Manage Risk**
Investment around gaps in service delivery required by social prescribing is not secured.	Medium	High	Social Prescribers to focus on areas where there is existing capacity.
Leadership resource from West Birmingham does not transfer into BSOL ICS	Medium	Medium	Secure additional resource from within BSOL ICS
Period between first target cohort and multiple target cohorts is too short – leading to insufficient time for review.	High	Low	Develop multiple cohort activity primarily based on needs analysis.

Appendices
BSOL ICS Revised Approach to Social Prescribing

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

A Ferguson
Locality Development Manager
BSOL CCG

S Raybould
Programmes Director
BVSC

BSOL ICS REVISED APPROACH TO SOCIAL PRESCRIBING

1.0 APPROACH

This paper is a response to the Social Prescribing Strategy paper presented to the Health and Wellbeing Board on 19th May by Birmingham Voluntary Service Council (BVSC) on behalf of the VCSE (Voluntary, Community and Social Enterprise Sector). It aims to respond to the challenges raised, but also to incorporate the additional contractual requirements placed on Primary Care Networks (PCNs) regarding social prescribing. In addition, this paper aims to reset the relationship social prescribing has to BSOL ICS so that it further supports system integration.

2.0 OBJECTIVES

1. Improve patient outcomes across BSOL ICS.

2. Develop Social Prescribing activity so that it is contributing more effectively to system integration within BSOL ICS.

3. Incorporate enhanced requirements for social prescribing within Primary Care Network Direct Enhanced Service Requirements (PCN DES) 2022/23.

4. Deliver visibility and capacity building around unmet patient need, in relation to non-medical interventions, across BSOL ICS footprint.

5. Support demand management around downstream provision across the health and social care system.

3.0 CONTEXT

- Social prescribing has been established at an operational level across BSOL CCG and West Birmingham. In practice this has resulted in either the direct undertaking of the 'Link Worker' element of social prescribing by PCNs or delivery by a commissioned partner. At PCN level, this supports system integration by ensuring that patients presenting to surgeries with problems that do not require a medicalised response are directed to support *where available*.

- At conception no provision was made for ensuring that the required service provision was either present or identified within the Birmingham and Solihull system. The contractual requirements placed on PCNs are limited to the provision of the prescriber (Link Worker).

- The Covid 19 period has seen much of this Link Worker capacity deployed to meet the demands placed on primary care specific to the pandemic. This has included supporting the vaccination programme, as well as supporting patients who are facing hardship as a direct result of the pandemic.

- The aspiration of integrated care requires the addition of integrated capacity planning and delivery across patient pathways, including provision within Birmingham and Solihull VCSE.

- The Primary Care Network Direct Enhanced Service Requirements 2022/23 (PCN DES) places additional requirements on PCNs regarding social prescribing (outlined below).

4.0 ALIGNED CHALLENGES OUT OF SCOPE OF THIS ACTIVITY

There are a number of broader concerns around pathways into VCSE provision than those linked specifically to social prescribing provision. These include:

- The need for stakeholders around the VCSE to be able to identify a city-wide offer.

- The need for collective planning around Birmingham and Solihull's VCSE provision.

- A single platform/method for accessing Birmingham and Solihull's VCSE provision.

These issues should be addressed as part of the wider approach to embedding the VCSE within BSOL ICS.

5.0 REQUIREMENTS OF THE PCN DES

The PCN DES forms a baseline of expectations from social prescribing. Enhanced requirements for 2022/23 are as follows:

> *Proactive Social Prescribing – community development*
>
> *2022/23*
>
> *a. By 30 September 2022, as part of a broader social prescribing service, a PCN and commissioner must jointly work with stakeholders including local authority commissioners, VCSE partners and local clinical leaders, to design, agree and put in place a targeted programme to proactively offer and improve access to social prescribing to an identified cohort with unmet needs. This plan must take into account views of people with lived experience.*
>
> *b. From 1 October 2022, commence delivery of the proactive social prescribing service for the identified cohort.*
>
> *c. By 31 March 2023 review cohort definition and extend the offer of proactive social prescribing based on an assessment of the population needs and PCN capacity.*

Full requirements are available here: https://www.england.nhs.uk/wp-content/uploads/2021/08/B0828-ii-annex-a-pcn-plans-for-21-22-and-22-23.pdf

6.0 REVISED OPERATING MODEL FOR SOCIAL PRESCRIBING

Social Prescribing within BSOL ICS will continue to support patients to access non-medical interventions at PCN level. In addition the following new activity will be undertaken:

Provision of intelligence to support system-wide commissioning (1st April 2022)

- Provide data on the gaps in service provision to the broader health and social care system to support commissioning. To include presenting issue, type of service required, location of required service, service user demographics, level of unmet demand.

- Work collaboratively with BVSC and through the VCSE ICS Engagement Programme to support VCSE organisations to attract inward investment around unmet need.

Introduction of 'Proactive Social Prescribing' for single cohort (1st October 2022)

- Implement 'Proactive Social Prescribing' for Target Cohort One, including ensuring that service capacity is sufficient to meet the needs of this cohort.

Introduction of 'Proactive Social Prescribing' for multiple cohorts (31st March 2023)

- Implement 'Proactive Social Prescribing' for additional target cohorts, including ensuring that service capacity is sufficient to meet the needs of these cohorts.

7.0 DEPENDENCIES

Additional system capacity will be needed to process, present, and shift the data around the system. This capacity should be secured by integrating the centralised social prescribing leadership provision within West Birmingham into BSOL ICS.

Aligned strategic programmes

It is envisaged that commissioning will be supported through data sharing across the following integration programmes:

- Children's Partnership.
- BICP (Birmingham Integrated Care Partnership).
- West Birmingham ICP.
- Mental Health Community Transformation.

8.0 REQUEST FOR HEALTH AND WELLBEING BOARD

1. Provide 'system map' to enable more effective understanding of where data-informed 'gaps' around Social Prescribing should be raised.

- Many officers within the NHS, Birmingham City Council and Birmingham's VCSE do not have a sufficient overview of the system to be able to navigate the governance processes or understand what is currently active. This provides a particular challenge for cross-cutting activity such as Social Prescribing.

- A system map would enable the flow of information to support commissioning.

- A system map need not necessarily show the hierarchical relationship between the different governance structures, especially where these are subject to unpublished legislation or are yet to be agreed.

2. Support establishment of integrated commissioning by partners within the ICS.

- The ICS provides an opportunity to accelerate integration, especially where the impact of outcomes on downstream demand is shared between partners.

- Integrated commissioning can be organised through pooled budgets, aligned commissioning approaches and cross-organisational use of locality commissioning structures.

9.0 ACTION PLAN

Action	Responsible Organisation	Completion Date
Provision of intelligence to support system-wide commissioning		
Co-produce data framework with providers.	BSOL CCG	Jan 2022
Secure agreement on data processing procedures.	BSOL CCG	Feb 2022
Secure additional capacity for processing of data.	BSOL CCG	March 2022
Commence data collection within revised framework.	BSOL ICS	April 2022
Provide system intelligence to commissioners and strategic boards around gaps in provision.	BSOL ICS	July 2022
Advocate for 'gaps' in social prescribing provision to be met by appropriate part of system.	BSOL ICS	July 2022

Provide system intelligence to VCSE leaders through 'Embedding VCSE in ICS' delivery structure.	BSOL ICS/BVSC	July 2022
Support providers to secure investment around gaps in provision from grant, trust, and non-ICS funding streams.	BVSC	July 2022
Introduction of 'Proactive Social Prescribing' for single cohort		
With local authority commissioners, VCSE partners and local clinical leaders, agree target cohort.	BSOL CCG	Feb 2022
With citizens with lived experience and VCSE partners, co-design pathway and delivery.	BSOL ICS	April 2022
With VCSE partners, secure additional service capacity (if needed).	BSOL ICS/BVSC	September 2022
Bring additional service capacity online (if needed).	BSOL ICS	September 2022
Offer proactive social prescribing to a single cohort.	BSOL ICS	September 2022
Introduction of 'Proactive Social Prescribing' for multiple cohorts		
Review first cohort definition - undertake impact assessment. Develop wider assessment of population need and PCN capacity.	BSOL ICS	Dec 2022
With local authority commissioners, VCSE partners and local clinical leaders, agree target cohorts.	BSOL ICS	Dec 2022
With citizens with lived experience and VCSE partners, co-design pathways and delivery.	BSOL ICS	Jan 2023
With VCSE partners, secure additional service capacity (if needed).	BSOL ICS/BVSC	March 2023
Bring additional service capacity online (if needed).	BSOL ICS	March 2023
Extend the offer of proactive social prescribing to multiple cohorts.	BSOL ICS	March 2023

10.0 RISK ANALYSIS

Identified Risk	Likelihood	Impact	Actions to Manage Risk
Investment around gaps in service delivery required by social prescribing is not secured.	Medium	High	Social Prescribers to focus on areas where there is existing capacity.
Leadership resource from West Birmingham does not transfer into BSOL ICS	Medium	Medium	Secure additional resource from within BSOL ICS
Period between first target cohort and multiple target cohorts is too short – leading to insufficient time for review.	High	Low	Develop multiple cohort activity primarily based on needs analysis.

A Ferguson
Locality Development Manager
BSOL CCG

S Raybould
Programmes Director
BVSC

25/10/21

Birmingham Health and Wellbeing Board

	Agenda Item: 16
Report to:	**Birmingham Health & Wellbeing Board**
Date:	**30 November 2021**
TITLE:	**BIRMINGHAM CHILDREN AND YOUNG PEOPLE LOCAL TRANSFORMATION PLAN 2021/22**
Organisation	**Birmingham and Solihull Clinical Commissioning Group**
Presenting Officer	**Dr Angela Brady** **Deputy Chief Medical Officer Birmingham and Solihull CCG** **MBBS MSc (Med Leadership) DCH DRCOG MRCGP PgCert (Med Ed)** **Carol McCauley – Senior Strategic Commissioner Birmingham and Solihull CCG**

Report Type:	**Presentation/Information**

1.	**Purpose:**
1.1	To share progress against the Five Year Forward View targets and ambitions .
1.2	To set out the priorities for 2021/22 in line with the NHS Long Term Plan as set out in the Birmingham Children and Young People Local Transformation 2021/22 plan

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		×

3.	Recommendation
3.1	The Health & Wellbeing Board is recommended to receive the Birmingham Children & Young People Mental Health Transformation Plan 202122.

4.	Report Body
4.1	Our Birmingham and Solihull system vision is driven by a fundamental belief that mental ill health should not define the individual, nor limit their potential to thrive physically, socially, educationally or economically.
4.2	We want to prevent poor mental health and provide support for people, of all-ages, that actively promotes their recovery. We seek to increase independence, self-agency and hope, enabling people to live the life they want to live. Our strategic outcomes needs are aligned to prevention, protection of vulnerability management of mental ill-health and recovery.
4.3	Our approach aims to address improved outcomes and to deliver this across health, social care, local authority, education, police and criminal justice services ensuring that this is supported by a life course approach through the Birmingham and Solihull System Transformation Plan.
4.4	In recent years we have seen a growing awareness of poor mental health both nationally and locally as we worked to reduce stigma and increase ways to access support.
4.5	During the Coronavirus pandemic the whole system worked as a collective across education, children's services and health to ensure there was a rapid system response to ensure that children and young people were safe and were still accessing support when needed.
4.6	We also saw more people than ever needing to access mental health services. We also saw young people presenting with higher acuity across a number of complex pathways including Eating Disorders and First Episode Psychosis and the needs of some people using services have become more complex.
4.7	Forward Thinking Birmingham (FTB) has seen the highest ever number of referrals in September 2021 and whilst this has held steady since the children and young people have returned to education referrals overall remain higher than previous years. There has also been over 50% increase in numbers of young people presenting with an Eating Disorder and further the numbers of young people presenting for the First Episode of Psychosis (FEP) and with higher acuity.
4.8	The additional funding received into Birmingham has enabled new types of role to be developed to mitigate the risks being faced nationally by mental health systems that are challenged by insufficient numbers of medics, nurses, allied health professionals and psychological therapists. Our local system is grappling with both recruitment and retention of staff.
4.9	We also recognise that children known to the social care and youth justice system, and especially those with known vulnerabilities, such as adverse experiences, are more

likely to experience poor mental health, and are therefore less likely to achieve their full educational potential, which will consequently impact on their employment opportunities.

4.10 The attached Birmingham Children and young peoples plan sets out our challenges and ambitions for 21/22 and how we will deliver on the NHS Long Term Plan

5. Compliance Issues
The Birmingham Children and Young People Local Transformation Plan is now available on the CCG website in draft format to meet the required deadline. The draft plan is subject to change as per recommendations from the HWBB.
5.1 HWBB Forum Responsibility and Board Update
5.2 Management Responsibility

6. Risk Analysis

Identified risks related to the plan are highlighted in the report attached.

Identified Risk	**Likelihood**	**Impact**	**Actions to Manage Risk**
Delay in finalisation of the plan depending on changes proposed by the HWBB	Medium	Low impact as draft plan is already published subject to changes.	Draft plan in place and published.
There are risks associated with the delivery of the 21/22 ambitions as set out in the plan. .	Medium	Recruitment into new roles is a risk and is likely to impact the ability to meet service demands	• There is a detail risk plan within the report. • Creation of new types of roles and trainees posts • BSOL MH provider shared approach to recruitment

Appendices:

Birmingham Children and Young People Plan.

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

- Carol McCauley - Senior Strategic Commissioner Mental Health – BSol CCG
- Dr Angela Brady - Deputy Chief Medical Officer for Birmingham & Solihull CCG and Chair of Birmingham Local Transformation Board
- Birmingham and Solihull Learning Disability and Autism Programme Board - 31st August 2021
- Birmingham Education Partnership
- Birmingham Local Transformation Board - 15th September 2021
- BSOL CCG Mental Health Programme Board - 15th September 2021
- BSOL Parent/carers forum - 22nd September 2021
- Forward Thinking Birmingham
- Birmingham Youth Justice

Children and Young People's Mental Health and Emotional Wellbeing Local Transformation Plan 2021/22

Birmingham

NHS England and NHS Improvement

009612/2021

Contents

Introduction

In this last year of our current 5-year transformation plan period, we acknowledge where we are and look to the next steps of our transformation in Birmingham.

It has been a tough year for users of services, their families and supporters and for staff, with unprecedented change and fluctuations in need created by the pandemic. We expect to see the ramifications of the pandemic on the mental health of our children and young people for years to come. We represent a wide range of partners at the Local Children and Young People's Mental Health Transformation Board and we have personally witnessed and felt the ramifications in every corner of delivery. I am thankful for the ongoing commitment and enthusiasm shown by the board in the face of these challenges.

The system has endeavoured to maintain flexibility and innovation in providing mental health and wellbeing support to our children and young people. Hope and optimism is demonstrated - for instance in delivering new methods of connecting where appropriate. Frustration is also demonstrated, as seen in the mismatch of resource and intention - in particular in workforce availability. Of course frustration is also seen with the pandemic itself, as in wider society.

Ultimately coproduction with children, families, commissioners and providers of care and all other stakeholders is critical in order to plan and deliver responsive, accurate transformation and this is an area where we must continue to focus our efforts.

Dr Angela Brady
Deputy Chief Medical Officer for Birmingham & Solihull CCG and Chair of Birmingham Local Transformation Board

Introduction

Our Birmingham and Solihull (BSOL) vision is driven by a fundamental belief that mental ill health should not define the individual, nor limit their potential to thrive physically, socially, educationally or economically.

We want to prevent poor mental health and provide support for people, of all-ages, that actively promotes their recovery. We seek to increase independence, self-agency and hope, enabling people to live the life they want to live.

Our approach aims to address improved outcomes and to deliver this across health, social care, local authority, education, police and criminal justice services ensuring that this is supported by a life course approach through the Birmingham and Solihull System Transformation Plan. Our strategic outcomes needs are aligned to prevention, protection of vulnerability management of mental ill-health and recovery.

In recent years we have seen a growing awareness of poor mental health both nationally and locally as we worked to reduce stigma and increase ways to access support. During the Coronavirus pandemic the whole system worked as a collective across education, children's services and health to ensure there was a rapid system response to ensure that children and young people were safe and were still accessing support when needed. We also saw more people than ever needing to access mental health services. We also saw young people presenting with higher acuity across a number of complex pathways including Eating Disorders and First Episode Psychosis and the needs of some people using services have become more complex.

Nationally, mental health systems are challenged by insufficient numbers of medics, nurses, allied health professionals and psychological therapists. Our local system is no exception to this, and it is grappling with both recruitment and retention of staff.

We also recognise that children known to the social care and youth justice system, and especially those with known vulnerabilities, such as adverse experiences, are more likely to experience poor mental health, and are therefore less likely to achieve their full educational potential, which will consequently impact on their employment opportunities.

Strategic Aims

There are a number of strategies across Birmingham and Solihull that have clearly recognised that the system must work together to prevent poor outcomes for our children and young people. Throughout this document we will provide examples of how, working together with system partners and our citizens, we have been able to develop responsive, accessible care and improved outcomes for children, young people and their families.

Birmingham local 0-25 mental health plans includes and ensures alignment with:-

- The Sustainability and Transformation Plan for Birmingham and Solihull
- Birmingham & Solihull CCG Operational Plan Operational plan - Birmingham and Solihull CCG
- Birmingham's Local Mental health Transformation Board
- BSOL Mental Health Commissioning outcomes framework
- The Learning Disability and Autism operational plan 2021/24
- SEND plan including response to Written Statement of Action SEND - Birmingham and Solihull CCG
- Birmingham Youth Offending Service plan 2021 – 22
- Birmingham - Creating a Mentally Healthy City https://www.birmingham.gov.uk/info/50119/health_and_wellbeing_board/2415/creating_a_mentally_healthy_city_forum

Strategic
ioning Outcomes

Birmingham
egic Youth Justice

Birmingham and Solihull Clinical Commissioning Group is driven by a fundamental belief that mental ill health should not define the individual, nor limit their potential to thrive physically, socially, educationally or economically.

Objectives

To prevent poor mental health and provide support for people, of all-ages, that actively promotes their recovery.
To increase independence, self-agency, and hope, enabling people to live the life they want to live.

Strategic Aims

Our all-age approach is underpinned by the following strategic aims, which align with those of the Birmingham and Solihull Sustainability and Transformation Partnership (STP).

STP strategic aims	Tackle and reduce health inequalities	Rebalance investment from crisis to prevention	Closer integration between health and social care
Mental health strategic aims	Protect those most vulnerable to mental ill health. We will do this by better understanding the needs of local communities and adapting approaches to achieve a best fit.	Prevent poor mental health by working with our partners to identify and respond at the earliest opportunity. For many people this will mean helping them access support to address the social determinants of poor health like homelessness, debt and substance misuse.	Better manage mental ill health, always in the least restrictive environment by personalising care planning, with a focus on meaningful recovery and greater independence.

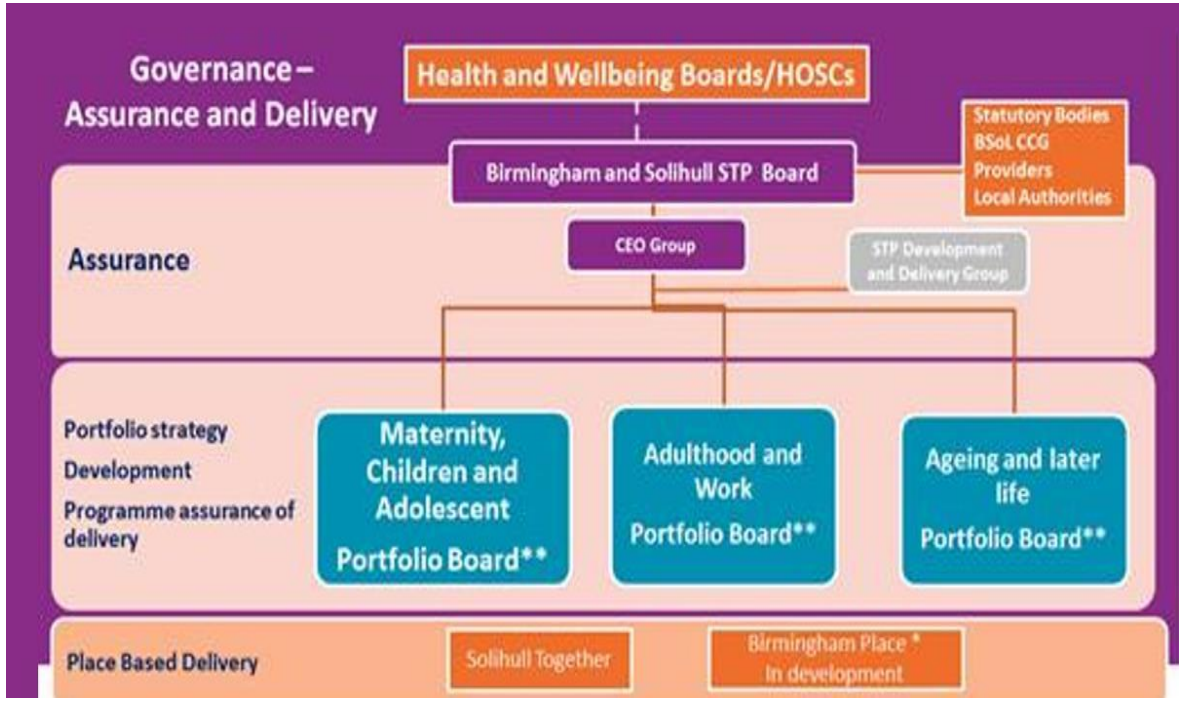
Diagram 1, STP Strategic Aims (Strategic Priorities from CCG Operational Plan 19/21)

These aims thread through our work for children and young people, adults and older adults. However, the support offered to children, young people and families' needs to be tailored to meet their unique needs as well as to support preparation for adulthood.

Strategic Aims

A single all-age Mental Health Transformation Board has been established. The Board will oversee delivery of both the Mental Health Long Term Plan Deliverables and other deliverables set out in Birmingham and Solihull Local Transformation Plans. This will bring oversight of all aspects of children and young people mental health transformation into one place. The Transformation Board will report into the Mental Health Provider Collaborative/Care Programme which in turn will have a route into the Integrated Care System Board.

The diagram below reflects the current STP governance arrangements:



Maternity, Childhood and Adolescence is one of the 3 key priority areas for the STP set out in the Live Healthy, Live Happy Plan https://www.livehealthylivehappy.org.uk/our-priorities/maternity-childhood-and-adolescence/. The intention is to "*Develop integrated strategic commissioning for children's services involving schools, public health, NHS and social care and integrate health visiting, children's centres and other services in early years hubs*"

Strategic Aims – Integrated Care System

Birmingham and Solihull (BSOL) will become an Integrated Care System (ICS) from April 2022. Arrangements for transition to an ICS are being overseen by the BSOL ICS Board and build upon the work and commitments set out in Birmingham and Solihull Live Healthy Live Happy Plan.

The ICS and its predecessor organisations have demonstrated a system commitment to CYP wellbeing and mental health which can be evidenced through joint planning and shared funding arrangements. These funding arrangements are building capacity of established models of care that work around the system and into social care, education, voluntary sector and health.

The governance structure attached below provides interim stability as we move towards new arrangements as part of an ICS. The structure seeks to integrate transformation, the development of provider collaboration and the maintenance of the system partnership working established during Covid.

Under the ICS all-age mental health provision will form one of 6 strategic care programmes. Care Programmes will define need, resource and outcomes with the coordination and delivery of integrated provision lead by the BSOL Mental Health Provider Collaborative.

BSOL Mental Health Provider Collaborative Guiding Principles:

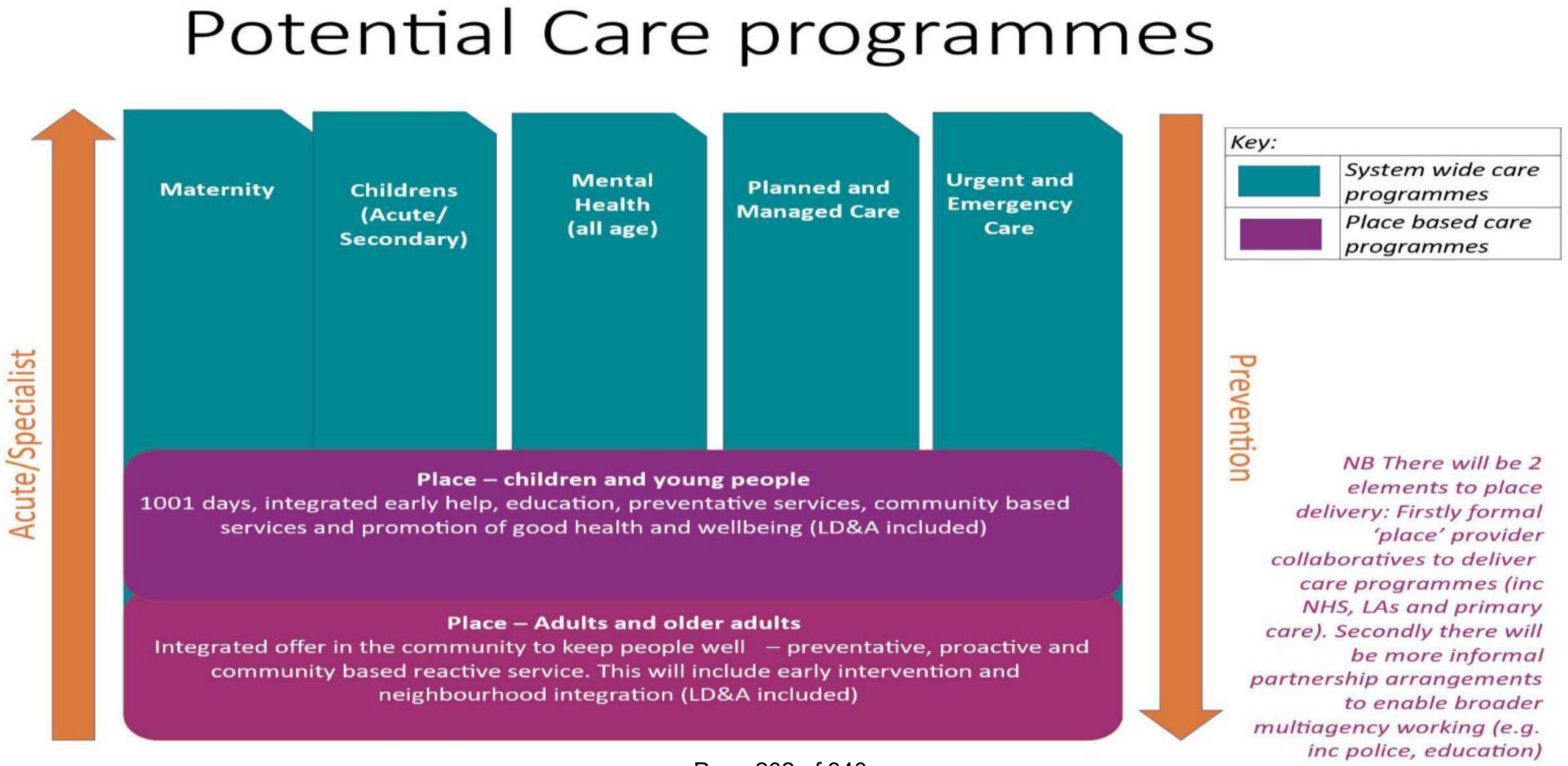
- Reduce health inequalities,
- Prevent mental ill-health and manage demand,
- Improve access,
- Achieve better outcomes,
- Keep people safe
- Deliver better value.

Whilst a move towards integration is signalled in national policy, we are developing the Birmingham and Solihull Mental Health Provider Collaborative because we think that we will be better able to achieve our ambitions for the people we serve by working more closely together.

Copy of the Birmingham and Solihull Mental Health System Governance:

BSol Mental
th System Governa

Proposed Care Programmes under ICO that will in effect deliver the strategic plans. The care programmes are likely to be led by aligned provider collaboratives.



Working in Partnership

Partnership working across different agencies is at the centre of Birmingham's vision of ensuring that every child or young person is supported in a way that enables them to meet their full potential, recognising that “It takes a city to raise a child”. System partners have established Birmingham Children's Partnership to support this vision.

The Birmingham and Solihull Sustainability and Transformation Partnership and developing Integrated Care System has demonstrated a system wide commitment to children and young people's wellbeing and mental health which can be evidenced through joint planning and working and shared commissioning and funding arrangements. We are building capacity in established models of care that work around the system and into social care, education, voluntary sector and health in order to meet needs in timely and accessible ways. Working in partnership we deliver a 'whole system' approach to supporting the mental health and emotional wellbeing of children and young people, which is far greater than just those services which proactively contribute to achieving the NHS Long Term Plan target for 35% of children and young people with a diagnosable mental health condition to receive treatment each year. For example, Birmingham City Council continues to invest in early emotional wellbeing support, school-based support, digital services, and workforce development. This system approach ensures that we are increasing skills and knowledge of the whole workforce and as a result providing children and young people with help at the earliest point possible.

Birmingham has an established Children and Young People’s Mental Health 0-25 Local Transformation Programme Board (LTB), which provides assurance for the delivery of the Local Transformation Plan. There are clear and effective multi-agency board and governance arrangements in place, with senior level oversight for the planning and delivery of transformation activity, and a clear statement of roles, responsibilities and expected outputs.

Birmingham and Solihull is continuing to develop its high-quality crisis support work. Statutory and voluntary sector providers work together to deliver this and to ensure that crisis support is accessible, responsive and identifies and addresses health inequalities.

Throughout the year the system commissioners and providers meet with a range of stakeholders and groups to share progress and consult on gaps and priorities. These include: children and young people, parent carer forum representatives, education partners, children's early help and social care services, Education and Emotional Wellbeing Strategy Group and BSOL Learning Disabilities and Autism Board.

The following boards have been or will be involved and consulted in the development of the refreshed LTP:

BSOL Learning Disability and Autism Programme Board
31st August 2021

Birmingham Local Transformation Board 15th September 2021

BSOL CCG Mental Health Programme Board
15th September 2021

BSOL Parent/carers forum
22nd September 2021

Birmingham Health and Wellbeing
21 September 2021/ 30 November 2021

Reducing Stigma and Addressing Health Inequalities

Birmingham has seen an unprecedented rise in the demand for emotional wellbeing and mental health services and support which has been exacerbated by the pandemic. We recognised that some communities may be more hesitant to seek help than others and in some instances, these would be the same communities that were most affected by the pandemic, experiencing the highest numbers of deaths and financial and social impacts of Covid.

A 24/7 helpline was launched in Birmingham and Solihull in response to the pandemic and continues to operate. This was underpinned by an extensive communications campaign which sought to reach into those communities which may have been suffering the greatest health inequalities, by utilising locations and support networks including faith-based groups, shops, community radio stations and schools, and using a range of social media tools. An example of the campaign branding is shown above.

Partners and providers also increased access to digital/online support in response to social distancing requirements which limited face to face services, for example through commissioning online autism assessments and the Kooth emotional wellbeing service.

Forward Thinking Birmingham have experienced continued growth in activity through their innovative open access referral model. Forward Thinking Birmingham also responded at pace to develop digital resources to reach those who needed support during lockdown. The digital and face to face blended approach to care proved successful, with a reduction in those who did not attend/were not brought,and is now being further developed and embedded in care pathways.

The system has worked to ensure that the whole workforce is more knowledgeable, skilled and confident to support children, young people and parents and carers at the earliest point of need. Throughout the pandemic providers worked together to improve accessibility to meet workforce challenges. Our ambition for transformation in Birmingham includes equipping the workforce across the whole system of care with the competencies and skills to better identify emotional distress, and emerging mental health concerns, and to provide early interventions.

Transparency and Accountability

NHS Birmingham and Solihull Clinical Commissioning Group (BSol CCG) is responsible for planning and commissioning health services for people living in Birmingham and Solihull. It operates as part of a large, complex system of health and care which also includes local authorities, NHS providers, the independent and voluntary sectors and primary care.

NHS Birmingham and Solihull CCG's aim is to develop, shape and improve the health and lives of people living in Birmingham and Solihull. This means:

- Delivering the best possible outcomes
- Tackling health inequalities
- Meeting the health and wellbeing needs of a diverse population
- Improving services – focusing on effectiveness, safety, quality and patient experience
- Working within a financially sustainable system in Birmingham and Solihull through integrated partnership, integrated provision and integrated improvement.

Birmingham has a single commissioned model of mental health care for 0 – 25 years olds, this is delivered by Forward Thinking Birmingham (FTB) which is part of Birmingham Women's and Children's NHS Foundation Trust. FTB is a collaborative partnership with a number of subcontracted voluntary and community sector partners, for example The Childrens Society and Open Door.

Mental health service providers flow data to the national Mental Health Services Dataset (MHSDS). This is a contractual requirement which ensures that information is available on the type and amount of care that they provide. Our providers also achieved the MHSDS Data Quality Maturity Index target in 20/21 - this is a measure which looks for 36 key data items within the MHSDS.

The CCG monitors the delivery of care and submission of data through contract and quality review processes and seeks assurance through improvement plans where required. Providers are also subject to statutory national regulators including the Care Quality Commission.

Publication of this Transformation Plan is one of the ways in which we demonstrate our transparency and accountability. The plan will be published on the following CCG and partner websites:

Birmingham and Solihull CCG
https://www.birminghamandsolihullccg.nhs.uk/our-work/local-transformation-plans

Forward Thinking Birmingham

Birmingham Education Partnership (BEP)

Birmingham Local Offer Website

We will work to produce an accessible format for local children, young people and families/carers by December 2021.

Engagement and Co-production

Some of the most pressing challenges we face in transforming mental health services for children and young people cannot be resolved without improving our understanding of the issues experienced by our local population and increasing opportunities for the generation of innovative and sustainable solutions. Effective engagement and participation in the commissioning of services is less about following a process and more about genuinely reaching out to involve people and communities who bring a wealth of energy, experience and wisdom to the table.

Every aspect of our commissioning system must be informed by listening to those who use and care about our services.
In Birmingham, we want to ensure that local resources are targeted effectively to best meet the needs of those within our city. Our Local Transformation Board recognises and respects the vital contribution that children and young people, and their families and carers, have to offer in the planning, delivery and evaluation of local transformation.

In Birmingham we want to deliver engagement and co-production outcomes with meaningful impact. We are committed not only to ensuring that the voices of children and young people are heard, but also that these remain consistently at the heart of everything we do. Our Local Transformation Board proactively supports opportunities for collaboration between professionals and children and young people, with the purposeful intention of shaping a partnership approach to service planning, commissioning, and delivery.

“If you truly do believe that young people are our future, then hopefully you will also agree that such a future involves their active engagement and participation to improve services that are... about them and for them” **Maniba, 23, Former Member of Think4Brum and Hub Squad**

Example of good practice in engagement and co-production - Forward Thinking Birmingham participation and engagement

Forward Thinking Birmingham's (FTB) Participation and Engagement strategy sets out their commitment to working in partnership with children, young people, young adults, parents and carers to ensure they are actively involved in decisions about their own treatment and supervision, and can also influence service delivery, development, innovation and governance. The foundation of participation and engagement is ensuring children, young people, young adults and parents/carers experience person-centred care, and are actively involved in decisions made about their treatment, care, and supervision. Forward Thinking Birmingham wants them to understand and feel in control of the care and support they receive. Building on the 'Framework for Person Centred Care in CAMHS' which was co-developed with children and young people, FTB use a consistent set of principles implemented flexibly to reflect the differing needs of children, young people and young adults.

FTB embrace the need to listen to, learn from and respond to children, young people, young adults, and parents/carers to ensure their views and experiences underpin and inform change. FTB engage with those with and without experience of using their services, ensuring the voices of communities who are underrepresented in services are heard.

Effective engagement of children and young people is key to influencing real change, FTB use a range of approaches. One of these is 'Think4Brum', a group of young people aged 16-25 who act as a steering group for FTB, giving support, guidance, and direction from a children and young people's perspective. In addition to facilitating the opportunity for young people to directly influence the design and delivery of service, this group of young people were also consulted on the development of the Local Transformation Plan objectives for 2020/21. FTB are also committed to developing the skills, confidence and experience of young people to enhance their future careers, and via Think4Brum, young people can access training and development opportunities.

FTB also place considerable value on the views and expertise of parents and carers. To ensure they have an active voice, FTB work in partnership with parents and carers to identify improvement to the services offered. The 'Carers Voice Group' is FTB's proactive forum for parents and carers to share their views. The group is involvement in service development, the reviewing of resources, specific focus group initiatives and an ongoing input into improvement work across the service.

See this document for further information.

Think4Brum Co-production

Example of good practice in engagement and co-production - Mental Health Support Teams

Mental Health Support Team

Mental Health Support Team (MHST) is a service designed to help meet the mental health needs of children and young people in education settings. The teams are made up of Children and Young People's Mental Health Practitioners and Education Mental Health Practitioners.

Mental Health Support Team provides early intervention on some mental health and emotional wellbeing issues, such as mild to moderate anxiety, as well as helping staff within a school or college setting to provide a 'whole school approach' to mental health and wellbeing. The teams will act as a link with local children and young people's mental health services and be supervised by NHS staff.

Children and young people have been involved in the co-production of the Mental Health Support Team's via the use of focus groups in identified schools. Schools are worked with on an individual basis to ascertain what support is needed specifically for them. There have been several meetings where teams have worked with the senior leaders in the school to find where Mental Health Support Team best fits in their existing support networks. Children, young people and their parents/ carers are actively engaged in care-planning for the work delivered by the Mental Health Support Team. Clinicians and practitioners work with young people to take into account the views of young people as they work collaboratively on design of care and crisis plans.

Example of good practice in engagement and co-production with Parent Carers

A Health SEND Parent Carer Forum (PCF) has been established to improve health services for Children and Young People with Special Educational Needs and Disabilities (SEND) in Birmingham and Solihull.

The forum is hosted by NHS Birmingham and Solihull Clinical Commissioning Group (CCG). It works with parents and carers of children and young people with SEND and co-opted members as required, to support open communication, co-operation and shared learning between families and professionals.

The shared responsibilities of the CCG and parent carers on the group are defined as:

1. To focus on improving outcomes for children and young people with SEND
2. To share knowledge and experiences in a reciprocal way in order to understand issues and blocks further
3. To devise solutions and take actions as agreed in a timely way
4. To engage in co-design and co-production

An example of good practice devised in conjunction with this Forum is the development of cross-border principles for providers working together, which are explained further on the next slide.

The link to Birmingham SEND Improvement Plans can be found here - SEND - Birmingham and Solihull CCG

Birmingham Send Revisit Report

Joint Statement Send Re-inspectior

Birmingham Parent/ Carer Forum website - Birmingham Parent Carer Forum

- **Bsol Co-production framework**

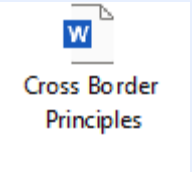
Co-production Framework

Good Practice - Cross border Principles for Providers working together

Birmingham and Solihull Clinical Commissioning Group commissions health services to meet the needs of children and young people who are registered with GPs in Birmingham and Solihull. If the child is registered with a Solihull GP but goes to a school in Birmingham or vice versa, for example, then this can lead to differential access to provision of support and health care in schools. This can lead to challenges for children and young people and their families and impact directly on the care they can or cannot receive and it is often difficult and confusing for parents to navigate this complex system.

To help improve this situation, the Clinical Commissioning Group (CCG) has worked with providers and with parent carers on the Health SEND Patient Carer Forum to co-design cross border principles, which were agreed in November 2020.

BSOL Cross Border Principles



Example of good practice in engagement and co-production – key workers

A pilot project is currently being funded by NHS England and Improvement in Birmingham and Solihull for key workers. This will be a new support service for children and young people with a learning disability and/or autism and their families, delivered by Barnardos. It has been developed and co-produced with parent carers and other stakeholders, with planning events including: Barnardo's, Birmingham and Solihull CCG, Birmingham Parent Carers Forum, Solihull Parent Carer Voice, Experts by Experience Solihull Community Interest Company, Solihull Metropolitan Borough Council and Birmingham City Council. They have co-produced priorities and outcomes for the key worker pilot and shaped the evaluation framework and the contract quality reporting required from the service.

The role of the keyworker will:

- Support children and young people with learning disabilities and/or autism who are known to the Dynamic Support Register and/or other specialist services, at risk of crisis and or admission.
- Provide independent challenge to the system on behalf of families
- Enhance inter-service communication
- Support young people to reach their potential by navigating the system from their point of view, enhance inter-service communication, connect to education, health, care, youth justice and advocacy

The pilot launched in September 2021 and a regular newsletter is being produced. Further information about the key worker pilot can be found here on the CCG website: Key worker pilot webpage

What did children and young people feedback?

Top 5 Do's:

- Include me in everything and communicate regularly
- Respect me and my family and trust and understanding will grow
- Be proactive and pragmatic to create solutions
- Listen and learn- understand what things I need to happen in order to be safe and well
- Support me to be me and achieve my potential

Top 5 Don'ts:

- Don't exclude me or my family from a decision-making process about me
- Don't ask us to repeat my story to multiple team members this can be exhausting for us
- Don't see my learning disability or autism as what defines me
- Don't make assumptions – ask me if you need to know something
- Don't use overly clinical or medical language - I'm a person

Example of good practice in engagement and coproduction - Prevention and Promotion Fund for Better Mental Health

Birmingham City Council was recently awarded money from the Prevention and Promotion Fund for Better Mental Health 2021 and worked in collaboration with its health colleagues and other stakeholders in order to identify and fund key priority areas. Guiding principles included partnership and system working and a life course approach.

A number of the initiatives being put in place with this funding will support children and young people, including:

- strengthening the current bereavement service to offer outreach work in schools in the most deprived parts of the city
- LGBT+ mental health awareness training
- Training and support for 10 mental health peer support workers
- Expansion of Birmingham Education Partnership's New Start Programme, which supports schools in developing a whole school approach to mental health support

Prevention and Promotion Fund for Better Mental Health

Better Mental Health Funding

Children and Young People Mental Health and Emotional Wellbeing Local Transformation Plan 2021/22

Birmingham
NEEDS ASSESSMENT SUMMARY

NHS England and NHS Improvement

Needs Assessment

Partners in the Birmingham and Solihull Sustainability and Transformation Partnership/ emerging Integrated Care System are committed to designing and delivering needs-led support, with a particular focus on addressing health inequalities. There is more information on the ICS Health Inequalities Programme later in this Plan. Our commitments are across all ages and care pathways. We know that we cannot look at the mental health needs of our population in isolation because physical and mental health needs often go hand in hand and there are many factors which lead to health inequalities.

Birmingham and Solihull partners have committed to:

- Improve access to mental health services for Black, Asian, and Minority Ethnic (BAME) communities, migrant communities, and young people by addressing barriers of language and cultural barriers, developing inclusive provision and ensuring appropriate and accessible access routes into services.
- Redesign the support for all-ages - we have two key programmes of redesign and transformation work which are: services for 0-25 year olds and adult community mental health services.
- Removing barriers to accessing health care for people from communities that may find them difficult to access, for example Gypsy, Roma, Travellers, homeless people, migrant communities including migrant pregnant women.
- Primary Care Networks (PCN) will address health inequalities at the local level and will improve access to GPs and a range of services, registration and appointments, screening, and primary care services for those groups at risk of exclusion through prevention and raising awareness of the needs and issues experienced by these groups through training, review, and promoting best practice.
- Review and roll out of the Safe Surgeries Toolkit across GP practices to support inclusive registration for migrant communities
- Improve uptake of physical health checks for patients with serious mental illness, and patients with learning disabilities.
- Ensure culturally inclusive end of life care that supports family and carers wishes.
- Improve diagnosis and access to dementia care, particularly for BAME communities where diagnosis rates are low.
- Deliver social prescribing support and prevention to promote wellbeing connecting people to community support and statutory services
- Deliver extended access provision to GP services including at evenings and weekends ensuring access for protected characteristic groups
- Addressing barriers which people with disabilities continue to experience barriers in accessing the reasonable adjustments they need to access care and support.
- Improving support for children and young people with special educational needs and disabilities.

Needs Assessment

Providers have worked together across the system and organisational boundaries to tackle the impact of the pandemic on those most vulnerable children, young people and families by putting in place the following measures:

- Ensuring young people had access to some form of digital communication to support appointments but also ensure face to face was available for those who required this (provided mobiles / supported access to local authority funds)
- Worked in partnership with schools and safeguarding to identify and increase support to those most vulnerable
- Communications to ensure our population knew we were open and offering services
- Ensured all services continued to run even if with an alternative offer
- 24/7 mental health helpline initiated – free phoneline to increase accessibility options
- Established bereavement support single point of access
- Review of needs and safety of those waiting for services as well as in active treatment
- Local inclusion IDEAS group / forum

The Birmingham Children and Young People Joint Strategic Needs Assessment can be accessed here
Details of all Birmingham Joint Strategic Needs Assessments relating to children and young people can be found here: BCC CYP JSNA themes webpage

Birmingham
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Needs Assessment

Birmingham and Solihull CCG Equality Objectives and Health Inequalities Strategy 2020 – 2022

The Equality Objectives and Health Inequalities Strategy 2020 – 2022 has been refreshed in line with the NHS Long Term Plan, CCG Five Year Plan, and Birmingham and Solihull Sustainability and Transformation Partnership Strategy. Our ambition to deliver health services that meet the needs of our local diverse communities and populations and reduce avoidable health inequalities remains at the core of our values and equality objectives. The Strategy sets out how we will work to improve access to health services, improve health outcomes and the experiences of patients, communities, and the workforce, ensuring the needs of protected and vulnerable groups are identified, considered, and appropriately met.

The Strategy includes the following high level equality objectives, which the CCG is committed to:

1. We will commission health services that are informed by local needs and people, improve access, and reduce health inequalities.
2. We will work with our local partners to improve health outcomes and in doing so, will support the voices of vulnerable and disadvantaged groups and communities to be heard.
3. We will develop our workforce across all levels of the organisation, where staff are engaged and supported, and leaders and managers foster a culture of inclusion, wellbeing, and diversity.

Integrated Care System Inequalities Programme

Birmingham and Solihull Integrated Care System (ICS) have created a dedicated Health Inequalities Programme with a specific purpose on addressing inequalities and the impact it has on health and life chances. Tackling health inequalities has been put at the centre of the ICS work to ensure that residents of Birmingham and Solihull are able to "live healthy and live happy".

ICS Inequalities Guiding Principles:

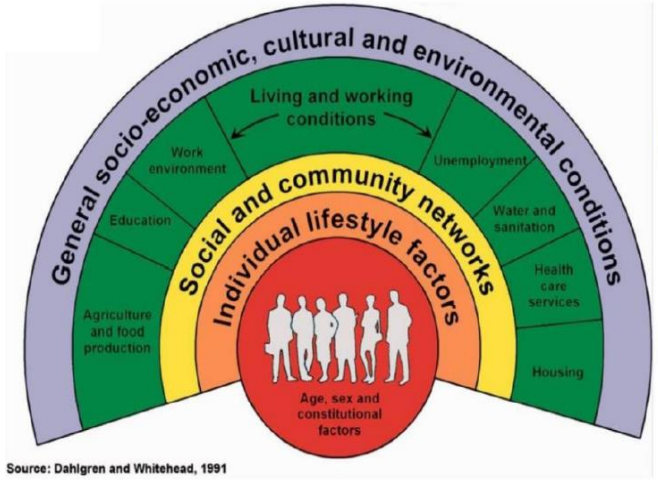
- Reducing health inequalities and workforce inequalities is mainstream activity that is core to, and not peripheral to, the work of health and social care.
- Interventions to address inequalities must be evidence-based with meaningful prospects for measurable success.

Programme Approach:

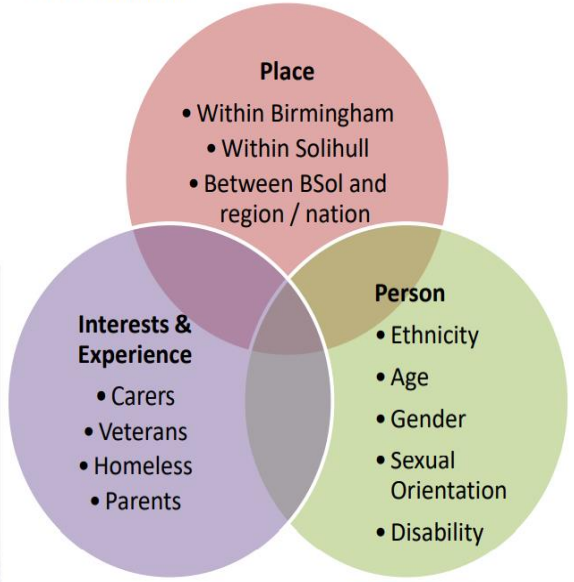
- Tackling inequalities is a task for all of the partners in our ICS.
- Part of our approach to "place" – system / place / locality / neighbourhood.
- Part of our "life course" approach – born well, grow well, live well and age well.
- Two stages: acting now on some early priorities whilst taking time to build a robust longer-term strategy.

Our Understanding of Inequalities . . .

- Inequalities are deep-seated, complex and driven by a range of factors.
  - Deprivation
  - Housing
  - Education
  - Employment
  - Community
  - Environment



- Three, connected dimensions of inequality affect people in Birmingham and Solihull.



Live healthy Live happy
Birmingham and Solihull

Needs Assessment - Overview

- Birmingham has a population of c.1.3 million and is characterised by its high levels of ethnic diversity with a Black and Minority Ethnic population of 42% and a high level of migration into the City.
- Six in ten of the population living in the 20% most deprived neighbourhoods in England. The combined Black, Asian and ethnic minority population for BSOL is 37%.
- The Clinical Commissioning Group carried out work to understand the Mental Health inequalities that exist within Birmingham and Solihull. It looked at inequalities based on geographical locations, deprivation and ethnicity. This work highlighted the multi-factorial nature of health inequalities and how variation of access to care occurs in different population groups. **Mapping of Birmingham and Solihull Health Inequalities**
- The intelligence gathered from this data is being used in service design, planning and workforce developments. Engagement and targeted work has been undertaken in areas of low service uptake to help us better understand how to address the inequalities.
- There are delays and challenges for people experiencing mental health to receive the mental health care they need, particularly young people and people from BAME communities.
- There are barriers to accessing health care for people from certain backgrounds and communities including Gypsy, Roma, Travellers, homeless people, migrant communities including migrant pregnant women.
- People with disabilities continue to experience barriers to accessing the reasonable adjustments they need to access care.

Needs Assessment – Overview for Children and Young People

- Birmingham is the largest local authority in Europe and the UK's second city, home to an estimated current population of 1,137,1231. The city has a younger population, a more diverse background and higher than average levels of deprivation compared to the rest of England.
- There were an estimated 220,635 children aged 5 to 18 years in Birmingham in 2018, this equates to 19.3% of the total population of the city.
- Birmingham is the 6th most deprived local authority in England.
- The 2019 school census recorded 42.1% of pupils as disadvantaged, 28.3% as eligible for free school meals and 41.9% with English as an additional language.
- Birmingham has a larger proportion of the population aged under 18 years.
- There are currently (as of 19/07/21) 1,981 children in care. There is a higher rate of children in care than England average.
- Birmingham has the largest proportion of children aged 0-5 years of any local authority in England
- The population of children and young people in Birmingham are more ethnically diverse than the older population of the city.
- A larger proportion of children in education in Birmingham have special educational needs than the England average.
- A larger proportion of children in education in Birmingham have special educational needs than the England average, and there is also a higher rate of children in care

Understanding the needs of children and young people in Birmingham 2018 | Birmingham City Council **– for further information**

Needs Assessment – Children and Young People's Mental Health

Children and Young People - Any Mental Disorder Prevalent Population Accessing Mental Health services

Birmingham and Solihull completed analysis of access rates into mental health services for patients aged 0-18 which demonstrated wide variations in access rates.

Prevalence Rates:
Birmingham=12.2%
Solihull=12.23%

Using the prevalence rate of 12.2 – 12.23% we can estimate the number of children and young people likely to need mental health support in a twelve-month period. The national target is that 35% of young people that develop mental health problems should access support. Our analysis shows that constituencies of Solihull and Meriden surpass this threshold with 38% of prevalent young people accessing services.

For Birmingham constituencies there are wide variations in access rates, from 14.8% in Ladywood to 34% in Northfield. This indicates in-equity of support for mental health conditions dependent on geography of residence. Those prevalent with Any Mental Disorder and least likely to receive support are in the central parts of the geography – Ladywood, Hodge Hill, Hall Green, all with access rates below 20%. These are areas that also have higher rates of deprivation and higher BAME populations. Areas to the north and south of the geography – Northfield, Selly Oak, Sutton Coldfield have better access rates – all above 30%, but still below the national target of 35%.

Mapping of the BSol Children and Young People Prevalent Population Accessing Mental Health services:

CYP Prevalent
ılation Accessing M

Needs Assessment – Ethnicity data

Ethnicity data

Through data quality assurance, we noted discrepancies in the non-recording of ethnicity data with Forward Thinking Birmingham (FTB) and Partners. For referrals received between July 2020 and June 2021, FTB and their partners has 31.2% of CYP that did not have ethnicity recorded. This equates to 9,676 referrals.

Mitigation Plans:

- Data Quality Improvement Plan in place and actions identified to improve data capture and recording.
- Regular meetings with provider to monitor progress

Ethnicity data – non recorded

	FY 2021			FY 2022	Grand Total
	FY 2021 Q2	FY 2021 Q3	FY 2021 Q4	FY 2022 Q1	
% Not Recorded	40.2%	35.7%	24.9%	26.3%	31.2%
Denominator	2,515	2,943	2,010	2,208	9,676
Numerator	6,262	8,243	8,066	8,403	30,974

Needs Assessment - Homelessness

There are youth homelessness pathways commissioned by both Birmingham and Solihull Local Authorities. Commissioned services are provided by a number of specialist providers who provide accommodation and support for young people aged 16-25 who are homeless or at risk. The Pathway models focus on prevention as a priority. Research suggests there are around 86,000 young people experiencing homelessness in the UK and around 8,500 in the West Midlands [source: Centrepoint].

St Basils works with young people aged 16-25 who are homeless or at risk of homelessness, helping some 4,500 young people per year across the West Midlands region with specific services in Birmingham, Solihull, Coventry, Worcestershire, Warwickshire and Sandwell. Every year around 1200+ young people are housed in our 40+ supported accommodation schemes, which for some young people includes their young children as well. St Basils offer a range of prevention, accommodation, support, employability and engagement services to help young people regain the stability they need to rebuild their lives, gain skills, confidence and employment and move on. Their aim is to help young people to successfully break the 'cycle of homelessness' so that they can go on to experience a bright, fulfilling future and never return to a state where they are at risk of homelessness again.

St Basils Statistics for April 2020 - March 2021

Outcomes
3860 young people were assisted with advice and support
1,028 young people were housed by St Basils
90% moved on in a planned positive way

Referrals
Gender - 57% of referrals to our services were young men; 52% young women; 1% Transgender
Ethnicity- 56% referrals were Black or Minority Ethnic (BME) young people
Age- 13% of referrals were aged 16-17 years; 54% were aged 18-21 years; 34% were aged 22-25
Employment status- 51% of referrals aged 16-17 were Not in Education, Employment or Training; 67% of 18-21s were unemployed; 68% of 22-25s were unemployed.
49% of young people cited family conflict as a contributory factor leading to homelessness while 69% have multiple support needs, including Domestic Violence, complex trauma, Autism Spectrum Disorder, sexual exploitation, self-harm, suicidal ideation; drugs and alcohol, criminal convictions.

Needs Assessment - Homelessness

St Basils Psychologically Informed Environment (PIE)
Designed to meet the emotional and psychological needs of service users in order to empower them to make positive changes in their lives. St Basils became one of the first Psychologically Informed Environments or 'PIEs' in 2011, in recognition that homeless young people were increasingly struggling with mental health problems, had experience of trauma and abuse and presented with challenging behaviours. St Basils have invested in a long-term secondment of a Consultant Clinical Psychologist from Forward Thinking Birmingham (FTB) to be their PIE Lead.

Evidence is building to support the learning that this approach enables staff to help young people build confidence and resilience so they are better equipped to tackle the challenges they face in order to achieve long-lasting and positive change. In partnership with the University of Birmingham, evaluation of the St Basils PIE model is in progress, investigating the strengths of the model, the economic impact, as well as constant learning to inform continuous development.

St Basils Transitions Hub
In March 2021, St Basils were awarded the Vulnerable Adults contract to deliver the Transition Hub as part of the Birmingham Preparation for Adulthood (PFA) teams. Forward Thinking Birmingham were part of the partnership, alongside Aquarius Substance Misuse services, and shared funding of a full-time Occupational Therapist and Clinical Psychologist to work directly alongside St Basils' progression coaches and Transition Co-ordinators. This project is commissioned to support young people with extremely complex needs who typically are excluded from mainstream mental health services and supported accommodation due to challenging behaviour, disengagement and serious drug use. The service is currently accepting referrals and is designed to accommodate twelve young people for approximately six months and offer an outreach service for twelve others. This service is design to be a proof of concept project and will provide on-going learning to organisations involved in youth homelessness and mental health.

Response to Covid 19
Since the first Covid Lockdown, St Basils has continued to provide support to young people who found themselves homeless and needed to access the Youth Homelessness and Wellbeing Hubs in Birmingham and Solihull. Staff have provided both face to face and remote/virtual support depending on the needs/situation of the young person. St Basils' Rough Sleeper Team were involved in the "Everyone In" scheme to ensure that young people rough sleeping were able to secure emergency accommodation and had food and other necessities.

Needs Assessment - Children in Care

Children In Care / Looked after Children

BSol CCG commission Birmingham Community Healthcare (BCHC) children in care service and University Hospital Birmingham (UHB) Looked After Children Team. The services aim to address the unmet health needs of Children in Care across Birmingham and Solihull. The central role of the service is to undertake a rolling programme of annual health assessments for Children & Young People in care and produce an individual health plan to meet their healthcare needs.

In 2019/2020 BCHC successfully appointed 19.7 WTE nurses to support with the increased demand on the Children in Care (CiC) service to support with service delivery, risk associated and ensuring that all children and young people under the age of 18 years receive a statutory health assessment that fulfils the requirements and timescales identified.

Both the Solihull and Birmingham teams have continued to provide a service for children in care throughout the pandemic either by face to face appointments or virtual. 80-90% of Birmingham and Solihull children have received a health assessment for 20/21. There was a noted delay with some health assessments being completed due to the redeployment of staff and sickness within the teams, which has been a challenge and longer wait times for children placed into area as no foresight to the level of demand.

Solihull and Birmingham identified the significant increase and demand of Unaccompanied Asylum Seeking Children and meeting their health needs. The number of new arrivals has escalated sharply this year, particularly by boat and irregular routes during lockdown. We anticipate the impact on Solihull systems to be less than those experienced in Birmingham in line with population size and associated placements.

Partners across the system are reviewing the current emotional wellbeing and mental health care that is in place for children in care and care leavers. Work is being undertaken to ensure that the new 0 – 25 model of care and Birmingham Children's Trust Therapeutic Education Support Team (TESS) provides a cohesive offer of care. Forward Thinking Birmingham and TESS provide training for Local Authority foster carers, including connected carers.

Birmingham and Solihull are also piloting how personal health budgets can improve the emotional wellbeing and mental health of children in care, care experienced young people and children on the edge of care who have previously been in care. We will be evaluating the impact of this to inform future CCG planning.

Adopted children access to support from the Department for Education adoption support fund commissioned by Local Authorities via a sub-regional framework for psychological support; this is managed via Adoption Central England, our sub-regional adoption agency.

Needs Assessment – Early Childhood

About 10% of mothers suffer from mental health problems in the first years after giving birth and about one in ten children have a mental health problem. The impact of a difficult start in life can be very harmful to children's chances in life.

Perinatal Mental Health Support

Perinatal mental health has been identified as a key priority in Birmingham and Solihull. The maternity and newborn workstream governance is through Birmingham and Solihull United Maternity Project (BUMP). There are close working relationships between statutory and voluntary sector partners.

Key objectives of the Specialist Perinatal Mental Health service for Birmingham and Solihull (provided by Birmingham and Solihull Mental Health Foundation Trust), include:

- Increase Access to services (2021/22 Target of 8.6% of the population birth rate)
- Ensure that mechanisms are in place to enable women with lived experience to be actively involved in the development of local perinatal mental health services (including a focus on Infant Mental Health)
- Ensure that community PMH services understand their particular access challenges for different groups (such as BAME and younger parents) and are working to ensure that all groups have equal and timely access.

The Perinatal Mental Health Service has conducted analysis to explore the socio-demographic characteristics of potential service recipients and to determine where differences lie in the utilisation of services amongst these subgroups. Using the analysis conducted the service aims to enable provision of proactive outreach within BAME communities to improve access for these communities; for example, through the recruitment of Peer Support Workers from third sector agencies with established links with local BAME communities.

Infant Mental Health/Parenting Support:

- Forward Thinking Birmingham (FTB) under 5s pathway, including parent-infant interventions
- Birmingham Forward Steps (BFS) – including, for example: parenting advice, including parenting courses, Maternal mental health, 1:1 family support, including support provided by Home-Start volunteers, Attachment and emotional development
- Birmingham Children's Partnership Early Help Offer - extended mobilisation at pace during the pandemic, including support for families.

Needs Assessment – Pre-school children and Needs Assessment – LGBTQ+

Pre School

- Birmingham's parenting offer is universal underpinned by principles of primary prevention and enabling peer support between parents and carers in our communities. There is also a targeted offer to support parents with particular needs or at a particular stage in the life course.
- FTB provides specialist 0-5 IAPT interventions with the addition of CYP IAPT qualified practitioners and with input from child and adolescent psychotherapy. Practitioners will support and link with STICKservice offer (Screening Training Intervention Consultation Knowledge)
- The 0-5-year team formulate and offer specialist psychological intervention for a whole range of referrals for children aged under five years old, including challenging behaviour difficulties, chronic regulatory problems (feeding, sleeping, soiling), developmental trauma, and attachment difficulties, as well as neuro-developmental difficulties.
- The development of the pathway has led to the delivery of Infant mental health support in a specific defined pathway and been the interface between Parent Infant Mental Health and Perinatal Mental Health across the four community hubs. This work interfaces within FTB, in particular links with Looked After Children and ED pathways and pathway links in relation to primary and tertiary care and with the VCS to provide continuity in relation to the patient's journey.
- FTB provides clinical supervision for the partnership with Acacia's YPP: Young Parents Project for under 25's across Birmingham. There are established links with Community Paediatricians and Teams around the child/Early Help plans/Child in Need and Child Protection meetings in terms of supporting FTB families in their patient journey. FTB also jointly lead the Parental emotional well-being practice and training monthly network in partnership with Birmingham Forward Steps.

LGBTQ+

- Kooth the online counselling and support service include LGBTQ+ in their forum discussions and monitoring information shows that LGBTQ+ (Sex & Relationships) is regularly reported as the area of most viewed articles.
- Birmingham has a dedicated centre called Birmingham LGBT (BLGBT) which is a local charity providing support, information and advice to the local lesbian, gay, bisexual and trans community, and those who identify under a variety of other sexual orientations and genders.
- This includes some specific provision for LGBT+ young people such as Sexual health services, Wellbeing support service, Counselling and psychotherapy.

Birmingham LGBT

Needs Assessment – Learning Disabilities and Autism

Learning Disability and Autism Partnerships in the Midlands region were asked by NHS England and Improvement to submit a bid to fund their 3 year Learning Disabilities and Autism road map plan, to build on foundations already set within the learning disabilities and autism programme to ensure that people with a learning disability and/or autism have timely access to appropriate care and support to enable them to thrive and to continue to reduce health inequalities.

The objectives of the 3 year Birmingham and Solihull plan are:

- To reduce the number of admissions into inpatient provision through wider adoption and utilisation of the dynamic support register (DSR), learning disabilities mortality review (C(E)TR) process and increase capacity and capability of provision within the community.
- To reduce the length of stay for inpatient admissions through the implementation of the discharge hub, discharge protocol and increase risk appetite of inpatient providers.
- To reduce the breakdown of care and support packages within the community through the re-establishment of provider forums, a tailored package of training to increase knowledge and skills of community care and support providers.
- To establish a pre and post diagnostic autism support offer to enable our population to access a clear offer of support at points in their care and support journey to increase their well being and increase their life outcomes.
- To increase the positive experience of care and support of our population through this increased offer.
- To support the reduction in health inequalities that our population face through this increased offer.

Crisis Management and Admission Avoidance - 0-25 offer:

- To establish parity in ways of working across Birmingham (FTB) and Solihull (Solar / BSMHFT) by adopting the model used by DICE, bolstering this model and implementing it across the two services. This would initially constitute expansion of current resources within FTB and establishing the same model with adjusted additional resources within Solar.

Needs Assessment – Learning Disabilities and Autism

A summary of some of the other key developments and work-streams that sit outside the proposals in this plan are outlined below:

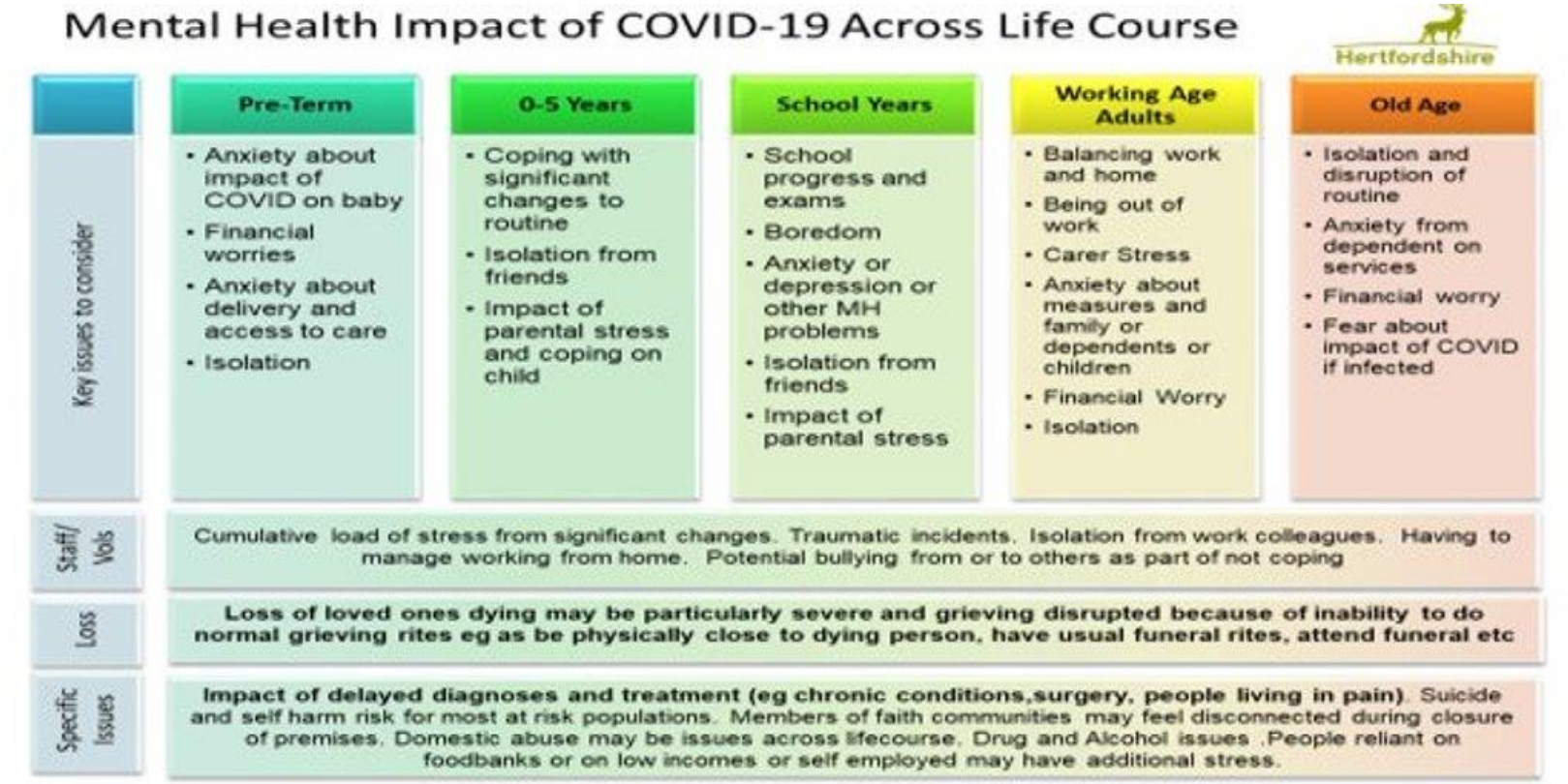
- Mobilisation of the CYP Key worker Pilot
- Mobilisation of the Digital Flag for Reasonable Adjustments
- Delivery of the LeDeR Strategic 3 year plan
- Small Supports
- Continued delivery of transformation projects established in 20/21 including circles of support and additional funding provided to Solar and Forward Thinking Birmingham.
- Annual Health Check delivery - action group in place with targeted support to primary care to increase quality and consistency of reviews, uptake and development of registers
- Community care and support provider development as well as collaborative approaches with our inpatient providers
- Themed quality reviews without main NHS providers to support future commissioning intention

The plan was co-produced with partners as detailed below:

- Membership from all system partners (including our provider collaboratives) involved in weekly calls to develop and review the plan
- Consulted with our Autism and ADHD Partnership Board.
- Held a confirm and challenge session which had members from our Solihull Experts by Experience group along with representation from the Association of Directors for Adult Social Care (ADASS) and the local government association.
- All partners have been asked to consult with any service users group they have within their organisations.
- Feedback sought from a number of our independent experts who chair our Care and Education Treatment Reviews (C(E)TRs).
- We will continue to work collaboratively with people who have lived experience and system partners

Needs Assessment – Impact of Covid

The Covid-19 pandemic has been an unprecedented challenge for our services and communities. A range of steps have been taken to seek to meet peoples' mental health needs during the crisis. However, national and local evidence suggests that there will be a longer term effect on population mental health as a result of the economic and social impact of the pandemic. The Pandemic has brought into focus the inequalities that exists in society. It is clear that the virus's burden has been felt most deeply by members of BAME communities and those living in poverty.



Needs Assessment – Impacts of Covid and Local Response

The Covid-19 pandemic has represented a significant challenge to our communities, public services, the voluntary sector and private enterprise. Birmingham and Solihull partners responded to the challenge by working both collaboratively and at pace putting in place a number of measures to adapt services in light of restrictions on movement and face to face contact. The system has sought to put in place provision to meet need created as a direct impact of Covid-19.

Locally we have seen:

- Increase in acuity, 3 x higher use of Psychiatric Intensive Care
- Increase in complexity of IAPT clients, increased use of High Intensity Therapists
- Increase in self-harm and eating disorders amongst young people
- Increase in young people presenting with mental health need associated with family tensions and violence
- WMP reporting unprecedented levels of domestic violence and child abuse
- Inequalities in access occurred more from those young people isolated from other agencies and primary care staff who may have identified the difficulties early on and typically would have been referred into services.

Measures to support people in response to the impact of the pandemic have included:

- The launch of a 24/7 mental health crisis and support line and targeted work has taken place to raise awareness of this.
- The opening of a Bereavement Support Service across Birmingham and Solihull. The Service is run by Cruse Birmingham in partnership with Solihull Bereavement Service, Marie Curie, Beyond the Horizon and Edward's Trust who responds to the burden of bereavement as a result of Covid-19 but offers support to people of any age experiencing the loss of a loved one – including those bereaved by suicide.
- Greater use of technology to deliver care and support across all providers.
- The launch of further work to understand the future demand for mental health support given the likely impact of the pandemic on the economy and on particular communities.
- Easy access CYP mental health support was facilitated through the rapid commissioning of the online digital platform Kooth to support children and young people aged 11-25. Kooth offers peer to peer support through moderated discussion forums, self-care tools and resources and online mental health counselling and chat services. The platform has seen an increase in demand with 48% of those who have accessed the service identifying themselves as Black, Asian and ethnic minority.
- System resilience calls were held to identify and address issues arising due to Covid and identify where providers could support one another across the system, for example in order to support areas which were short staffed due to Covid.
- Enhanced risk assessment approach during the pandemic to ensure additional risks were captured, additional support offered, and risks were managed.

Needs Assessment – Ethnic Disparities in Impact of Covid and Local Response

Birmingham Covid Ethnicity Report:
Analysis was carried out to assess the impact Covid had to children and young people and their families. The findings revealed small ethnic disparities including:

- A dip in uptake for the mandatory health visitor check (6-8 weeks) for the BAME group in particular
- BAME accounted for 74% of recurrent (3+) missing episodes during the pandemic months, three times the volume of recurrent episodes seen for the White group over the same period (24%).

It was felt that a more in-depth review of data by ethnic categorisation would be required in future to be able to draw conclusions although providers were able to put in place quick responses to address concerns such as:

- Reviewing of data at district level in relation to 6–8-week health visitor check and 2 year review to determine whether larger discrepancies occur in certain localities
- Operational managers completing action plan around locality findings

Copy of the Understanding the Impact of Covid Findings -

Birmingham
ovid Ethnicity Repc

Needs Assessment - Access and Diverse Communities Key Actions

- Close monitoring of access and rates not attending or being brought to appointments, including for digital offers - broken down by ethnicity

- During the pandemic in Birmingham Did Not Attend (DNA) / Was Not Brought (WNB) rates went down from around 8% to around 4%, - but this was higher for Black, Asian and minority ethnic children and young people.
- Data has shown higher Did Not Attend (DNA) / Was Not Brought (WNB) rates for Black, Asian and minority ethnic children and young people who are offered virtual appointments – clinical offer being reviewed based on ethnicity and deprivation indices.

- All staff had Covid risk assessments being sensitive and mindful of associated increased risks for Black, Asian and minority ethnic groups.
- The Mental Health in Schools Teams (MHST) are currently working in schools within the South Birmingham locality that has an area of higher deprivation and lower life expectancy as well as a high referral rate into CAMHS FTB services. This targeted population was chosen following evidence retrieved from data around referral submissions into FTB services. We have been successful in securing additional resources for Wave 6 MHST implementation during 2021/22. We are currently developing a needs-based delivery model.

Children and Young People Mental Health and Emotional Wellbeing Local Transformation Plan 2021/22

Birmingham
SYSTEM MODEL AND PATHWAYS

NHS England and NHS Improvement

System Model for 0-25 Mental Health Care

A memorandum of understanding between Birmingham and Solihull Mental Health Foundation Trust and Birmingham Women's and Children's NHS Foundation Trust is in place that supports a shared ambition of establishing a 0-25 support offer across Birmingham and Solihull, but delivered with place in mind.

Provider contract end dates have been aligned to support smooth transition to new arrangements by 2022. Commissioners have set the strategic context, direction and outcomes for the model whilst the clinical pathway and workforce model will be developed by providers in partnership with stakeholders and service users. The model will build on the success and innovation of both Birmingham and Solihull services for children and young people.

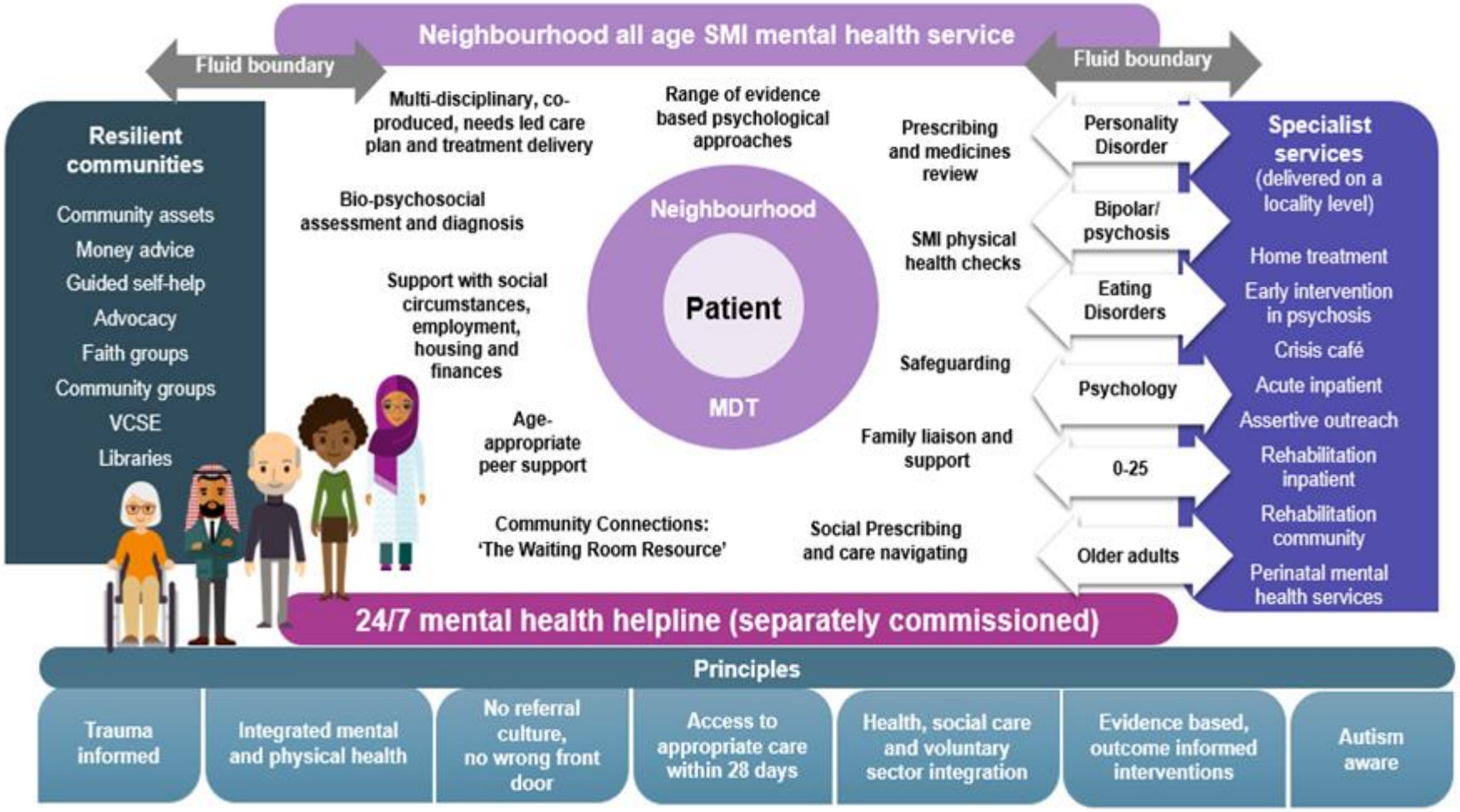
Initial modelling below gives an indication of the number of young people who would be accessing mental health services if a 35% target is applied to the 18-25 year old cohort.

Birmingham and Solihull Mental Health Foundation Trust are the lead partner of Solar, they
also provide adult mental health services for Solihull. Our aim is to move to a model where transition is based on need and not
age, with young people being supported by the right service for them in a blended model with support from the core service be that Solar or adult mental health

Criteria	Birmingham	Solihull	Birmingham and Solihull
18 – 25 population separated by Bham and Solihull	124,670	19,749	144,419
What's MH prevalence rate for adults	18.9%	18.9%	18.9%
By 18 – 25 population by prevalence rate	23,563	3,733	27,295
35% of that number	8,247	1,306	9,553

Adult Community Mental Health Transformation

Below is a diagram of Birmingham and Solihull community Mental Health Services Model of Care from age 18 years onwards



System Model in Birmingham

Birmingham has an established 0–25 children, young people and young adults' mental health service model. This model based on IThrive was considered to be ground-breaking and innovative and was crucially co-created in partnership with Experts by Experience, parent/carers, mental health service providers and other stakeholders.

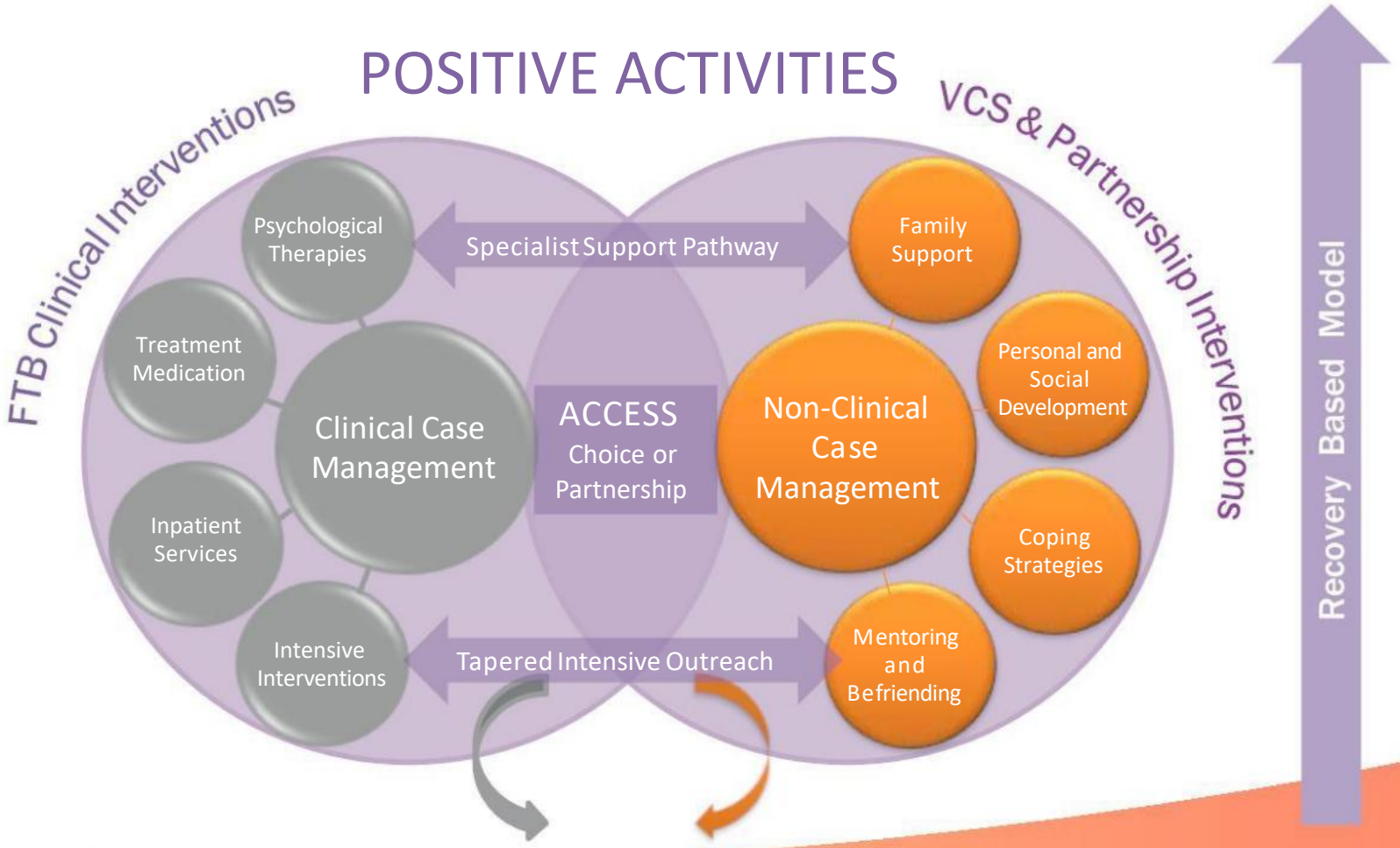
The Future In Mind (FIM) recommendations were incorporated into 0 to 25 years old, and the model has now evolved to include the Long Term Plan ambitions and the Community Transformation model. This approach enables sustained investment in the core areas of increasing access, eating disorders, early intervention in psychosis and Improving Access to Psychological Therapies (IAPT), Learning Disability and Autism and vulnerable children and young people. The model will continue to evolve as we move into a Birmingham and Solihull Integrated Care Organisation (ICO) provider collaborative model during 2022.

BSOL has also worked with system providers to undertake Mental Health Surge modelling to inform the impact Covid has had and is expected to have in the coming years.

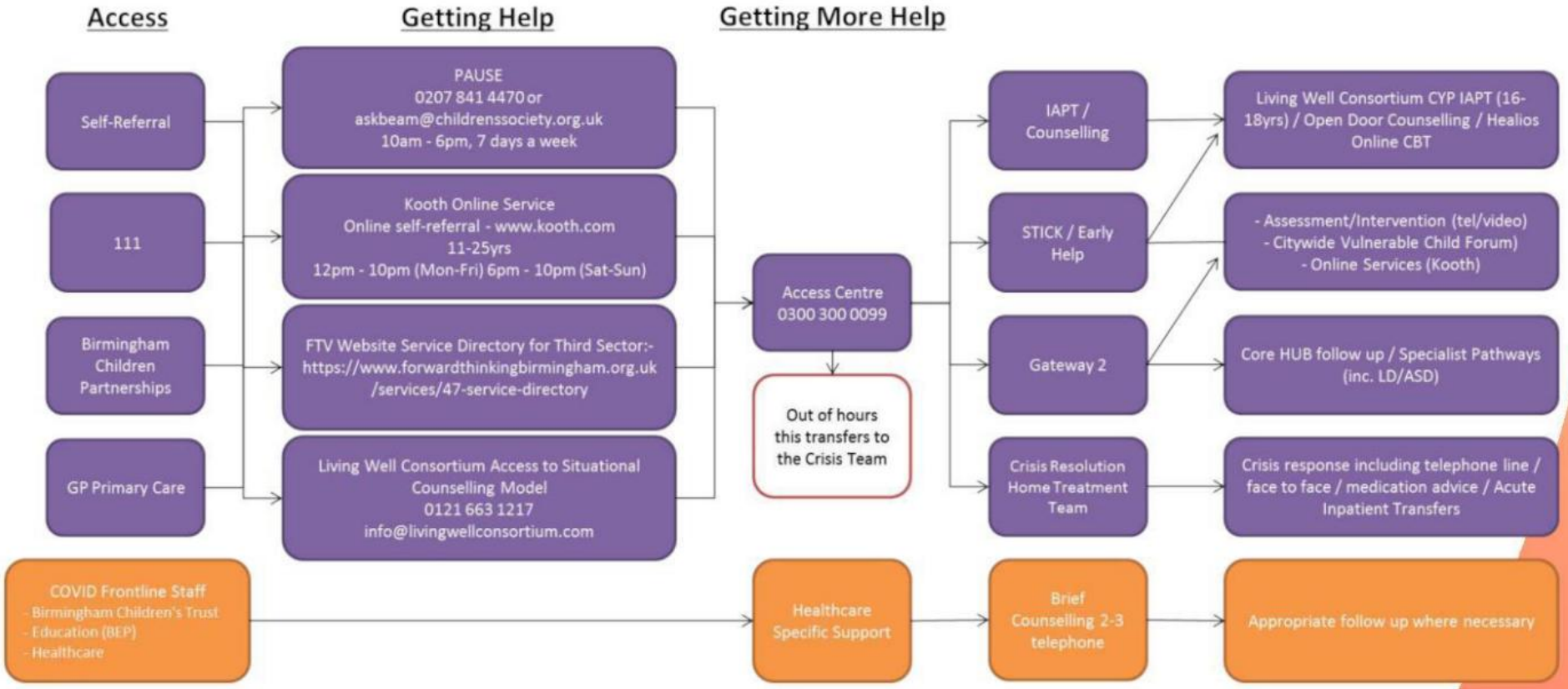
The BSOL system has demonstrated its commitment to a comprehensive 0-25 support offer by 2023/24 this is evidenced in the Birmingham and Solihull system plans and also as BSOL moves into the ICO. The ICO Executive team is made up of Executives from across the systems.

Details of the Forward Thinking Birmingham pathways are set out on the following slides.

CYP Partnership MH Delivery Model



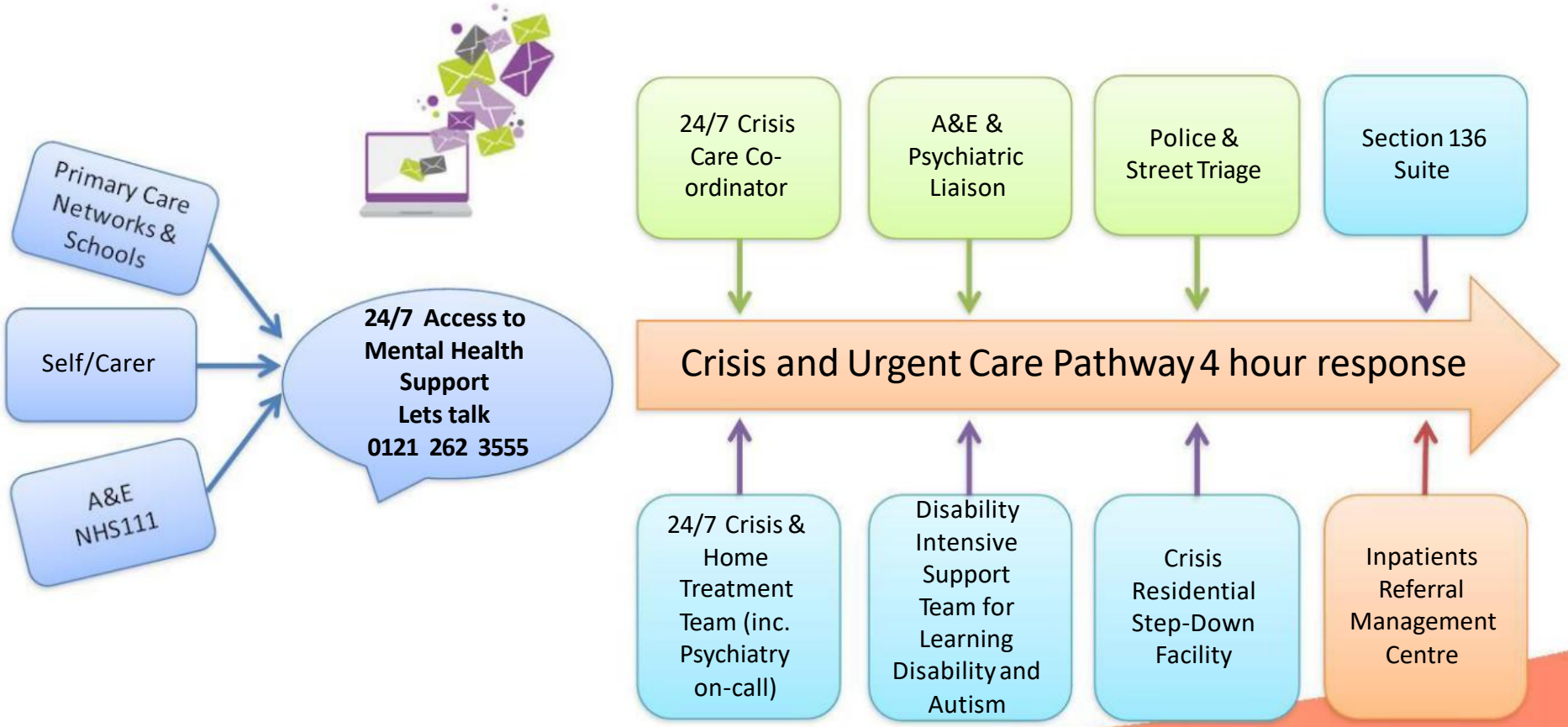
Birmingham
CYP- 0-25
Mental Health Services Pathway



24/7 Access CYP Mental Health Support

- 24/7 Access for Children and Young People access to mental health support 24 hours a day
- Birmingham Mind, BSMHFT, FTB, NHS111 and a consortium of Third Sector Providers
- Listening, signposting, speedy access to talking therapies, crisis support, access to clinical assessment
- VCS providing tailored support to BAME groups
- PDSA approach to on-going development and improvement
  - Access from ED settings
  - Interface with Primary Care
- 'All-age' bereavement support in place

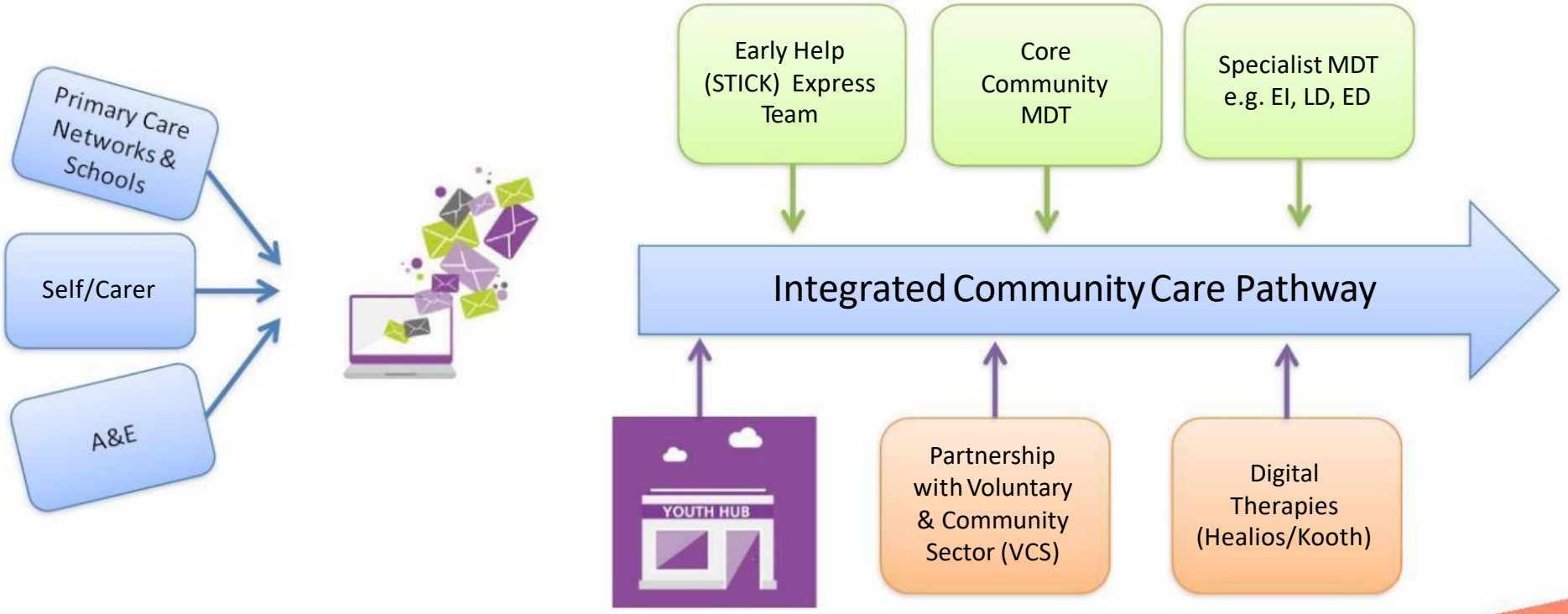
CYP 24/7 Access to Mental Health Support



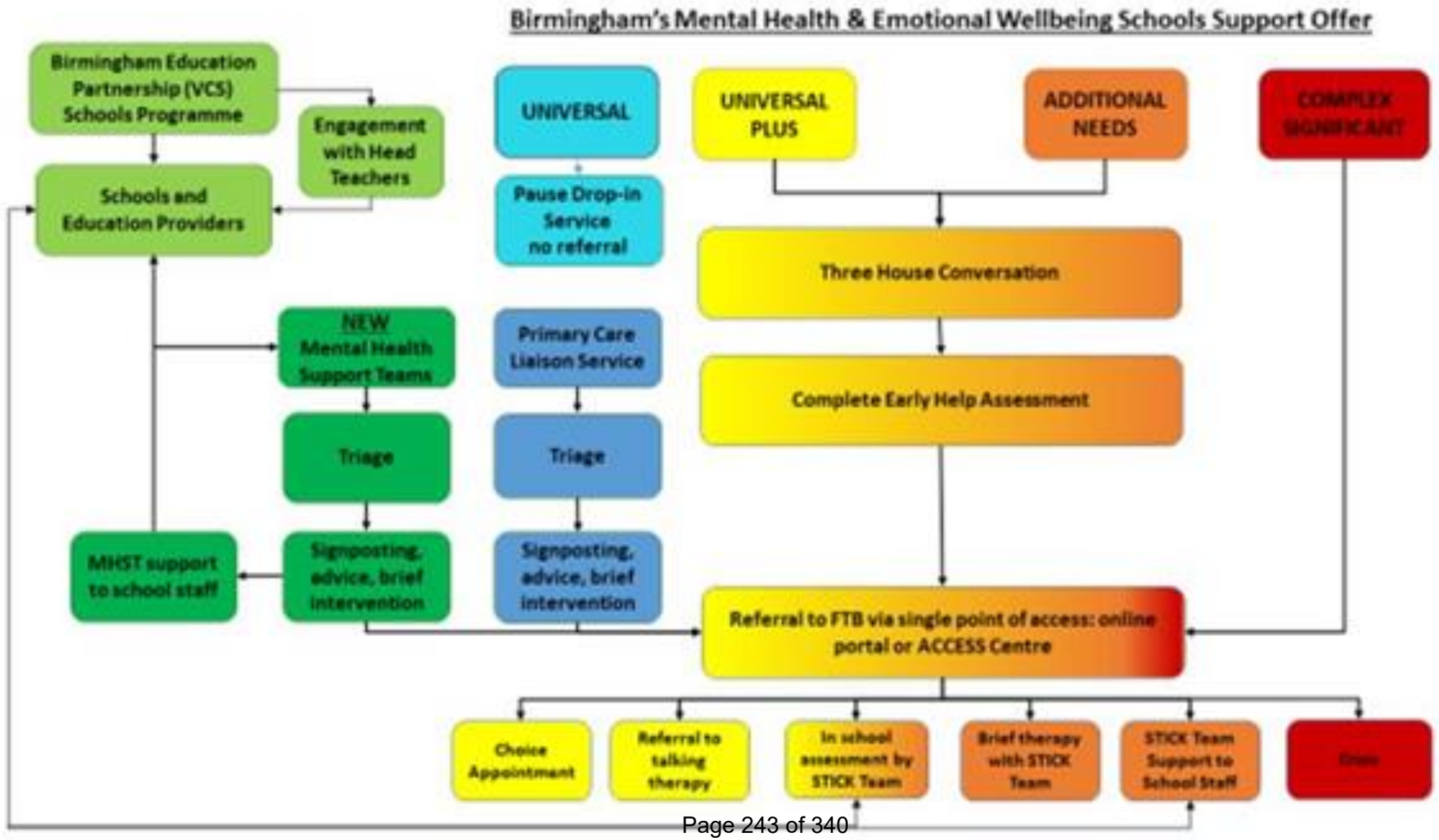
Mental Health Consortium of Third Sector

Birmingham MIND	Living Well Consortium	Children's Society/Pause	Cruse Bereavement Care
• Providers of a 24/7 helpline with the aim to prevent hospital admission • Crisis Café's • Virtual listening service for young people open to secondary care • Crisis navigator role support Young People in the Crisis pathway virtually • Recovery Hubs moved quickly to a virtual in Covid	• Consortium has over 35 members • Access to a consortium of organisations providing high quality mental health and Psychological wellbeing services • Support services offering a range of inclusive support services LGBTQ,LD/A and BAME groups	• Early Help, Information, advice and guidance • Brief interventions via telephone in relation to anxiety/low mood/depression/ resilience	• Delivers existing bereavement counselling for the city • Sub-contracting the CYP element to the Edward's Trust and Beyond the Horizon

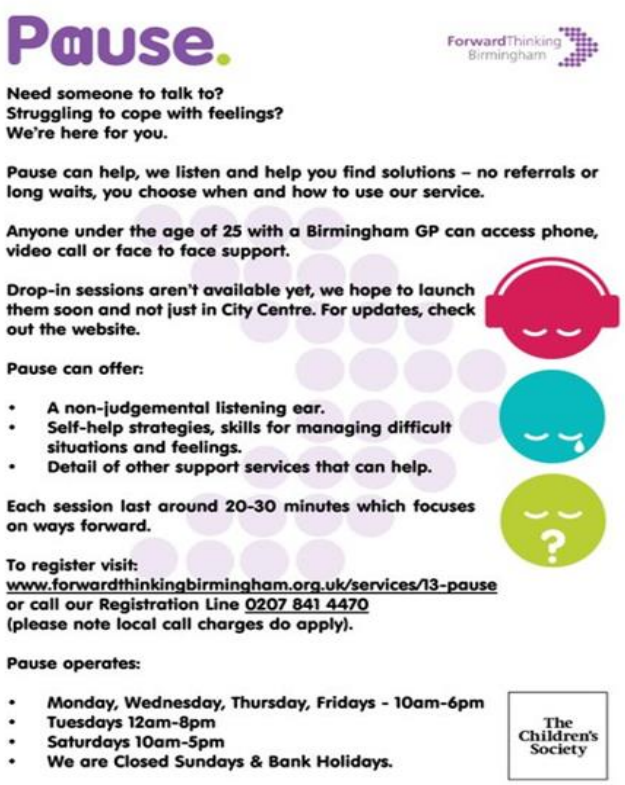
Options and Support Post-Discharge from Crisis



Schools Support Offer Care Pathway



Early access delivered by Pause



A 'PAUSE' drop-in service has also been running at the University of Birmingham for 18–25-year-olds since October 2019 and adapted throughout the lockdown periods to support student's mental health.

https://www.intranet.birmingham.ac.uk/student/your-wellbeing/mental-health/pause-drop-in-sessions.aspx

Care Pathways – Health and Justice

We know that two thirds of people in the youth justice system have a mental health problem and/or Autism/ADHD although it is acknowledged that figures are likely to underestimate the prevalence and complexity of need that many young offenders experience. Children and young people within this cohort present with a higher likelihood of experienced trauma or severe neglect, coupled with high levels of social disadvantage, and are at increased risk of mental health problems. We know that young black males are also disproportionately overrepresented as are young people with Autism and/or a learning disability.

The CCG is a member of the Birmingham Youth Justice Board and represents the Youth Justice Board on the disproportionately group – which has been set up as a result of the Birmingham Youth Offending Service (YOS) review that identified disproportionately as a significant issue.

The Youth Offending Service has a co-located mental health team. The team delivers direct interventions with young people and also supports the workforce to better understand and proactively meet young people's needs with clinical support and supervision.

NHSE Youth Justice team have funded additional support for youth justice service in Birmingham where there are concerns around Sexualised Harmful Behaviours (SHB). SHB is a key safeguarding team, hosted within the Birmingham Youth Offending Service, which undertakes specialised risk assessments and therapeutic interventions to prevent and reduce sexually harmful behaviour, in partnership with key agencies, including Youth Offending Services, Children's Services, health services, Police, CPS, and schools.

NHSE recognised this work as good practice, it is multi-disciplinary and provides training and support with wider YOS workforce as well direct work with children and young people. NHSE invited BSOL to develop a proposal to also work across into Solihull. The proposal was successful and an implementation plan is now being developed.

Care Pathways – Forensic CAMHS

Birmingham and Solihull Mental Health Foundation Trust is the NHS England commissioned provider of forensic child and adolescent mental health services. One of the service's key strengths is its multidisciplinary approach and provision of interventions delivered by a number of disciplines, including psychiatrists, psychologists, nursing staff, occupational therapists, activity workers, social workers and other support staff. To maximise positive outcomes for young people, care is tailored to meet individual needs and encompasses a holistic approach, based on the latest clinical evidence. Using a whole system approach to a young person's development, and following the care programme approach treatment pathway, a comprehensive assessment includes detailed analysis of physical and mental health needs, social care needs, educational and vocational needs, alongside assessing family functioning and peer relationships. Young people are involved in the development of their own care plans and encouraged to set goals and track their own progress through their admission. In Solihull, we believe that every interaction with a young person has the opportunity to be therapeutic. The forensic Child and Adolescent Mental Health Services effect change through promoting positive experiences and developing self-regulation strategies.

Youth First

Youth First, also provided by Birmingham and Solihull Mental Health Foundation Trust , is a specialist community child and adolescent mental health service for high risk young people with complex needs. With a central base in Birmingham, the service provides an advisory, consultation, assessment and intervention model of care for young people in the West Midlands Region. The service is accessible to any professional who wishes to make an initial contact regarding a young person aged under 18, who is giving cause for concern and about who there are questions regarding their mental health, or neurodevelopmental difficulties, including learning disability and autism. The service provides a flexible and responsive approach, which priorities referrals, so that resources are deployed on the most urgent cases, and care planning is tailored to forensic and non-forensic needs of the young person.

Care Pathways – vulnerable children and young people

The Birmingham SEND Strategy sets out a framework for a joint commissioning approach. The strategy aims to:

- Develop robust measurable plans to address the inequalities further exposed by Covid pandemic.
- Develop joint commissioning to ensure resources are used fairly and effectively to provide maximum impact on outcomes
- Provide services that ensure the needs of children and young people who have special educational needs and disabilities, and their families, are at the heart of all that we do. We aim to offer this as locally as possible
- Ensure all Birmingham mainstream provision will be welcoming, accessible and inclusive, adhering to the SEND code of practice, so that they can meet the needs of most children and young people, aged 0-25 who have special educational needs and/or disabilities
- Develop flexible pathways to enable children and young people to access the right provision and services to meet their individual needs at different stages. This will deliver the best possible outcomes, including education, employment, and training, as young people move into adulthood.

- **Under 5's** this model of care is underpinned by the principles of enablement, empowerment and education, the Birmingham 0-25 mental health model of care delivered by FTB works in partnership with a range of organisations and agencies that children and young people come into contact with. With a dedicated partnership lead in post, FTB is committed to strengthening collaborative relationships to establish shared purpose and joint working so that opportunities for early help are maximised.
- Birmingham's ambition for **Early Help** aims to transform Universal and Universal-Partnership levels of care to ensure that children and young people living in our city receive easy access to the right support, from the right service, and at the right time, leading to a reduced need for long term engagement with mental health and other services.
- We will continue to support investment of transformation resource into the creation of joint co-located teams and partnership working with the Birmingham Children's Trust and other agencies working in Early Help, Children's Social Care, Youth Offending and Child Sexual Exploitation to develop quality support and appropriate care pathways for delivering effective early help.
- Birmingham system model of care sets out the offer from education to Crisis Care.

Care Pathways – Early Intervention in Psychosis

Currently, all children and young people 14-35 experiencing a first episode of psychosis (FEP), a subsequent episode, or suspected FEP should be offered NICE recommended interventions within two weeks of referral by one of the four Early Intervention Psychosis teams within one of the four Hubs within FTB. Compliance with this standard is monitored through our participation in the annual National Clinical Audit of Psychosis (NCAP). However, there have been data recording and reporting issues which meant that the service was being reported as achieving lower performance than their internal systems suggested. There has been an improvement plan to address this and in the most recent period, the service achieved 73% against a 60% target for referral to treatment time.

Further development work is required between Forward Thinking Birmingham's (FTB) senior leadership team, the four FTB core teams, EIP and the Referral Management Centre to ensure that all those aged 14-15 with suspected psychosis or psychosis receive the same degree of monitoring for the three target areas; referral to treatment, NICE interventions, and the use of routine outcome measures.

In relation to At Risk Medical State (ARMS), FTB have recently funded and commissioned a 12-month pilot project to develop an ARMS pathway. The primary aim of this project is to identify the number of ARMS cases that FTB can expect to provide care for each year. Recruitment is soon starting for staff to work in this pilot project. Development work will be required with the Referral Management Centre, the Core Teams, and the ARMS consultation team within EIP to ensure that there are processes in place to monitor performance against the three target areas: referral to treatment, offer of NICE recommended interventions, and use of routine outcome measures.

Other developments in relation to At Risk Mental State (ARMS):

- NHSE are looking at procurement of Comprehensive Assessment of At Risk Mental States (CAARMs) training as there is none nationally.
- There are working parties from around the country that focus on the ARMs provision as there is no uniformity in approaches.
- Recruitment in general for posts within the trust has been difficult.

Care Pathways – Early Intervention in Psychosis

Impacts of Covid

The pandemic raised a number of challenges to deliver the full range of NICE guided interventions:

- The need to manage safe, responsive services in line with national/local guidance and infection control requirements during the pandemic resulted in potential delays in clinicians seeking timely access to patients with first episode psychosis.
- We saw a further withdrawal from service of patients being cared for within the Early Intervention Service and an increases in substance use which is widely known to impact on mental health and is a complicating feature for young people with early onset and first episode psychosis.
- Social isolation as a result of lockdown impacted on people's mental health and closure in facilities such as schools and youth clubs reduced the number of safeguards that would normally be in place. The service saw a shift in referrals from being primarily via GP's to more coming through Urgent Care and Inpatient services which could be a result of the impact of the pandemic.
- Managing and determining risk in a virtual environment posed a challenge for clinicians as risk formulation is reliant on the ability to assess and synthesise a range of factors, including environment and family dynamics/relationships. The absence of this due to risks of infection creates gaps in risk profiling.

Mitigation Plans

- Introduced an enhanced risk approach to risk assessment. Provided guidance to staff to help them determine which patients should be seen face to face or virtually.
- Ensured all control measures with regards to the management of Infection Prevention Control were in place to support contact with patients across the city and in people's homes.
- Access to employment opportunities which is a key aspect in promoting recovery for first episode was considerably reduced. As part of recovery and restoration, the service recently engaged a new provider of Individual Placement and Support for Birmingham - The Shaw Trust, whose work includes improving access and delivery of support achieved through organising access to our clinical records, ability to have remote access and integration with the clinical teams via virtual platforms. This has allowed for interventions to be offered within an increased capacity over the past months.
- Physical health monitoring –Despite the pandemic, ECG and phlebotomy clinics continued to be offered but other areas were affected such as smoking cessation groups, access to wellbeing activities such as gym attendance and cycle session. As restrictions have lifted, these activities have resumed.

Care Pathways – Urgent & Emergency

Support for CYP beyond their crisis presentation, working with community teams/offers and inpatients as necessary inclusive of the local comprehensive offer for 18-25s

Crisis Services to Children and Young People are delivered by Forward Thinking Birmingham. The service has its own established self-referral systems in place which provides access to telephone support. Crisis Services and support are available 24/7 in Birmingham with open access support lines.

In response to the Covid pandemic Birmingham and Solihull Sustainability Transformation Partnership developed all age 24/7 Crisis helpline offer which has direct access to a range of third sector interventions as well as access to NHS services. The helpline data shows that young people under 25 are accessing the service. This approach has ensured that our children and young people are able to get strength based help and support outside of secondary services quickly resulting in few individuals needing referrals into secondary or traditional Crisis services. Those accessing the helpline have access to practical support, intervention over the telephone, or directly via counselling offered from Voluntary and Community Sector partners.

Care Pathways – Urgent & Emergency

The table below shows the 24/7 helpline annual data – April 20 – April 2021

Under 18	183
18-24	1233
25-34	2765
35-44	2431
45-54	2015
55-64	1199
65+	889
Did not wish to disclose	5089
N/A	2004
No Answer Given	80

- The 24/7 line has a live transfer to local CAMHS where specialist input can be achieved. This service is also 24/7 open access. Close working relationship exists between the 24/7 helpline and home treatment teams to provide intensive community support, step down care and avoid admissions.

- In addition, Birmingham and Solihull Sustainability Transformation Partnership introduced a Crisis House model as part of their crisis pathway offer. The Crisis house was fully implemented in January 2021 and provides time limited support for those in crisis including with access to nursing and consultant input. There is a BSMHFT offer that is currently for their patients and BWC and they have been operating a spot purchase arrangement with Care and Management services – both organisations are working together on a procurement process for an 18 plus crisis house model provision.

Care Pathways - New Care Models

New Care Models (now called Establishing Steady State Commissioning) are essentially the transfer of funding, commissioning, service redesign, quality improvement and performance oversight of specialised services from NHSE/I to provider collaboratives. Vanguards across the UK have shown success in repatriation of out of area patients, developing full pathway approaches, delivering financial efficiency and making investment in early intervention work. All specialised commission for Mental Health will move to this new way of working by 2021. Due to the pandemic this timeline has been reviewed and it is expected October 2021.

Each New Care Model requires a lead provider and a provider alliance. Birmingham Women Childrens Hospital have been selected as the West Midlands Collaborative provider to develop a CAMHS West Midlands model.

The Lead providers will hold the main contract with NHS England and will be responsible for planning for and sourcing partners and sub-contractors to enable the best provider-mix possible, to attain equity of services and value for money. Provider collaboratives are financially and clinically responsible for placement and care of their patient population. They are able to pool financial risk across the partnership, having the flexibility to make savings, and reinvest in community and step-down services. This is to improve the whole pathway and reduce reliance on the most specialised services, supported by appropriate governance, contract and decision making processes, with NHS England involved in collaboration at a strategic level.

Please see below for information on the West Midlands Child and Adolescent Mental Health Services provider collaborative programme covering overview of partnership, new ways of working and benefits, service development, learning disability and autism update and timeline.

WMCPC

Care Pathways – Eating Disorders

A city-wide, NICE compliant multidisciplinary team is embedded within the Forward Thinking Birmingham (FTB) 0-25 model . FTB has been able to build on the framework integral to FTB 0-25 model, removing barriers hindering access, enabling self-referral and eliminating transitions that previously occurred at key ages for young people (and their families). The model that incorporates early intervention & prevention as well as offer a wide range of NICE concordant treatment options.

Brief intervention:

- Psycho-education including diet, health, weight restoration/stabilisation,
- Physical health management, diet/meal planning and activity planning – 8-12 sessions.
- Family/parental intervention to directly address the eating disorder 8-12 sessions.
- Therapeutic group interventions (such as, MANTRA or DBT skills group) for 8-12 sessions.
- Guided self help for Binge Eating
- University preparation/readiness programme
- Dietetic Psycho-education and Intuitive eating programme

Complex/Intensive intervention:

Specialist Supportive Clinical Management

Intensive Outreach support such as home visits, community physical health monitoring and meal support (under 18) and Joint working with local Day Treatment units for (over 18) patients for admission avoidance.

In-reach and joint care planning to medical wards if patients require medical admission due to poor physical health. A predominant feature of how we are working has been the joint working with Birmingham Children's Hospital and University Hospitals Birmingham Trust. This has included Multi agency and multi professional working, care planning and multi professional support meetings. Joint escalation meetings are in place where young person requires an alternative pathway. This work is on-going.

NICE Compliant interventions:

Evidence based interventions (such as CBT, CBT-E, CAT, DBT, MANTRA, EMDR) - 20-40 sessions.

Specialist family therapy - FT-AN/FTB-BN, NVR and Family based treatment directly addressing the eating disorder for minimum 20 sessions.

The team provides coordinated care, working closely with other services to reduce and prevent gaps in care during service transitions (age-related, geographical or community to inpatient transitions) and has clear processes around managing risk and safety.

Care Pathways – Eating Disorders

Birmingham Eating Disorder Service is also an early adopter of national programme of FREED (First Episode Rapid Early Intervention for Eating Disorders for 16–25year-olds). FREED went live in February 2019 and has become a 'buddy' site for other services in the Midlands who have recently or are interested in integrating FREED into their pathways.

The service has maintained the Early Help ethos, extending the FREED model to those under 16, as we continue to see the after effects of social isolation, the increased social media pressure to be active/productive, the impact of reduced motivational cues and lack of available avenues of emotion regulation and support. Early intervention in eating disorders is imperative to the long-term physical and emotional health of children and young people. Early intervention will also be integral to our long-term goal to continue to accept all presentations – from people who present for the first time to those with long-term problems, regardless of weight or BMI (body mass index) reduce the need for admissions and keep re-referral rates low, with young people who present early being able to maintain long-term change. Notably, this focus on early intervention has enabled FTB to reach service users that eating disorder services typically miss.

Cultural Competency training has enabled the service to review and challenge the illness narrative that continues to purport the image of eating disorders as being primarily exclusive to the white and/or affluent as well as identify typical clinician biases that are heavily informed by outdated guidelines around, for example BMI. The promotion of early intervention could also be said to go some way towards removing some of the disparities in perceived diagnosis and need for treatment for Black and Minority Ethnic groups.

FTB is also proactive in its approach to community outreach, co-producing and co working with BEAT, the Health Innovation Network and service users to create resources, media content around topics such as Eating Disorders and Race and Advice on Ramadan.

Although there are still improvements to be made in this area, we are pleased that the diversity represented within our children, young people and families is more reflective of the rich diversity of the communities we serve in Birmingham. Notably service users have commented on the fact that this diversity is also, encouragingly reflected in the SEDS workforce

Birmingham Eating Disorder Service provides fast triage and intervention. The duty system is working well with the FTB Referral management Centre to ensure potential referrals are actioned efficiently. This ensures that Eating Disorder referrals are triaged by a specialist clinician in a timely manner, providing an assessment and mitigation of risk but also providing the all-important initial engagement and motivation enhancement at the point of referral (in line with the FREED operating model)

Care Pathways – Eating Disorders

Arrangements that are in place to support medical monitoring in the Eating Disorder service throughout treatment:

Management of Physical Health

The eating Disorder model of care have their own dedicated physical health clinics led by specialist nurses and in consultation with lead psychiatrist (inclusive of phlebotomy, running weekly, at each of the three Hubs, across the city. Clinicians regularly assess fluid and electrolyte balance in people with an eating disorder who are believed to be engaging in compensatory behaviours, such as vomiting, taking laxatives or diuretics, or water loading. Clinicians also assess whether ECG monitoring is required, based on risk factors such as rapid weight loss, excessive exercise, severe purging behaviours, such as laxative or diuretic use or vomiting, bradycardia, prescribed or non-prescribed medications and electrolyte imbalance. On-going growth and development in children and young people with anorexia nervosa who have not completed puberty (for example, not reached menarche or final height) is also monitored in line with NICE guidelines 2017.

Medication risk management

When prescribing medication for people with an eating disorder and comorbid mental or physical health conditions, SEDS psychiatry take into account the impact malnutrition and compensatory behaviours can have on medication effectiveness and the risk of side effects. Regular ECG monitoring is conducted for service users with an eating disorder who are taking medication that could compromise cardiac functioning.

Assertive Outreach

Home assessment of physical monitoring is also provided by nursing and support worker staff as required, for example where bed rest has been deemed necessary or physical observations are required more frequently than once a week.

Indicator Description	Mar-19	Sept 21
Mental Health - Children and Young People (CYP) - Eating Disorders Routine Referrals <4 Weeks (Target 95%)	90.9%	100%
Mental Health - Children and Young People (CYP) - Eating Disorders Urgent Referrals <1 Week	100.0%	100%

Eating Disorders – Impact of Covid

- FTB have seen an increase 52% in referrals for young people presenting with Eating Disorders during Covid-19, we know this is a national trend: Effect of the COVID-19 Pandemic on Eating Disorders — Department of Psychiatry (ox.ac.uk),
- Changes to service delivery have made treatment, and management of Eating Disorders more logistically challenging.
- The Eating Disorders team have continued to offer services with adaptations,.
- The range of support has benefited from online platforms such as the parent support group where it wasn't possible to bring parents together physically.
- The vast majority of work undertaken by team has continued face to face to ensure that the young people are safely monitored.
- Some of the established psychological interventions are now taking place online and this is proving successful.
- During the pandemic we saw an increase in the number of referrals and in the acuity of cases. This was primarily with our university population and children and young people who were not being seen in a school setting, this consequentially added pressure to this system.

Eating Disorders support available via Kooth

Kooth is anonymous online service, we found that young people seem more readily able to disclose eating difficulties to us without fear of having to 'give up' control. This provides an important early window of opportunity to address the typical ambivalence regarding help seeking. Kooth teams are aware of the national eating disorders referral to treatment standard and are able to dispel myths about long NHS waiting times. Kooth have also seen increase in ED presentations.

We are transparent about not being able to offer full, evidence based interventions for eating disorder, however, we are able to provide many components of evidenced based treatment including the following:

- Regulated eating support (and later support with more flexible eating)
- Motivational interviewing techniques and readiness for change work
- Exploration of the function of the ED (here and now maintenance)
- Root cause and trauma work
- Goal setting
- Cognitive restructuring techniques
- Distraction and 'urge surfing' (binge/purge presentations)
- Psychoeducation (via counsellors)
- Normalising (via our moderated community support offer and young person generated content)
- Risk support via our drop in chat
- Management of co-morbid presentations and underlying low mood, anxiety and low self-esteem.

Kooth provides training for practitioners on how to assess and manage eating difficulties on our site, plus have a smaller cohort who have completed a more in depth learning and development programme and act as mentors for the wider service delivery group. In addition to assessment of ED in the more general sense, there is also have a specific focus on how EDs are presented online and indeed outside of 1:1 sessions as not all of the service users choose to work with a counsellor. For example, many of the young people prefer to access journals and goal setting or contribute to peer group forums and discussion boards. As all activity is pre-moderated, in addition to 'protecting' the wider community from unhelpful or triggering content, this also enables a proactively reach out to young people to provide the appropriate level of support for them early on, including signposting and referral as necessary. All of our ED related community guidelines are in line with Beat's media guidelines - https://www.beateatingdisorders.org.uk/media-centre/media-guidelines and guidelines around their online groups https://www.beateatingdisorders.org.uk/support-services/online-groups/rules

Eating Disorders – Partnership Working and Self-Help Resources

Partnership working

In some cases the safe management of physical health requires liaison with primary care and Paediatrics. Birmingham's transient student population and patients with diabetes, for example, often require a coordination approach to care. This approach expands the MDT around the young person and allows closer working with other services to reduce risk and prevent gaps in care during service transitions (diagnosis-related, geographical or community to inpatient transitions).

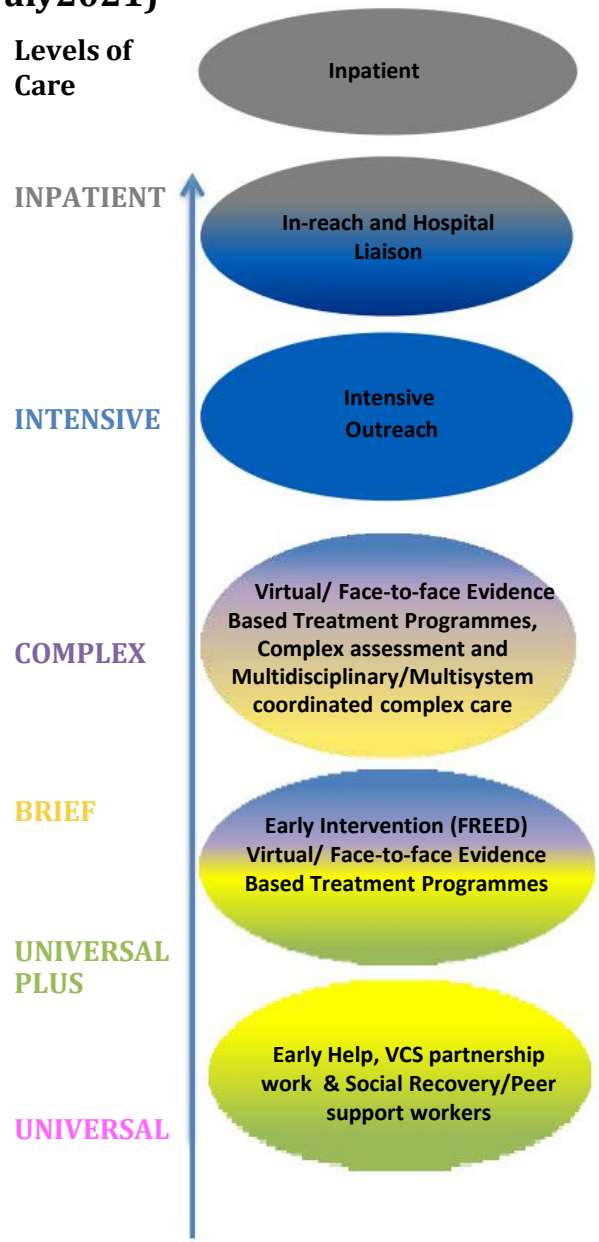
Where necessary, FTB works in partnership with acute medical care and paediatric colleagues to support the specialist management severe electrolyte imbalance, severe malnutrition, severe dehydration or signs of incipient organ failure in the context of Eating Disorder treatment. Our Psychiatry, specialist nurses, dietitians and support workers support care planning and re-feeding throughout admission on acute wards.

Self-Help Resources

A number of online resources have been developed in order to provide psycho-education, promote motivation to work towards improving physical health and manage risks, for example, the effects of vomiting and management of dental care.

https://www.beateatingdisorders.org.uk/support-services

Draft Transformation Model – Eating Disorder service (July2021)



Social Recovery

Social Recovery Navigators/Peer Support Workers *to* work alongside VCSE partners to deliver integrated services to reconnect young people with their community. (Inclusive of Housing, Peer Support, Education & training

Early Intervention

Rapid response to enquires from primary care (e.g., G.P's, Acute Hospitals, etc.) and secondary care (e.g., CMHTs, Home Treatment Teams, Psychiatric Liaison Teams, etc.). Support primary and secondary care services (including G.P.s) regarding management of complex cases. To conduct formulation-based assessments (potentially jointly with local teams).To provide specialist ED training to primary/secondary care clinicians. To provide community consultation-liaison/community link role to improve access to treatment for the BAME population. Provision of an evidence-based treatment package (FREED).

Complex Care

Multidisciplinary/Multisystem coordinated complex care providing specialist assessments and differential diagnoses (e.g., Autistic Spectrum Disorders, ARFID, Personality Disorders, etc. Improved/collaborative working across e.g. IAPT, DBT, Neurodevelopmental & Gender Identity pathways ensuring provision of formulation, diagnostic and needs informed joint care and treatment and reduce weight based treatment thresholds to access these services. Development of ARFID treatment pathway

Intensive Outreach and Hospital In-reach

Providing intensive support, risk management, frequent physical health monitoring,re-feeding alongside motivation enhancement for young people and parent training to prevent day/inpatient admission or manage risks in absence of available beds

Care Pathways – Eating Disorders Future Enhancements

Future enhancements

- Inclusive, cross pathway care for co-morbidity (Personality Disorders, Trauma, Autistic Spectrum Disorder, Gender Identity)
- Addressing the significant unmet need in the treatment of ARFID by recruiting an appropriately trained workforce with the specialist skills to meet that need.
- Improving diagnostic pathways for Neurodevelopmental conditions
- Enhancing the offer of the stepped approach to care (guided self-help, Advice and Monitoring, group & individual therapy, Intensive Outreach). Supporting the team to continue to innovate and develop virtual treatment and digital training sessions for schools and University Wellbeing.
- Utilising training from Health Education England (HEE) and addressing recruitment/ resource gaps.
- Increasing workforce capacity via partnerships with VCS and employment of Peer Support workers increasing the capacity of the team to provide early intervention and provide a recovery /hope focused community care.
- Continuing to address gaps in provision for under-represented groups.

Care Pathways – Mental Health Support Team in Schools

Mental Health Support Teams (MHSTs) were developed to expand access to mental health care for children and young people, building on the national NHS transformation programme. MHSTs are intended to provide early intervention on mental health and emotional wellbeing issues within schools and college settings, enabling provision of 'whole school approach' to mental health and wellbeing. It also aims to enable easy and timely access to specialist support and reduce waiting times.

Forward Thinking Birmingham (FTB) is Birmingham lead provider for MHST. The first Mental Health Support Teams (MHST) have been well-received by schools as meeting a real need. The expansion to a further team in 2022 will benefit from the experience of initial implementation and will continue to target key areas of inequality and need in the city. MHSTs are being shaped through co-production with staff, pupils, and parents in schools.

The CCG and FTB work in partnership with Birmingham Education Partnership (BEP), the city's current school improvement provider. BEP have a role in leading the development of the emotional health and wellbeing agenda across mainstream schools in partnership with wider system colleagues. As well as continuing to fund the New Start approach which supports schools to develop their whole school mental health leadership, BEP will continue an expanded series of Mental Health short videos for schools relating psychoeducation to policy and practice; FTB continue to be an active collaborator in the delivery.

In September 2021 the Department of Education will introduce the first round of grants for training Senior Mental Health Leads. BEP will be seeking to provide an offer locally for Birmingham to ensure integration and coherence with the local system. In addition, FTB, BEP, Education Psychology colleagues and others will continue to work with system leaders to build sustainable mental health support in schools that is responsive to the emerging mental health needs arising from the pandemic which includes trauma responsive and healing-centred work with schools, the link up with a digital offer for schools staff around mental and emotional health, an annual wellbeing census and staff survey in partnership with colleagues at Warwick University and also continuing to work on decreasing long term absence from school.

Care Pathways - Mental Health Support Team in Schools

The Birmingham Mental Health Support Team delivered a blended remote service offer throughout the pandemic and this has increasingly become face to face over the last few months, following appropriate risk assessment to meet the needs of children and young people. Those who had difficulty engaging virtually or those struggling to access school due to anxiety have been receiving intervention face to face and home visits were undertaken upon the easing of restrictions in order to meet client need.

The team have communicated regularly through email updates and visits to school, when appropriate, to meet with the Mental Health Leads ensuring awareness of the current service offer and working in collaboration in order to fulfil the requirements of individual school settings to meet the mental health needs of pupils.

MHST Wave 2 teams are working in schools that were selected following NHSE school selection process, within the South Birmingham locality that have higher deprivation and lower life expectancy as well as a high referral rate into FTB services.

MHST works with the Mental Health Leads in schools to establish the areas /gaps where additional mental health support is required. This partnership was key in establishing the MHST as an additional and not a replacement or diagnostic service. This has formed the basis of our work within schools. It is very individualistic according to school need and targets areas highlighted by school that they require support in. This can be in the form of workshops, staff training or helping develop the wider whole school approach in promoting positive emotional health and wellbeing. It incorporates the whole school community recognising parents as key to establishing positive mental health and well-being and working alongside them.

MHST refer children and young people to other suitable mental health services within Forward Thinking Birmingham via an internal referral form. This has been successful in escalating cases to CYP IAPT and other core services. MHST also able to request consultation with the eating disorder service for advice and support for children and young people that are experiencing eating difficulties which present to the MHST. Information and resources to support the child/young person is shared with parents and school staff as well as the children and young people. Advice is given as to when a referral into their service would be deemed necessary, ensuring that the correct information and tests have been undertaken so tere is no delay in the referral which is submitted internally.

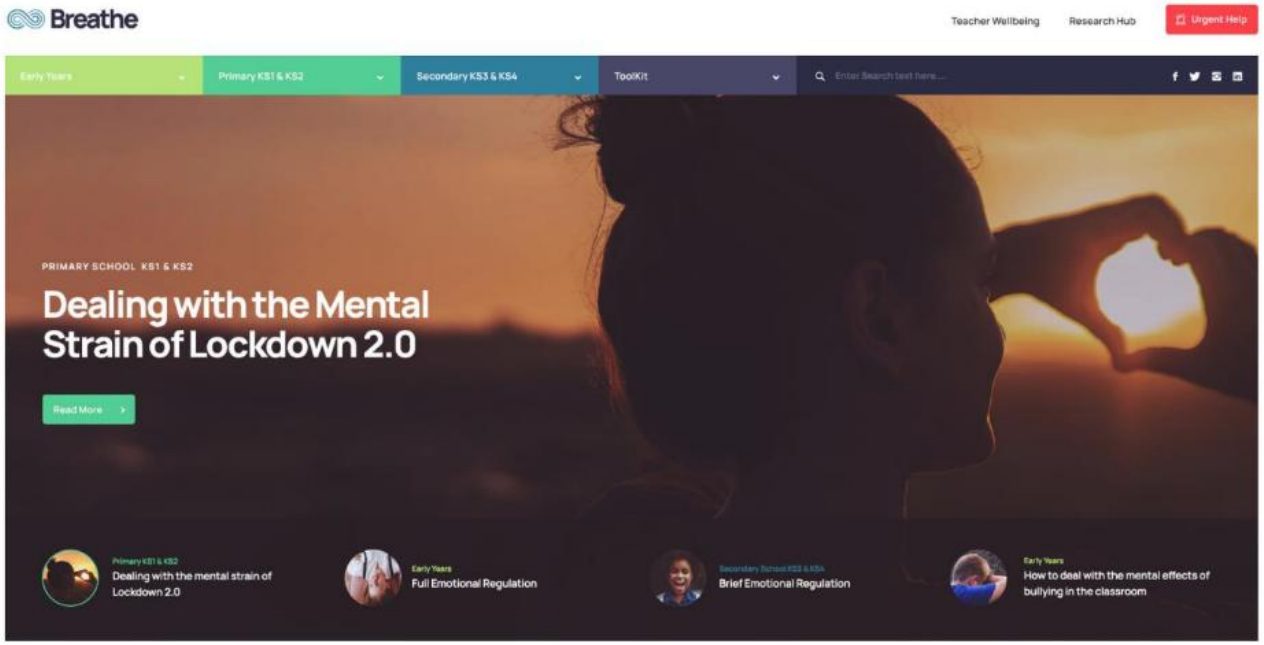
Care Pathways - Mental Health Support Team in Schools

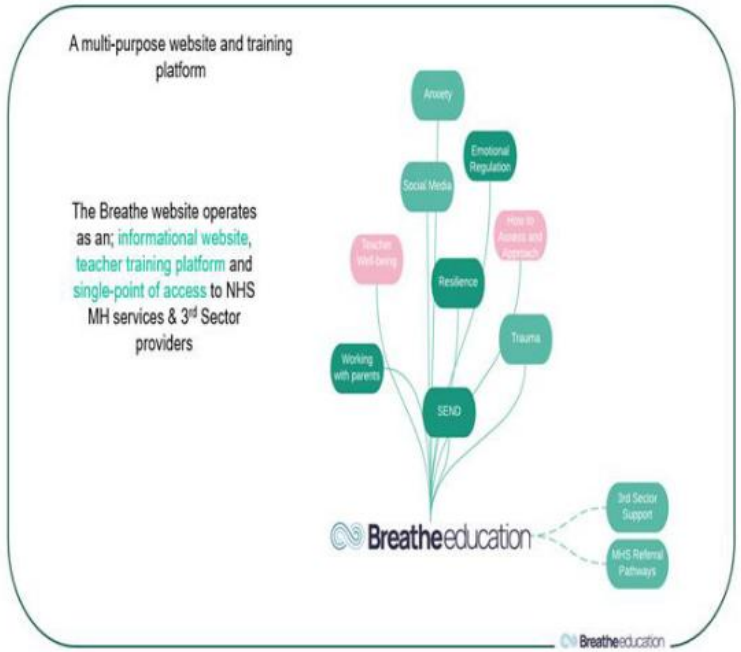
MHST offer a consultation model to school staff for referral upon request and this is widely used for advice and signposting too when the MHST service is not appropriate. Feedback from school staff is that they value the prompt response and easy access to a mental health practitioner for advice.

MHST continue to offer 1:1 interventions with children and young people offering low intensity CBT therapy and this has been extremely popular and successful in meeting the needs of children and young people who would not meet the threshold for other services. MHST have developed a whole school approach despite difficulties with class bubbles and COVID restrictions. MHST continue to be active in offering presentations, workshops and staff training to embed positive mental health and wellbeing in schools, despite difficulties with class bubbles and COVID restrictions.

Recruitment of new senior posts will include enrolment (if necessary) on supervision training in order to provide this fully within the service. In addition, recruitment to more senior posts takes account of the service now having been running and with a clearer view of what is needed in terms of skill set for example in relation to risk management or SEN. Education Mental Health Practitioners (EMHP) career progression is an area of development for 21/22 as a new Birmingham wave will come on stream providing the opportunity for currently qualified EMHPs to support with induction of new EMHPs in the service. As a service, MHST are active in communicating with other areas to draw from their existing models (Nottingham as an example) including in relation to EMHP progression. As EMHPs have worked and relationships with schools have built. MHST's are aware of the need for development around SEN provision and adaptation. This is already in progress with Derby University as a provider who will make changes to their course in order to accommodate this area of need.

Beautiful thinking, for well minds





A partnership work between Forward Thinking Birmingham (FTB), Birmingham Education Partnership (BEP) and BCC (Education Psychology & Public Health) has led to the development of a dedicated website for Teachers and Early Years staff to assist them in supporting CYP's mental health and wellbeing. Within the website there are sections dedicated to self-harm and suicide prevention including a short video on suicide prevention for teachers on the website.

The Breathe Education website has been launched and is available to all schools and staff in Birmingham with localised service information. The site can be accessed here:

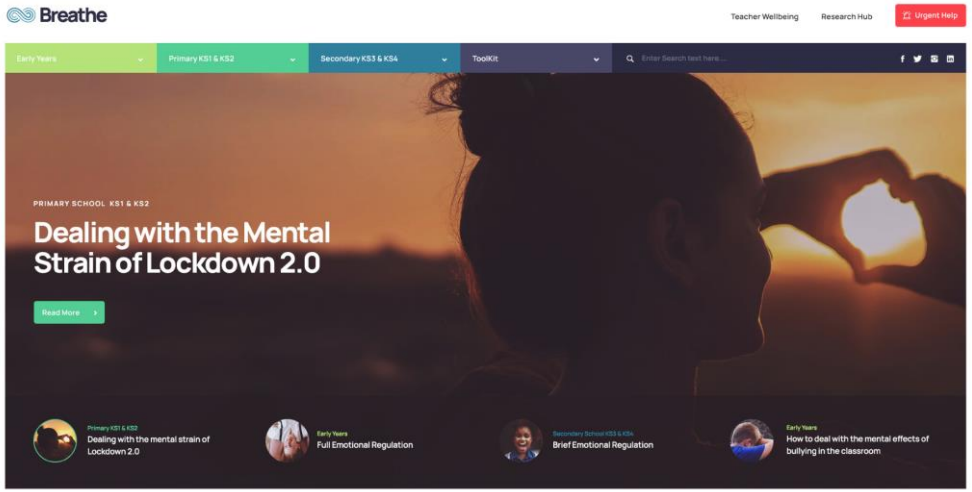
Breathe Education

Breathe Education Offer

Breathe is a digital well-being strategy for schools

We've worked with teachers, young people and experts in the area of youth mental health to co-create high quality digital well-being resources for teachers to use remotely or in the classroom.

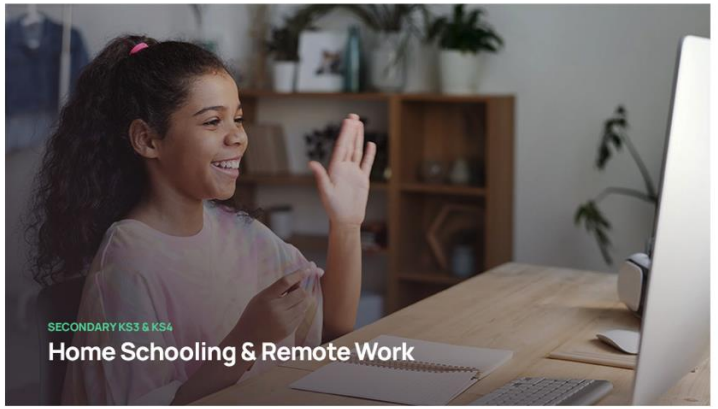
Breathe helps teachers interact and explore well-being with their students in a modern, efficient and innovative way. One that takes into consideration the well-being and busy working lives of teachers themselves.

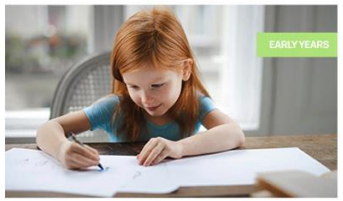


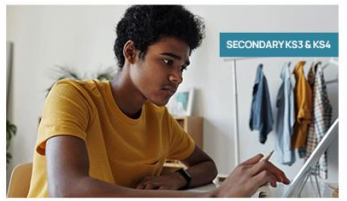
Key Stage related early intervention as a holistic approach to youth mental health.

Focusing on a strengths-based model it facilitates what mental health support teachers can provide in schools.

But also provide knowledge pathways between foundational wellbeing concepts and more serious emerging mental health concerns







Suicide Prevention

Progress on delivery

Local Multi agency suicide reduction strategy groups are in operational for both Birmingham LA and Solihull MBC to deliver all age suicide prevention activities with a clear commitment to CYP. Improvement of children and young people's wellbeing, looked after children, care leavers and children and young people in the youth justice system is a key priority in the Birmingham Suicide Prevention Strategy. Our Suicide Strategy focuses on reducing suicide risk factors across all ages as part of a system wide zero suicide ambition.

Birmingham and Solihull has a 24/7 mental health Crisis offer in place for children and young people with an open referral system that provides easy access to brief psychological interventions for those in crisis. Structures are in place to provide weekly data of those presenting with suicide ideations which supports targeted interventions.

In addition, Birmingham and Solihull has an all-age bereavement offer which includes suicide bereavement provision for both children and young people and adults through the single point of access. The service is provided across five care providers – Cruse and Solihull Bereavement (supporting adults) and Marie Curie, Beyond the Horizon and Edwards Trust providing bereavement support to our children and young people. Young people who have been bereaved through suicide have quick access to specialised postvention support. Providers such as Marie Curie offer individual bereavement support and group therapy. In the last 12 months, the service has seen an increase in demand and acuity of those bereaved through suicide across all age groups.

Birmingham's suicide prevention strategy can be found here: Birmingham Suicide Prevention Strategy

Birmingham
de Prevention Stra

Suicide Prevention

Our children and young people also have access to online mental health support through Kooth to provide better access and choice to children and young people aged 11-25. Kooth have seen an increase in demand since Covid from CYP (Kooth.com). Kooth offers peer to peer support through moderated discussion forums, self-care tools and resources and online mental health counselling and chat services. Implementation of Kooth was accelerated to provide easy access of support during the pandemic. Since its launch in April 2020, over 1,700 11-25 years olds have registered. Of those registered, 48% identify as BAME.

Forward Thinking Birmingham (FTB) run 'PAUSE' drop-in service at the University of Birmingham for 18–25-year-olds that has adapted throughout the lockdown periods to support student's mental health while also responding to students with suicidal thoughts. Forward Thinking Birmingham, Birmingham Education Partnership (BEP) and BCC (Education Psychology & Public Health) have a dedicated website for Teachers and Early Years staff to assist them in supporting children and young people's mental health and wellbeing with sections dedicated to self-harm and suicide prevention.

We are currently developing a Real Time Surveillance System (RTS) to ensure that anyone affected by suicide is able to access support in a timely manner. Implementation of the RTS system requires strong partnership working between different agencies such as the Emergency Services, Children Service, Coroners, and Police. We have a strong commitment to support children and young people affected by suicide and have been working with the Child Death Overview Panel as part of creating an effective Real Time Surveillance System that is able to meet the needs of our children and young people.

Through the BSOL Suicide Wave 3 Group, suicide awareness training options are being explored with the Zero Suicide Alliance online training being shared across the Birmingham and Solihull including to our Children and Young People providers – FTB, BCWH and Solar. The training has also been shared with the Birmingham Education Partnership (BEP) and Birmingham Childrens Trust. The online Health Education England (HEE) accredited postvention training has been shared with educational psychologists, bereavement services staff and the Child Death Overview Panel (CDOP) to improve skill and increase resilience. The Bereavement service which has a suicide bereavement offer embedded in it is regularly promoted within various social media platforms to increase awareness.

Link to Suicide Prevention Training- Suicide Awareness Training and Postvention Training
"Pause Drop in Service - https://www.intranet.birmingham.ac.uk/student/your-wellbeing/mental-health/pause-drop-in-sessions.aspx

Suicide Prevention

- Birmingham and Solihull has an online support resource – The Waiting Room that is widely shared across and accessible through various platforms and languages.
- www.the-waitingroom.org

Care Pathways - Learning Disability and Autism Programme of work

Birmingham and Solihull continues to work with system partners to enhance its Learning disability and /autism offer with a 3 year LD road map that focuses on building foundations already set within the learning disabilities and autism programme to ensure that children and young people with SEND have access to appropriate and timely support. The Birmingham SEND Revisit Inspection that took place in May 2021 highlighted a number of key areas to improve. BSol CCG is working in close partnership with the local authorities in Birmingham and Solihull to ensure that the health needs of children and young people with SEND are met. The process of improving a service starts with acknowledging weaknesses and putting mitigation plans in place as highlighted below.

PROGRESS SINCE 2018

COMPLETED:

- ❑ A named 'Transition Lead' is place across all Health Providers with established pathways, policies and young-person friendly transition tools
- ❑ Strong clinical links across Health system established to support transitions between specialities and acknowledges medical as well as LD /A needs
- ❑ Importance of GP-led Annual Health Check from age14 promoted widely in Health and on BCC Yr9 Review paperwork
- ❑ Information on Transition in Health is accessible and more updated via LO and Trust websites
- ❑ BCH and BCHC transition has focus on health support to school at Yr9
- ❑ BCHC WHAT transition tool ('Wellbeing and Health At Transition') from Yr. 13/14 (16yrs) completed with Parent / Carers provides a healthcare plan ready for transition (uptake 130 out of 400 WHAT templates completed)
- ❑ BCHC use an Annual Review template / Health advice template with PFA domains on for health advice for YP over 14yrs
- ❑ Understanding of PFA domains and importance of health input into Yr9 Review has improved via SEND awareness training
- ❑ Quality transitions from children to adult LD team are enabled through clinical case discussion at Transition Panel (in FTB)
- ❑ Easy read 'Wellbeing passports' and 'My transition' tools used across Health providers
- ❑ FTB 'wellbeing passport' as hand held record is coproduced with YP being piloted across 100 cases
- ❑ Strong health representation at fortnightly cross-agency Transitions Operational Oversight Group (TOOG) to ensure joined up EHCP transition packages post 18
- ❑ Strong links established strategically with Regional Transition Leads (under NHSEI 'Transforming Transition' programme)
- ❑ Expansion of DICE team to support crisis management in LDA
- ❑ ASD LD key worker pilot to be rolled out will support transition

IN PROGRESS:

Scoping out with regional Transition leads a focus on quality improvement transforming transition (initiated Oct 20 paused due to Covid)

WEAKNESS / RISKS

- Acknowledgement that transition pathways have weakened considerably during Covid (BWC survey Oct 20 confirms this)
- The breadth of health work around transition not fully mapped understood across system by partners in health or across system
- Covid impact means that Health collaborative work on the BCC Transition Strategy and action plan has been limited
- Uptake of Annual Health Checks is still low and value not fully recognised
- High levels of parent carer confusion and dissatisfaction reported related to diverse aspects of transition experience in health
- Parent / Carer engagement with 'WHAT' tool still limited
- Health transition work under WHAT tool not aligned to the key Yr9 Annual Review therefore disjointed experience for families
- BCHC Transition support currently focused on YP with complex medical needs in Special Schools only
- Flexibility of Health system to prioritise Yr9 AR and align to EHCP review is a challenge

PLANS / MITIGATIONS IN PLACE

- Re- Establish Health leadership and links to the BCC transition strategy implementation Plan
- A stocktake of all transition pathways, tools and effectiveness across B-Sol health providers will involve CCG and key transition leads will be led by Nicky Pettit / Nathan Samuels under NHSEI 'Transforming Transition' starting in June 2021 with focus on quality improvements
- Full time Transition posts in BCHC to be confirmed to improve uptake of WHAT transition support and extend to students at Yr11 and Yr9
- LD/A focused work on improved quality and uptake of AHC is in place
- A Review of transition guidance for 24 ½ yr. olds from FTB to adult mental health services (BSMHFT) is taking place by clinical leads

Improvements to Delivery in Response to Covid

In response to the Covid demands, a system response was ensured around children and young people's (CYP) care focusing on how Covid has impacted on the mental health and wellbeing of children and young people in Birmingham and acknowledging the requirement of a rapid service redesign to meet the needs of the children and young people.

A number of themes were identified that required rapid response:

- Presentation of higher-than-normal levels of mental health acuity
- Changes to the historic age ranges for chuidren and young people requiring urgent care.
- Initial concerns over decreasing referrals in April 2020. Since July 2020 surge in demand that continues to rise.
- On-going workforce challenges.
- Adaption of MHS service accelerated delivery from F2F to Telemedicine.

Mitigation Plans were put in place to urgently address concerns and enhance Birmingham's children and young people's offer such as:

- STICK Team extended their level of support to schools and collages (CYP and Teachers/Staff)
- Increased level of support available for Birmingham Universities.
- Enhanced Assessment approach assessing clinical risk
- Drop in sessions locally for staff support
- Staff enabled to work from home (where appropriate)
- Additional risk assessments completed for high-risk individuals (BAME, Shielding and vulnerable)
- Online intervention and group offer – Phase 1 has been completed providing online pathways within our core and specialist services and linked in with local partner such as Kooth to provide patients with an early help. Phase 2 will look at more Core online accessibility especially with larger groups, incorporating a “remote first” approach.

Access link - FTB HOSC Presentation

Improvements to Delivery in Use of Digital

The BSOL digital strategy is part of the digital transformation of care to deliver the commitments within the NHS Long Term Plan with digital enabled mental health care delivered by 2024. The pandemic led to the need for technology to be this to be accessible more immediately.
The use of technology has enabled children and young people with mental health needs to access mental health support during the pandemic and assurance in place that it is safely delivered within appropriate governance structures:

- Shared COVID related practices with system partners
- At peak of pandemic there were weekly system meetings to identify system pressure points
- Telemedicine implemented at rapid pace ensured services continued (alongside face to face work where needed in line with risk assessment)
- Using online platforms to maintain links with partners, providers, children and young people / families.
- Local businesses donated tablets and mobile phones for children and young people who would not otherwise have access to them
- Worked with schools to identify safe spaces where children and young people could access technology to continue engaging with MH services
- Attendance and use monitored which suggests reduction in DNAs where digital contact used.
- Use of Healios for online autism assessments
- Providing mobile phones to the most vulnerable patients
- Linking into partner organisations remote wellbeing activities
- Updated guidance for working from home regarding confidentiality
- Contract with Kooth includes assurance on policies and processes around safeguarding etc
- Audit of CYP response to digital care provision

BSOL digital strategy is currently being finalised and will be published on the Birmingham and Solihull CCG website.

Specific improvements with FTB have included:
- Development of in-house online autism assessment offer
- Pilot of remote Carers Support group
- FTB Website re-design

Improvements to Delivery

During the pandemic system working increased significantly and quickly. Birmingham's Children and Young People's Mental Health and Wellbeing Local Transformation Plan 2021 builds on the collaborative working across agencies and established and newly forming partnerships that are reducing fragmentation in the planning, commissioning and delivery of our services. The Plan is being delivered in the context of wider local system reform, in which integration of health, social care and other services (including schools, colleges and the third sector) in seen as a key enabler to supporting improved outcomes for children and young people. Birmingham and Solihull CCG is working closely with Local Authority partners to strengthen our existing integrated commissioning arrangements, and integrated commissioning budgets. The strategy aims to:

- Develop robust measurable plans to address the inequalities further exposed by Covid pandemic.
- Continuing development of 0 – 25 new model of care
- Develop joint commissioning to ensure resources are used fairly and effectively to provide maximum impact on outcomes
- Provide services that ensure the needs of children and young people who have special educational needs and disabilities, and their families, are at the heart of all that we do. We aim to offer this as locally as possible
- Ensure all mainstream provision will be welcoming, accessible and inclusive, adhering to the SEND code of practice, so that they can meet the needs of most children and young people, aged 0-25 who have special educational needs and/or disabilities
- Develop flexible pathways to enable children and young people to access the right provision and services to meet their individual needs at different stages. This will deliver the best possible outcomes, including education, employment, and training, as young people move into adulthood.
- Building on and strengthening blended models of care
- Expanding MHST Wave 6
- Creation of new roles
- Increasing and improving how parents are supported to understand and meet their young person's needs
- Continue the work across systems and the workforce to ensure children and young people's needs are met at the earliest point
- Strengthening and expanding our work with the Voluntary sector organisations

Forward Thinking Birmingham – Improvements

FTB continue their programme of work following the Care Quality Commission (CQC) inspection in 5W Quality Improvement framework. The 5W approach is a quality improvement (QI) approach designed by Birmingham Women's and Children's NHS Trust to progress areas identified as requiring focus for change.

These five areas are outlined below and are aligned with overarching objectives, as FTB identified their own areas of improvement.

5Ws

5Ws	QI Objectives
With Patients	Our patients and families will be well-informed and involved in making decisions about their care
Waiting	Our patients have access to care when they need it and are discharged appropriately from our care
Without Harm	We will increase safety around medication prescribing and management, including HDAT
	We will increase the number of patients accessing early help services
Waste	We will increase the proportion of permanent staff that are employed by the organisation – retain staff
	We will increase the efficiency of our bed management system
Work life	Our staff are proud to recommend BWC as a great place to work
	Our staff are able to make improvements in their place of work

One of the most significant pieces of transformation work as a result of this approach has been around waiting lists and access to services. The quality priorities set out for 19/20 that included effective access to services has continued to be a priority with our Waiting List work, Gateway 2, and a new Access policy. Maintaining a focus on access to services aligned perfectly with the 5W framework and the rapid improvement event on 'safe waiting lists.

Care Quality Commission

- The table below is how Forward Thinking Birmingham was rated in November 2019.
- This is a monumental improvement for FTB as in February 2018, the CQC published a report rating the service as Inadequate and issued twenty-eight requirement notices. As shown above the current rating of 'Good' for safe, caring and well led services now shines through due to the hard work of our teams across the city. The inspection focused on the core teams within each Hub, our Early Intervention (EI) and our Urgent Care service including Health Based Place of Safety (HBPoS). Our current CQC rating reflects the effort all staff have made to ensure that our services provide treatments such as care packages and programmes that are auditable, whilst delivering them with a value based approach regardless of role.

	Safe	Effective	Caring	Responsive	Well-led	Overall
FTB	Good Oct 2019	Requires Improvement Oct 2019	Good Oct 2019	Requires Improvement Oct 2019	Good Oct 2019	Requires Improvement Oct 2019

- Source: Annual review of Mental Health Service 2019/20 Forward Thinking Birmingham

Care Quality Commission

- The current CQC rating reflects the effort all staff have made to ensure that our services provide treatments such as care packages and programmes that are auditable, whilst delivering them with a value based approach regardless of role.

- FTB will continue to build on the CQC report this coming year, by decreasing the length of stay and implementing the suicide prevention work. FTB will also continue to develop services to further reduce admissions overall and provide alternatives to our young people.

- One of the ways FTB will do this is through working with the charity Mind, who had a significant impact on supporting our young people's social barriers to discharge.
- FTB will drive work throughout 2020/2021 aligning our clinical outcomes with the wider Mental Health Service strategic vision, to enhance investment and associated activity.
- Thanks to the support from the FTB's Clinical Outcomes Group and Think4Brum, a four phased mental health clinical outcomes framework has been developed. The framework monitors quality and impact via the triangulation of data from routine outcome measure collation, service user feedback and data reporting via projects.
- This will be introduced through further training and supervision for clinicians by a targeted development of knowledge, which will provide a more confident way of working. The potential of improving case management will also support the quality and contingency of our overall reporting and reinforce staff performance, by identifying risky areas that require innovative solutions.

Children and Young People Mental Health and Emotional Wellbeing Local Transformation Plan 2021/22

SYSTEM RESOURCES

NHS England and NHS Improvement

Funding & Resource Allocation 20/21

Birmingham and Solihull System modelling has been used to review current mental health provision and to plan investment across system pathways, considering the NHS Long Term Plan commitments, local prevalence data, impact of Covid-19 and expected future demand. The table below sets out the additional investment made in services for children and young people in Birmingham during 21/22. This is in addition to local children and young people's transformation funding which has already been given to providers and is now recurrent in their contract funding. Additional funding was also allocated for adult pathways.

The funding streams are as follows:

- SDF (Service Development Funding) - Time limited Investment to support transformational redesign.
- SR (Spending Review allocation) - Non Recurrent Investment to support recovery from COVID19 and increased demand

* Note: the Perinatal Mental Health funding is for the whole of Birmingham and Solihull

Programme:	Investment 21/22		
	SDF £'000	SR £'000 Non-recurrent	Additional Centrally Funded Investment
CYP Community & Crisis	1,488	999	
CYP Eating Disorders		267	
Young Adults 18-25	463	301	
Perinatal Mental Health	430		
MHST - Wave 6			390

Funding & Resource Allocation

20/21 funding allocations were not made in the usual way due to national changes introduced by NHS England in light of the Covid pandemic, whereby providers were paid through block contract arrangements.

									Draft			
			2017-18		2018-19		2019-20		2020-21		2021-22	
	Area	Org	BSOL	SWB	BSOL	SWB	BSOL	SWB	BSOL	SWB	BSOL	SWB
CCG Funding as per National Allocation												
Application of Funding												
CYP Monies allocated to FTB	Birmingham	FTB	1,783,312	399,453	1,783,312	399,453	1,783,312	399,453	1,783,312	399,453	1,783,312	399,453
Programme Office	Birmingham	BSOL CCG	90,460	20,262	90,460	20,262	90,460	20,262	90,460	20,262	90,460	20,262
MST	Birmingham	FTB	40,850	9,150	40,850	9,150	40,850	9,150	40,850	9,150	40,850	9,150
Innovation Hub	Birmingham	FTB	81,700	18,300	81,700	18,300	81,700	18,300	81,700	18,300	81,700	18,300
LAC Pathway	Birmingham	FTB	61,275	13,725	61,275	13,725	61,275	13,725	61,275	13,725	61,275	13,725
ASD	Birmingham	FTB	106,210	23,790	106,210	23,790	106,210	23,790	106,210	23,790	106,210	23,790
Perinatal Mental Health	Birmingham	FTB	102,125	22,875	142,975	32,025	142,975	32,025	142,975	32,025	142,975	32,025
EIS	Birmingham	FTB	40,850	9,150	40,850	9,150	40,850	9,150	40,850	9,150	40,850	9,150
Care Leavers Service	Birmingham	FTB	24,510	5,490	24,510	5,490	24,510	5,490	24,510	5,490	24,510	5,490
Pause Additional Capacity	Birmingham	FTB	81,700	18,300	81,700	18,300	81,700	18,300	81,700	18,300	81,700	18,300
Crisis Line	Birmingham	FTB	40,850	9,150	81,700	18,300	81,700	18,300	81,700	18,300	81,700	18,300
Personality Disorder Service	Birmingham	FTB	25,327	5,673	254,904	57,096	254,904	57,096	254,904	57,096	254,904	57,096
Early Help	Birmingham	FTB	166,084	37,201	332,166	74,403	332,166	74,403	332,166	74,403	332,166	74,403
School Based 6 weeks congruent psychsocial	Birmingham	FTB	67,539	15,128	135,077	30,256	135,077	30,256	135,077	30,256	135,077	30,256
CASE	Birmingham	FTB	17,030	3,814	34,059	7,629	34,059	7,629	34,059	7,629	34,059	7,629
Workforce Lead	Birmingham	FTB	24,406	5,467	48,812	10,934	48,812	10,934	48,812	10,934	48,812	10,934
Working with Schools	Birmingham	FTB	0	0	48,938	10,962	48,938	10,962	48,938	10,962	48,938	10,962
Mental Health Input into Social Care (BCC)	Birmingham	BCC	49,020	10,980	49,020	10,980	49,020	10,980	49,020	10,980	49,020	10,980
Headstart (BEP)	Birmingham	BEP	81,700	18,300	81,700	18,300	81,700	18,300	81,700	18,300	81,700	18,300
Newstart (BEP)	Birmingham	BEP	14,951	3,349	14,951	3,349	14,951	3,349	14,951	3,349	14,951	3,349
Acacia (FTB)	Birmingham	FTB	40,850	9,150	45,314	10,150	45,314	10,150	45,314	10,150	45,314	10,150
Neuro Developmental Pathway	Birmingham	FTB	53,922	12,078	107,844	24,156	107,844	24,156	107,844	24,156	107,844	24,156
ADHD Drugs	Birmingham	BCHC			0	0	0	0	0	0	0	0
South Asian & Muslim Mental Health	Birmingham				0	0	0	0	0	0	0	0
Neuro Developmental Investment in BCHC	Birmingham	BCHC	174,838	39,162	0	0	46,557	0	847,463	152,537	847,463	152,537
Neuro Developmental Investments in FTB	Birmingham	FTB			0	0	0	0	423,731	76,269	423,731	76,269
BCHC Additional Investment into ND	Birmingham				0	0	0	0	668,000	0	668,000	0
ADOS Assessment	Birmingham	BCHC			102,942	23,058	0	0	0	0	0	0
Healios Investment	Birmingham				0	0	0	0	172,500	0	0	0
Total Investment Birmingham			3,169,909	709,947	3,791,269	849,218	3,734,884	826,160	5,800,021	1,054,966	5,627,521	1,054,966

Workforce Planning

- The workforce plan aligns with the wider Sustainability Transformation Plan. This will be monitored through the recently refreshed Integrated Care System Workforce Group whose membership includes representatives from NHS Providers, Voluntary and Community Sector, Primary care, Clinical Commissioning Group and Health Education England. The Workforce Group will report risks and progress to the Transformation Board. There is high level commitment and involvement in the Workforce Group

- As part of the NHS Long term Plan and Service Development Fund 100 WTE additional workforce has been identified across the system. In recognition of limitations of the supply of traditional roles this includes many new roles Administration staff have also been included in the growth to release capacity for clinicians.

- Existing workforce data has been used to establish the gap in capacity and capability. Ethnicity data is regularly analysed to identify trends, risks and opportunities. Age profile helps us to identify potential retirements to enable us to succession plan.

- The Service will build capacity in partner agencies to support children and young people with emotional wellbeing and mental health needs, providing consultation, advice and training for schools and other settings, including understanding and managing behaviour, Solihull Approach, and mental health first aid. Where appropriate the Service will lead a multi-agency approach to both delivery and receipt of training, using partner experts and young people to co-deliver training sessions.

- There is ongoing training for Children and Young People wellbeing practitioners and Education Mental Health School Team

- A system Mental Health workforce plan has been developed.

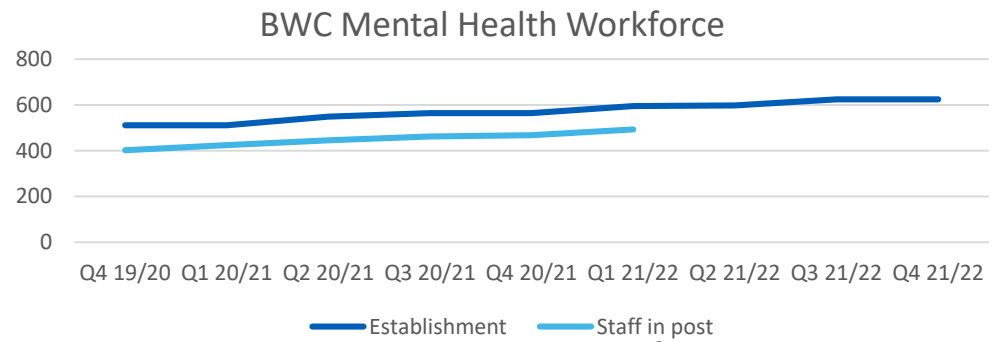
Workforce - Forward Thinking Birmingham

- As part of the Training needs assessment, FTB are looking at utilising our existing staff who specialise in Learning Disability and autism to train and develop tools to increase capability of the wider workforce.

- The workforce plan outlines the need for an inclusive recruitment approach. In addition, the creation of new roles such as apprenticeships, peer support workers and nursing associates should support a more diverse workforce. The plan also includes the intention to tap into under represented groups such as refugees. We have recruited a Skills Improvement Lead, part of the role will be to ensure that our recruitment processes are inclusive and if appropriate target diverse groups.

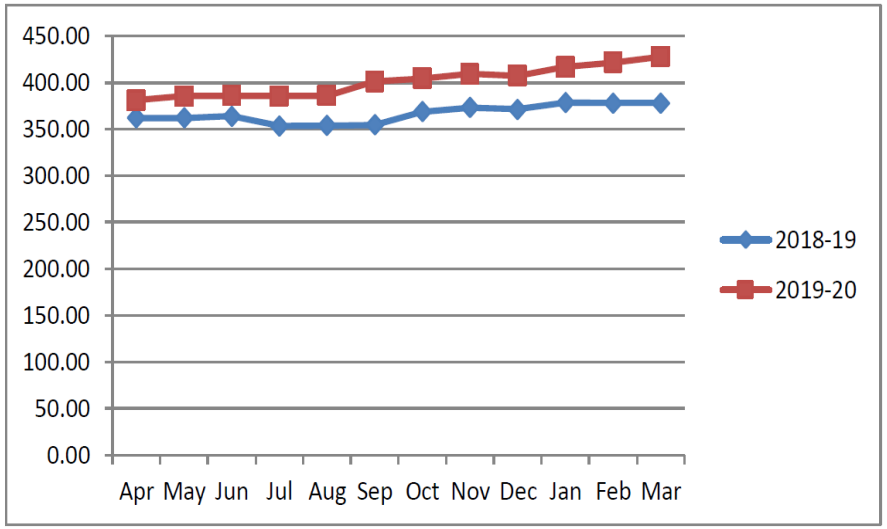
Table below shows workforce growth:

	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22
Establishment	511.2	511.2	549.02	563.82	563.82	594.36	597.19	623.9	623.9
Staff in post	401.6	424.05	444.38	461.62	468.03	493.11			



Workforce - Forward Thinking Birmingham

The graph below highlights 2018-2019 growth of FTB 15 WTE posts, compared to 2019-2020 of a further 47 WTE posts.



Some of the most significant interventions implemented in 2019/2020 that we are most proud of are: The introduction of a monthly Workforce Supply Meeting; Actively converting agency Mental Health nurses into MHS substantive posts; Employing other professional registrants into Mental Health Nursing Vacancies such as Social Workers; Recruiting Band 5 Mental Health Practitioners and providing a development plan; Participating in the National pilot for Educational Mental Health Practitioners; Encouraging 'Return to Practice' Placements; Partnering with Mind Charity to include Social Prescribers in Urgent Care; Producing Trainee Nursing Associates opportunities in both FTB and inpatient CAMHS; Focusing on international Medical recruitment throughout the year; A Psychology workforce & recruitment plan being implemented.

FTB will be commencing a new Learning Disabilities nursing apprenticeship pilot, as well as other projects that due to Covid-19 were put on hold. Following projects delayed due to pandemic will now resume: A Peer Support Worker Pilot, with training due to commence in July; Introducing Physician Associate Interns starting in June; The introduction of the newly developed Shelford tool at inpatient CAMHS which will monitor patient activity and safe staffing, this was due to be completed in March but was delayed due to Covid-19 and will now commence as soon as appropriate meaning the data collected can be used to evidence decisions around staffing supporting clinical judgment. There is also planned expansion of the Early Intervention Service subject to LTP funding alongside an increase in support roles within the core teams. Another for us for our Workforce Supply Group is to look at and assess the opportunities available for professional leads to work in a multi-disciplinary way to form more innovative ways of working.

Workforce – Forward Thinking Birmingham

Inclusion Data:

- There have been some positive shifts in the MHS staff survey inclusion indicators; the Staff Survey results showed 0.20 increase from 8.4 in 2018 to 8.6 in 2019 in engagement scores on questions relating to diversity and inclusion across Mental Health Services division.
- Whilst some progress has been made with reasonable representation at Band 7 and above, we realise there is still a need for improvement.
- There is still work to be done to ensure that culture, teamwork, leadership, and any programmes of work positively impact on the individual/team experience.
- Workforce Race Equality Standards (WRES) data 2019, showed that in quarter 1 MHS candidates were 1.09 times more likely to be appointed if they were white as opposed to BAME compared to the wider BWC Trust where this is 1.6 - this will be compared in Q1

	BAME (wte)	Bame (%)
FTB	104.68	33.76%
Inpatient CAMHS	19.83	16.85%
MHS Total	124.50	29.10%
Band 7 & above % is of total bnd7 and above workforce	27.90	40.55%
Medical (excludes trainees)	18.0	62.32%

Workforce – Wellbeing Support

Actions to support the wellbeing of the staff team during Covid-19 pressures and ongoing

Progress since March 2020

- System wide Mental Health & Wellbeing Hub for health and social care staff implemented
- New universal offers also open to staff including 24/7 Mental Health helpline, single point of access for bereavement support and Long Covid pathway
- Provider specific wellbeing initiatives
- Risk assessments completed and reviewed regularly to support vulnerable groups – options for remote and or restricted working in place.
- Access to senior staff in various forums to support with issues related to health and safety and the application of effective Infection Control and where experiences could be shared and acted upon
- Inclusion and diversity agenda progressed across the division that was led by ground floor staff.
- Access to Occupational Health and staff support
- Guidance developed on safe and effective use of remote working with focus on improving patient experience
- Trust wide ACT workshops to support staff resilience
- Access to Personal Protective Equipment (PPE), Covid testing and vaccination
- BSol Our People website launched: Our People – Empowering those caring for our communities (bsolpeople.nhs.uk)

In progress:

- Psychologically informed training to support engagement with physical health monitoring and vaccinations uptake

Weakness/Risks

- Staff interval fears and anxieties
- Time to release for pastoral and self-care given the pressures circulating with a global pandemic

Plans/mitigation in place

- Remote and agile working options.
- Locally designed directives shaped by national guidance that supported safe working practices (eg face to face contact – when and how)
- Full adherence to national guidance and support around isolation for vulnerable groups
- Self care and regeneration areas identified

- **Staff Mental health wellbeing offer -**

Children and Young People Mental Health and Emotional Wellbeing Local Transformation Plan 2021/22

ACHIEVEMENTS

NHS England and NHS Improvement

Our achievements in the past year include:

- Birmingham and Solihull approach to mental health support during pandemic
- System partners maintained and developed and flexible approach during the pandemic
- Workforce demonstrated tremendous commitment and personal resilience
- Cross sector partnership working challenged and removed barriers at pace to ensure children and families were cared for and safe
- Providers' resilience to maintain and develop blend of support to children, young people, families and system workforce
- Continued delivery of staff training, development and support including system workforce training
- Mental Health Surge modelling to inform the impact Covid has had and is expected to have in the coming years.
- The opening of an all-age Bereavement Support Service across Birmingham and Solihull
- Crisis House fully implemented in January 2021
- 24/7 Mental Health Helpline established
- Digital improvements e.g. increased access to online care and support, improved access, upgraded IT kit
- Creation of new types of roles - as part of the Long-term Plan and Service Development Fund 100 WTE additional workforce has been identified; in recognition of limitations of the supply of traditional roles this includes new roles such as nursing associates, physician associates and care navigator roles.
- Increased investment in Voluntary and Community Sector (VCS) and core services
- Success of 3-year Learning Disability and Autism plan and funding awarded
- Collaborative projects across Birmingham and Solihull includes Education, Eating Disorders, Workforce and Mental Health Support Teams.
- Increased support of the workforce, through the development of staff Wellbeing Hub, access to a range of supportive services and BSol Our People website.
- Community Mental Health Transformation model of care from age 18 onwards. This has enabled further investment into Primary care settings to support access at the earliest point of need. Years 2 and 3 of the plan also include further investment into Eating Disorders.

Our achievements in the past year include:

- FTB continues to respond to the challenges that the Covid-19 pandemic has presented. Two major changes have been transitioning to non-face to face digital consultation appointments where clinically safe, and all staff working remotely when possible.
- By making these dynamic changes we have been able to maintain a consistent level of high-quality access and care to our service users, when they need us most.
- The Quality Assurance framework provides healthy governance around the service changes that have been required by identifying the rationale behind them, and gives our new Ethics group the space to raise any ethical care dilemmas or risks. It is essential that we continue to monitor and track the changes made, as we assess the impact they have had on patients as we move into the 'Recovery and Restoration' phase.
- The **#you'vebeenmissed** campaign message and materials remain as relevant now as before, the aim of the current resource offer is to support all children back to school where appropriate and possible and to identify and respond early to children who may struggle to return and be at risk of extended non-attendance.
- Since the first return of schools in September of this year, FTB, Education Psychology Service and BEP have delivered ongoing training and development opportunities. In addition, the DfE's Wellbeing for Education Return programme training has been disseminated to all schools and will continue to be shaped by need.
- 162 staff have attended mental health training over the past year, funded by New Start.
- School nursing offer over the pandemic
- 82% of Birmingham schools have engaged with at least 1 BEP event over the year (84% of primaries and 86% of secondaries)
- Over 1000 subscribers to the Birmingham Education Partnership inclusion newsletter which is the source of information sharing around mental and emotional health.
- Additional funding has been put to further develop and extend the Birmingham Youth Offending Service Sexually harmful behaviours model of care into Solihull and becoming a BSOL approach.

Good Practice Examples

Eating Disorders - Seen as best practice

- Development of the community Eating Disorders Service that removes barriers hindering access, enabling self-referral and eliminating transitions that previously occurred at key ages for young people and their families. Further information is highlighted in earlier slides.

Crisis Model - Seen as best practice

- Crisis Services to Children and Young People delivered by both BWCH /Forward Thinking Birmingham 0-25, and BSMHFT/ Solar within the STP. Both Services have their own established self-referrals in place. In addition, an all-age Crisis Service support is available 24/7 in Birmingham. Further information is highlighted in earlier slides.

- Vulnerable Child risk register created in first lockdown with health & education partners to ensure all children open to social care/EHCP/secondary care were accessing education or being seen regularly by professionals.

- Extra workshops and resources for CYP, families and partners throughout the pandemic including **#wearethinkingofyou** (Solihull) and **#YouveBeenMissed** (Birmingham) campaigns. Example impact of #YouveBeenMissed - 1200 educators trained in mental health related topics to help identify early warning signs and understand how to support CYP to access FTB services, STICK team links with 350 schools and 200 CYP accessed webinars. Also approximately 100,000 FTB patient contacts.

- Parent, Carer and Educational setting Guide on supporting children with autism to manage death, loss and grief.

- Forward Thinking Birmingham developed a Wellbeing Survival Guide, a resource designed to support children and young people and their families on how to manage at the height of the pandemic and during the lockdown.

- The survival guide highlighted various support groups/ resources such as online Zumba classes and online free music sessions.

- It also gave links on where to get support when feeling anxious and had colouring activities to keep the CYP engaged while on self- isolation.

- Self Isolation Survival Guide

Return to School Offer

Bereavement and tism - A Guide for

Best Practice case study

A 13-year-old girl identified to the Mental Health Support Team (MHST) as requiring intervention due to a change in behaviour. Previously, the young person had been very interested in school and had achieved academically however following lockdown she appeared to lose interest in school and her friendship group changed. Parents also reported difficulties in managing her behaviour at home and that she wouldn't leave her bedroom when at home without arguments.

MHST were able to offer assessment to the young person in the school environment and from the assessment noted she was low in mood and there were signs of potential exploitation.

TREATMENT AND INTERVENTION (Joint MHST and STICK)

- 1-1 sessions with EMHP for the young person around behaviour activation
- Consultation and supervision sessions offered for school from the STICK team to up skill teaching and mentoring staff around "Emotionally Based School Avoidance" and also exploitation
- Group Non Violent Resistance (NVR) offered to parents to provide skills training and peer support in managing young person's behaviour at home.

Best practice Case Study

Supporting CYP returning to school – Birmingham and Solihull MHST

#youvebeenmissed – supporting children and young people returning to school

- **Situation:** Birmingham is taking a partnership approach to emotionally based school avoidance/extended school non-attendance (EBSA). Parents/carers, Education and Health partners have needed clearer guidance to be able to offer early help at the first signs of a child's attendance waning.
- **Solution:** To produce a broad range of resources for parents, young people and professionals including a new referral pathway for primary care colleagues where a child or young person may be in need of further support. #youvebeenmissed offers a trauma-informed message for children and young people returning to school. We know how important it is for us all to have the experience of being held in mind, hence the title of the project.
- **Activity:** As the Covid-19 pandemic hit we realised the #youvebeenmissed tag had even greater relevance and one of our EMHPs was redeployed to the project to use her training and skills to contribute to creating resources, short films and materials to help children and young people across the city. Resources include: psychoeducation and brain function, therapy toolkits, Non-Violent Resistance (NVR) guidance, webinars for professionals and parents, sleep, worry, stress, low mood, goal-setting, routine, self-help films for young people, and accessible and scaffolded low level Cognitive Behavioural Therapy (CBT) interventions.
- These all sit alongside banners and postcards for schools to welcome children back and also to get in touch when children are not able to attend to let them know they are being held in mind.
- **Impact:** The project/campaign will take major effect from September 2020 as resources become live.
- The expected outcome of the campaign is schools and parents being better equipped to support their children back into school and therefore avoiding any significant troubles in the child readjusting back to education following COVID19.The MHST have adjusted to a hybrid delivery method, using both digital and face to face intervention to maximise the engagement of CYP's, parents and teaching staff. The useful guidance from #YBM also allows for home visits from the wider STICK team where appropriate to assess and engage CYP's who are not able to engage with digital solutions and who are not in school. This approach will be business as usual going forward.
- A small cohort of those engaged in the campaign will require additional assessment and treatment from Forward Thinking Birmingham /BCC Teams
- Those who successfully return to school will have a positive, trauma responsive experience where they are able to thrive post-COVID-19
- We would hope to continue to record training videos following the COVID-19 recovery to continue to invest heavily into the emotional wellbeing of the 244,000 school-aged children in Birmingham.

(Birmingham MHST, August 2020)

Region	Midlands
Wave of MHST Programme	Wave 2 – 19/20
Number of other MHST in region to date	2 teams across Birmingham and Solihull and a range of teams throughout the region
Geographical area covered	Birmingham and Solihull
Key features of the locality	Urban
No. of schools and schools type covered by MHST	45 education settings including primary, secondary and special schools and FE colleges.
Workforce	2 teams with 8 EMHPS, Service manager, senior wellbeing practitioner, senior admin, CYP wellbeing practitioner and project manager roles

Development for 2021/22

As Birmingham and Solihull (BSOL) moves at pace to an Integrated Care Organisation, we continue the progress we have made with system wide providers, including VCS on establishing a Provider led collaborative model. BSOL's aspirations are demonstrated as system commitment to children and young people's wellbeing and mental health which can be evidenced through joint planning and shared funding arrangements. These funding arrangements are building capacity of established models of care that work around the system and into social care, education, voluntary sector and health. In terms of the Integrated Care System outlined earlier, the proposed 'CYP care programme' will in effect deliver the strategic plans. The care programmes are likely to be led by aligned provider collaboratives.

Over the next 12 months we will continue to progress the delivery of the needs assessment priorities in this document and at the same time collaboratively develop our new 0-25 model for mental health services for Birmingham and Solihull based on the learning from our transformation journey. Whilst we will move to a single Children and Young People Local Transformation Plan for Birmingham and Solihull, we will continue to have a focus on place-based provisions.

The aim is to :

- Develop a clear measurable plan on how we will understand our communities needs
- Address Inequalities by improving access and outcomes
- Support and develop our workforce to ensure the care is culturally sensitive and needs driven.
- Ensure that all care plans are developed with children and their families
- Ensure crisis plans are led and responsive to both child and family's needs
- Continue to improve the crisis model and the crisis offer
- Eliminate overlaps in care inefficiencies in the system such as children/families having to repeat their stories
- Eliminate Gaps in care, Exploitation, Domestic Abuse, Sexual Abuse, Foetal Alcohol Syndrome, Early years mental health
- Thresholds are clear and not blurred (Neurodevelopmental, Parenting, Bereavement/Complex Grief and co-morbid mental health
- Improve communication knowing what the offers are, who by, inclusion/exclusion, how to access and inefficiencies in the system
- Reduce waiting lists/waiting times on Specialist Assessment Services
- Continue to support education providers to be better able to support CYP at the earliest point of need
- Expand our approach to parent support and future aspirations
- Disordered eating as opposed to eating disorder
- Mental health support for autism
- To continue to reduce numbers of young people that are admitted to Tier 4 bed and to reduce length of stay

Performance

Access Standard

Five Year Forward View ambition

By 2020/21, there will be a significant expansion in access to high-quality mental health care for children and young people. At least 70,000 additional children and young people each year will receive evidence-based treatment – representing an increase in access to NHS-funded community services to meet the needs of at least 35% of those with diagnosable mental health conditions.

- Birmingham has not met this target 20/21 achievement 27.5 %
  We know there are substantial data quality issues. A Data Quality Improvement Plan' has been developed and performance is improving.

By 2020/21, evidence-based community Eating Disorder services for children and young people will be in place in all areas, ensuring that 95% of children in need receive treatment within one week for urgent cases, and four weeks for routine case.

- Birmingham has achieved this target, however during the pandemic we have seen a 53% higher than expected number of children and young people presenting with eating disorders and disordered eating, consequently the target was missed for a small number of patients. However, a clinical risk assessment was undertaken of these young people and no harm was caused by the delay.

Early Intervention in Psychosis (EIP) services delivering NICE compliant model of care, achieve 60% meet the two-week waiting time by 2020/21 and achieving National Clinical Audit of Psychosis (NCAP) level 3.

- Birmingham has not consistently achieved this target. During the pandemic, a higher than expected number of young people presented potential psychosis. At Quarter 1 20/21 73% of patients were seen within 2 weeks.
  We know that there are substantial data quality issues. A Data Quality Improvement Plan has been developed and performance is improving.

Mental Health Support Teams in Schools

- Birmingham has one established team and is currently developing the second team.

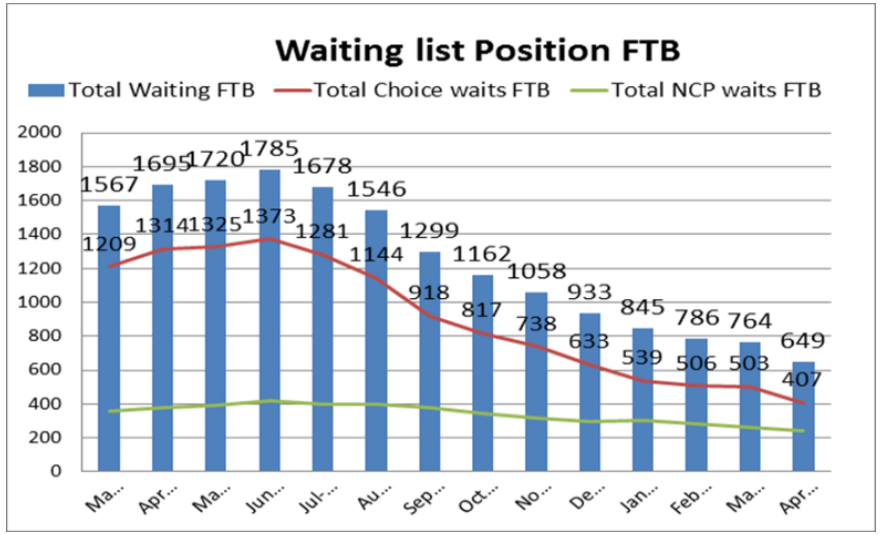
Workforce requirements: Delivering the increase in access to mental health services

- The STP is reaching the target to increase the workforce, however the workforce remains a challenge across the system. There has been significant progress by creating new roles, working as a system on recruitment, sharing expertise and joint learning and development.

Performance

Waiting list

During 2019/20 FTB have reduced the waiting list by over 1000 patients; a fantastic achievement due to creating better access to services and listening to patients. At the start of the year there were on average 25-30 fifty-two week breaches every month; this number is now zero.



Time to Treatment

FTB's wider work to manage capacity and demand an additional layer of clinical triage, 'Gateway 2' has been implemented with regard to all new referrals. This, alongside a range of other initiatives, has led to a reduction in referrals to core service. On-going increased demand on service and a subsequent increase in the number of cases waiting for NCP alongside known capacity issues has led to an increase in overall % of cases not hitting 18-week RTT target.

National Indicators	March -18	March -19	March - 20	June 21
Patients on incomplete-non emergency pathway (yet to start treatment) should have been waiting no more than 18 weeks from referrals	82%	66%	52%	69%

Performance - Forward Thinking Birmingham

Was Not Brought (WNB) Did Not Attend (DNA) rates for Forward Thinking Birmingham

DNA 0 – 18 years Report	2017/18	2018/19	19/20	20/21
Percentage of DNAs at First Outpatient Appointment	14.1%	14.38%	10.71%	8.78%
Percentage of DNAs at First Follow Up Appointment	10.0%	4.17%	5.88%	9.95%

The CAMHS Benchmarking report from December 2013 found an average of DNAs in tiers 1-3 CAMHS of 11%. This is used as a way of comparing rates against a national average. The report can be viewed here.

Performance - Forward Thinking Birmingham

Referrals

Referral Source	18/19	19/20	20/21
Total referrals	16,831	17,222	16,747
Access Centre Referrals	15,490	15,970	15,399
Non AC Referrals	1,341	1,252	1,348

Waiting Lists

FTB Local Standards (Choice/Partnership waits)	19/20	20/21 YTD
Incomplete - % waiting less than 18 weeks	56%	67.3%
Choice Incomplete - % waiting less than 8 weeks (includes medic only)	25%	39%
Number of 52 week waits	28	0

FTB monitor all referrals that have exceeded the 18-week referral to treatment target through monthly contract monitoring and a detailed breach report.

Risks and Mitigation Plans

Risk	Detail	Mitigation	Risk Management
Forward Thinking Birmingham (FTB) is funded to provide treatment to 35% of CYP with a diagnosable mental health problem. Demand has been increasing year on year and due to the pandemic referrals are at the highest level ever.	As awareness of mental health problems, referral pathways improve, impact of pandemic there has been more referrals to FTB – leading to increased waiting times.	Increased the range of treatment options – including online support and counselling, group work, online CBT options. Work with the wider system to support CYP with emotional wellbeing and mental health issues early to prevent them escalating where possible by increased capability of early help services including schools, colleges, school nurses, health visitors and third sector providers.	This is overseen by the CCG contracting, Local Transformation Board and newly establish BSOL System Mental Health transformation Board
Demand	Crisis There are concerns regarding the rise in referrals into young people's crisis service. A reduction in Tier 4 beds continues to be a challenge with national shortages which are having impacts on staff capacity for young people being cared for in the community	Birmingham and Solihull (BSOL) approach to crisis /provider collaborative: BSOL are working with partners in the Voluntary and Community Sector to establish a range of support options for people in mental health crisis. 24/7 open access crisis and mental health support will be available to all by 2021. Recruitment to our fully-funded Core 24 Psychiatric Liaison Services in all A&E sites began in October 2019. BSOL and Multi-agency suicide reduction plans with the ambition of achieving zero suicides. Increased bereavement support. Additional funding for crisis support was received during the pandemic to help manage the demand. Staffing levels in crisis team did not match the demand as such additional staffing was sourced.	This is overseen by the CCG contracting, Local Transformation Board and newly establish BSOL System Mental Health transformation Board

Risks and Mitigation Plans

Risk	Detail	Mitigation	Risk Status
Demand	An audit on the impact of COVID 19 on the 0 – 25 Eating Disorders service shows an 53% increase in referrals. These increased demands may have an impact on waiting times, increased pressure and workload on staff, and delayed access for under 10 young people to the service. There is a possibility that the effects of COVID-19 on this eating disorder service are only beginning to emerge, and that the demands on the service will increase during the next six months.	Capacity and demand modelling is ongoing across all areas of Solar and BSOL which is especially important with increased numbers of referrals. The Eating Disorder team have been working with colleagues in Solar and Barberry to ensure that transformation monies across the system follows demands and need.	This is overseen by the CCG contracting, Local Transformation Board and newly establish BSOL System Mental Health transformation Board
Demand and Safeguarding Unseen pupils - Out of School due to Pandemic/isolation	The impact of lock down many children may have been affected by disruption to their daily routine, not being able to see friends which increased risk of mental health and wellbeing. Most children have returned to school, however with summer holidays it is important to remain vigilant. and we await to see the impact of schools returning in September 2021 and the impact on children's mental health and potential safeguarding/safety concerns which may be highlighted at this time The impact of lockdown during the Covid pandemic on the mental health and wellbeing of vulnerable children were unseen by professionals.	Whilst not all initial assessments and new patient appointments were moved to online, a significant number were, but we are now seeing young people face-to-face more regularly. This has been particularly important as despite children returning to school before the end of the academic term, the summer holidays provides another risk period where children may not be seen by professionals, ensuring that children are seen face-to-face in this time mitigates against that risk.	This is overseen by the CCG contracting, Local Transformation Board and newly establish BSOL System Mental Health transformation Board

Risks and Mitigation Plans

Risk	Detail	Mitigation	Risk Status
Children and young people with additional vulnerabilities Learning Disability Autism Children in Care Care Leavers Carers Exploited Known to YOS LGBTQ Unaccompanied asylum seekers (UCAS) Black and Asian	We know that these groups of young people were more isolated due to the pandemic and that their networks of support was also impacted. We know that the during the summer when the Black Lives Matter protests were seen, this hit our communities harder at a time when community support was most needed. We know the pandemic also saw a rise in those young people most vulnerable to exploitation were potentially missed through the systems usual mitigation sources; being in school, seen by case workers.	Additional resource has been identified to try and manage growing waiting lists and waiting times through non recurrent surge and recurrent funding. System working continues across health, Social Care and education providers.	This is overseen by the CCG contracting, Local Transformation Board
Workforce	Staff continue to be affected by Covid19, both in terms of personal losses, bereavement, illness, and the impacts of social isolation, increased health anxiety, and adapting as we all are to a pandemic. Recruitment has been an additional pressure, with many recruitment drives ending up with people not local to the area wanting to only work remotely and not be available in the community, with changing ways of working for the nation, however, to ensure patient safety and quality of clinical care this has not always been possible.	We continue to look at recruiting flexibly to meet the needs of our service users. Recruitment has been impacted by Covid significantly. There is a national shortage in positions in CAMHS, particularly psychology, psychiatry and mental health nursing. Providers are carrying some vacancies. Skills analysis is ongoing to look at the training needs and areas of strength in the workforce.'	This is overseen by the CCG contracting, Local Transformation Board and newly establish BSOL System Mental Health transformation Board

Risks and Mitigation Plans

Risk	Detail	Mitigation	Risk Status
4 week waits	New standards coming out on 4 week waits from referral to receiving care- how is that going to be achieved	Awaiting notification of timescales at present.	This is overseen by the CCG contracting
CYP Representation	CYP input has reduced since meetings have gone online as a result of the pandemic. There has been no CYP representative on the local transformation board	We continue to work as a system to link across co-production, engagement with young people.	This is overseen by the CCG contracting , Local Transformation Board
Parents Mental Health	Impact on parents with their own mental health issues, ability to cope and support their children	• Specialist community Perinatal Mental Health (PNMH) service commissioned across Birmingham and Solihull working towards key objectives: • Increase Access to services (2021/22 Target of 8.6% of the population birth rate) • Ensure that mechanisms are in place to ensure that women with lived experience are actively involved in the development of local perinatal mental health services (including a focus on Infant Mental Health) • Ensure Perinatal Mental Health services understand access challenges for different groups (such as BAME and younger parents) and are working towards equal and timely access.	This is overseen by the CCG contracting, Local Transformation Board and newly establish BSOL System Mental Health Transformation Board

Risks and Mitigation Plans

Risk	Detail	Mitigation	Risk Status
Down Syndrome access to mental health support	BSOL Parent Carer forum have received reports from parents/carers that they are experiencing difficulty in accessing mental health support for CYP's with down syndrome	There is a programme of work in progress to address CYP with LD and/or Autism needs across all pathways – with a focus on crisis and Eating Disorders. A workforce programme of work continues to be delivered and further developed.	Overseen by the CCG Contracting, Local Transformation Board and newly establish BSOL System Mental Health Transformation Board
Child development	Reduction in child development checks at age 2, currently 1 in 5 children affected.	•Covid will have affected health visitor ability to carry out some visits and checks that would normally be carried out face to face therefore risk reduction in opportunity to offer early support. •Restoration / Recovery plans •Reviewing of data at district level in relation to 6–8-week health visitor check and 2-year review to determine trends/ concerns and address in a timely manner.	Commissioned and monitored by local authorities

Risks and Mitigation Plans

Risk	Detail	Mitigation	Risk Status
Autism	Increased demand for assessment has led to long waits across BSOL. Workforce needs to be appropriately trained to ensure that pathways including crisis are Autism aware and a differentiation offer is available and accessible. System workforce trained to understand the mental health implications for this cohort.	Additional investment to address long waits has been secured. Providers also utilising Digital assessments. There is a programme of work in progress to address children and young people with Learning Disability and/or Autism needs across all pathways – with a focus on crisis and Eating Disorders. A workforce programme of work continues to be delivered and further developed.	This is overseen by the CCG contracting, Local Transformation Board and newly establish BSOL System Mental Health Transformation Board
Inequalities	Addressing the health inequalities that exists and ensuring that services offered can meet the needs of our local diverse communities, reduce health inequalities and improve health outcomes of those most vulnerable and / or marginalised in our communities.	• BSOL Strategic approach to Health inequalities – Launch of the ICS Inequalities Programme to address health inequalities. • Surge modelling - BSOL has undertaken the Mental Health Surge modelling to understand the impact Covid has had and is expected to have in the coming years. System Capacity and Demand modelling will continue to inform service design. • CCG Health Inequalities work - completed to understand inequalities that exist within BSol. Intelligence gathered is used in service design, planning and workforce developments.	This overseen by the CCG contracting, Local Transformation Board and newly establish BSOL System Mental Health transformation Board

Children and Young People Mental Health and Emotional Wellbeing Local Transformation Plan 2021/22

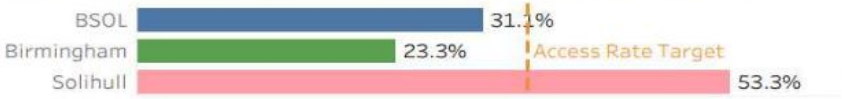
APPENDIX

NHS England and NHS Improvement

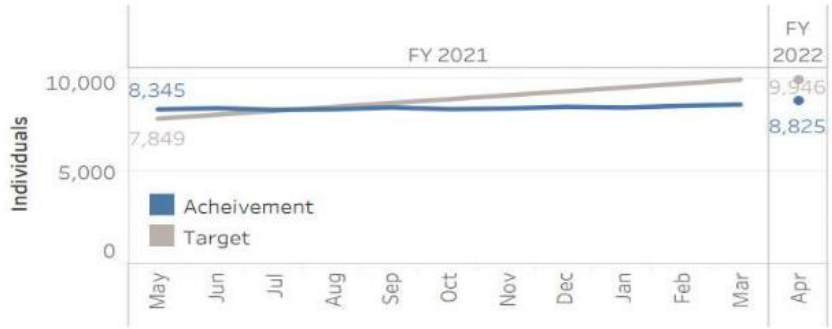
Appendices

CYP Accessing MH Services - Two Contacts

% of Prevalent Population Accessing, rolling 12 months



Volume Accessing, BSOL CCG rolling 12 months



Volume Accessing, Solihull and Birmingham rolling 12 months

April not available due to MHSDS commissioner extracts not updated by MLCSU

Volume In-month, Providers

		FY 2021											FY 2022	Grand Total
		May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	
BSOL Commissioned Provider	FTB: B'ham W & C's	330	295	175	105	150	125	115	85	90	75	110	525	2,180
	B'ham MH Trust	135	350	210	140	150	165	140	120	120	105	65	385	2,085
	B'ham Comm'ty He..	50	70	75	65	130	160	235	145	145	155	145	155	1,530
	Kooth	85	60	75	50	85	90	65	75	65	55	50	75	830
	FTB: Open Door	35	50	40	40	30	40	30	35	40	50	45	65	500
	FTB: Children's Soc			40	45	65	35	25	45	45	50	70	70	490
	HEALIOS LTD	0	10		35	55		60		80	110	100	0	450
	FTB: Living Well	65	45	40	20	20	20	35	25	25	50	30	55	430
	Uni Hosp B'ham			0	0		0	5	0	0	0		0	5
Other Provider	Other Providers	25	20	20	10	10	10	10	10	15	5	10	55	200
Grand Total		725	900	675	510	695	645	720	540	625	655	625	1,385	8,700

Target: At least 35% of CYP with a diagnosable MH condition (the prevalent population) receive treatment from an NHS-funded community MH service.

Data plotted is 2020.21 2+ contacts methodology. 2021.22 methodology will be 1+ contact. Data for this not yet available from NHS Digital.

Data Source: NHS Digital, MHSDS published metric MHS69 via MLCSU Analyst Global
Prevalence: 28,416 BSOL (24,437 B'ham, 3,979 Solihull), based on 2004 survey.

Methodology: An individual is counted if: Age is <18 at first contact; 'treatment' includes indirect contacts but not email or SMS; An individual can be counted only once in a financial year; Treatment is defined as 2 contacts; The date of the second contact determines the reporting month; Individuals can be counted in multiple financial years if they have 2 contacts in each.

Solihull Accessing: addition of BSMHFT, UHB, Cov & War and Xenxone (Solihull split ratio sourced from MHSDS).

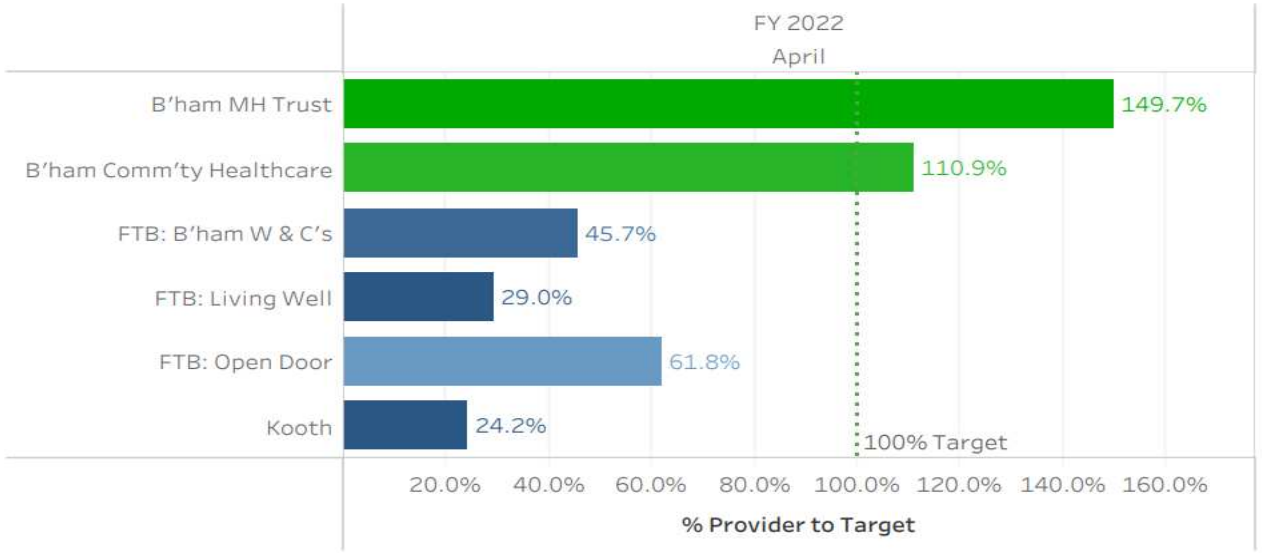
Birmingham Accessing: addition of: B'ham W&C, BMHC-FTB, Children's Soc, Open Door, BCHC, Black Country Healthcare, Dud and Walsall MHPT, Healios and Xenxone (B'ham split ratio sourced from MHSDS).

Appendices

CYP Accessing MH Services - Healthcare Provider Targets

CYP Reaching Second Contact on a Referral, Rolling 12 months

% Achievement of Target April, 2021



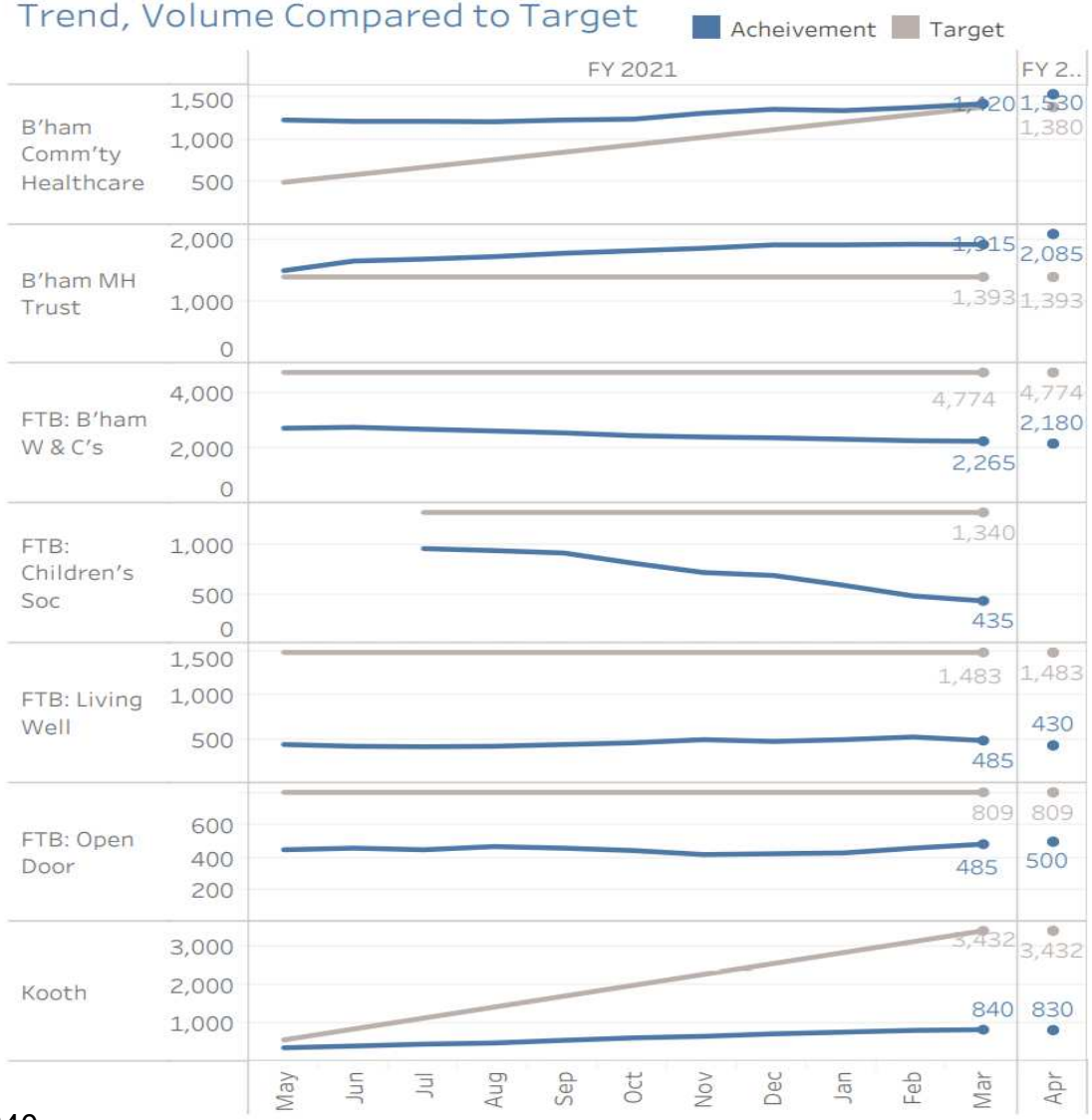
Provider Second Contact Volume Targets for 2020/21 year end.

FTB: B'ham W & C = 4774; FTB: Living Well Consortium = 1483; FTB: Open Door = 809; FTB: The Children's Society = 1340; B'ham MH Trust = 1393; B'ham Comm'ty Healthcare = 1380; Kooth = 3432*

* Kooth target calcualted from 10,296 worker hours (8448 B'ham + 1848 Solihull). Average of 2 sessions per referral (MHSDS Sourced). Estimated 1.5 hours per session.

% Acheivement of Target: [Current Volume Accessing 12 months rolling] / [Target from trajectory to year end]

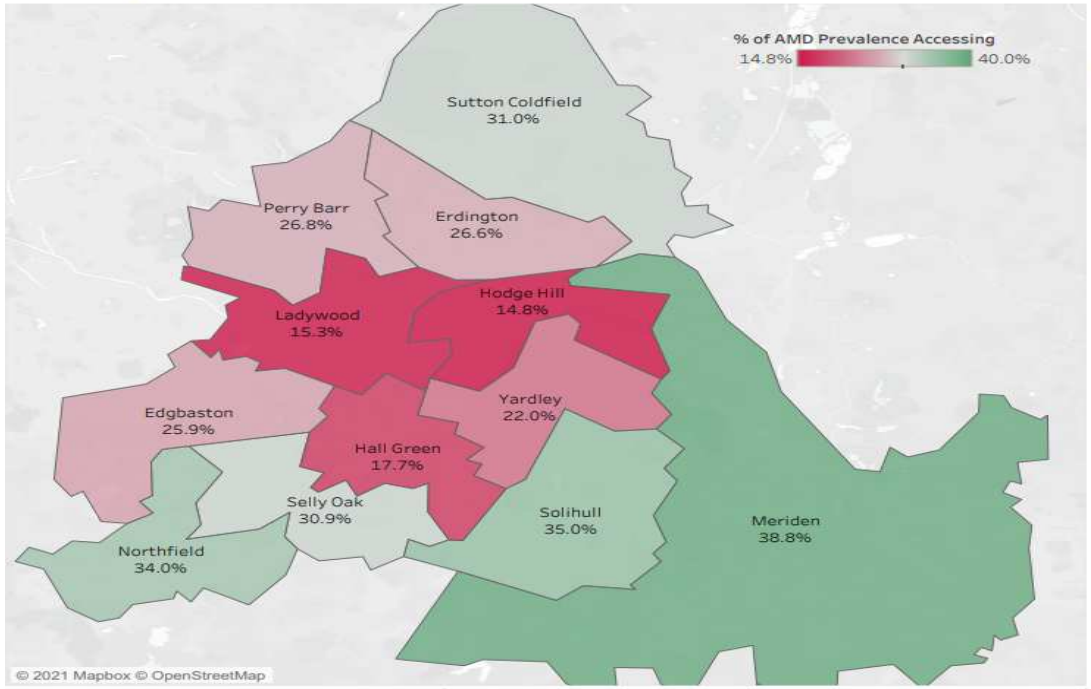
Trend, Volume Compared to Target



Appendices

CYP Prevalent Population Accessing MH services BSOL_0863

% of BSOL GP Registered 0-18's Prevalent with Any Mental Disorder (AMD) Accessing MH Services



		% of AMD Prevalence Accessing	Numerator: 0-18's Accessing MH Services	Denominator: BSOL GP Registered 0-18 AMD Prevalent Pop
Birmingham	Birmingham, Edgbaston	25.9%	607	2,343
	Birmingham, Erdington	26.6%	742	2,789
	Birmingham, Hall Green	17.7%	470	2,651
	Birmingham, Hodge Hill	14.8%	742	5,023
	Birmingham, Ladywood	15.3%	237	1,552
	Birmingham, Northfield	34.0%	1,248	3,671
	Birmingham, Perry Barr	26.8%	597	2,225
	Birmingham, Selly Oak	30.9%	869	2,810
	Birmingham, Yardley	22.0%	1,510	6,863
	Sutton Coldfield	31.0%	636	2,054
Solihull	Meriden	38.8%	1,188	3,062
	Solihull	35.0%	818	2,338
Other	GP Not Recorded		2,054	
	other		666	314

Methodology:
Patients were counted as accessing if they had a first contact on a referral or at a GP in the 12 months of most recently available data for the data source. Patients were attributed to an electoral constituency by mapping LSOA of patient's address to electoral ward. Where an LSOA mapped to more than one electoral ward only a single ward was used (a best fit approach). If a patient presented in more than one MH setting (IAPT, MH Secondary Care or Primary Care) the setting with the first presentation date for the patient is included.

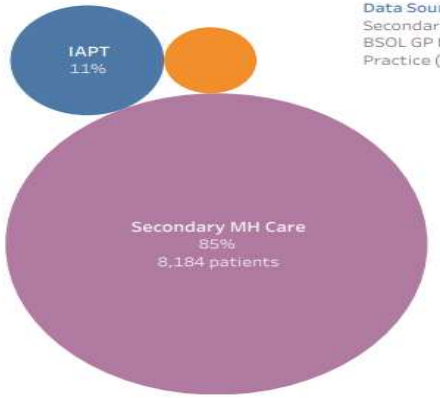
Prevalence Used:
Solihull = 12.23%; Birmingham = 12.2%; other areas 12.8%

Solihull and Birmingham prevalence sourced from CCG prevalence estimates of any mental disorder (AMD) among Children and Young People (CYP) aged 5-17, based on 2017 survey data. Public Health England (not published). Other areas based on England CYP AMD Rate published by NHS digital, based on 2017 survey.

Data Sources:
Secondary MH Care from MHSDS Commissioner's Extracts; IAPT from IAPT MDS Commissioner Extract; BSOL GP Registered Patients sourced from GDPPR patient extract. GDPPR is data obtained from General Practice (Primary Care) Extraction Service or GPES Data for Pandemic Planning and Research

MH Services Being Accessed

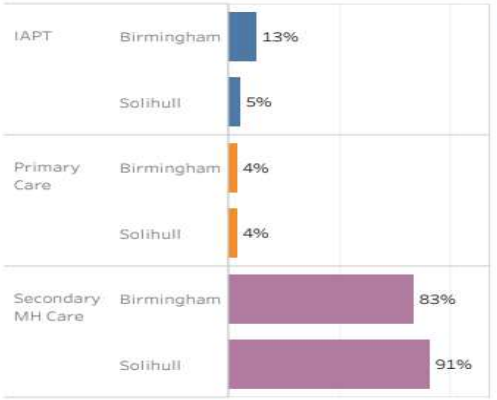
Patients resident in B'ham or Solihull



	Numerator: 0-18's Accessing MH Services	Proportion of patients accessing each service type
IAPT	1,086	11%
Primary Care	394	4%
Secondary MH Care	8,184	85%
Grand Total	9,664	100%

MH Services Being Accessed

proportion attributable by Local Authority and service type



Analyst: John O'Neill (john.o'neill3@nhs.net)

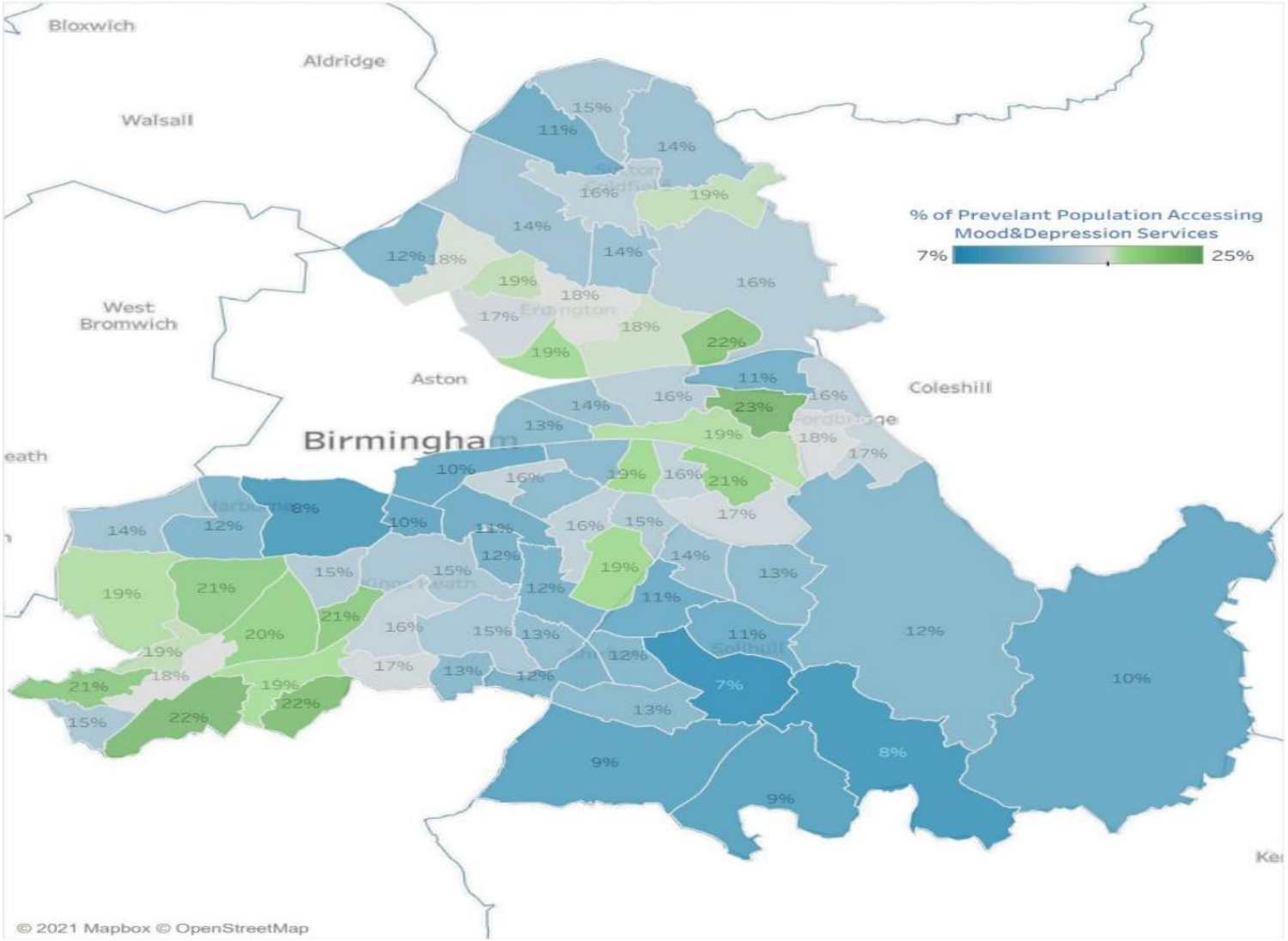
Proportion attributable by Parliamentary Constituency and service type

		IAPT	Primary Care	Secondary MH Care
Birmingham	Edgbaston	16%	4%	80%
	Erdington	11%	2%	86%
	Hall Green	13%	5%	82%
	Hodge Hill	12%	5%	83%
	Ladywood	13%	5%	81%
	Northfield	13%	3%	84%
	Perry Barr	9%	2%	89%
	Selly Oak	14%	5%	81%
	Sutton Coldfield	14%	5%	81%
	Yardley	13%	4%	83%
Solihull	Meriden	4%	4%	92%
	Solihull	7%	5%	88%

Appendices

Common Mental Disorders: % of Prevalent Resident Population Accessing.

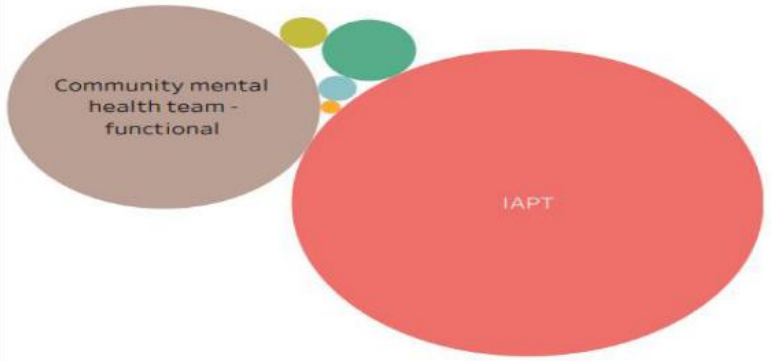
(Patient Aged 16-64, Accessing Mood and Depression Services where BSOL is the Healthcare Commissioner)



Notes:
- NHS England has a set a target for CCGs of treating 25% of all persons with CMD (Common Mental Disorders) in IAPT services by 2020.21.
- CMD Prevalence set at 19.6% for patients aged 16-64 ref: PHE Fingertips 'Estimated prevalence of common mental disorders'
- Real life prevalence will likely vary between social groupings

Data Sources:
Resident Population by Electoral Ward: Table SAPE22DT8a: Mid-2019 Population Estimates for 2019 Wards in England and Wales by Single Year of Age and Sex - Experimental Statistics
Common Mental Disorder Services: IAPT MDS, MHSDS, referrals received in most recent rolling year available

Mood and Depression Services Type



IAPT	66.7%	(n. 14,629)
Community mental health team - functional	29.4%	(n. 6,436)
Psychological therapy service (non IAPT)	2.7%	(n. 582)
Psychotherapy service	0.7%	(n. 149)
Primary care mental health service	0.5%	(n. 99)
Day care service	0.1%	(n. 27)

Appendices

Ethnicity Category Breakdowns

BSOL CCG

Service Type	EthnicityCategory	
IAPT	Null	1.3%
	Asian or Asian British	14.1%
	Black or Black British	4.8%
	Mixed	5.5%
	Not Known	0.0%
	Other ethnic groups	27.7%
	White	42.5%
	Total	94.5%
Secondary Care	Null	2.3%
	Asian or Asian British	12.2%
	Black or Black British	4.1%
	Mixed	6.1%
	Not Known	6.4%
	Other ethnic groups	20.3%
	White	45.2%
	Total	71.0% 29.0%

Data Coverage, Referrals received between:

IAPT	July, 2020	July, 2021
Secondary Care	July, 2020	June, 2021

Data Coverage, age at referral receipt between:

IAPT	10	25
Secondary Care	0	25

Ethnicity not recorded includes null fields, "not stated" and "not known".

Referrals included where BSOL CCG is the patients responsible commissioner

Data Sources: MHSDS and IAPT commissioner Extracts

Analyst: John O'Neill

IAPT, Providers

Service Type	Healthcare..	EthnicityCategory	
IAPT	B'ham MH trust	Null	2.9%
		Asian or Asian British	21.6%
		Black or Black British	7.3%
		Mixed	8.7%
		Not Known	0.0%
		Other ethnic groups	
		White	57.0%
	BMHC-FTB	Asian or Asian British	10.1%
		Black or Black British	3.6%
		Mixed	3.3%
		Other ethnic groups	48.7% 7.1%
		White	27.2%
	Cov and War	Null	3.6%
		Asian or Asian British	8.5%
		Black or Black British	1.6%
		Mixed	5.6%
		Other ethnic groups	
		White	78.4%
	Living Well	Asian or Asian British	11.6%
		Black or Black British	2.3%
		Mixed	8.5%
		Other ethnic groups	35.7%
		White	41.1%

Secondary Care, Providers

Null, Not known, Not stated
Recorded

Service Type	Healthcare_Provider	EthnicityCategory	
Secondary Care	B'ham Comm H'care	Asian or Asian British	23.9%
		Black or Black British	6.4%
		Mixed	8.1%
		Other ethnic groups	11.1%
		White	47.9%
	B'ham MH trust	Asian or Asian British	10.7%
		Black or Black British	3.2%
		Mixed	5.9%
		Not Known	10.1%
		Other ethnic groups	
		White	62.0%
	B'ham W & C's	Null	4.2%
		Asian or Asian British	10.7%
		Black or Black British	3.9%
		Mixed	6.1%
		Not Known	0.5%
		Other ethnic groups	38.9%
		White	33.5%
	BMHC-FTB	Asian or Asian British	12.0%
		Black or Black British	3.2%
		Mixed	3.0%
		Other ethnic groups	52.6% 7.0%
		White	22.2%
	Children's Soc	Asian or Asian British	18.3%
		Black or Black British	7.1%
		Mixed	9.7%
		Not Known	0.2%
		Other ethnic groups	
		White	60.1%
	Cov and War	Asian or Asian British	2.5%
		Black or Black British	2.0%
		Mixed	1.8%
		Not Known	41.6%
		Other ethnic groups	5.6%
		White	46.4%
	Healios	Asian or Asian British	0.2%
		Not Known	99.7%
		White	0.1%
	Kooth	Asian or Asian British	20.8%
		Black or Black British	6.5%
		Mixed	5.8%
		Other ethnic groups	6.4%
		White	57.4%
	Open Door	Asian or Asian British	19.0%
		Black or Black British	3.4%
		Mixed	7.5%
		Not Known	1.2%
		Other ethnic groups	
		White	61.6%
	Uni Hosp B'ham	Null	100.0%

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

Committee Board Manager
Landline: 0121 675 0955
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Business Support Manager for Governance & Compliance
Landline:0121 303 4843
Mobile : 07912793832
Email : Tony.G.Lloyd@birmingham.gov.uk

Forward Plan:

	27th July 2021	**21st September 2021**	**30th November 2021**	**18th January 2022**	**22nd March 2022**	**April date tbc**
Draft Papers Deadline	7th July 2021	25th August 2021	3rd November 2021	22nd December 2021	23rd February 2022	**Board Dev. Day**
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 ICS Update - Karen Helliwell CWG Legacy Update	
Theme	**Business Meeting**	**Equity of access to health services/care**	**System Strategies**	**Inequalities**	**Business Meeting**	
Items	Appointment of Health and Wellbeing Board – Functions, Terms of Reference, and Membership of the Board	**Population Health Management** opportunity -What's the system doing to improve uptake in services. -TBC PH/ICS inequalities board	**Creating a Healthy Food City Forum** -Birmingham Food Strategy -Seldom Heard Voices report	**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-	

	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	**Screening and Immunisations** -CCG	- Maria Rivas, Interim Director of Public Health	**Creating a City Without Inequalities Forum** -Poverty Truth Commission - BLACHIR - Monika Rozanski, Service Lead **ICS Inequalities Plan** - Richard Kirby, BSol **Creating a Physically Active City Forum** - Tola Time - GHCP Campaign - CWG legacy Kyle Stott, PH Service Lead **JSNA deep dive** - Luke Heslop, PH Service Lead **Community Health Profiles** - Ricky Bandal, PH Service Lead	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 **HWB Creating a Bolder, Healthier City** Dr Justin Varney, Director of Public Health **BLACHIR Final report** tbc	
Nonthematic items		**JSNA Deep Dives** - Luke Heslop, Evidence Service Lead	**Better Care Fund** - Mike Walsh, Service Lead, Adult Social Care	**Health Protection Forum** - Annual report		

			Social Prescribing - CCG/BVSC **Birmingham Children and Young People Local Transformation Plan** - CCG, Carol McCauley Lead Strategic Commissioner	Chris Baggot, PH Service Lead **The City of Nature Vision** - Hamira Sultan, Public Health Consultant **Birmingham and Solihull H2 Plan**: Harvir Lawrence, Director of Planning and Delivery (BSol ICS) and Rachel O'Connor, ICS Chief Operating Officer **ADPH Report** - Dr Justin Varney, Director of Public Health		
Written updates	BLACHIR Forums ISC Inequalities Board LCOEB	Forums BLACHIR ISC Inequalities Board LCOEB	BLACHIR Forums ISC Inequalities Board LCOEB	Forums BLACHIR LCOEB	Forums ISC Inequalities Board 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:18
Report to:	**Birmingham Health & Wellbeing Board**
Date:	**30th November 2021**
TITLE:	**BIRMINGHAM AND LEWISHAM AFRICAN AND CARIBBEAN HEALTH INEQUALITIES REVIEW (BLACHIR)**
Organisation	**Birmingham City Council**
Presenting Officer	**Monika Rozanski, Service Lead Inequalities**

Report Type:	**Information**

1.	**Purpose:**
1.1	To report on the progress of Birmingham and Lewisham African and Caribbean Health Inequalities Review (BLACHIR).

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

3.	**Recommendation**
3.1	The Health & Wellbeing Board is recommended to acknowledge the progress made by the BLACHIR project.

4.	**Report Body**
4.1	**Background and purpose of BLACHIR** The Birmingham and Lewisham African & 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 aims to jointly undertake a series of reviews to explore in-depth the health inequalities being experienced by Black African and Black Caribbean population.

An external advisory board, consisting of individuals with lived experience, and an academic advisory board were recruited to review, critique and discuss the findings. The boards support the review process through examining the evidence with the review team 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 for discussion, these are:

1. Racism & discrimination role in health inequalities
2. Early years, Pregnancy & Parenthood
3. Children and Young People
4. Ageing well
5. Mental health & wellbeing
6. Behavioural (lifestyle) factors
7. Wider determinants of health
8. Long Term Physical Health Conditions *(previously named 'Chronic disease')*
9. Emergency Care and Preventable Mortality *(previously named 'Acute disease and death')*

4.2 BLACHIR Progress so far

Six of the above nine themes of the review have now been completed (1-6 above). At present, preparation is underway for the next topic which is Wider determinants of health. The academic board meeting for this is scheduled for 2 November 2021, we have been able to co-opt one academic board member, who is a Senior public health fellow at The Health Foundation and, who has an interest in this area. The advisory board meeting for Wider determinants of health is scheduled for 30 November 2021.

The engagement events for BLACHIR themes one, two and three (Racism & discrimination role in health inequalities, Early years, Pregnancy & Parenthood and Children and Young People) have been completed and the Be Heard survey has closed. For future themes, there will be two engagement events, one specialised for children and young people and another for the general population. All results from engagement events have been pulled together and analysed in an engagement report. This is currently being reviewed by Dr Justin Varney.

Further to the update in September, the procurement processes for the systematic reviews for the remaining themes *(Emergency Care and Preventable Mortality, Long Term Health Conditions and Wider Determinants of Health)* have been

completed. We have appointed the contractors for these themes. We have received the reports for the systematic reviews from both the Wider Determinants of Health and Emergency Care and Preventable Mortality provider.

Work is underway for the draft of the Pregnancy, Parenthood and Early Years chapter of the final report. This is currently being reviewed by Dr Justin Varney and will be shared with the Lewisham review team, in order to establish a structure for the final report.

4.3 Next Steps

- Wider Determinants of Health Advisory Board meeting on 30 November.
- Public engagement activity scheduled for 16 December 2021.
- Establish a structure for the final report with Lewisham Council.

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 Maria Rivas – Interim Assistant Director, Birmingham City Council
Monika Rozanski – Service Lead - Inequalities

6. Risk Analysis

Identified Risk	Likelihood	Impact	Actions to Manage Risk
Risk of delay in progress and outputs due to pressures on the review team in Lewisham and capacity issues and delays in engagement activity across both LA.	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.

Appendices

None

The following people have been involved in the preparation of this board paper:
Atif Ali, Programme Officer – Inequalities, Birmingham City Council

Birmingham Health and Wellbeing Board

	Agenda Item: 19
Report to:	**Birmingham Health & Wellbeing Board**
Date:	**30th November 2021**
TITLE:	**HEALTH AND WELLBEING FORUM UPDATES**
Organisation	**Birmingham City Council**
Presenting Officer	**Aidan Hall, Senior Officer (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
- Health Protection Forum Update

1.2 Sub forum meetings, excluding the Health Protection Forum, were initially paused as the Public Health Division diverted resource to support Covid-19 response.

1.3 Paused forums have now resumed. All Health and Wellbeing Board sub forums are currently meeting online.

2. Implications:

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

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 Creating a Healthy Food City Forum is presenting at the November 2021 Board meeting, with the remaining forums providing a written update. Forums will continue to present on a rota basis, with each theme presenting at least annually.

4.3 This report is formed of 4 written updates. Further detail specific to each Forum can be found in **Appendices 1-4.**

5.	Compliance Issues

5.1 HWBB Forum Responsibility and Board Update

5.1.1 Regular updates will be reported to the Health and Wellbeing Board via a joint update report in this format, with each forum providing a presentation item rather than an information item update at least annually.

5.1.2 Action logs of the forums shall be recorded and reviewed at every forum to ensure actions are delivered.

5.2 Management Responsibility

Shiraz Sheriff, Service Lead, Public Health
Kyle Stott, Service Lead, Public Health
Monika Rozanski, Service Lead, Public Health
Chris Baggott, Service Lead, Public Health
Maria Rivas, Acting 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 – Health Protection Forum Appendix 4 – 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
James Green, Support Officer, Public Health
Andrea Walker-Kay, Senior Officer, Public Health
Chris Baggot, Service Lead, Public Health
Monika Rozanski, Service Lead, Public Health
Lucy Bouncer, Officer, Public Health
Maria Rivas, Assistant Director, Public Health
Aidan Hall, Senior 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 6th October.

1.2 Current Circumstance

The Forum received updates on:

1. Include Me campaign
2. Commonwealth Active Communities (CAC)
3. Tola Time Campaign
4. Social Prescribing

The August Forum was cancelled due to lack of availability of members. A number of new members have joined the Forum and the October meeting was used as an opportunity to provide updates from members about current and ongoing projects.

1.3 Next Steps and Delivery

- Next meeting is on 15th December 2021
- Following an update from Mark Fosbrook, Manager of the Include Me campaign, WMCA, asked that members not in attendance are encouraged to sign up to the Include Me campaign. The Forum will contact these members before the next meeting.
- Adoption of the draft CPAC Action Plan originally set for the August meeting will be added to CPAC's December meeting.

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 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 Current Circumstance

1.5 The second draft of the Prevention Concordat for Better Mental Health at Commitment Level is now completed, incorporating feedback received from both Public Health England and the Director of Public Health. There has been a delay with completion while work was being completed on the Prevention and Promotion fund for Better Mental Health. The document will now be sent to CMB for approval, then to CLT after which it will be disseminated to Forum members for their approval. The final stage will be to seek approval/sign off from Public Mental Health at Commitment Level.

1.6 The Terms of Reference, now in its third year, is currently being refreshed under its terms. In doing so, we have taken the impact of the pandemic and looked at 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. We have also invited representatives from organisation that are involved in the Better Mental Health fund to be members. Within the Concordat, we are committed to working with partners in community settings, charities, sporting and VCS organisations. The new membership will reflect these changes.

1.7 The contracts from the Better Mental Health funds have now been assigned to successful bidders who put forward specific projects that covered the life course; however, these were largely for children and young people addressing mental health issues. There were 11 successful bids. The non-recurring fund for £792,972 was subsequently increased by £20,700 giving a total of £813,672. The successful Bids were selected as they were seen as having lasting legacies beyond the fixed-term funding; they can be evidenced; and will build upon established work programmes that focus on skills and

resources development, show value for money with exceptional return on the investment.

1.8 In addition to the projects in 1.7, Public Health is also funding projects from their core budget that were not included in the 11 but on merit were equally as beneficial to addressing mental health and wellbeing. These are currently being put through the finance system within the organisation.

1.9 The Suicide Prevention Advisory Group took place on Thursday 21 October at 13.00-15.00. The focus was on updating the members on the Prevention and Promotion Fund for Better Mental Health as a number of these Bids sit with providers who are members of this Forum.

1.10 We are still actively collecting information from our providers against the actions on the Suicide Prevention Action Plan and this was updated with the latest available information. The Coroner made an appearance at the meeting.

1.11 Interviews for a Wave 3 Suicide Prevention Co-ordinator for Birmingham and Solihull took place on Friday 1 October 2021. This was to replace the incumbent Co-ordinator but unfortunately no appointment was made. The post will once again be advertised.

1.12 The Zero Suicide Alliance Basic Suicide Awareness Training was launched on the Learning and Development Service 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

- Prevention Concordat will be sent to the Chair of the Forum and the Director of Public Health before going to CMB and CLT, and Forum members
- Terms of Reference will be refreshed and sent to the Chair of the Forum and the Director of Public Health for their feedback
- A video recording on completing the reporting spreadsheet that is required by Public Health England will be sent to all 11 commissioned organisations to assist them with their monthly reporting returns
- The Public Health Mental Health Delivery Plan update to be reported to the CMHC Forum
- The Suicide Prevention Action Plan with updated recommendations to be presented at the 25 November CMHC Forum

Birmingham Health and Wellbeing Board

Appendix X – Health Protection Forum Highlight Report (November 2021)

1.1 Context

The Health Protection Forum (HPF) is currently meeting monthly to discuss and seek assurance on health protection planning and response from local health protection system stakeholders. Covid is still being covered at the Forum, but more time is now being allocated to screening, immunisation, emergency planning, communicable and non-communicable diseases.

1.2 Current Circumstance

The standing agenda items remain the same as in the last update report and cover the following issues:

1. The HPF coronavirus discussions include:

    a. Current situation regarding case rates, test positivity rates, testing activity, cluster and outbreak summaries, ongoing plans and changes to covid response processes, vaccination activity
    b. Review of activity related to different setting types (education, residential, clinical, workplaces and others)
    c. Updates to process and structural changes to ensure covid response capacity is appropriate

2. Non-coronavirus discussions include:

    a. Challenging health protection cases (including TB, blood-borne viruses, and other communicable diseases or environmental hazards situations); a complex TB management review is being produced and the recommendations will inform the development of next steps to improve the efficiency of system-wide partnership working to manage cases and clusters. A TB and housing framework for cases with no recourse to public funds is already in place, and processes to support the housing needs of cases with recourse are being developed.
    b. Vaccination and screening programme uptake activity; specifically identifying inequality and impacts due to covid disruption and ensuring that the local partners are developing and implementing plans to mitigate any identified issues. The Public Health team have completed an MMR uptake profile and are supporting some targeted interventions to increase breast screening uptake in the Balsall Heath and Sparkbrook areas.
    c. The Public Health team and local immunisation stakeholders are working with the Royal Society of Public Health to develop an immunisation assurance toolkit and resources to assist Directors of Public Health (and their teams) in increasing uptake and providing assurance of local immunisation programme delivery. One of three stakeholder workshops across the country was held in Birmingham in October.
    d. Learning the infection prevention and control (IPC) lessons from covid-19 lockdowns and return to usual movement
    e. HPF members all being part of the assurance function that the HPF delivers and having an active role in HPF meetings – this is ongoing work.

1.3 Next Steps and Delivery

- Planning for the 2021/22 seasonal flu vaccination programme is ongoing and being led by an Immunisation Programme Board (BSol) with subgroups to reduce inequality and produce a dashboard for flu and all other routine immunisation programmes.
- Delivery of the SARS-CoV2 (known as covid) vaccination programme is ongoing and the NHS leads provide updates to the HPF.
- Case studies of recent incidents are being developed and will be presented to the HPF to ensure that lessons learned are identified and inform future service delivery
    - A table-top scenario-based session will be delivered to further develop and improve the engagement of HPF members
- Current situation reports for the different areas of health protection will be produced and these will inform the development of the work programme of the HPF for the next 12 months
    - A work programme will be developed with actions assigned to HPF attendees and partners
- The Public Health team and HPF members are producing a health protection report to provide a more detailed update to the Health and Wellbeing Board at the January meeting; the work to produce the report has been ongoing and is nearing completion.
- Winter planning and preparedness to respond to a possible increase in covid-19 and seasonal flu cases and outbreaks is ongoing with partners, processes, roles and responsibilities already mapped. Local arrangements are being tested in a desktop exercise on November 4th and any lessons learned will be used to update local plans.

Birmingham Health and Wellbeing Board

Appendix 4 – Creating a City Without Inequality Forum Highlight Report

Context

The CCwI 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.

Current Circumstance

Following the introductory workshop in June 2021, we completed *the Creating fair employment and good work for all* workshop on 2 September with 35 members and partners in attendance. Discussions were focused on addressing the barriers to employment and training that those with disabilities and complex needs experience as well as exploring the links between unemployment and poor health and addressing the barriers. Outcomes from these discussions were taken forward to the forum on 12 October with 14 members in attendance, 2 of which were from the Birmingham Youth City Board. Proposed actions following the meetings are:

- Increasing awareness of disability and neurodiversity across education and employment pathways.
- Strengthen awareness of support and services for people with disabilities and complex needs to enable them access to education and employment.
- Work with employers to raise disability and complex needs awareness and have stronger contractual requirements for public sector led contracts.
- Develop career guidance experts to support young people with disabilities as a city-wide support service.
- To promote Thrive at Work programme and other wellbeing supports for employees in Birmingham

Preparations are currently underway for the next workshop on 25 November covering policy area; strengthening the role and impact of ill health prevention, which is aligned with clinical health inequalities, with the subsequent forum being scheduled for 16 December. We are currently in the process of identifying partners and confirming the agenda.

Next Steps and Delivery

By end of 2021 complete strengthening the role and impact of ill health prevention workshop and forum and identify key gaps and proposed actions.

The 25 January 2022 forum meeting will focus on action planning for the year ahead and aligning the outstanding key policy areas with the 2022-2030 Health and Wellbeing Board strategy:

Outstanding policy areas for 2022

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.
4. Ensure a healthy standard of living for all.
5. Create and develop healthy and sustainable places and communities.

Birmingham Health and Wellbeing Board

	Agenda Item: 20
Report to:	**Birmingham Health & Wellbeing Board**
Date:	**30 November 2021**
TITLE:	**ICS INEQUALITIES WORK PROGRAMME - UPDATE**
Organisation	**Birmingham & Solihull Integrated Care System**
Presenting Officer	**Information**

Report Type:	**Information**

1.	**Purpose:**
1.1	The purpose of the report is to provide an update for the Health & Wellbeing Board on the work of the Birmingham & Solihull ICS Inequalities Programme.

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

3.	**Recommendation**
3.1	This report provides an overview for the ICS Inequalities Programme Board of the work of the programme to date and planned next steps.
3.2	The Board is recommended to:
3.2.1	NOTE the programme report.
3.2.2	ADVISE the programme team on priorities for next steps.

4. Report Body

INTRODUCTION

This report provides an overview of the work of the ICS Inequalities Programme as at November 2021. It also provides a programme update for the Birmingham and Solihull Health & Wellbeing Boards.

THE INEQUALITIES PROGRAMME

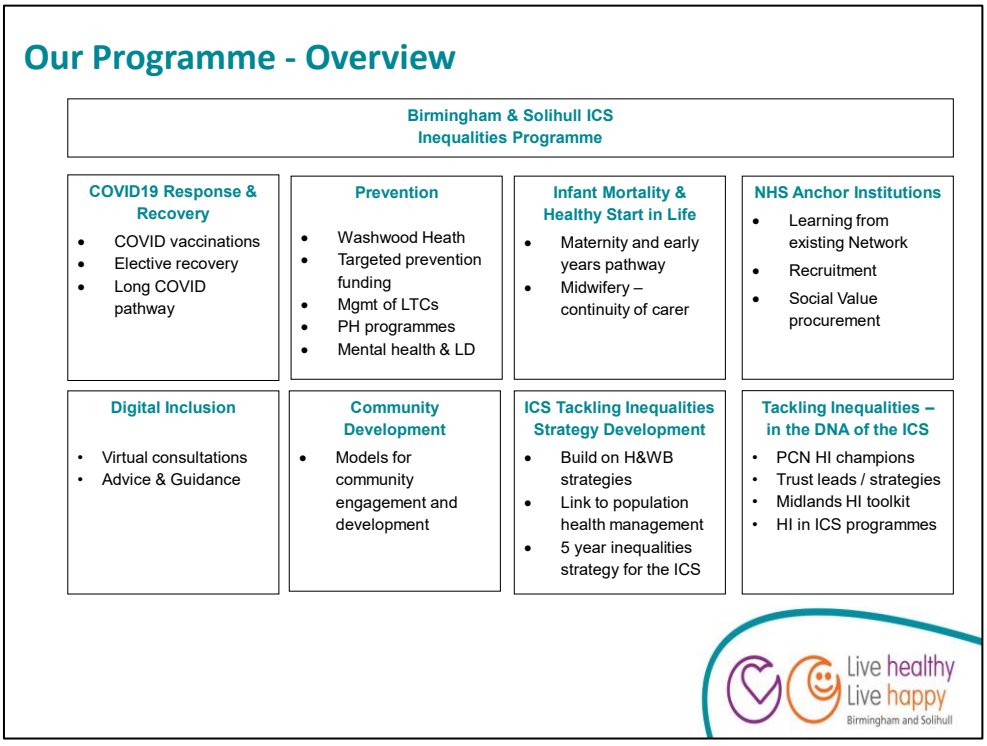
We have set our purpose as putting action to tackle inequalities and the impact of inequalities on health and life chances at the heart of the work of our system.

We have also previously adopted two guiding principles as an ICS for our work on inequalities. These are:

1. reducing health inequalities and workforce inequalities is mainstream activity that is core to, and not peripheral to, the work of health and social care;

2. interventions to address inequalities must be evidence-based with meaningful prospects for measurable success.

At this stage our programme has identified eight priorities for action.



POPULATION HEALTH MANAGEMENT

Work to set out a model for Population Health Management in our ICS and to set a strategy for its development is closely connected to the work of the Inequalities Programme. A PHM programme board has been established and

the Strategy Unit have been commissioned to pull together all our existing work in this area and support us to share our PHM approach.

As part of this work we have agreed we will "learn by doing" by identifying a small number of priorities for initial work to develop a Population Health Management approach practice. Possible priorities for this work are all closely linked to work on Inequalities and include:

- infant mortality and health start to life;
- a long-term condition for example diabetes;
- vaccination and immunisations;
- elective recovery.

We aim to bring an initial programme scope and proposed approach to PHM to the ICS Board in December for formal approval.

PROGRESS WITH PRIORITIES

The next section of this report provides an overview of progress and planned next steps for each of the eight priorities within the ICS Inequalities programme.

PRIORITY 1
COVID19 RESPONSE & RECOVERY

Objective	This priority aims to support our COVID19 response and recovery work to ensure we are contributing to reducing inequalities. We have focused on: vaccinations, elective recovery and the Long COVID pathway.
Issues and Progress	**Vaccinations** • COVID19 vaccination coverage (2 doses) is at 65% in Birmingham and 82% in Solihull. NHS staff uptake in BSol trusts is between 80% and 87% but 3 of 5 trusts are in the lowest 15 trusts for uptake nationally. • Vaccination uptake is strongly affected by deprivation and ethnicity and much work has been done by the NHS, Birmingham city council and Solihull MBC with our communities to support increased uptake. **Elective Recovery** • The national GP dataset contains ethnicity data for 82% of our patients, this rises to 93% when HES data is included. We continue to work to understand this position by trust and type of activity. • We have analysed waiting lists by ethnicity and deprivation and in both cases the waiting list reflects the population we

	serve. We see an average time on the waiting list of 35 weeks for those in the bottom IMD decile and 37 weeks for those in the least deprived. Initial analysis suggests a similar position for ethnicity. • Referrals to secondary care have recovered fastest for PCNs serving our least deprived communities and this effect is particularly strong in use of digital routes such as Advice & Guidance. **Long COVID** • We have received referrals, activity and waiting lists for the Long COVID pathway. 60% of assessments are for female patients, 42% are from the most deprived 20% using IMD and 40% are aged 65 – 74. Ethnicity is recorded for 73% of assessments and where ethnicity is known 56% of patients are White. These characteristics broadly fit those indicated in Public Health modelling of demand for this pathway. • Just under 1,000 patients are waiting for a Long COVID assessment and this number has stabilised recently. There are further waits following assessment for community therapies for people referred on.
Next Steps	**Vaccinations** • Agree with the Vaccinations & Immunisations board how the Inequalities Board best supports their work. **Elective Recovery** • Understand and improve ethnicity coding by trust and by point of delivery (e.g. outpatients, electives). • Finalise ethnicity analysis of the waiting list and review waiting list data monthly. • Coordinate our approach to self-care advice and support for patients waiting a long time for treatment. **Long COVID** • Undertake further work with the BCHC Long COVID pathway team to track uptake across communities.

PRIORITY 2
PREVENTION

Objective	This priority aims to bring together work on prevention and on the management of long-term conditions across the NHS and local authority partners in the ICS to deliver maximum impact for the people of Birmingham and Solihull.
Issues and Progress	• We have established an ICS Prevention Board that is chaired by Ruth Tennant and that will lead this agenda for us. We are working with the ICS to agree programme management to support this board. This will seek to bring together the established work on prevention programmes led by Public Heath with NHS-led work on long term conditions to maximum effect. • We are progressing work to establish a prototype for PCN-level engagement working with GPs in Washwood Heath and concentrating on diabetes. We are also exploring how we can contribute to plans for the community health and social care partnership in Kingshurst in Solihull. • We have secured £200k from the national Targeted Prevention Fund as part of a joint bid with BCWB ICS to work with communities to improve access to preventative services. • We have submitted our plans for reducing tobacco dependency for NHS inpatients. This starts with work to led by BUMP for maternity services. A pilot for smoking cessation support for adult inpatients will being at QEH with roll out across all our inpatients services over the next 12 – 24 months. • We have reviewed progress with physical heath checks for people with a learning disability. Overall the ICS meets the national standard for completion of these checks but we plan to explore further what this means in practice for people with a learning disability in Birmingham and Solihull.
Next Steps	• Fully established the ICS Prevention Board (reporting to the Inequalities Board) and agree it scope and resources. • Use the work in Washwood Heath to develop a model that can be used more widely across the ICS. • Successfully deliver the Targeted Prevention Fund proposal. • Take forward the “deep dive” into the impact of physical heath checks for people living with a learning disability.

	• Scope the issues relating to the prevention of mental ill-health and agree how this should be taken forward within the ICS.

PRIORITY 3
INFANT MORTALITY & HEALTHY START IN LIFE

Objective	This priority aims to ensure that the ICS plays a full part in reducing infant mortality and ensuring that children have a heathy start in life across Birmingham and Solihull.
Issues and Progress	• Birmingham has a long-standing high infant mortality rate (7.0 deaths per 1,000 live births) while Solihull's (4.8 deaths per 1,000 live births) is closer to the national average (3.8). Birmingham City Council has established a taskforce to tackle infant mortality and Solihull has a priority to improve support to families in the first 1,000 days of life. • A review of ethnicity coding in maternity services has identified significant variation between the hospitals serving the ICS that is being followed up with the trusts involved. • BUMP (Local Maternity & Neonatal Services Network) is undertaking the national LMNS equity audit to identify areas for further work. • Continuity of midwife is identified as national priority for the NHS work to reduce inequalities and is being progressed through BUMP.
Next Steps	• Scope the work already underway led by the two local authorities and agree how the ICS can best support the delivery of improved outcomes in this area. • Ensure that we understand how the range of groups working on these issues fit together in way that adds values and avoids duplication. • Agree inequalities objectives for early years services working with the Birmingham Children's Partnership and BUMP and Birmingham Forward Steps and with Solihull Together partners.

PRIORITY 4
NHS ANCHOR INSTITUTIONS

Objective	This priority aims to agree and support the delivery of an "anchor institution" approach for the partners in the ICS to provide improved opportunities for people in the communities we serve. NB This work will be developed jointly with the ICS People Board.
Issues and Progress	• There are existing examples of "anchor institution" approaches to recruitment and procurement across the partners in the ICS including, for example. • We have bid for additional resources to support an Anchor Institution Network for all of the NHS organisations in the ICS. • An initial discussion at our October board meeting has identified a number of areas for us pursue including building on the local recruitment ambition already set by the People Board, looking at how we use the agreed ICS Social Value procurement policy and exploring a Living Wage commitment for the employers in the ICS. • We have been working with the ICS Estates programme to agree how we can jointly support local health and social care hubs that are fully embedded within the communities they serve.
Next Steps	• Progress the plan to establish an Anchor Institution Network for all the NHS organisations in the ICS. • Develop an ICS framework for an Anchor Institution that can be used by the organisations in the ICS as a basis for their work in this area • Explore what it will mean for the organisations in the ICS to make a Living Wage commitment.

PRIORITY 5
DIGITAL INCLUSION

Objective	This priority aims to ensure that moves to digitally delivered services and digitally supported care pathways are developed in a way that reduces rather than widens inequality in access to services.
Issues and Progress	• Work has already been undertaken on digital inclusion by many of the organisations within the ICS on an individual basis e.g. BCHC have worked with patients on their move to remote

	consultations in many pathways, both local authorities have led work on digital inclusion with their communities. • A review of the use of remote consultations by the NHS providers in the ICS has shown relatively high levels of satisfaction with this model of delivery amongst those who have used it. • We also however have evidence of differential uptake of digital services amongst different groups. As notes in priority 1, Advice & Guidance uptake has been fastest in PCN serving more affluent areas and work by UHB has shown that older and more deprived patients are those least likely to use the digital portal to access information about their care. • A joint workshop between representatives of the ICS Digital Enablement Group and the Inequalities Board is arranged for 11th November.
Next Steps	• Agree the objectives for this priority and how they will be best taken forward following the workshop on 11th November.

PRIORITY 6
COMMUNITY DEVELOPMENT

Objective	This priority aims to develop a model for community engagement and development that can be used to drive our work on inequalities and be used by the organisations in the ICS.
Issues and Progress	• The Inequalities has held an initial discussion including representatives of a number of community organisations (e.g. Citizen's UK) to start our thinking about how best to develop a community and engagement approach for the ICS. • It is recognised that this work will be best taken forward in conjunction with the work of the ICS on place, locality and neighbourhoods. • The Inequalities Board has asked a small group to develop this thinking further and report to a future board meeting.
Next Steps	• We will agree how to progress this priority in light of the outcome of the working group.

PRIORITY 7
ICS INEQUALITIES STRATEGY DEVELOPMENT

Objective	This priority aims to develop a 5 years strategy for reducing inequalities and their impact on health outcomes across the ICS.
Issues and Progress	• Our plan commits us to the development of a 5 years strategy for reducing inequalities and their impact on health by April 2022. This is consistent with the national expectations of ICS's from the NHS. • We have discussed our approach to an "inequalities mission statement" or "charter" at our October board meeting. The "charter" approach is one of the recommendations from the NHS Midlands Inequalities Toolkit. • Our November board meeting will review the national "Core20plus5" inequalities strategy and its impact on our local priorities. • The Birmingham Health & Wellbeing Board strategy that is currently out for consultation and Solihull Council's draft Inequalities Strategy will be important building blocks in our work. • We have had some initial discussions with the BCWB ICS about their approach to inequalities and areas where we can learn from each other as neighbouring systems. • We have a broad approach for the development of our strategy including a board development day to be held towards the end of January 2022. • The inequalities strategy will link to the ICS approach to Population Health Management. With the support of the Strategy Unit and using national support from NHSE/I we are developing the ICS PHM model alongside this work.
Next Steps	• Board development day in January 2022. • Five years inequalities strategy for the ICS to be developed for approval in April 2022.

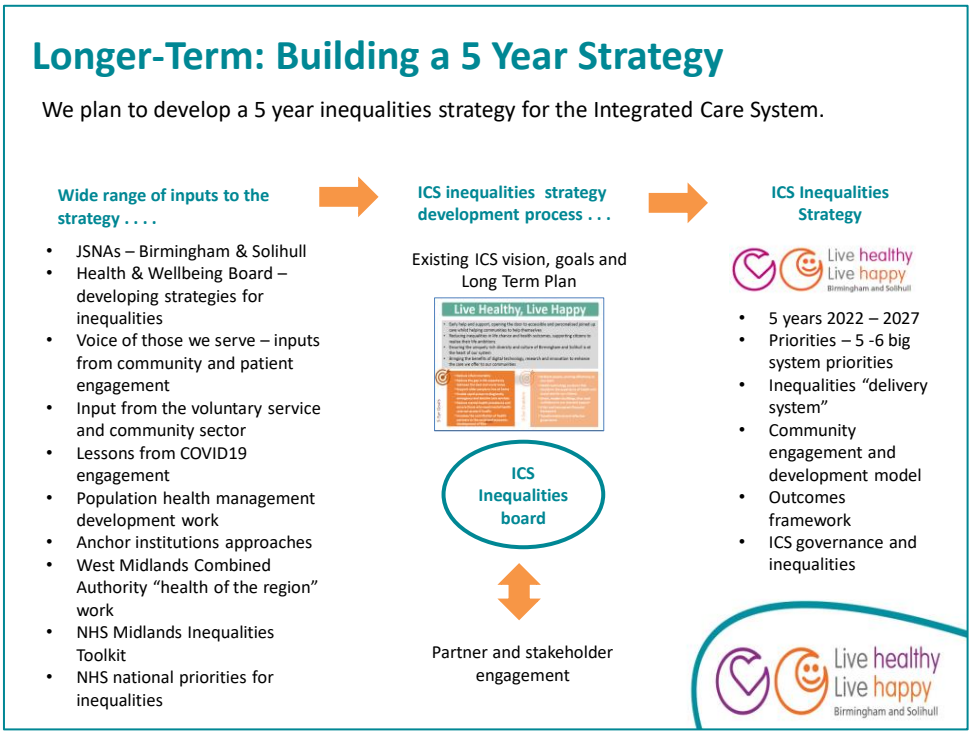
PRIORITY 8
TACKLING INEQUALITIES: IN THE "DNA" OF THE ICS

Objective	This priority aims to ensure that tackling inequalities and their impact on health is built into all that the ICS does.
Issues and Progress	• We have an established ICS Inequalities Board meeting monthly. The Board is chaired by an ICS non-executive director and has an SRO and an ICS Inequalities Lead. We are recruiting to additional programme management posts to support delivery of the programme through 2021 and 2022. • Each of our 36 PCNs has a Health Inequalities Champion and a local health profile to act as a basis for local work to address health inequalities. • Each of our NHS trusts has an executive lead for inequalities represented on the ICS inequalities board. Some of our trusts have existing inequalities strategies for their organisations. We will use part of our November board meeting to start a discussion about the ICS framework for these strategies. • We have an agreed interim outcomes framework for our work on inequalities and will be populating this with data as a next step. • We are linked to the regional and national inequalities networks.
Next Steps	• In the light of the November board discussion about trust strategies engage with each of the NHS providers to understand their local work on inequalities. • Agree specific inequalities objectives for all the ICS programmes. • Populate the interim outcomes framework and agree arrangements for analytical support for the programme going forward. • Agree the structure for Inequalities, prevention and population health management as part of the Integrated Care Board organisation.

ICS INEQUALITIES STRATEGY

As set out above, we are planning to develop a longer-term strategy for the ICS to set out how we will tackle inequalities and their impact on health. We will work on this strategy through January to March with the aim of having a draft for formal consultation from April.

Our approach to the development of this strategy is summarised in the diagram below.



5.	Compliance Issues
5.1	**HWBB Forum Responsibility and Board Update**
5.1.1	Creating a City without Inequality

5.2 Management Responsibility
5.2.1 Richard Kirby, SRO ICS Inequalities Programme
5.2.2 Salma Yaqoob, ICS Inequalities Programme Lead

6. Risk Analysis			
Identified Risk	**Likelihood**	**Impact**	**Actions to Manage Risk**
That a lack of engagement undermines impact.	Low	High	Engagement workstream within the programme to address this during the first half of 2021/22.
That a failure to align work with partners reduces impact.	Medium	High	Engagement with Health & Wellbeing Boards and ongoing work with local authorities and Directors of Public Health.
That a failure to commit resources reduces impact.	Medium	High	Commitment from the ICS Board to the work programme and initial support for the programme team.

Appendices
N/A

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

- Richard Kirby – SRO ICS Inequalities Programme
- Salma Yaqoob – ICS Inequalities Lead