

Birmingham City Council

Health, Adult and Social Care Overview and Scrutiny Committee

Date: 4 July 2023



Subject: ICS Birmingham Place Committee

Report of: Michael Walsh, Head of Service – Commissioning, Birmingham City Council & Head of Place (Birmingham), Birmingham and Solihull Integrated Care System

Report author: Dan Brown, Locality Network Manager, NHS Birmingham and Solihull Integrated Care Board

1 Purpose

1.1 The purpose of this report is to provide a brief introduction to the Committee on the establishment and key work areas of the ICS Birmingham Place Committee.

1.2 Background

Birmingham and Solihull Integrated Care System is one of 42 Integrated Care Systems (ICS) across the country that launched on 1 July 2022. The vision of the ICS is to make Birmingham and Solihull the healthiest place to live and work, driving equity in life chances and health outcomes for everyone. It is recognised as the biggest opportunity in a generation for the most radical overhaul in the way health and social care services in Birmingham and Solihull are designed and delivered.

The Council is a key stakeholder in the ICS and is working alongside local partners from the NHS, voluntary, community and faith sectors to achieve better outcomes for citizens across the area. All ICS partner organisations work in collaboration, building on what has been achieved through integrated working so far. Integrated working has long been an ambition for

the health and care system, with the COVID-19 pandemic accelerating how partners work together to meet the needs of the local population.

The objectives of the ICS are to:

- Improve health of our population
- tackle unequal outcomes and access
- enhance productivity and value
- support the broader social and economic development of Birmingham and Solihull

A number of priorities for action have been identified to make progress against the objectives. These priorities include:

- Investing in workforce
- Responding to COVID-19
- Reducing long waits and improving performance
- Improving the responsiveness of urgent and emergency care and building community care capacity
- Making primary care more accessible
- Enhancing mental health services and services for people with a learning disability and/or autism
- Addressing stark health inequalities

The governance arrangements for BSol ICS comprise the following key elements:

- Integrated Care Partnership
- Integrated Care Board
- Place Committee

1.3 Birmingham Place Committee

Place-based working and the principle of subsidiarity, taking decisions as locally as possible, is one of the principles for the ICS. Birmingham Place Committee is a sub-committee of the ICB with responsibility for driving collaboration and integrated delivery at the Birmingham Place level. The Place Committee was established to drive forward shared ambitions for locality and neighbourhood working, earlier intervention and prevention, and for joined-up commissioning strategies to help us achieve better outcomes for citizens. Since the inception of the ICS in July 2022, bi-monthly meetings of the Place Committee have taken place, establishing essential foundations to unlock exciting collaboration opportunities between the local authority, NHS providers and commissioners, and the voluntary and community sector.

Birmingham Place Committee is chaired by Graeme Betts, with David Melbourne, the CEO of the Integrated Care Board as vice-chair. Membership is made up of representatives from ICS system partners – with full detail available in the Terms of Reference for the committee, which are appended to this report.

1.4 Areas of Focus

Key areas of focus for Birmingham Place Committee currently include:

1.41 Localities Development

The Integrated Care System works at a number of geographical levels, as seen in the table below:

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

In Birmingham there are five localities, each of which will have different communities, assets and specific health needs. Locality partnerships can bring together partners from NHS organisations, social care, public health, third sector partners and citizens, to play a role in delivering health and care services which are more tailored for people who live in a locality of Birmingham. These partnerships can use data to identify the what the most important health needs are in that specific area of Birmingham, they could have their own budget, and they could be a forum for citizens and communities to be represented – so that local knowledge is valued and used.

In order to drive the formation of locality health partnerships in Birmingham, the Local Government Association have been engaged by Birmingham Place Committee to act as an expert peer to provide advice, expertise and reflection. This process includes 1:1 engagement with system leaders and joint planning of next steps, which will enable Birmingham to build on locality partnership arrangements that have already emerged in some areas of Birmingham.

The engagement portion of the LGA review has now been concluded and the two LGA peers are scheduled to report their findings within the next two weeks, so that senior system stakeholders can then start to agree a plan in response to their recommendations.

1.42 Joint Commissioning

Birmingham Place Committee has agreed to work towards joint commissioning, to encompass two established funding mechanisms (the Better Care Fund and BCC's Strategic Commissioning Group), plus the Fairer Futures Fund (see detail below).

The Fairer Futures Fund

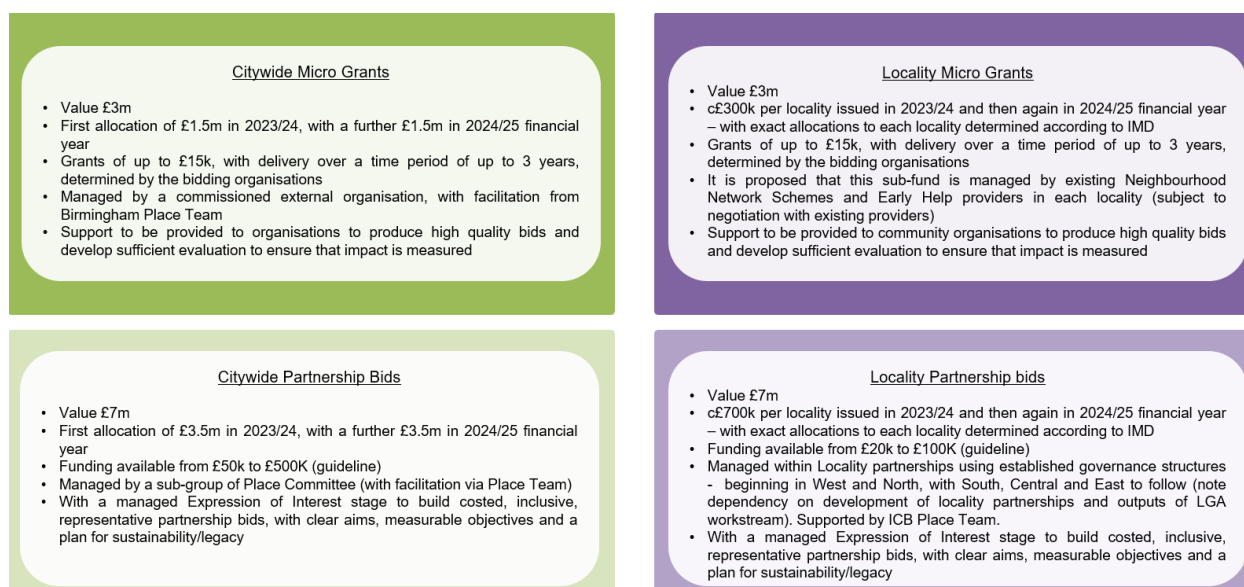
This fund has been created by the ICS as a means to support individual, patient, community and clinical & professionally led innovation that will support the system to move to new ways of working which bring teams together to think, plan and deliver services in a different way.

It is designed to seed-corn activities that will contribute to delivering the 4 core aims of ICBs:

- Improving population health and healthcare;
- Tackling unequal outcomes and access;
- Enhancing productivity and value; and,
- Supporting the broader social and economic development of Birmingham (and Solihull)

The funding has been split on a fair shares basis between Birmingham and Solihull, with Birmingham receiving £18.5m and Solihull receiving £4.0m for the next 3 years. Spend is at the discretion of each Place Committee and the vast majority (if not all) of the funding will be specific to that place. In addition, there is also a £3m ICS Challenge Fund to support the reduction of Health Inequalities across the BSOL system, delegated for implementation through the People Power and Health Inequalities Committee, although there is an expectation that plans at system level will complement plans at place.

A proposed structure for the Fund in Birmingham was agreed in April 2023, consisting of 4 sub-funds (as per the diagram below). This structure will split available funding between small grants and larger partnership funds, aimed, respectively, at communities of identity and experience (Citywide) and geographic communities (Localities). Task and finish groups are currently working through the detail of this structure, putting together proposed priorities for the use of the funding, and the management arrangements which will be required.



(n.b. financial amounts in the diagram are indicative and will be reconfirmed by Place Committee when the priorities and management proposals gain sign-off).

1.43 Community Integrator

For Birmingham (and Solihull) a lead organisation has been asked to act as Community Integrator, leading on the development of integrated community

services. In Birmingham, the lead organisation is Birmingham Community Healthcare Trust (BCHC).

The development of the Community Integrator function is being driven by a steering group and programmes of work, which include Integrated Neighbourhoods, and Intermediate Care.

Integrated Neighbourhoods has commenced by forming initial multi-disciplinary teams around specific Primary Care Networks (one in each Birmingham Locality) to deliver more joined-up care. These teams bring together professionals from social care, health and third sector providers and the aim of these teams will be to impact the pressure on primary and secondary care, by developing new ways of delivering services. The potential impact of these integrated teams will be to enable the system to develop a stronger preventative ethos and address longstanding health inequalities. Two of the initial five teams are designated as accelerators (in West and East Birmingham), and activity there is being supported by Newton Europe. The initial focus for integrated teams will be older people and helping them to maintain healthy, independent lives in their own homes. Learning from all of the five initial Integrated Neighbourhood Teams will be invaluable in ensuring a smooth roll-out of the concept across all of the other Primary Care Networks in Birmingham.

A further key focus for the Community Integrator will be Intermediate Care. This programme covers the following services: Urgent Care Pathway, Bed Strategy (for discharge pathways out of acute care), Virtual Wards and a Single Transfer of Care Team (again for discharge pathways). Intermediate Care encompasses the Home First ethos, seeking to minimise or avoid hospital stays, through the development of community treatment for citizens.

As the lead organisation for the Community Integrator in Birmingham, BCHC provide an update report to each Place Committee and in June will present a draft 'case for change' which outlines the detailed roadmap and options for fully encompassing the potential scope of the Community Integrator concept.

2 Recommendations

- 2.1 Committee is recommended to note this update.

3 Any Finance Implications

- 3.1 As mentioned above, Birmingham Place Committee is working towards a joint commissioning approach, to maximise the impact of expenditure against shared system objectives.

4 Any Legal Implications

- 4.1 The BSOL Integrated Care Board delegates certain functions to Birmingham Place Committee, with accompanying assurance requirements.

5 Any Equalities Implications

- 5.1 One of the key drivers for the Integrated Care System and the Birmingham Place Committee is to address and tackle health inequalities in Birmingham.

6 Appendices

- 6.1 Birmingham Place Committee Terms of Reference