

	<u>Agenda Item: 12</u>
Report to:	Birmingham Health & Wellbeing Board
Date:	9th May 2024
TITLE:	BIRMINGHAM PLACE COMMITTEE UPDATE
Organisation	Birmingham City Council
Presenting Officer	Richard Doidge

Report Type:	Discussion
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1. Purpose:

- 1.1.** To update the Health and Wellbeing Board on the activities of the Birmingham Place Committee.

2. Implications (tick all that apply):

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

3. Recommendation

- 3.1.** To note the activity of the Birmingham Place Committee.

4. Report Body

Executive Summary

4.1 This paper summarises the items received by the Birmingham Place Committee at its meetings in January and March 2024, and summarises key activities carried out within the remit of the committee.

4.2 The paper also summarises key updates from the Fairer Futures Fund (FFF), and the Birmingham Strategic Commissioning Group (SCG).

4.3 Place Committee Action Plan

The Committee reviewed implementation against the action plan that was developed at the joint Birmingham and Solihull Place Committee workshop held in September 2023. Two of the key actions are being developed by ICB colleagues. These are:

- Develop a scheme of responsibilities and delegation to improve clarity of governance and sequencing, including clarity of roles/responsibilities of each committee.
- Clarify roles and responsibilities for strategic commissioning programmes, including what will be retained by the ICB, what will be delegated to the Collaboratives and Local Authorities and what will be delivered jointly. This will include identifying any gaps (in priorities or resourcing) and risks/issues in the transition from the ICB to other parties.

Upon completion, a revised TOR will be drafted (with Solihull) for endorsement at Place Committee and approval at ICB Board.

Place Committee also noted that regular reporting to the Birmingham Health and Well-being Board will be introduced.

4.4 Birmingham City Council Savings Plan and Collaborative response to the financial challenges

The Committee received a presentation setting out the financial challenges facing the local authority and the actions that are progressing to agree a savings plan. The presentation highlighted the intervention that has now been made by the Secretary of State. In particular, the wide-ranging powers and responsibilities of the commissioners that have been appointed to work with the Council's leadership team were detailed.

The financial position was outlined. Over the next two financial years, the Council must find savings of £300m (at time of Place Ctte). All service area functions and services will need to be reviewed which will result in the likelihood of potential downsizing of the workforce (or in some cases, ceasing) to make smaller teams / functions to meet the savings targets. Difficult decisions need to be made within service areas in order to get finances back on track and in a healthy position for the long-term benefit of residents and colleagues.

The Committee welcomed the presentation and the clarity of the message – committing to working with the Council on opportunities to mitigate impact on services and citizens.

4.5 Community Care Collaborative and Integrated Locality Hubs

The Committee received an update report on the Community Care Collaborative (CCC), setting out the progress of the work undertaken to date and the development of the Full Business Case.

The CCC is still in the ‘build phase’ of development, and there are currently two live programmes of work being progressed: Integrated Teams and Intermediate Care. The Strategic Outline Case was approved by the ICB in November, and the Full Business Case is now being developed for May 2024.

The CCC is leading on the development of Local Delivery Partnerships (LDPs), following approval by Place Committee in December. LDPs will be accountable through the CCC Steering Group to Place Committee and will have responsibility for implementing the objectives of the CCC within the 5 localities of Birmingham (comprised of pairs of constituencies) and Solihull. The form of LDPs is still in development but there is agreement that they should be a unit of delivery with a local GP as chair, supported by an Executive Officer from one of the ICS anchor organisations. In Birmingham LDPs will also have delegated responsibility to develop a delivery plan for Locality Partnership Fairer Futures Fund.

Operationally, work continues on the development of 6 Integrated Locality Hubs across Bsol, covering all four pillars of the proposed CCC model, with the immediate priority being the ‘Locality Care Co-ordination’ model for the East, West and Solihull Localities. Birmingham Community Healthcare Trust (BCHC) is to undertake the role of lead provider for the Integrated Locality Hubs.

It was noted that a positive quarterly review had taken place with ICB colleagues, noting different areas of scope to focus on, including end of life care. It was also noted that there is a particular need to ensure effective engagement and liaison with GP provider organisations, and to ensure that the interface between the CCC and Primary Care is developed effectively.

The Committee agreed the importance of working to achieve synergy through the continuing development of the Community Care Collaborative, and that securing engagement and commitment from partners to the overall approach is key.

4.6 Proposed Transfer of Commissioning Responsibilities for Learning Disabilities and Autism

The Committee received a report setting out the ICB’s strategies commissioning position in relation to Learning Disabilities and Autism, making recommendations to the Committee in respect of a proposed commissioning model for adult LD and Autism in line with the ICS Operating Framework.

The scope of the paper covers ICB commissioning relating to the following areas of service for adult people with learning disabilities and autism:

- Community services;

- Specialist community healthcare services for adults with learning disabilities including Community Forensics Team, Intensive Support Team, Occupational Therapy, Salt;
- Respite Care;
- Advocacy and support services;
- In patient services.

Not in scope are the following: Children’s Community Services; Mental Health Services including assessments for children and adults ADHD pathways; Section 117 provision for people with LDA; Primary Care Contracting; CHC Packages of care; LDA provision commissioned by local authorities.

The paper goes on to describe national and local strategic contexts in relation to LDA and draws attention to the **BSOL Strategic Vision for LDA** which forms the key local driver for change.

The paper summarises available local population health needs in relation to the LDA cohort and identifies key health inequalities affecting the LDA population. It is noted that health needs analysis is limited in this area. The paper goes on to describe current performance in relation to key targets and deliverables. A system wide recovery plan is in place concerning inpatient performance with progress updates reporting into the ICB System Oversight Group for Performance.

The paper sets out the current ICB organisational resource aligned to the commissioning and oversight of LDA and LDA programmes of work.

Forward Plan

The ICS has previously set out its future Operating Framework which seeks to achieve greater integration and subsidiary through the devolution of commissioning responsibilities to ‘service integrators’ or via joint commissioning with local authorities. In line with this approach the paper sets out a series of options for the future commissioning of NHS-funded LDA services for adults.

The ICB Executive have confirmed that the preferred commissioning model is the transfer of responsibilities to BSMHFT. LDA will represent an expansion of the existing commissioning portfolio held by BSMHFT as part of the Mental Health Provider Collaborative.

The committee agreed with the following recommendations:

- Through a transfer of commissioning responsibility process BSMHFT is nominated as Lead for the commissioning of Adult Learning Disability and Autism Services, with continued oversight through existing system oversight structures
- A robust commissioning and delivery plan for the service be developed in advance of transfer;
- A steady state of the current arrangements while we work through transition assurance process and governance.
- That the transition timeline, governance and assurance arrangements outlined in the project plan are established.
- That the timeline for transfer of staff on 1 June 2024 (subject to formal HR processes) is endorsed.

4.7 East/ West Locality Health Inequality Reports

The Committee received a presentation and report setting out a new suite of information and resources on health inequalities in Birmingham, detailing the key findings, impacts and recommendations. The paper presents findings from a collaboration between Aston University, Birmingham Community Healthcare NHS Foundation Trust (BCHC) and Citizens UK.

The report highlighted useful areas of demographic intelligence, including on gaps in equality and access to services. It was noted that the report provided a valuable resource that can be of use in ongoing development of programmes across the ICS, including the Community Care Collaborative.

It was agreed that a group would be established to bring together issues arising from the report, so that they could be directed into useful actions, and take forward development issues raised. A Chair for this group was nominated.

4.8 Accelerating Reform Fund

A paper was presented to update the Committee on the proposals submitted by Birmingham and Solihull Councils, for funding from the Government's Accelerating Reform Fund. This is a fund offered to all ICS areas in England, inviting bids to be submitted for short-term projects focusing on priority areas including support for unpaid carers, self-directed support and community-based models of care.

Birmingham and Solihull have been successful in their bid and have been allocated £1.12 million in funding (covering 2024/25). This will be used to fund two projects aimed at improving the lives of carers and those cared-for across the ICS system. These are:

Shared Lives: Expansion of the Shared Lives programme. Birmingham will lead a programme to expand the operational capacity of Shared Lives for both Birmingham and Solihull. This will involve extra staffing resource to enable the recruitment and support of additional Shared Lives carers, and to expand the number of people cared for by this service.

Unpaid Carers. Both Birmingham and Solihull will expand the support and assessment offer available to unpaid carers, to improve the identification of carers, their needs, and to improve the identification of support.

4.9 Fairer Futures Fund

A variation to an existing contract between BCC and Heart of England Community Foundation has been agreed for the delivery of the City-wide Small Grants Fund. This has a value of £2.46m. FFF leads are working with Heart of England in preparation for the launch of the fund in March/April (date TBC). Mobilisation activity includes agreement of the application process and communications material.

The Birmingham Fairer Futures Fund programme board have approved funding of £105k to enable a selection process – managed by BVSC - for a voluntary sector lead for each locality to drive the development of a delivery plan for each locality's

Partnership Fund (total value of £5.74m). The following organisations have been appointed:

West – Flourish

North – Witton Lodge Community Association

East – Disability Resource Centre

A process is ongoing to appoint suitable lead organisations for South and Central Localities. These leads will have a responsibility for connecting statutory and VCFSE partners to develop projects within the locality that address specific inequalities in respect of the thematic priorities of the FFF. It is envisaged that each delivery plan will have 5-6 impactful projects running over a 3 year period.

As the most established partnership, West Locality Delivery Partnership are piloting the development of a locality FFF delivery plan. The locality have held a prioritisation session and will shortly launch an Expression of Interest phase.

Robust evaluation is a key element of the Fairer Futures Fund. Birmingham and Solihull leads have been progressing work on an evaluation framework and have engaged with Birmingham Health Partners from the University of Birmingham in respect of over-arching programme evaluation utilising ICB resource that has been allocated for this purpose.

4.10 Strategic Commissioning Group

The Strategic Commissioning Group (SCG) is currently overseeing four main programmes of work:

- 1) Regulated Care Market: Three Task and Finish Groups have been established:
 - a. Joint Strategy and Development Task and Finish Group, working to implement the scope, aims and objectives and outcomes for the workstream.
 - b. Market Engagement, focussing on best practice research and mapping, and establishing a joint market shaping approach.
 - c. Cost of Care Task and Finish Group established to develop best practice approach and project plan.
- 2) Learning Disabilities and Autism (as discussed in specific LDA update in section 4.6 of this report)
- 3) Children and Young People: Refresh of timeline, action plan and risk register will take place, following re-setting of scope by strategic management. Further updates to the plan and timescale will be reported back to SCG in April.
- 4) Continuing Health Care (CHC): Improvement Group and Pathways Group established to maintain pace of change and consistency across the system. Elements of the CHC programme have been merged with the Regulated Care Market workstream to ensure consistency. Elements of the CHC programme will also be aligned to the Childrens and Young Peoples' workstream, to ensure Childrens CHC aligns correctly.

The SCG also received a paper outlining Birmingham's strategic approach to Carers support, showing the work conducted since the establishment of the Carers Strategy in 2018, and the plans for development of a refreshed strategy and governance

arrangements. Proposed governance is that the Carers Partnership Group reports progress to the SCG, which will in turn escalate and report into the Place Committee.

The SCG received a presentation on the development of the three NHS Provider Collaboratives and held a discussion on their role and the integration of Provider Collaboratives with the SCG and other governance structures within the ICS partnership. A representative of the Mental Health Provider Collaborative (which is the furthest-progressed of the three) has now become a member of the SCG, to ensure cohesion and co-operative working. Further developments will be reported to future SCG meetings.

5. Compliance Issues

5.1. HWBB Forum Responsibility and Board Update

5.1.1. The Place Committee will provide regular updates to the Health and Wellbeing Board.

5.2. Management Responsibility

5.2.1. Mike Walsh (Head of Service – Commissioning, Adult Social Care, BCC)

5.3. Finance Implications

5.3.1. The ICB has made arrangements to support the Place Committees in their exercise of delegated functions.

5.4. Legal Implications

5.4.1. The 2022 Health and Care Act made provision for the formation of place-based committees.

5.5. Equalities Implications (Public Sector Equality Duty)

5.5.1. The Place Committee is committed to equality and reducing health inequalities in Birmingham (e.g. through work such as the Fairer Futures Fund).

6. Risk Analysis

Identified Risk	Likelihood	Impact	Actions to Manage Risk
N/A	N/A	N/A	N/A

Appendices

1. None