

BIRMINGHAM CITY COUNCIL

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

TUESDAY, 19 SEPTEMBER 2023 AT 10:00 HOURS
IN COMMITTEE ROOMS 3 & 4, COUNCIL HOUSE, VICTORIA
SQUARE, BIRMINGHAM, B1 1BB

A G E N D A

1 NOTICE OF RECORDING/WEBCAST

The Chair to advise/meeting to note that this meeting will be webcast for live or subsequent broadcast via the Council's Public-I microsite ([please click this link](#)) and that members of the press/public may record and take photographs except where there are confidential or exempt items.

2 DECLARATIONS OF INTERESTS

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

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

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

If it is a 'sensitive interest', Members do not have to disclose the nature of the interest, just that they have an interest.

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

- 3 **APOLOGIES**
- To receive any apologies.
- 5 - 12** 4 **MINUTES - 04.07.2023 (10.07)**
- To note the minutes of last meeting held on July 4 2023.
- 13 - 58** 5 **FINANCIAL CHALLENGES – SCRUTINY CONTRIBUTION TO THE BUDGET SAVINGS AND RECOVERY PLAN (10.08- 10.38)**
- To update the Committee on plans to meet the Council’s financial liabilities relating to Equal Pay following the publication of a Section 114 notice, and for the Committee to consider the implications for the Committee’s work programme and Terms of Reference.
- 59 - 64** 6 **HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE ACTION TRACKER (10.38-10.43)**
- To review and note the actions from previous Health and Social Care Overview and Scrutiny Committee meeting.
- 65 - 70** 7 **APPOINTMENT OF MEMBERS OF THE JOINT BIRMINGHAM & SANDWELL HEALTH OVERVIEW AND SCRUTINY COMMITTEE (10.43 – 10.48)**
- To appoint the Birmingham City Council members of the Birmingham and Sandwell Joint HOSC.
- 71 - 116** 8 **NHS PRIMARY CARE ENABLING STRATEGY (10.48-11.30)**
- To receive a report from Anna Hammond, Director of GP Provider Support and Dr Sunando Ghosh, Primary Care Medical Services Board Partner Member, on the NHS/ICB Primary Care Enabling Strategy, setting out how Primary Care will be prioritised in the delivery of health and social care in Birmingham.
- 117 - 138** 9 **HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE WORK PROGRAMME 2023/24 (11.30-11.45)**
- To consider the draft work programme for the committee and agree updates / amendments.
- 10 **REQUEST(S) FOR CALL IN/COUNCILLOR CALL FOR ACTION/PETITIONS RECEIVED (IF ANY)**
- To consider any request for call in/councillor call for action/petitions (if received).
- 11 **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.

12 **AUTHORITY TO CHAIR AND OFFICERS**

Chair to move:-

'In an urgent situation between meetings, the Chair jointly with the relevant Chief Officer has authority to act on behalf of the Committee'.

BIRMINGHAM CITY COUNCIL

HEALTH AND ADULT SOCIAL CARE O&S COMMITTEE

PUBLIC MEETING

**Tuesday 4th July 2023. Committee Rooms 3 & 4,
Council House, Victoria Square
Minutes.**

Present

Councillor Mick Brown (Chair)

Councillors Gareth Moore, Julian Pritchard, Kath Hartley, Shabina Bano, Rob Pocock and Paul Tilsley

Also Present:

Professor Graeme Betts CBE, Director, Adult and Social Care Directorate

Mike Walsh, Head of Service Commissioning, Adult and Social Care Directorate

Fiona Bottrill, Senior Overview and Scrutiny Manager

Adewale Fashade, Interim Scrutiny Officer

1. NOTICE OF RECORDING/WEBCAST

The Chair advised that the meeting would be webcast for live or subsequent broadcast via the council's Public-I microsite. Members of the press/public may record and take photographs except where there were confidential or exempt items.

2. APOLOGIES

Apologies received from Councillor Amar Khan

3. DECLARATIONS OF INTEREST

Councillor Gareth Moore declared a non-pecuniary interest as trustee of Birmingham LGBT and Citizens Advice.

4. MEMBERSHIP OF THE HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

Committee members noted the resolution of the City Council meeting following changes to membership to service on the Committee to the period ending with the Annual Meeting of City Council 2024:

Councillor Amar Khan and Shabina Bano to replace Councillors Jane Jones and Kirsten Kurt-Elli.

5. MINUTES – 6TH JUNE 2023.

The minutes of the last Health & Adult Social Care Overview and Scrutiny Committee were approved by members to be correct record of the meeting.

6. HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE ACTION TRACKER.

The Interim Scrutiny Officer informed members that all outstanding actions from the Action Tracker from the last meeting are now complete.

RESOLVED

That the Committee note completion of actions from the previous Health and Social Care Overview and Scrutiny Committee:

- Healthwatch reports on [access to Dentistry and Maternity Services](#) and [Healthwatch Maternity Services report](#) were circulated to the Committee on 6th June 2023.
- Health [Prostate Cancer survey](#) circulated 6th June 2023
- Birmingham [Healthwatch Annual Report 22/23](#) published 29th June has been circulated to members.

7. APPOINTMENT OF MEMBERS OF THE JOINT HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEES (JHOSC).

Members noted the Labour councillor vacancies (one on each Committee) that has arisen on both the Joint Birmingham & Solihull and the Joint Sandwell Health and Social Care Overview and Scrutiny Committees. The following appointment for the Birmingham and Solihull JHOSC was agreed:

- **Birmingham and Solihull Joint HOSC:** - Councillor Shabina Bano (Labour).
- For **Birmingham and Sandwell Joint HOSC:** - Appointment to be carried forward and agreed under Chair's Authority to Act if not appointed by the end of this meeting.
- Meeting date for the Birmingham and Solihull Joint HOSC is scheduled Tuesday 25th July.

RESOLVED:

- That the Committee note and agree the appointment of above-named Birmingham City Council member for the Birmingham and Solihull Joint HOSC.

8. INTEGRATED CARE SYSTEM GOVERNANCE: PLACE COMMITTEE AND DECISION-MAKING POWERS

Professor Graeme Betts, Strategic Director for Adult and Social Care and Mike Walsh, Head of Commissioning Services, introduced the report and presentation on the Governance arrangements for the Integrated Care Services (ICS) and the role and responsibilities of the Birmingham Place Committees. Key highlights are:

- Birmingham Place Committee is a sub-committee of the Integrated Care Board (ICB) with responsibility for driving collaboration and integrated delivery at the Birmingham Place level.
- Place Committees have a key role in influencing ICB priorities and enhancing community-led engagement. Subsidiarity (taking decisions as locally as possible) is one of the principles for the ICS.
- Place Committees meet bi-monthly and is chaired by Professor Betts. David Melbourne, CEO, ICB is vice-chair. Membership is made up of representatives from ICS system partners.
- Key area of focus for Place Committees is developing localities and partnerships (NHS organisations, social care, public health, third sector partners and citizens) involved in ensuring delivery of health and social care priorities for the people of Birmingham.
- Another focus for Birmingham Place Committees is to work towards joint commissioning for more effective use of resources in achieving better outcomes.
- The LGA have been working with the Birmingham Place Committee to help develop a roadmap for engagement, and to support locality partnerships arrangements.

The following are among the main points made in response to Members' questions:

- Primary Care Networks (PCNs) provide a way of ensuring effective connections in neighbourhoods. Some PCNs fit better geographically than others. The aim is to ensure services are joined-up as best as possible at local level. Currently working with the LGA on developing engagement mechanisms to improve the current model.
- The ward forums in existence across Birmingham can be useful help bring PCNs together at local level. The ward forums can also be a conduit for bringing elected members, ICS, and other key partners together to highlight the work of the Place Committee
- Birmingham Community Healthcare Trust (BCHT) is the lead Community Integrator commissioned by the ICB to lead on the development of a Community Care Collaborative to integrate health and social care services in the community. BCHC are due to present a report to the ICB soon detailing roadmaps and options for the Community Integrator model. A copy will be shared with Committee members.

- The Fairer Futures Fund is available to support local partners and their involvement in ensuring delivery of outcomes.
- NHS as lead partner have been clear about where members can be engaged in the overall ICS system and there has been member engagement at partnership levels. Below this level is the delivery mechanism and this consist of officers.
- In terms of management expertise on the localities, senior social care managers are allocated to the neighbourhood integrated teams. It is hoped they will be proactive in areas of early interventions and prevention.
- There is a strategic approach been developed on how the ICS works at local levels to achieve better outcomes. Neighbourhood teams have been sharing relevant data across agencies on use of services to help identify how BCC better respond to demand at local level.
- In relation to subsidiaries, work is ongoing towards power being devolved to local level, though this may take some time.
- The LGA report on its work with the ICB on engagement will be shared with the Committee when published.
- An opportunity for HASC Committee members to visit a neighbourhood team in September can be arranged as required.
- In terms of addressing inequalities, the localities will have influence on how the Fairer Futures fund can be targeted to address inequalities in a targeted way to ensure impact is more measurable.
- Budgets will be allocated across all local partnerships. However, timescales for this and how the budgets will be devolved is still being explored.

RESOLVED

That the Committee note the report and points raised above. Recommendations from member discussion will be summarised by Scrutiny officers for action to be monitored via the Action Tracker.

9. CARE QUALITY COMMISSION (CQC) PILOT INSPECTIONS PROCESS AND PERFORMANCE INFORMATION

Professor Graeme Betts, on behalf of Maria Gavin, Assistant Director, Adult Social Services (unable to attend due to annual leave), delivered a presentation on the process in preparing for the inspection, including an overview of the performance information that will be reported to the CQC. Key points from the presentation are:

- Context of inspection process is the Adult Social Care reforms and the Health and Social Care Act.
- 4 key themes to be covered in inspection: *Working with people; Providing Support; Ensuring Safety and Leadership.*
- 5 pilots; Birmingham, Nottinghamshire, Lincolnshire, North Lincolnshire, and Suffolk. Lincolnshire is the first pilot inspection in the country. Its assessment begun yesterday (3rd July)

- 48 categories of data to be provided as evidence base.
- Inspection will look at what was started from the last 6 years, where the service is now and where it is going in the future.
- Sites visits will begin on 14th August with meetings with senior staff of the Adult and Social Care Directorate and the staff teams, as well as partners such as Healthwatch, Integrated Care Partnership Chair, and User-led Support groups.
- Staff teams are being supported in preparation for the inspection with refresher training on the Care Act and mock CQC inspections and interviews. There has been positive staff engagement on the inspection process.

In response to members' questions these were the key points highlighted:

- There is no dispensation just because BCC is a pilot, but they will bear in mind in the process that BCC is helping them out as a pilot. The service will be robustly assessed.
- We are in discussion with CQC on dates for them to meet with key people in the council, bearing in mind the August holiday season. We will be imploring on them the importance of engaging with representative groups and elected members.
- The self-assessment, including the over 300 documents submitted, will be very comprehensive.
- The inspection provides opportunity for learning for both sides (CQC and Local Authority). The super-diversity of the city will be taken into consideration in the inspection process.
- There has been significant improvement in partnership working since 2017.
- The report will be published October/November. Initial feedback on the process will be within a fortnight. However, due to this being a pilot we are unsure whether CQC will make report public. Discussions will be held with CQC on this.

RESOLVED:

That the Committee notes the report. CQC recommendations from the inspection process will be reported to the Committee in due course.

10. HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE WORK PROGRAMME FOR YEAR 2023/24

(Chair's notice to Committee members: Prior to discussion on Item 10, the Chair verbally noted for urgent information in the meeting, the Equal Pay announcement last week. The implications of this are being worked through. The announcement explained that the Chief Executive is leading work on the Budget Recovery Plan and spending controls. While it is not clear at this stage how this will affect council services, this is something

that the Committee will want to review at future meetings to understand the implications for Adult Social Care).

The Overview and Scrutiny Manager presented an update report on the proposed work programme for the Health and Adult Social Care Overview and Scrutiny Committee for 2023-24, based on discussion at the Committee's meeting in June. Key proposals made are:

- To look at the work programme issues on a three-monthly basis as we go through over the year, and review which issues to follow-up at each meeting after three months. This will improve how we monitor, measure and populate the outcomes column of the Work Programme.
- In July and September, there will be two Task and Finish Group meetings. Dates to be confirmed.
- Signing off the Children & Young People Mental health enquiry by October for submission at November's full Council meeting
- Link to the Forward Plan included in the report for the committee to be aware of cabinet decisions coming through.
- For September, Task and Finish Group sign off. Also, Committee will receive the BLACHIR (Birmingham and Lewisham African and Caribbean Health Inequalities Report)
- Officers will work with NHS Colleagues for external partner providers to attend either the HASC or JHOSC as appropriate, to provide information on their work across the Health and Social Care sector.
- Proposal for Committee members' visit to one of the integrated neighbourhood teams after the September meeting.
- In October, to look at the Day Opportunities report before cabinet decision is made. Also in October, members may want to receive recommendations from the Commonwealth Legacy report
- For November, Committee may want to receive initial scoping work on Access to Dental Services to consider for future scrutiny work.
- Later in the Municipal year, the Committee may want to look at the Commissioning services such as the sexual health service contract due for extension and to be discussed at Cabinet later this month. Scrutiny officers will look at issues raised at a previous meeting last year when the sexual health services report was presented to the Committee, and feed these back to the recommissioning process to be considered. The Substance misuse services is due for possible extension in 2025. Committee may want to look at this in the near future.
- JHOSC meeting is scheduled for Tuesday 25th July
- Any comments from members on issues to consider for November onwards will be welcomed by Scrutiny Officers, in the next couple of weeks. For example,

there may be feedback on CQC inspections to consider. Also, engagement with third-sector providers may be another issue to look at.

RESOLVED:

That the Committee:

- Notes the information set out in Appendix 1 and identifies if any further topics need to be added to the menu of topics for the Committee to explore over the coming year.
- Agrees, subject to further input from the Chair and Deputy Chair, the issues proposed for consideration during September – October 2023, the proposed aims and objectives and the preferred method of scrutiny.
- Identifies, subject to further input from the Chair and Deputy Chair, the issues that the Committee will consider in November 2023, the proposed aims and objectives and the preferred method of scrutiny.

11. REQUEST(S) FOR CALL IN/COUNCILLOR CALL FOR ACTION/PETITIONS RECEIVED (IF ANY)

None.

12. OTHER URGENT BUSINESS.

None.

13. AUTHORITY TO CHAIRMAN AND OFFICERS

RESOLVED: -

That in an urgent situation between Committee meetings the Chair, jointly with the relevant Chief Officer, has authority to act on behalf of the Committee.

The Birmingham/Sandwell JHOSC membership outstanding appointment will be reported at a future meeting.

The meeting ended at 11.49 hours.

Birmingham City Council

Health and Adult Care Overview and Scrutiny Committee

Date: 19 September 2023



Subject: Scrutiny Contribution to Budget Savings and Recovery Plan

Report of: Christian Scade, Head of Scrutiny and Committee Services

Report author: Christian Scade, Head of Scrutiny and Committee Services
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1 Purpose

- 1.1 To update the Committee on the report of the Section 151 Officer (the Chief Finance Officer), made under section 114 (3) of the Local Government Act 1988, published on 5 September, and for the Committee to consider the implications for the scrutiny work programme.
- 1.2 This agenda item also includes the Medium-Term Financial Plan, agreed by Cabinet in July, and a list of savings agreed as part of the 2023/24 budget setting process with RAG ratings.
- 1.3 This additional information, including the slides from the training delivered in July, is provided to assist with the discussion. However, it should be noted that this item was prepared, and shared with the other Overview and Scrutiny Committees, ahead of the Section 114 notice being issued.

2 Recommendations

The Committee:

- 2.1 Receives and notes a verbal update on the report (attached at Appendix 4) of the Section 151 Officer (the Chief Finance Officer) made under section 114 (3) of the Local Government Act 1988.
- 2.2 Considers the financial issues that are relevant to the Committee's terms of reference (outlined in the [Council's Constitution, Part B, section 11.5](#)) and what this means for the scrutiny work programme.

3 Any Finance Implications

3.1 Financial implications in relation to the report made under section 114 (3) of the Local Government Act 1988 are set out in Appendix 4.

4 Any Legal Implications

4.1 Legal implications in relation to the report made under section 114 (3) of the Local Government Act 1988 are set out in Appendix 4.

5 Any Equalities Implications

5.1 The Council has a Public Sector Equality Duty under the Equality Act (2010) to have due regard to the need to:

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

5.2 The protected characteristics and groups outlined in the Equality Act are: Age; Disability; Gender Reassignment; Marriage and Civil Partnership; Pregnancy and Maternity; Race; Religion and Belief; Sex, and Sexual Orientation.

5.3 The Committee should ensure that it addresses these duties by considering them during work programme development, the scoping of work, evidence gathering and making recommendations. This should include considering: How policy issues impact on different groups within the community, particularly those that share a relevant protected characteristic; Whether the impact on particular groups is fair and proportionate; Whether there is equality of access to services and fair representation of all groups within Birmingham; Whether any positive opportunities to advance equality of opportunity and/or good relations between people are being realised.

5.4 The Committee should ensure that equalities comments, and any recommendations, are based on evidence. This should include demographic and service level data and evidence of residents/service-users views gathered through consultation.

6 Appendices

6.1 Appendix 1: Medium Term Financial Plan – Report to Cabinet, 25 July 2023.

6.2 Appendix 2: Slides from Co-ordinating Overview and Scrutiny Committee training session delivered by Fifield Training Ltd, 26 July 2023.

6.3 Appendix 3: Agreed Savings 2023-24, Q1.

6.4 Appendix 4: Section 114 Report

Birmingham City Council

Report to Cabinet

25th July 2023



Subject: **Medium Term Financial Plan (MTFP) Refresh – update to Cabinet at Quarter 1 of the 2023/24 Financial Year**

Report of: **Fiona Greenway, Interim Director of Finance & Section 151 Officer**

Relevant Cabinet Member: **Councillor John Cotton, Leader
Councillor Sharon Thompson, Deputy Leader
Councillor Brigid Jones, Cabinet Member for Finance and Resources**

Relevant O & S Chair(s): **Councillor Jack Deakin, Finance and Resources Overview & Scrutiny Committee**

Report author: Peter Sebastian
Head of Financial Planning (interim)
Email Address: peter.sebastian@birmingham.gov.uk

Are specific wards affected?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No – All wards affected
If yes, name(s) of ward(s):		
Is this a key decision?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If relevant, add Forward Plan Reference: 011384/2023		
Is the decision eligible for call-in?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Does the report contain confidential or exempt information?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

1 Executive Summary

- 1.1 As part of the Council's approach to financial management, the Council provides updated forecasts across the Medium Term Financial Plan (MTFP) period to Cabinet three times a year – at Quarter One (this report); Quarter Two (in October) and at

Quarter Three (December/January, in the run up to formal budget-setting for the next financial year).

- 1.2 This report shows forecast budget pressures and inflation forecasts over the current financial year (2023/24) and the remaining financial years that make up the MTFP. It is projected that there is in-year budget shortfall of £87.4m in 2023/24, rising to £164.8m in 2024/25, reflecting the extent to which the costs of current service provision exceed the funding levels. These projected budget shortfalls do not reflect any additional costs relating to Equal Pay, including potential future liabilities as well as the cost of implementing any scheme of job evaluation.
- 1.3 Across the country, many councils are facing significant and similar budget pressures – mainly due to increased demand for services from residents, higher than forecast inflation and difficulty with delivering existing savings programmes in this current economic climate. Therefore, the current MTFP forecasts for Birmingham City Council (BCC), while serious and requiring immediate attention, are not unique.
- 1.4 What is unique, in the BCC context, is the significant and additional forecast liability for Equal Pay claims of between £650m and £760m. The Council has engaged with its External Auditors and is having ongoing discussions with the Department of Levelling-Up, Housing and Communities (DLUHC).
- 1.5 It is for this reason that this report supports the implementation of mandatory spending controls to give the Council time to further review financial pressures (including finalising the details of the Equal Pay liability) and mitigations.
- 1.6 In addition, this report recommends the implementation of a Robust Budget Savings & Recovery Plan to tackle existing budget pressures and the financial implications of the additional Equal Pay liability. This Plan sets out a series of activities that need to be delivered over the next five years to achieve financial stability within the Council, reviewing all aspects of BCC's financial management systems, processes and capability. This Plan will also seek to tackle financial pressures and rebuild corporate reserves over the medium term.

2 Recommendations

Cabinet is recommended to:

- 2.1 Note the MTFP budget pressures (inflation, savings, directorate pressures, Collection Fund update), as well as the Quarter One 2023/24 position (which provides a high-level assessment of a budget gap for this financial year) (**Section 5 of this report**);
- 2.2 Note the wider financial position of the Council, in terms of capital expenditure and available corporate resources, which demonstrate that the additional Equal Pay liability, alongside MTFP budget pressures, cannot be found within existing BCC resources (**Section 5**);

- 2.3 Note the work carried out to date to assess the potential scale of additional Equal Pay liabilities (**Section 4**);
- 2.4 Endorse the mandatory spending controls which came into effect from 5 July 2023 (**Section 6**);
- 2.5 Endorse the robust Budget Savings & Recovery Plan – to close the forecast budget gaps in the current financial year and future financial years– as per the timetable included in this report (**Section 6**); and
- 2.6 Agree the 2024/25 budget-setting timetable, including the dates for the implementation of the recommendations in this report (**Section 7**)

3 Background

- 3.1 Birmingham City Council (BCC) approved its 2023/24 annual budget and Medium Term Financial Plan (MTFP) on 28 February 2023 as part of the annual budget setting cycle. Budgets were balanced up to 2023/24 (and across the MTFP period) on the assumption that:
 - a. £97.1m of savings were to be delivered over the next four years to 2026/27 (assuming no savings are brought forward undelivered from 2022/23);
 - b. Budget managers and budget holders are diligent in working within budgetary envelopes; and
 - c. Council tax was increased by 4.99% (including 2% for social care) with income levels largely returning to pre-Covid levels.
- 3.2 This paper:
 - a. Updates the assumptions (particularly inflation) that were used to set budgets for the 2023/24 financial year and provide an initial high-level

forecast (as at Period 3; Quarter One, April – June 2023) for the 2023/24 financial year;

- b. Updates the budget assessments over the MTFP period (from 2024/25 to 2027/28) based on the most recent forecasts (particularly with regard to inflation);
- c. Provides an update on Directorate spending to identify recent spending pressures, as well as progress against the agreed savings programme within the 2023/24 Financial Plan;
- d. Provides an outline of the Robust Budget Savings & Recovery Plan, including proposals for spending controls and key workstreams;
- e. Outlines the timetable and next steps required for the budget-setting process for the 2024/25 financial year, including budget consultation and engagement;
- f. Outlines the scale of the Council's existing capital programme – including a summary of existing borrowing (a full Capital and Treasury Management will come to Cabinet later this year); and
- g. Provides an initial assessment of potentially available corporate reserves that could be used to cover potential upcoming financial liabilities. It should be noted that these reserves are currently an estimate; a full review of reserves will be completed as part of the 2022/23 outturn report that will come to Cabinet in Autumn 2023.

3.3 This paper does not cover ringfenced revenue funding in the Housing Revenue Account (HRA) or the Dedicated Schools Grant (DSG) – it solely focuses on General Fund revenue budgets. The HRA Business Plan is expected to come to Cabinet in September 2023 for review; the DSG budget position is covered as part of the usually cycle of quarterly reporting to Cabinet.

4 National & Local Financial Context

4.1 Cabinet should note that there are a significant range of challenges that this Authority, and all public bodies, are currently facing. Research by the Special Interest Group of Municipal Authorities (SIGOMA) which represents 47 urban authorities, published on 19 June 2023, found that 55% of respondents were unsure whether they would be able to meet the budgets that were approved in March 2023 for the 2023/24 financial year. Based on the updated MTFP forecasts in Section Four of this report, without immediate and urgent action, BCC is in a similar position. The macroeconomic factors that are causing financial pressures include:

- a. **The impact of inflation** – compared to February 2023 when the budget for the 2023/24 financial year was agreed, inflation looks set to be higher than forecast. This manifests itself in a number of ways, from increased pay and materials budgets to rising energy costs; for example, the 2023/24 Financial Plan included an increased budget allocation of £18 million for the Council's energy bills and a £6 million increase for our schools. Further details on the impact of inflation are detailed in Section Five of this report;
- b. **Impact of Covid** – this continues to impact in a number of ways, from increased support needs for our residents (resulting in additional pressures on public services) to the income collection, as can be seen in the movement in the Collection Fund (most notably for business rates) that is described in Section Five;
- c. **Uncertain central government funding** – the Council's net revenue budget is funded from four main sources: Business Rates, Council Tax, government grants and fees & charges. (Where necessary, corporate reserves may also be used to cover specific expenditure or cover budget shortfalls.) Fees & charges are dependent on activity levels and residents' ability to pay. While Council Tax and Business Rates are also dependent on ratepayers' ability to pay, there are a number of uncertainties over these funding streams in future. Central Government has provided some clarity for the 2024/25 financial year only – namely that current Council Tax threshold levels (i.e., the amount that rates can be increased without the need for a referendum) will remain at 3% for Council tax and 2% for the Adult Social Care precept. Future reforms to the Business Rates system are currently delayed until 2025/26 at the earliest but may have a significant impact on BCC.

4.2 At present, there are also a number of challenges that are specific to BCC:

- a. Oracle finance system implementation – as approved by Cabinet on 27 June, this MTFP refresh includes £33.7m of costs from 2023/24 onwards to fix urgent issues, and to develop a plan that will deliver the Council's vision for an optimised Oracle. The total cost is £46.5m, including £12.8m of costs that had related to the 2022/23 financial year. In addition, the time taken to fix this Oracle system has delayed the completion of the 2022/23 outturn report and final reserves position, which means that this report cannot fully consider the impact on reserves of future cost pressures. This will be done at the Quarter Two MTFP refresh report due to come to Cabinet in October.
- b. Equal Pay challenges – the additional forecast Equal Pay liability is a key driver for the recommendations in this report. As noted above, initial estimates of the potential additional Equal Pay liability are between £650m and £760m.

4.3 Before the financial implications of this Equal Pay liability can be fully quantified for the MTFP, a more detailed calculation, using individual time-series data, to assess the full extent of the Equal Pay liability is being carried out. The results of this work are expected in August.

- 4.4 The overall scale of the liability needs to be quantified to assess total costs and enable BCC to explore all options for payment. A provision for Equal Pay liability will also need to be made within all accounts that are not currently signed off by auditors – this includes the 2020/21, 2021/22 and 2022/23 financial years – to demonstrate the scale of the issue at that point in time. This provision cannot be made until a financial solution is agreed with national government and stakeholders. At that point, the accounts can be reviewed and signed off by auditors.

5 MTFP – updated forecasts

- 5.1 The key movements from the MTFP position since BCC approved the budget for 2023/24 (and forecasts for future years) in February 2023 are shown in the table below. The projections identify a significant in-year budget shortfall of £87.4m in 2023/24, rising to £164.8m in 24/25, reflecting the extent to which the costs of current service provision exceed the funding levels:

	2023/24	2024/25	2025/26	2026/27	2027/28
	£'000	£'000	£'000	£'000	£'000
Total Net Expenditure (as per 2023/24 Financial Plan)	925,078	1,018,314	1,035,612	1,049,934	1,083,206
Total Resources (as per 2023/24 Financial Plan)	(925,078)	(1,018,314)	(1,035,612)	(1,049,934)	(1,079,093)
Budget gap as (as per 2023/24 Financial Plan)	-	-	-	-	4,113
Expenditure					
Budget Pressures					
Staffing	3,844	3,973	4,070	4,170	4,273
Demand/Complexity Growth	55,586	37,736	44,027	42,240	39,840
Statutory Requirement	-	-	-	-	-
Borrowing costs, investment etc	-	-	-	-	-
Budget Pressures Subtotal	59,430	41,709	48,097	46,410	44,113
Corporately Managed Budgets	(4,240)	(4,097)	(3,935)	(4,154)	(5,461)
Pay Inflation	-	-	(2,532)	(5,178)	(7,943)
Contract Inflation	1,042	27,346	51,904	55,348	58,666
Other Inflation	19,875	28,352	35,367	42,593	50,063
Fees and Charges Inflation	-	(357)	(365)	(372)	(378)
Inflation Sub-total	20,917	55,341	84,374	92,391	100,408
Savings					
High Risk Savings	35,141	56,274	75,374	75,374	75,374
Savings Subtotal	35,141	56,274	75,374	75,374	75,374
Total Net Expenditure Movements	111,248	149,227	203,910	210,021	214,434
Resources					
Business Rates	-	14,100	(27,677)	(40,165)	(41,052)
Council Tax	-	2,019	-	-	-
Other Grants Excl DSG & ABG	-	-	-	-	-
Top Up Grant	-	-	-	-	-
Other income	5,044	2,589	2,589	2,589	2,589
Net Payment to/(from) Reserves	(28,907)	(3,096)	(1,687)	-	-
Total Resources Movement	(23,863)	15,612	(26,775)	(37,576)	(38,463)
MTFP Budget Gap at July 2023	87,385	164,838	177,135	172,445	180,084

- 5.2 These projected budget shortfalls do not reflect any additional costs relating to Equal Pay, including potential future liabilities as well as the cost of implementing

any scheme of job evaluation. Full detail on these projections is included in paragraphs 5.3 – 5.15 below.

- 5.3 **Budget Pressures & Policy Choices** – this is made up of two elements:
- a. **Staffing** – this includes the correction of a previous budget issue that relates to the 1.25% planned increase in National Insurance contributions (and therefore pay costs) which was subsequently scrapped in September 2022. This planned increase was removed from base budgets, leaving a shortfall (£3.4m in 2023/24) to cover the forecast pay award.
 - b. **Demand / Complexity** – this covers a range of directorate-specific spending pressures. The four largest areas of cost pressures are:
 - i. Oracle costs (assumed £33m from 2023/24 to 2025/26);
 - ii. Temporary Accommodation (assumed pressure of £8.6m in 2023/24, rising to £18.2m in 2024/25; based on the recent proposal to June Cabinet to purchase additional temporary accommodation which was approved);
 - iii. Children & Families pressures (£6.7m in 2023/24 and £3.9m in 2024/25), driven by demographic pressures requiring care (particularly in Unaccompanied Asylum Seeking Children) and home-to-school transport support, as well as an additional liability relating to Birmingham’s Children’s Trust pension liabilities for 2023/24 only (all of which will be further reviewed at Quarter Two); and
 - iv. Adult Social Care demand pressures (forecast £6.2m in 2023/24 and £8.9m in 2024/25) relating to increased numbers seeking care and increased placement costs (i.e. additional demand for more expensive residential care).

- 5.4 **Corporately Managed Budgets** – this includes a forecast reduction in borrowing costs of £3.9m in 2023/24 and £2.3m in 2024/25, as delays in the capital programme have led to lower than forecast loan debt (and therefore lower Treasury costs).

Inflation

- 5.5 **Other inflation** – this line covers General Price inflation on premises, transport, and supplies and services costs. The assumptions used in the 2023/24 Financial Plan have been reviewed in light of the latest Bank of England Consumer Price Index (CPI) forecasts from May 2023. The updated forecasts are based on the following assumptions:

	2023/24	2024/25	2025/26
Apr-Jun	8.2%	3.4%	1.1%
Jul-Sep	7.0%	2.9%	1.0%
Oct-Dec	5.1%	2.3%	1.0%
Jan-Mar	4.4%	1.5%	1.1%
Average CPI Inflation	6.2%	2.5%	1.1%
MTFP refresh assumptions used:	6.2%	2.5%	2.0%
Assumptions used in 2023/24 Financial Plan:	0.0%	0.0%	0.0%

Source for MTFP refresh assumptions: Bank of England CPI forecasts, May 2023

Note: for the 2025/26 financial year and future financial years, MTFP forecasts are assumed to be 2.0% - a slight increase from Bank of England forecasts to ensure the MTFP is calculated on a prudent basis

5.6 As noted above, the increase in forecast inflation is due to the increase compared to the 2023/24 Financial Plan, in which assumptions were made that Directorates would not receive any inflationary uplift for premises, transport and supplies & services costs and would need to manage pressures within existing budgets.

5.7 **Contract inflation** – this relates to areas of spend which are tied to specific contracts, and so require specific inflation assumptions. The largest area of spend – and therefore the largest impact on the MTFP – relates to Adult Social Care (packages of care; estimated £18.6m increase in inflation forecasts in 2024/25) and Children’s Social Care (third party payments to the Birmingham Children’s Trust for care packages; estimated £7.3m increase in inflation forecasts in 2024/25). This is based on the following assumptions:

	2023/24	2024/25	2025/26
<u>Adult Social Care packages</u>			
Assumptions used in the 2023/24 Financial Plan:	7.5%	0.6%	0.0%
MTFP refresh assumptions used:	8.7%	6.5%	4.9%
<u>Children's Social Care third party payments</u>			
Assumptions used in the 2023/24 Financial Plan:	7.4%	0.6%	0.0%
MTFP refresh assumptions used:	7.4%	6.5%	4.9%

Source for MTFP refresh assumptions: Analysis of future ASC care package costs as at end of May 2023

Note: for Children’s third-party payments, it is assumed that they will track ASC inflation movements in 2024/25 and 2025/26. The 2023/24 figures have not yet been updated and will form part of the next MTFP Refresh paper to Cabinet in October

5.8 **Pay inflation** – at present, pay inflation budgets look broadly accurate. The Financial Plan 2023/24 assumed 5.0% increase in 2023/24, 2.5% in 2024/25 and in future years. Based on Bank of England forecasts, this update revises this forecast to 2.0% from 2025/26 onwards.

5.9 **Savings** – progress against the savings agreed in the 2023/24 Financial Plan has been reviewed. Based on the table below, it is estimated that a total of £35.1m of savings are at high risk (i.e., assessed as unlikely to deliver). These are described in paragraphs 5.10-5.11 (£33.2m of savings at risk within the agreed corporate savings programme) and 5.12 (an additional £1.9m of savings that had been incorrectly applied).

- 5.10 From the agreed corporate savings programme, as laid out in the 2023/24 Financial Plan approved by Cabinet in February, the Financial Sustainability Programme Board is currently forecasting that £33.2m of savings are at high risk (i.e., assessed as unlikely to deliver) in 2023/24 with a further £21.1m unlikely to be delivered in 2024/25:

£'000	2023/24	2024/25	2025/26	Total	% of Target
MTFP Target 23/24 to 25/26	(55,165)	(28,137)	(19,544)	(102,846)	92%
Previous Undelivered Savings	(9,454)			(9,454)	8%
Total Target	(64,619)	(28,137)	(19,544)	(112,300)	100%
Delivered					
Low Risk	(2,623)	(1,116)	(84)	(3,823)	3%
Medium Risk	(28,517)	(5,888)	(360)	(34,765)	31%
High Risk	(33,479)	(21,133)	(19,100)	(73,712)	66%
To Be Confirmed					
Potential Write-Off					
Total Forecast	(64,619)	(28,137)	(19,544)	(112,300)	100%

- 5.11 The following points should be noted about this savings forecast:
- This assumes that, in addition to the £55.2m of budgeted savings in the MTFP for 2023/24, there will be £9.5m of undelivered savings in 2022/23 that will need to be rolled forward for a total savings target of £64.9m in 2023/24. This will need to be confirmed as part of the outturn report for 2022/23 (and the number of undelivered savings could rise or fall).
 - The projects that are not expected to deliver target savings in 2022/23 include: Workforce savings (£2m); Traded Services (£1.6m); Council Admin Buildings Premises (£1.3m); Automation (£0.85m); Fieldworker / new ways of working (£0.8m); and Customer Services (£0.4m).
 - An initial high-level review of savings projects by the Financial Sustainability Programme Board, as at mid-May, suggests that approximately £33m (50%) of the total £64.9m required in 2023/24 is currently at risk of slippage/non-delivery. Key projects currently at high risk of slippage/non-delivery include: Children's Trust Savings - £6m; Reducing Bed and Breakfast spend - £5.5m; Commercial Investment/Property - £4.7m; Workforce Savings - £4m; CAB Premises - £3.7m; Traded Services - £3.1m; EIP/Localities Hub - £2.5m; Automation - £1.850m; Centres of Excellence - £1.8m; Customer Services - £0.990m; and Fieldworker - £0.8m
 - Work is currently progressing to review the risk levels and options for mitigation. Further information will be provided in subsequent reports to Cabinet on the 2022/23 outturn and the Quarter Two MTFP Refresh in October.
- 5.12 In addition to the savings above, this MTFP includes an additional £1.95m of vacancy factor savings (i.e., holding staff positions vacant as people leave) that

had been incorrectly applied to Children & Families and City Operations. These had been applied on top of existing 3% savings across all Directorates.

5.13 **Resources** – this paper also considers a range of factors affecting future income. These include:

- a. **Business rates** – based on the draft 2022/23 outturn position for the Collection Fund, it is forecast that there is a deficit in business rates income of £27.8m due to a challenging economic environment for businesses (resulting in lower than forecast collection rates), a delay in enforcement activity (due to Oracle implementation issues) and an increase in business rates appeals (as this is the last year of the six year period in which businesses can query the latest set of rateable valuations (i.e. tax due) which were carried out in 2017).
- b. Under statutory guidance, the 2022/23 Collection Fund deficit will be charged to the General Fund for the next financial year (i.e. in 2024/25). However, this is offset by additional forecast income from business rates of £13.8m in 2024/25 and in subsequent years. Business rates are calculated by multiplying the rateable value of the property by the “non-domestic multiplier” which is adjusted to reflect the Consumer Price Index inflation figure for the September prior to the billing year. As Bank of England forecasts for CPI are expected to be higher than the forecasts used in the Financial Plan for 2023/24, this could result in additional income for the Council in future years.
- c. **Council tax** – as with Business Rates, there is projected to be a £2.0m deficit for 2022/23 in Council Tax income due to a reduction in collection rates. This will also be charged to the General Fund for 2024/25. It is worth noting that collection rates across Council Tax and Business rates fell in 2022/23, relative to 2021/22. For Council Tax, in year collection fell from 92.9% to 90.2%; for Business Rates, in year collection fell from 95.8% to 90.1%.
- d. **Grants** – there are two main categories of grant: 1) those used to fund wider Council services (e.g., Top Up Grant, Business-rates related Section 31 grants); and 2) those ringfenced to fund specific services (e.g., the Social Care Grant). At present, there is not sufficient information from central government to update forecasts for grant funding in 2024/25 and beyond. Further information is expected later in the 2023/24 financial year.
- e. **Other income** – this includes a range of pressures including a pressure of £1.5m on parking income (due to reduced demand with the city) and £1.5m on business waste collection income (again likely due to reduced office usage across the city).
- f. **Reserves** – at present, the only use of reserves assumed is to cover the additional expenditure required to support the remediation of the Oracle

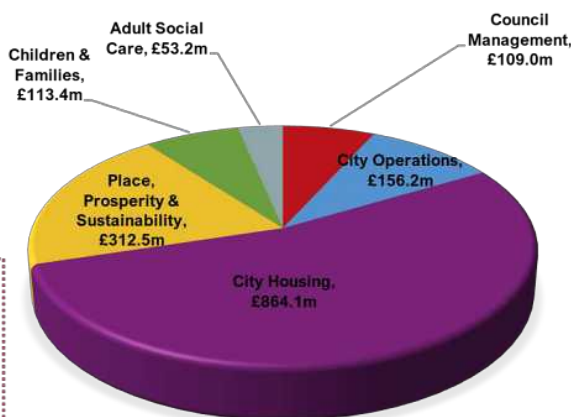
finance system. A further review of reserves will be provided to Cabinet as part of the 2022/23 outturn report in the Autumn.

- 5.14 **Additional risks** – there are a range of other possible service pressures that are being reviewed by officers. For the purposes of this paper, only pressures that are 1) viewed as more than 50% likely to take place and 2) can be quantified are included in this report. Others will be reviewed and may be quantified as part of the Quarter Two refresh of the MTFP for Cabinet in October. This could include the potential cost implications relating to the current Private Finance Initiative (PFI) contract between the Council and Birmingham Highways Limited – a procurement exercise for a new sub-contractor is currently ongoing, so it is not possible to quantify any additional costs at this stage.
- 5.15 **Equal Pay** – further to the description in Section Four of this report, and for the purposes of this paper, a high level estimate of the potential financing costs has been made for information purposes. It is not yet included in the MTFP forecasts in this paper, as the work to finalise the figures is ongoing.

Capital Programme

- 5.16 **Size** – a review of the Capital programme is needed in light of the current financial situation with a view to add, reprioritise, accelerate, defer and descope the programme. This will need to be looked at across all Directorates within scope of the Capital Programme.
- 5.17 The current approved capital programme is for £1.6 billion of spending over this MTFP period:

	2023/24 to 2026/27
Directorate	£m
Council Management	£109.0m
City Operations	£156.2m
City Housing	£864.1m
Place, Prosperity & Sustainability	£312.5m
Children & Families	£113.4m
Adult Social Care	£53.2m
Total	£1,608.3m



Core City Comparison		
	4yr Programme	HRA
City	£m	£m
Birmingham	1,608	821
Manchester	1,104	105
Leeds	1,978	520
Bristol	1,118	700
Liverpool	345	0

- 5.18 The capital spend by Directorate includes:
 - a. City Housing includes £820m for the Housing Revenue Account: investment in current housing stock as well as new social housing;
 - b. Council Management includes £54m transformation projects and £30m Corporate Contingency over four years;

- c. The above figures do not include the proposed £400m investment in the Council's Temporary Accommodation strategy, approved by Cabinet on 25 June; and
- d. Place, Prosperity & Sustainability includes £52.9m Enterprise Zone funded by borrowing to be repaid by the retention of future Enterprise Zone business rates.

Corporate Reserves

- 5.19 At present, officers are reviewing corporate reserves to finalise the outturn position for the 2022/23 financial year. These will need to be compared to the MTFP budget gap included in this paper and additional costs as a result of additional Equal Pay claims.
- 5.20 Using corporate reserves will, of course, significantly reduce the financial resilience of the council against future pressures. Once reserves have been used, they need to be rebuilt from existing budgets (i.e., through future savings that can be contributed to reserves). Once reserves have been spent, they are no longer available. That is why it is worth pursuing a savings programme first and retaining reserves to enable the authority to have some protection against future budget pressures. The method for pursuing these savings will be the Robust Budget Savings & Recovery Plan – outlined in the next Section of this report.

6 Robust Budget Savings & Recovery Plan

Background

- 6.1 The financial challenges being faced by the Council are of a sufficient size that they require immediate and sustained action to control. There is no doubting the scale of the financial challenge. There is a significant budgetary challenge arising, which includes:
 - a. The sizeable MTFP budget gaps identified in Section Five of this report; and
 - b. Additional financing costs for any future Equal Pay costs.
- 6.2 The Robust **Budget Savings & Recovery Plan** is made up of:
 - a. **Mandatory spending controls** – to enable the Authority to pause non-essential spending and to enable time to tackle the budget gap; and
 - b. **Detailed workstreams** – including Oracle Remediation, MTFP and Budget, and Workforce.

Mandatory Spending Controls

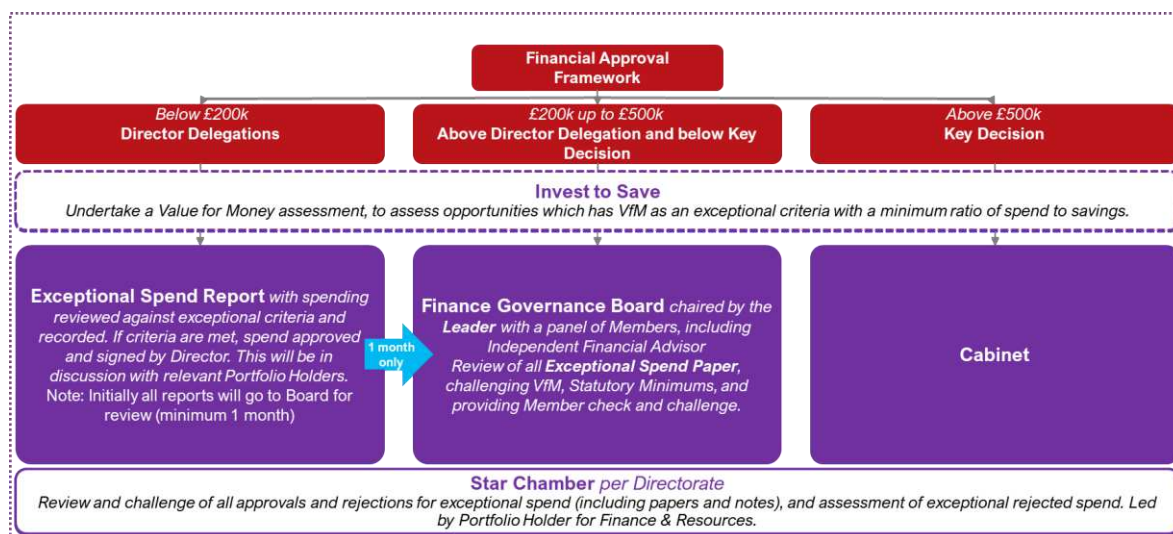
- 6.3 Based on the rationale in this report, **Mandatory Spending Controls** were implemented on 5 July.

- 6.4 **Mandatory spending controls mean that:**
- a. **No new agreements or commitments for expenditure can be made, without engagement with the three statutory officers.**
 - b. Temporary measures will be brought in to ensure all **new** non-essential expenditure will stop with immediate effect.
- 6.5 **The only allowable expenditure permitted under an emergency protocol includes the following categories:**
- a. Existing staff **payroll** and **pension** costs
 - b. Expenditure required through **existing legal agreements and contracts**
 - c. Expenditure on **goods and services** which have **already been received**
 - d. Expenditure required to deliver the council's **provision of statutory services**
 - e. Urgent expenditure required to **safeguard vulnerable citizens**
 - f. Expenditure to address **services** which are **under regulation**
 - g. Expenditure funded through **ring-fenced grants**
 - h. Expenditure necessary to achieve **value for money** and / or **mitigate additional in year costs**
 - i. Expenditure necessary to achieve **value for money** and / or **mitigate additional in year costs**
 - i. *Robust business case with short payback period required, i.e., less than 24 months;*
 - ii. *Value-for-Money Framework to be developed; and*
 - iii. *Business Cases to be reviewed by a group (to be established by Chief Executive)*

Robust Budget Savings & Recovery Plan

- 6.6 **Governance Arrangements – three governance forums will be used to challenge spend within the Council:**
- a. **Director Delegations with Exceptional Spend Report** – To review spend against exceptional criteria and take delegated decisions against spend thresholds. In discussion with relevant Portfolio Holder.
 - b. **Finance Governance Board** – To review spend above certain thresholds based on exceptional criteria, utilising senior stakeholders to challenge spend, and regularly review Director delegated decisions.
 - c. **Star Chamber** – To review and challenge all approved exceptional spend (including papers and notes) and an assessment of exceptional rejected spend.

- 6.7 This will be implemented in line with a temporary scheme of delegation, aligned to the Finance, Procurement and Contract Governance Rules in Part D of the constitution:



*Notes: All forums will occur on a weekly basis to ensure spend is agile and responses to Directorate needs. This will apply to all spend over £500 as a de-minimus level. All spend must adhere to Council Procurement Governance. This includes spend and call-offs from frameworks. This includes **Capital and Ring-Fenced Grant Spend**. Consideration will be given to the volume of reports, needs to split by General Fund and Housing Revenue Account spend, and the timeliness of reporting and governance. This covers increase in spend **and** decrease in income.*

- 6.8 **Work plan** – this plan will inform the roadmap of activities that need to be delivered over the next five years to achieve financial stability within the Council.

- 6.9 There are nine activities which form this plan, split into Strategic and Operational Activities. The Strategic work streams are:

- a. **Organisational Spending Review** – Review all spending for Value for Money and Outcome Focus across all services and budgets, including General Fund, Housing Revenue Account, Capital and external funding, Companies, Traded Services (i.e. Schools);
- b. **Equal Pay Resolution** – Roadmap of activities to understand and resolve the Equal Pay challenges, including detailing the potential costs over the next 5 years;
- c. **MTFP and Budget** – Quantification and remediation of the budget gap, revising the MTFP (next four financial years, Long-Term Financial Plan (next ten financial years), and Budget setting process. This will include the identification and delivery of savings, to be owned by the Corporate Leadership Team and Cabinet; and

- d. **Workforce** – Ensuring recruitment and retention is not at risk within the workforce, and developing contingency, creating capacity and flexibility, and exploring staff and people costs, including agency and interim costs.

6.10 The Operational work streams are:

- a. **Mandatory Spend Controls** – Implementation of mandatory spend controls, as outlined above, and the delivery of in-year spending savings through these controls, including Collection/Recovery of Income, balance sheet controls and use of Minimum Revenue Provision;
- b. **Oracle Remediation** – Activities to achieve Safe and Compliant, Stabilisation, and Optimisation of the Oracle Fusion implementation;
- c. **Governance and Controls Framework** – Review and remediation of governance and key financial controls, including but not limited to Internal Audit, Procurement, Value-for-money, Risk Management, Annual Governance Statement;
- d. **Closure of the Accounts** – Activities to deliver accounts for the Council across all financial years that remain open with External Auditors, including any further investigations and assessments; and
- e. **Finance and Governance Capacity and Capability** – Strengthened finance and governance knowledge, capability and capacity to deliver the planned improvements, including development of a Service Improvement Programme.

6.11 Work is already underway against a number of these areas. Each of the nine pillars above has a detailed plan of activities with responsible owners, risks, timelines, and allocated resources against each step.

6.12 The Robust Budget Savings & Recovery Plan will be reported to, and monitored by, the Finance Governance Board.

7 Next Steps

7.1 Significant work is required over the next few weeks to deliver on the proposed Budget Savings & Recovery Plan. A further update will come to Cabinet in October to update the MTFP position and assumptions over the medium term, in advance of the formal budget-setting process for 2024/25.

7.2 The timetable for the 2024/25 budget-setting process is as follows:

Activities	Date
Spending Controls implementation	5 July 2023
Implementation of Budget Savings & Recovery Plan	25 July 2023
Quarter Two Update on MTFP assumptions, budget position to Cabinet	10 October 2023

Budget engagement on resource prioritisation	Mid October – December 2023
Scrutiny of budget development proposals and Scrutiny review of Budget Savings & Recovery Plan for 2024/25 budget	November/December 2023
Provisional Local Government Settlement	Mid December 2023 (TBC)
Cabinet – setting of council tax and business rate tax base	16 January 2024
Final Local Government Settlement	January/February 2024 (TBC)
Cabinet consideration of the 2023/24 budget and Financial Plan	13 February 2024
Full Council approval of 2023/24 budget and setting of Council tax	28 February 2024

8 Next Steps

- 8.1 The Council believes that it is important that it engages with citizens and business when planning activity and the financial implications of those plans. An engagement plan is currently in development, focusing on gathering the views of Council Tax and Business Rates payers to feed into the 2024/25 budget setting process.

9 Risk Management

- 9.1 There remains significant uncertainty in respect of public spending levels and the level of funding for local government and therefore the assumptions outlined in this report will be subject to continual review over the coming months to ensure that the Council's short term and medium term financial stability can be protected and critical services delivered.

10 Compliance Issues:

10.1 How are the recommended decisions consistent with the City Council's priorities, plans and strategies?

- a. The Robust Budget Savings and Recovery Plan is an essential part of the Medium Term financial planning process. This will be informed by the priorities that led to its implementation, namely to provide a stable footing for the future financial position of the Council. In doing so, the Robust Budget Savings and Recovery Plan will seek to support the delivery of the Council's priorities, as laid out in the Council Plan, wherever possible within current and potential financial constraints. The

MTFP must remain focused on social justice, frontline services and the needs of residents and communities of the city.

10.2 Legal Implications

- a. A local authority is required under the Local Government Finance Act 1992 to produce a balanced budget.

10.3 Financial Implications

- a. The detailed financial implications have been covered throughout the report.

10.4 Procurement Implications (if required)

- a. There are no procurement issues arising directly from the contents of this report. Any procurement implications will be identified as specific budgets are developed.

10.5 Human Resources Implications (if required)

- a. There are no specific human resources implications arising from this report. Any Human resource implication will be identified as specific budgets are developed.

10.6 Public Sector Equality Duty

- a. In compliance with the Council's duties on equality, changes in the budget that impact on the provision of services will need to be properly assessed. An Equalities Impact Assessment will be undertaken on proposals as they are developed where this is considered necessary to do so.

FINANCE SCRUTINY WORKSHOP

Birmingham City Council
26th July 2023

Ian Fifield

Objectives



- To ensure that everyone understands the nature and depth of the financial challenge faced by the Council
- To plan Scrutiny's approach and contribution to the Council's overall approach in meeting the challenge
- To develop a timetable and action plan for Scrutiny, especially over the autumn period

	2023/24	2024/25	2025/26	2026/27	2027/28
	£'000	£'000	£'000	£'000	£'000
Total Net Expenditure (as per 2023/24 Financial Plan)	925,078	1,018,314	1,035,612	1,049,934	1,083,206
Total Resources (as per 2023/24 Financial Plan)	(925,078)	(1,018,314)	(1,035,612)	(1,049,934)	(1,079,093)
Budget gap as (as per 2023/24 Financial Plan)	-	-	-	-	4,113
Expenditure					
Budget Pressures					
Staffing	3,844	3,973	4,070	4,170	4,273
Demand/Complexity Growth	55,586	37,736	44,027	42,240	39,840
Statutory Requirement	-	-	-	-	-
Borrowing costs, investment etc	-	-	-	-	-
Budget Pressures Subtotal	59,430	41,709	48,097	46,410	44,113
Corporately Managed Budgets	(4,240)	(4,097)	(3,935)	(4,154)	(5,461)
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Top Up Grant	-	-	-	-	-
Other income	5,044	2,589	2,589	2,589	2,589
Net Payment to/(from) Reserves	(28,907)	(3,096)	(1,687)	-	-
Total Resources Movement	(23,863)	15,612	(26,775)	(37,576)	(38,463)
MTFP Budget Gap at July 2023	87,385	164,838	177,135	172,445	180,084

Additional issues

- 2023/24 agreed budget savings - £33.479m out of £64.619m are “high risk” (i.e. unlikely to be delivered)
- Equal pay - £650 - £760m not currently included in the MTFS
- Oracle implementation – impact on reserves

My thoughts.....

- Both capital and revenue budgets require fundamental review to generate savings
- Work to be done on the deliverability of savings
- Much work is underway – including a “star chamber” process
- The end point is a scrutiny review of the Budget Savings and Recovery Plan for the 24/25 budget – November/December 2023

But....

- Should Scrutiny just wait for the results of the review and scrutinize the saving list?
- How can Scrutiny engage with the star chamber process?

How can Scrutiny be proactive and add value to this process, avoiding duplication?

Workshop

Generating Scrutiny Questions

“The important and most difficult job is never to find the right answers, it is to find the right questions” (Peter Drucker)

The Challenge

What questions can scrutiny ask and explore in order to make a positive contribution to the savings identification process?

Questions and Key Lines of Enquiry Discussed at the Workshop

- All scrutiny committees need to review their work programme and identify what can be delayed to give space to this work.
- Information required on:
 - What and who the “star chamber process” is, including what they will be reviewing to ensure there is no duplication.
- Are there any previous scrutiny recommendations that suggested ways that savings / efficiency could be achieved that have not yet been implemented? Can these be taken forward?

Cont'd

- Officers to be asked for the current list of agreed savings to be broken down per committee so that scrutiny committees can;
 - Undertake a reality check of how / when / how much can now be delivered.
 - Understand why these savings were put forward and agreed as part of the budget process but are now considered high and medium risk.
 - Ensure that all further savings proposals can be implemented on time and that they deliver the savings identified.
- Resources scrutiny committee to:
 - Review the various assumptions in the MTFP
 - Request other scrutiny committees review the assumptions made in lines such as “demand and complex growth”

Cont'd

- Potential more detailed reviews:
 - Duplication between departments.
 - Income generation possibilities e.g. commercial rental income
 - Invest to save possibilities in the capital programme
- Timescale
 - Much work needs to be completed over the next few weeks to ensure that recommendations are formally discussed and approved in the September scrutiny meetings
 - Scrutiny review of the Budget Savings & Recovery Plan need to be timetabled for later in the autumn (November/ December)

23/24 Savings Q1 Position by O&S Committee

Summary

Savings by OSC Portfolio	Delivered	Low Risk	Medium Risk	High Risk	TOTAL
Co-ordinating OSC				(14,851)	(14,851)
Economy and Skills OSC		(133)	(816)	(9,595)	(10,544)
Education, Children and Young People OSC			(4,465)	(6,000)	(10,465)
Finance and Resources OSC		(1,269)	(8,799)	1,457	(8,611)
Health and Adult Social Care OSC		(700)	(9,008)	2,000	(7,708)
Homes OSC		(502)	(592)	(5,500)	(6,594)
Neighbourhoods OSC		(19)	(4,837)	(990)	(5,846)
Sustainability and Transport OSC					
TOTAL		(2,623)	(28,517)	(33,479)	(64,619)

List of Savings Projects

Directorate	O&S Committee	Savings Description	2023/24 (Saving) £'000
Adult Social Care	Health and Adult Social Care OSC	Adults Transformation Programme.	(3,700)
Adult Social Care	Health and Adult Social Care OSC	Adult Packages of Care (Reversal of previous year one-off savings)	1,000
Adult Social Care	Health and Adult Social Care OSC	Income Collection (Reversal of previous year one-off savings)	1,000
Adult Social Care	Health and Adult Social Care OSC	3% Turnover factor (Vacancy management)	(2,850)
Adult Social Care	Health and Adult Social Care OSC	Special Impact team (SIT) complex case review accelerated and expanded to cover high cost packages	(500)
Adult Social Care	Health and Adult Social Care OSC	Case load packages Review	(200)
Adult Social Care	Health and Adult Social Care OSC	Looking at ways to enhance ICS/CCG partnership to harness pooled resources more efficiently eg BCF Inflation	(1,000)
BCT	Education, Children and Young People	Children's Trust - Family and Friends Cars	(2,000)
BCT	Education, Children and Young People	Children's Trust - Stronger Families Programme	(3,000)
BCT	Education, Children and Young People	Children's Trust - Tackling Domestic Abuse to Support Families	(1,000)
Children & Families	Education, Children and Young People	Schools Balances	(328)
Children & Families	Education, Children and Young People	Education and Skill Early Retirement	(210)

Children & Families	Education, Children and Young People	3% Turnover factor (Vacancy management)	(1,921)
City Housing	Homes OSC	Reducing / Eradicating B&B Accommodation	(5,500)
City Housing	Homes OSC	3% Turnover factor (Vacancy management)	(502)
City Ops	Sustainability and Transport OSC	Street Work Permits	(100)
City Ops	Neighbourhoods OSC	Removal of Universal Superloos	(19)
City Ops	Co-ordinating OSC	Capitalise Salaries of Alexander Stadium Build (Reversal of previous year one-off savings)	40
City Ops	Co-ordinating OSC	Revenue Benefit from Capitalising the Cost of Indoor Track at Arena (Reversal of previous year one-off savings)	150
City Ops	Neighbourhoods OSC	3% Turnover factor (Vacancy management)	(3,307)
Corporate Items	Co-ordinating OSC	Localities / Public Hub (Savings from implementation of EIP Model)	(2,500)
Corporate Items	Co-ordinating OSC	BCC Target Operating Model Design Principles - Voluntary Workforce Savings Programme	(2,000)
Corporate Items	Co-ordinating OSC	B/F_BCC Target Operating Model Design Principles - Voluntary Workforce Savings Programme	(2,000)
Corporate Items	Finance and Resources OSC	Maximise the Use of Grant Funding – Identifying opportunities to use grant funding to fund existing GF spend releasing GF budgets for savings.	(1,000)
Corporate Items	Finance and Resources OSC	B/F_Maximise the Use of Grant Funding - Identifying opportunities to use grant funding to fund existing GF spend releasing GF budgets for savings.	(1,000)
Corporate Items	Finance and Resources OSC	Improvements in Debt Management – Review Debt Management Process with a view to improving collection and reducing bad debt.	(900)
Corporate Items	Finance and Resources OSC	B/F_Improvements in Debt Management – Review Debt Management Process with a view to improving collection and reducing bad debt.	(1,000)
Corporate Items	Co-ordinating OSC	Traded Services – Review of traded services with a view to greater commercialisation and reduced GF subsidy)	(1,500)
Corporate Items	Co-ordinating OSC	B/F_Traded Services - Review of traded services with a view to greater commercialisation and reduced GF subsidy)	(1,600)
Corporate Items	Finance and Resources OSC	Repayment of Borrowing Following Asset Disposal Resulting in Reduced Debt Management Costs (Reversal of one-off savings from previous years)	4,500
Corporate Items	Finance and Resources OSC	Release Highways policy contingency for one year – Accounting Adjustment (Reversal of one-off savings from previous years)	800
Corporate Items	Economy and Skills OSC	B/F_Corporate Landlord (Efficiencies in Asset Management through Consolidation and Rationalisation of Council Assets/ Buildings)	(500)
Corporate Items	Co-ordinating OSC	Automation – Use of Robotic Process Automation Technology to automate manual processes and reduce manual handling, leading to efficiencies in process and savings on time/resource required to deliver services.	(1,000)
Corporate Items	Co-ordinating OSC	B/F_Automation - Use of Robotic Process Automation Technology to automate manual processes and reduce manual handling, leading to efficiencies in process and savings on time/resource required to deliver services.	(850)
Corporate Items	Co-ordinating OSC	Reducing Workforce (Centres of Excellence) – Consolidation of similar roles and teams to reduce duplication of effort and achieve efficiency in resource/process	(1,791)

Corporate Items	Co-ordinating OSC	Automation (Voice Automation) – Use of voice automation technology to reduce volume of manual call handling, leading efficiencies and better customer services.	(1,000)
Corporate Items	Finance and Resources OSC	Automation (Oracle Optimisation) – Use of new oracle system to generate process efficiencies	(500)
Council Management	Finance and Resources OSC	Digital advertising on key assets to generate additional income	(200)
Council Management	Finance and Resources OSC	Operational Hub Programme – rationalisation of assets.	(161)
Council Management	Finance and Resources OSC	Application platform modernisation.	(11)
Council Management	Finance and Resources OSC	3% Turnover factor (Vacancy management)	(4,265)
Council Management	Finance and Resources OSC	Review all BCC leased properties and reduce cost of lease payments for assets	(460)
Council Management	Finance and Resources OSC	System Efficiencies	(600)
Council Management	Neighbourhoods OSC	Customer Services – Bereavement. Improvements in service design to deliver efficiencies	(460)
Council Management	Neighbourhoods OSC	B/F_Customer Services - Bereavement. Improvements in service design to deliver efficiencies	(250)
Council Management	Neighbourhoods OSC	Customer Services - Garden Waste. Introduce autorenewal and other process improvements to maximise levels of annual subscriptions.	(40)
Council Management	Neighbourhoods OSC	B/F_Customer Services - Garden Waste. Introduce autorenewal and other process improvements to maximise levels of annual subscriptions.	(40)
Council Management	Neighbourhoods OSC	Customer Services - Markets	(50)
Council Management	Neighbourhoods OSC	B/F_Customer Services - Markets	(50)
Council Management	Neighbourhoods OSC	Customer Services - Pest Control	(50)
Council Management	Neighbourhoods OSC	B/F_Customer Services - Pest Control	(50)
Council Management	Finance and Resources OSC	Development & Commercial - Digital advertising income and offer up of growth	(60)
Council Management	Finance and Resources OSC	Procurement - 2020/21 Expenditure Budget covered by funding	(106)
Council Management	Finance and Resources OSC	Audit - increase trading opportunities with Police, Housing Associations and Acivico	(60)
Council Management	Finance and Resources OSC	Finance - refinancing legacy systems	(700)
Council Management	Finance and Resources OSC	Personal Assistant Allocation - review use of Personal Assistant Support	(200)
Council Management	Finance and Resources OSC	Business Support Efficiencies	(50)

Council Management	Finance and Resources OSC	Customer Services Efficiencies	(50)
Council Management	Finance and Resources OSC	Review Human Resources Target Operating Model - reduce posts that are vacant	(170)
Council Management	Finance and Resources OSC	Human Resources reduce growth request in Medium Term Financial Plan (MTFP)	(113)
Place, Prosperity & Sustainability	Economy and Skills OSC	B/F_CAB Premises - excluding Council House. Reduced costs associated with Council Admin Buildings	(1,314)
Place, Prosperity & Sustainability	Economy and Skills OSC	CAB Premises - excluding Council House. Reduced costs associated with Council Admin Buildings	(2,431)
Place, Prosperity & Sustainability	Economy and Skills OSC	CAB Premises - Council House Commercialisation Income generation through improved commercial offer including banqueting and events.	(50)
Place, Prosperity & Sustainability	Economy and Skills OSC	Commercial Property - Lease Event Opportunities Review of commercial property leases – includes rent reviews and extension options	(600)
Place, Prosperity & Sustainability	Economy and Skills OSC	Commercial Property - Active Investment Additional income through investment in Public Works Loan Board (PWLB) compliant commercial property	(2,250)
Place, Prosperity & Sustainability	Economy and Skills OSC	Commercial Property - Blended Approach Investment and Lease Events Additional income generated through a combination of lease reviews and investment	(2,500)
Place, Prosperity & Sustainability	Sustainability and Transport OSC	Street Work Permits - moved directorate	100
Place, Prosperity & Sustainability	Economy and Skills OSC	3% Turnover factor (Vacancy management)	(666)
Place, Prosperity & Sustainability	Economy and Skills OSC	Review all £5-10k leases – with a view to optimising lease income.	(150)
Strategic Equals & Partnership	Finance and Resources OSC	3% Turnover factor (Vacancy management)	(116)
Strategic Equals & Partnership	Finance and Resources OSC	Efficiencies amongst non-staffing budgets	(116)
Corporate Items	Co-ordinating OSC	B/F_New Ways of Working_Fieldworker. Rolling out field worker module to allow staff working in the field to update host systems directly rather than returning to office to update	(800)
Adult Social Care	Health and Adult Social Care OSC	Fees & Charges 5%	(1,458)
Children & Families	Education, Children and Young People	Fees & Charges 5%	(2,006)
Council Management	Finance and Resources OSC	Fees & Charges 5%	(2,073)
City Ops	Neighbourhoods OSC	Fees & Charges 5%	(1,530)
City Housing	Homes OSC	Fees & Charges 5%	(592)
Place, Prosperity & Sustainability	Economy and Skills OSC	Fees & Charges 5%	(83)
		Total	(64,619)

Caveats:

- Many targets fit into multiple O&S portfolio, such as Fees & Charges, vacancy factor, thus for simplicity we have allocated to the O&S Committee where most of the target is more likely to fall.
- Some services also fall into more than one O&S portfolio – we have allocated the full target for these to the committee of higher alignment rather than split amounts.
- The total savings that need to be delivered in the 23/24 financial year may increase. Finance is currently working to close the 22/23 financial year accounts – this includes final assessment of savings delivery for the last financial year. Any further undelivered savings in 22/23 will need to be brought forward and found in 23/24 thereby increasing the overall target for 23/24.

Criteria for determining the RAG status of savings

Assessment Criteria	Delivered	Low Risk	Medium Risk	High Risk
Savings RAG	Saving or income realised and evidence provided that costs have been reduced or income increased.	Saving or income detail documented and robust plan in place to deliver agreed targets, showing when and who is responsible. - and / or - Saving / income will be delivered within agreed timeframes.	Saving or income lacks some clarity and / or not detailed at an adequately granular level, or at risk, but agreed plan in place to resolve and being actively managed. - and / or - Some risk of not delivering saving within agreed timeframe, leading to cost of slippage.	Limited confidence in agreed saving / income being delivered - and / or - Saving / income unclear and / or not specified at adequate granular level. - and / or - Inadequate plan / no plan agreed. - and / or - <i>Saving not yet agreed by Directorate / Service Manager</i> - and / or - Major risk of not delivering saving / income within agreed timeframe, leading to cost of slippage.
Headcount Example	Officer has departed, budget has been reduced and posts have been deleted from the approved establishment.	Timescales and the specific posts to be vacated / deleted have been agreed.	Budget Manager has confirmed that posts (to agreed value and timing) will be vacated and deleted from budget.	Headcount saving proposed, but no clarity RE timescales/ posts.

Report to all Elected Members of Birmingham City Council
Under
Section 114 (3) of the Local Government Finance Act 1988
By
Fiona Greenway CPFA
Interim Director of Finance (Section 151 Officer), Birmingham City Council
Date of Report: 5th September 2023

Purpose of Report

1. Members of the Council are asked to consider this report by the Section 151 Officer (the Chief Finance Officer). The report is made under section 114 (3) of the Local Government Act 1988 because the Section 151 Officer is of the opinion that:
 - a. The Council is currently in a negative General Fund position. That is because of the cost of providing for Equal Pay claims, that the Council is now legally obligated to recognise, will result in exceeding the financial resources available to the Council. This means that spend due within that period exceeded the financial resources available to the Council in that same period.
 - b. The Council has insufficient resources to meet that expenditure and the Council is not currently able to agree a solution that will allow suitable funding or financing to be obtained for this liability.

2. This report is being issued now because of the following individual factors:
 - a. Correspondence from External Audit on 1st September 2023 which raises concerns around the provisions for Equal Pay in prior year accounts, 2020/21 and 2021/22, being materially understated which means the Council would have exhausted its General Fund balance on an accounting basis.
 - b. Further confirmation of the historic value of the potential Equal Pay liability impacting prior years, which is becoming more evident that it is unaffordable for the council based on existing available reserves. Since the announcement of the Equal Pay liability we have received additional correspondence to put the Council on notice of further litigation from recognised Trade Unions and claimant lawyers.
 - c. Correspondence from External Audit on 1st September 2023 also enquires around the likelihood of the Council being able to generate savings, additional revenue income, and/or capital receipts to mitigate the financial challenges.
 - d. A projected deficit of £87m for the 2023/24 financial year, for which the Council does not have sufficient reserves based on the Equal Pay liability above, which is forecast to grow in the 2024/25 financial year.
 - e. Concerns over the speed and effectiveness of the mitigations which have been put in place to address the in-year budget challenges, and the ability of the Council to address our financial position. We must now make challenging financial decisions and stop non-essential spending.
 - f. Extensive discussions with External Auditors, regulatory stakeholders, and leading Kings Counsel who have confirmed our assessment of our financial position (i.e. liabilities exceeding assets) and statutory position (i.e. the requirement to issue a S114). This advice has confirmed the points raised above and the case for issuing a S114 notice.

3. As a result the Council is unable to finalise the provisions for Equal Pay set out in the 2020/21 and 2021/22 draft accounts, nor can I write the supporting going concern statements for these financial years, nor can I make a Section 25 statement in the Local Government Act 2003, nor

can I approve accounts for three financial years (2020/21, 2021/22, and 2022/23). Following extensive discussions with External Auditors and other regulatory stakeholders over the last few months, I have come to this conclusion.

4. The Section 114 Notice is issued following statutory consultation with both the Chief Executive (Head of Paid Service) and the Monitoring Officer. At the date of this report that consultation has taken place. Following the issuance of the Section 114 Notice the Council has 21 days to hold a meeting of Full Council to consider the report from the Section 151 Officer and decide how it will respond.
5. The purpose of this Section 114 report is to make it clear to Members of the Council that immediate steps must be taken to mitigate the financial consequences of Equal Pay claims. This means agreeing a plan which provides a route to bringing the General Fund back to a positive position and assurance that this will be successfully delivered. This should include:
 - a. An appropriate savings plan;
 - b. Full assessment of the capital programme (including delaying existing projects and reviewing assets for sale); and,
 - c. Engagement with Central Government via the Department for Levelling Up, Housing and Communities (DLUHC), resulting in a formal request for Exceptional Financial Support (EFS).

Recommendations

6. That Elected Members of Birmingham City Council must consider this report by Fiona Greenway, Interim Director of Finance (Section 151 Officer/ Chief Finance Officer) issued under Section 114 (3) of the Local Government Finance Act 1988.
7. That this report must be considered at an extraordinary meeting of Full Council, held no later than the end of 21 days (the maximum allowable period set out within the Local Government Finance Act 1988) from the date of issue of this report.
8. That Birmingham City Council (by which this means a meeting of Full Council) must decide whether it agrees or disagrees with the views documented within this report and outline what action it proposes to take because of this report.

Summary of key issues

9. This report is being issued now for the following reasons:
 - a. Officers informed Cabinet on 28 June 2023 that the potential cost of new Equal Pay claims (brought about as a result of existing claims of job enrichment and evidence of task and finish practices taking place in some teams) would be between £650 million and £760 million. This advice made clear that the Council does not have sufficient resources to cover this potential liability. It is likely that the Council will need to recognise this liability in the current or previous financial years which will result in a negative General fund balance. This is an unsustainable financial position for the Council to be in.

- b. In Q1 of FY23/24, the Council forecasted an overspend of £87m for the financial year, which was reported to Cabinet on 25th July 2023 and sets the context of the gravity and urgency of the Council's financial challenge. In the interim period a series of mandatory 'S114 like' spending controls have been in place across the Council to restrict exceptional spend. Progress made against the projected overspend has started, however pace of delivery needs to increase.
- c. Further, work has been ongoing on developing a savings programme to address the in-year budget gap for FY23/24, which is an issue to the Council regardless of the potential Equal Pay liability.
- d. The council's external auditor has now indicated that it expects the potential EP liability to be recognised in 2020/21 and 21/22. Based on current estimates it is expected there will be a negative General Fund balance. As such the Council's expenditure is now greater than the resources available to it (including reserves).

Consequences of a Section 114 Notice

10. The issuing of the Section 114 report has the following impact on the work of the Council:

- a. Elected Members must by law agree to cease all non-essential expenditure and reduce the Council's operational and service delivery costs immediately.
- b. Financial Controls will be exercised by a S151 Spend Control Board. Based on this S114 report, from this date this S151 Spend Control Board will be chaired by the Section 151 Officer. The controls will mean that from this date:
 - i. The Council is prevented, without explicit agreement of the Section 151 Officer, from entering into any new agreement or commitment for expenditure until Full Council has met to consider the Section 114 report. These controls may be re-applied after the date of this Full Council meeting.
 - ii. Temporary Measures are now in force such that all non-essential expenditure will now stop with immediate effect without written confirmation from the Section 151 Officer. For avoidance of doubt, non-compliance with this requirement will be considered a disciplinary matter by the Council. This supersedes all previous guidance on non-essential expenditure, with no exclusions or delegations of authority to Corporate Leadership Team (CLT).
 - iii. The controls outlined in (i) and (ii) will apply to all services being delivered through companies controlled by the Council, or where the Council supplies funding to companies that are jointly or partly owned by the Council.
 - iv. The Financial Controls apply to all Council services, including statutory services, services delivered through controlled companies and connected entities. A framework will be set in place to ensure this happens whilst ensuring that key services to children and vulnerable people are not affected because of these controls.
 - v. Spending Controls will now remain in place for the foreseeable future, with a Financial Recovery Plan reported to Full Council on a quarterly basis moving

forwards. This is not a plan that is developed in isolation by Finance, but a plan that is created and owned by all Directorates and Members.

- vi. Due to the significant potential Equal Pay liability, and no route for financing or limiting this liability, the Council's Capital Financing Requirement will need to be reviewed and re-calculated as a potential route to financing the liability. This means that no further loans will be sought from the Public Works Loan Board (PWLB) unless these are to be applied for capital purposes for which the Council is in contract, for the replacement of existing maturing loans, the maintenance of working capital, or other specified matters agreed by the PWLB in conjunction with DLUHC and the Section 151 Officer.
 - vii. Financial controls will generally have an adverse impact on the profit and loss accounts of various accounts and entities in receipt of support from the Council. The boards of these companies may look to the Council to make up for the lost funding from revenue resources. However, based on the current financial position of the Council, and the issuance of a S114 notice, the Council is unlikely to be able to consider provision of such support.
 - viii. If Financial Controls are not adhered to, or do not achieve the required outcomes, a further S114 notice will need to be issued.
- c. The Council has already implemented Financial Controls on spending – these are detailed in the report to Cabinet on 25 July of this year (entitled Medium Term Financial Plan (MTFP) Refresh – update to Cabinet at Quarter 1 of the 2023/24 Financial Year). This report extends these controls, such that, **the Council is prevented, without explicit agreement of the Section 151 Officer, from entering into any new agreement or commitment for expenditure until Full Council has met to consider the Section 114 report.**
 - d. Depending on the outcome of the Full Council meeting, these Financial Controls may need to remain in place until a solution is found to fund the costs of these Equal Pay claims. This is because the Council will lack the resources to maintain spending in all areas moving forward.

Financial Situation

- 11. As announced on 28 June 2023, following refreshed analysis it is estimated that as of the 31 March 2023 the Council's current potential Equal Pay liability is in the region of £650-760m. Detailed calculations are now being finalised for inclusion within the accounts for the 2020/21, 2021/22 and 2022/23 financial years, but they are material enough to warrant disclosure now.
- 12. Officers have begun consultation with the Department for Levelling Up, Housing and Communities (DLUHC). Potential support could enable the Council to make local arrangements to finance the cost, but would still require the Council to set a balanced budget and therefore make significant additional savings.
- 13. To enable the Council to cover the costs of any future loans, budget savings would need to be made. To address this challenge the Council has:
 - a. **Implemented Mandatory Spending Controls** for all non-essential expenditure. Mandatory spending controls mean that no new agreements or commitments for all

expenditure (including revenue, workforce, and capital) can be made unless specific criteria are met. Individual Directorate arrangements have acted as a first line of defence for the application of criteria, with a Finance Governance Board (chaired by the Leader with a panel of Members, including Independent Financial Advisor) in place to discuss exceptional spend decisions above £200k. This has now been in place since July, and we have seen additional control over exceptional spend. However, there is still a large value of spend being incurred across the Council in relation to the delivery of services against the criteria outlined as allowable expenditure.

- b. **Developed a Robust Budget Savings and Recovery Plan** which is a multi-workstream plan to address both in-year financial challenges and the longer-term transformational changes required to reduce the cost base for delivery of services across the Council. This plan has a number of identified workstreams and Directors have commenced developing saving opportunities with their teams. However, the savings identified will not be sufficient to address the significant Equal Pay liability.

14. This action has not yet been sufficient enough to mitigate Equal Pay pressures or tackle a range of existing budget pressures. These budget pressures are detailed in the report to Cabinet on 25 July of this year (entitled Medium Term Financial Plan (MTFP) Refresh – update to Cabinet at Quarter 1 of the 2023/24 Financial Year).

Legal Framework

15. Section 114 (3) requires that: “The chief finance officer of a relevant authority shall make a report under this section if it appears to him that the expenditure of the authority incurred (including expenditure it proposes to incur) in a financial year is likely to exceed the resources (including sums borrowed) available to it to meet that expenditure.”
16. The process for issuing a Section 114 report and the effect of it are set out in various sections under the 1988 Act. Subsection 3(A) requires the chief finance officer to consult, so far as reasonably practicable, the Head of Paid service and the Monitoring Officer. Both of these statutory officers have been fully briefed and consulted in the preparation of this report.
17. Section 115 of the 1988 Act requires Full Council to consider and decide on the report made under Section 114 within 21 days beginning on the day the report is issued. Full Council must consider the report at a meeting where it shall decide whether it agrees or disagrees with the views contained in the report and what action (if any) it proposes to take in consequence of it.
18. Section 115 (6) states that pending consideration of the report by Full Council, there is a prohibition period which runs from the date the report is made to the date of the Full Council meeting. During this period, the Council must not enter into any new agreement which may involve the incurring of expenditure (at any time) by the authority unless the chief finance officer of the authority authorises it to do so.
19. Subsection (6A) states the chief finance officer may only give authority for the purposes of subsection (6) if he considers that the agreement concerned is likely to: a. prevent the situation that led him to make the report from getting worse, b. improve the situation, or c. prevent the situation from recurring.
20. Subsection (6B) requires that authority for the purposes of subsection (6) shall:

- a. be in writing,
 - b. identify the ground on which it is given, and
 - c. explain the chief finance officer's reasons for thinking that the ground applies.
21. Subsection (8) states that if subsection (6) is not complied with, the Council shall be taken not to have had power to enter into the agreement (notwithstanding any option to do so under contract or otherwise). Therefore, the Council's actions will be deemed unlawful.
22. Section 116 requires the Council to notify its external auditors of the report and the time, date and place of the full Council meeting. The external auditors also need to be informed of the outcome of the meeting as soon as practicable. The external auditors have been kept informed of the emerging financial position and the planned work. The external auditors will need to consider the implications of this report on their statutory functions and the implications for their opinion on the 2019/20 and subsequent accounts which remain unaudited at the date of this report.
23. The Council's legal duties around budget setting are set out in Section 31A of the Local Government Finance Act 1992, which states:
- a. In relation to each financial year a billing authority in England must make the calculations required by this section.
 - b. The authority must calculate the aggregate of:
 - i. the expenditure which the authority estimates it will incur in the year in performing its functions and will charge to a revenue account, other than a BID Revenue Account, for the year in accordance with proper practices.
 - ii. such allowance as the authority estimates will be appropriate for contingencies in relation to amounts to be charged or credited to a revenue account for the year in accordance with proper practices.
 - iii. the financial reserves which the authority estimates it will be appropriate to raise in the year for meeting its estimated future expenditure.
 - iv. such financial reserves as are sufficient to meet so much of the amount estimated by the authority to be a revenue account deficit for any earlier financial year as has not already been provided for.
 - v. any amounts which it estimates will be transferred in the year from its general fund to its collection fund in accordance with regulations under section 97(2B) of the 1988 Act,
 - vi. any amounts which it estimates will be transferred in the year from its general fund to its collection fund in accordance with section 97(4) of the 1988 Act; and
 - vii. any amounts which it estimates will be transferred from its general fund to its collection fund pursuant to a direction under section 98(5) of the 1988 Act and charged to a revenue account for the year.

Next Steps

24. The requirement of this S114 (3) notice is that an Extraordinary Meeting of the Full Council must happen within 21 days at which the Council must agree a response that addresses the issues outlined within this report. Full Council must consider whether it agrees or disagrees with the views contained within this report and determine action (if any) it proposed to take as a consequence. A failure to do so within the 21 days will lead to the issuance of a further s114 report.

25. As mentioned above, the Council needs to resolve funding the existing and accruing Equal Pay liability as well as address the Medium-Term Financial Plan Budget Gap for 2023/24 onwards.
26. The Financial Controls referred to in this report will operate from the date of this report. Elected Members must by law agree to cease all non-essential expenditure and reduce the Council's operational and service delivery costs immediately.
27. The timeline for activity over the coming months is as follows:
 - a. 5th September 2023 – Issue S114 Notice
 - b. Extraordinary Full Council Meeting by 26th September 2023 latest
 - c. Statutory deadline for Full Council to agree a response to this report by 26th September 2023 latest
28. Negotiations with DLUHC will continue over the coming months to determine an approach to financing the liability.

Fiona Greenway CPFA

Interim Director of Finance (Section 151 Officer), Birmingham City Council

5th September 2023

HEALTH & ADULT SOCIAL CARE OVERVIEW & SCRUTINY COMMITTEE ACTION TRACKER – 2023/24.

Date of Meeting	AGENDA ITEM	ACTIONS		Update
06/06/2023.	Develop the HASC Overview & Scrutiny Work Programme for year 23/24.	<ul style="list-style-type: none"> - To work with City Observatory who will provide information, data, and update in line with the Committee’s Work Programme objectives and needs. - CQC approaches and priorities, and timescales for inspections: Performance information on Adult & Social Care services. - Task and Finish work activities will need to be incorporated within the O&S Committee calendar for the year. - Update from the Independent Care home sector to the Committee on Adult and Social Care homes contract performance. - The Chair, Deputy Chair, Scrutiny Team and Officers from the Strategy, Equality and Partnerships (SEP) Directorate will meet to draw up an outline work programme based on discussions on 		<p>City Observatory officers attended June meeting to provide update on ASC performance scorecard. To provide regular updates (dates TBC).</p> <p>Maria Gavin, AD, ASC to attend July meeting to provide information. Prof. Betts provided update at the July meeting on her behalf.</p> <p>Scrutiny Officers – Dates for T&F groups agreed. Update in September meeting.</p> <p>As part of the Committee’s remit across all Adult Social Care and NHS Services (including the 5 main NHS Trusts), as part of its Health Scrutiny function.</p>

		<p>issues from 6th June meeting and come back with this at the next meeting.</p> <ul style="list-style-type: none"> - HASC OSC Members to consider looking at key priorities not just over the year, but over a two- or three-year period to get a fuller picture of key NHS functions such as Quality Accounts and Complaints procedure to inform service improvement 		<p>Refer to work programme. To incorporate as part of Health Scrutiny function.</p>
04/07/2023	<p>ICB Governance: Place-Based Committees and Decision-making powers.</p>	<p><u>Key recommendations agreed at HASC meeting of 4th July for action.</u></p> <ol style="list-style-type: none"> 1. Place-Based Board: The ICB provides clarity on the decision-making powers at Board, Place, Neighbourhood and Locality levels and the degree to which powers and decisions will be delegated to Neighbourhood and Locality level. The ICB sets out the timescales and milestones to achieve the delegated powers to neighbourhood and locality level. 2. The ICB sets out the timescales and milestones to achieve the delegated powers to neighbourhood and locality level. The Committee recognises that the ICS is an evolving system however, members want to understand: <ul style="list-style-type: none"> • The timescales to establish fully devolved powers and the key milestones to achieve this. 		<p>Feedback received from B/Sol ICB and forwarded to members 6th Sept.</p>

		<ul style="list-style-type: none"> • The resources and infrastructure that will be put in place to enable meaningful engagement and co-ordination at neighbourhood and locality level with local people and existing arrangements e.g. Community Navigators and Community Connectors <p>3. The ICB sets out how elected members will be engaged in the neighbourhood and locality levels. The ICB sets out how elected members will be engaged in the neighbourhood and locality levels. The Committee recommend that the ICB explores how locality Team and Primary Care Networks engage with ward forums. This could initially be tested in the accelerator localities.</p> <p><u>Recommendations to the Director of Adult Social Care to raise with the CQC:</u></p> <p>4. That the CQC takes the opportunity of the pilot inspection of Birmingham City Council to explore how to best apply and adapt an inspection process to super diverse city with very large population. Members we particularly keen to understand how the inspection will engage with service</p>		<p>(Recommendations 4-6: Feedback received from AD ASC, Maria Gavin and sent to HASC Members 6th Sept).</p>
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		<p>users from different communities to understand the lived experience of the diverse population.</p> <ol style="list-style-type: none"> 5. The ICB sets out the timescales and milestones to achieve the delegated powers to neighbourhood and locality level. The Committee recognises that the ICS is an evolving system however, members want to understand: 6. That the findings and report from the pilot inspection is shared with the Committee to inform the work programme and enable members to add value to the service improvement journey for Adult Social Care. <p><u>Other Actions to come back to HASC:</u></p> <p>CQC Inspection on Adult & Social Care: Findings and report from the pilot inspection is shared with the Committee to inform the work programme and enable members to add value to the service improvement journey for Adult Social Care</p> <p>Community Integrator Model: Share copy of Birmingham Community Healthcare Trust (BCHC) paper from ICB on options for Community Integrator Model.</p>		<p>Pilot inspection held mid-August 2023. Awaiting CQC report.</p> <p>Report received from ICB and shared with HASC members (sent 25.8)</p>
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04/07/2023.	Commissioning Services contracts.	Substance misuse recommissioning process: Committee to have input in proposals to cabinet		HASC feedback sent to Karl Beese to include in commissioning proposals to cabinet on 31/7.

Birmingham City Council and Sandwell Council Health Overview and Scrutiny Committee

Date 19 September 2023



Subject: Membership of the Birmingham and Sandwell Joint Health Overview and Scrutiny Committee.

Report of: Christian Scade, Head of Scrutiny and Committee Services.

Report author: Adewale Fashade, Interim Overview and Scrutiny Officer.

1 Purpose

- 1.1 To consider the membership of the Birmingham and Sandwell Joint Health Overview and Scrutiny Committee.

2 Recommendations

- 2.1 To note the membership of the Birmingham and Sandwell Joint Health Overview and Scrutiny Committee for 2023/24.

3 Membership.

- 3.1 The arrangements for the Joint HOSC membership are shown below:
- 3.2 **Birmingham CC and Sandwell Council Joint HOSC:** Membership of the Joint HOSC will be nominated by the Birmingham City Council and Sandwell Council.
- 3.3 Membership of the Joint Scrutiny Committee will reflect the political balance of each local authority. For a committee of ten members the ratio for Sandwell is (4:1) members and for Birmingham it is 3:1:1.

4 Any Finance Implications

- 4.1 No direct financial implications

5 Any Legal Implications

- 5.1 No direct legal implications

6 Any Equalities Implications

- 6.1 The Council has a Public Sector Equality Duty under the Equality Act (2010) to have due regard to the need to:
- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act;
 - Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- 5.2 The Committee should ensure that it addresses these duties by considering them during work programme development, the scoping of work, evidence gathering and making recommendations. This should include considering: How policy issues impact on different groups within the community, particularly those that share a relevant protected characteristic; Whether the impact on particular groups is fair and proportionate; Whether there is equality of access to services and fair representation of all groups within Birmingham; Whether any positive opportunities to advance equality of opportunity and/or good relations between people are being realised.

7 Appendices

- 7.1 None

**Joint Health Overview and Scrutiny Committee
Birmingham CC and Sandwell MBC November
2022 (Updated July 2023)**

Terms of Reference

1. General Terms of Reference

1.1 The Joint Health Scrutiny Committee has been convened to scrutinise:-

- (a) monitor and respond to substantial variations (changes and reconfigurations) in service delivery proposed by Sandwell and West Birmingham Hospitals NHS Trust, including proposed consultation frameworks;
- (b) services delivered by Sandwell and West Birmingham Hospitals NHS Trust ;
- (c) progress towards completion of work on the Midland Metropolitan Hospital;
- (d) proposals coming forward from the Black Country Integrated Care System and the Birmingham and Solihull Integrated Care System affecting both areas;
- (e) any other cross boundary health issues as agreed by the two chairs.

1.2 No matter to be discussed by the Committee shall be considered to be confidential unless exempt under Schedule 12A of the Local Government Act 1972 as amended by the Local Government (Access to Information) (Variation) Order 2006.

2. Key Considerations

2.1 In relation to 1.1(a), above, the Joint Health Scrutiny Committee will have regard to the four requirements for lawful consultation in reaching its conclusions in relation to:-

- at the formative stage, the consulting body must have an open mind on the outcome;
- there must be sufficient reasons for the proposals, and requests for further information should be supported;
- adequate time should be allowed for consultation with all stakeholders;
- there should be evidence of conscientious consideration of responses by the consulting body.

- 2.2 The Joint Health Scrutiny Committee will consider the options presented as part of any proposed substantial service changes and implications they might have on the individual local authorities.
- 2.3 The Joint Health Scrutiny Committee will scrutinise and review any consultation framework to ensure that it is adequate and robust and that it captures the views of both service users and the public.

3. Timescales and Governance

- 3.1 The Joint Health Scrutiny Committee was reconstituted during October/November 2021 and will meet as and when required to ensure thorough scrutiny of the issues listed in paragraph 1.1, above and will continue whilst proposed service changes that affect both areas are contemplated.
- 3.2 Any issues listed under paragraph 1.1(a) above will only be scrutinised by the Joint Health Scrutiny Committee and not the constituent authorities.
- 3.3 Ideally, any other issues listed under paragraph 1.1 will only be scrutinised by the Joint Health Scrutiny Committee.
- 3.4 Any response or recommendations to services outlined in paragraph 3.1 and 3.2 above will only be agreed by the Joint Health Scrutiny Committee and signed by both Chairs. It will not need the endorsement or agreement of the individual constituent authorities. Should agreement not be reached over recommendations a minority report will be attached to the recommendations.
- 3.5 Meetings of the Joint Health Scrutiny Committee will be conducted under the Standing Orders of the host Local Authority (i.e. the Local Authority Chairing the meeting and providing democratic services support).
- 3.6 These terms of reference will be revisited and reconsidered by the Joint Health Scrutiny Committee at its first meeting of each municipal year.

4. Membership

- 4.1 Membership of the Joint Health Scrutiny Committee will be nominated by the Sandwell and Birmingham scrutiny committees

that have responsibility for discharging the statutory health scrutiny function.

- 4.2 Membership of the Joint Health Scrutiny Committee will reflect the political balance of each respective authority. For a committee of ten members the ratio for Sandwell is (4:1) and for Birmingham it is (3:1:1).
- 4.3 The responsibility for chairing meetings will alternate between Birmingham and Sandwell, with the Chair of the hosting authority chairing the meeting. The location of meetings is to be rotated between the two authorities. In the absence of a chair of a meeting, the other chair, if present, takes the chair. In the absence of both chairs, a chair will be elected from those members at the meeting.
- 4.4 The quorum for meetings will be four members, comprising two members from each authority.
- 4.5 There are to be no co-opted members.

5. Support Arrangements / Resources

- 5.1 The work of the Joint Health Scrutiny Committee will require support in terms of overall co-ordination, setting up and clerking of meetings and underpinning policy support and administrative arrangements.
- 5.2 Venues for meetings are to be rotated between Sandwell MBC and Birmingham City Council with associated administrative costs to be borne by the respective Authority. Responsibility for administrative/ policy support and clerking arrangements is also to be alternated between the two authorities. The nature of the tasks involved in supporting the Committee is set out below.

Support	Nature of tasks
Overall Co-ordination of the Joint Health Scrutiny Committee's work, Policy Support and Administrative Support	<ul style="list-style-type: none"> • Manage the Committee's work programme. • Ensure key action points arising from Committee discussions are followed. • Maintain ongoing dialogue and communication with Healthcare Trusts, commissioners and providing health organisations.

	<ul style="list-style-type: none"> • Maintain ongoing dialogue and communication between the two Local Authorities. • Provide policy support as required by the Committee. • Produce briefing papers as required. • Undertake any other support tasks e.g. writing letters, inviting witnesses etc. • Drafting joint response.
Clerking of meetings	<ul style="list-style-type: none"> • Set up meetings and associated tasks. • Maintain schedule of meetings. • Publication of agenda and related documentation. • Take notes of meetings and distribute these. • Provide advice in relation to scrutiny procedures.

Approved by: Councillor Elaine Giles (Sandwell Chair)

Councillor Mick Brown (Birmingham Chair)

Members of the Joint Health Scrutiny Committee

Date approved: 29 November 2022

Birmingham City Council

Health, Adult and Social Care Overview and Scrutiny Committee

Date 19th September 2023



Subject: Draft Birmingham and Solihull Enabling Primary Care Strategy

Report of: Anna Hammond, Director of GP Provider Support
Dr Sunando Ghosh, Chair General Partnership Board

Report author: Paul Sherriff, Chief Officer Partnerships Integration
Ravy Gabrria-Nivas, Head of Operations

1 Purpose

The Birmingham and Solihull General Practice Partnership Board (Strategic Advisory Board to NHS Birmingham and Solihull Integrated Care System) is currently asking all key stakeholders for their views on the draft Enabling Primary Care strategy, which sets out the shared vision for the future of the sector.

Background

National and Local Context for Change

Within the last year, there have been major policy drivers to inform change within primary care. The Fuller Stocktake Report establishes a new vision for primary care, and the Hewitt Review supports these recommendations with a focus on system-wide enablement.

Relatedly, the national recovery plans for both primary care access, and urgent and emergency care (UEC) services have driven the way we have structured our ICS operating framework. NHS England and supporting policy has emphasised the importance of joined-up delivery plans across the ICS to drive recovery and resilience across the system, so that any planned changes in secondary care must interface seamlessly with primary care.

Central to the ICS's agenda is the development of partnerships that support innovation and accelerate change. The main vehicle for delivering this transformation is system working and the development of BSoL's provider collaborative programmes. The primary care strategy aims to provide the foundation for primary care collaboration, and therefore scalable planning, delivery and management whilst ensuring direction-setting remains local.

Development of the BSol Enabling Primary Care Strategy

The draft strategy reflects extensive sector engagement and community listening events. Key themes have been identified as the case for transformation as set out below:

- **Meeting demand and integrating care** - A fragmented sector experiencing unprecedented demand must collaborate and integrate to address the factors and pressures that are driving demand pressures.
- **Embedding and allocating resource** - General practice wants to be embedded into the system as an equal provider partner that can influence policy development, inform service change and strategic investment decisions.
- **Leading change and supporting delivery** - Primary care leaders need capacity, opportunities to build capability and a coherent central support offer to deliver effectively.

The sector's biggest challenge, through a range of factors, is meeting increasing demand, whilst attempting to retain a focus on prevention and maintaining continuity of care.

In tackling increasing demand, improving access is not solely an issue for primary care. We have therefore set out the importance of system collaboration at locality and neighbourhood levels with community, secondary care and VCFSE partners.

Measuring success

To date, we have measured used a range key performance indicators (KPIs) as interim metrics. Going forwards, however, we will define a new set of meaningful outcome measures that allow us to evaluate this strategy's success.

Engagement

Engagement with, the sector's strategy is now reaching the final stages of its development. Further system and sector engagement is required to ensure the strategy is clear, is relevant and is reflective of the sector's ambitions and the system's commitments to transformation the way primary care works.

2 Recommendations

For engagement for the HASC on the key themes as set out within draft BSol Enabling Primary Care Strategy.

3 Any Finance Implications

N/A

4 Any Legal and Financial Implications

N/A

5 Any Equalities Implications

An Equality Impact Assessment is currently being undertaken and will inform the final strategy.

6 Appendices

- Appendix 1 - Summary Enabling Primary Care - A strategy for enabling primary care across BSOL ICB.
- Appendix 2 - Enabling Primary Care - A strategy for enabling primary care across BSOL ICB.



**Birmingham and Solihull
Integrated Care System**
Caring about healthier lives

Enabling Primary Care

A summary of the strategy for enabling primary care across BSOL ICS

Working Draft: Version 2.0

JULY 2023

DRAFT

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Introduction



1

Where we are now

Understanding the challenges being faced in primary care

2

What we'll do together

Describing what it will take from the system and from general practice to drive change

3

How we'll make it happen

Setting out the roadmap and next steps for how we will transform the sector together

Understanding the challenges faced in primary care

Population growth

The population across BSOL is growing quickly. People are older and more complex than ever, with lots of wider social issues alongside medical ones.

Demand outpacing supply

General practice is putting on over 100,000 more appointments per month that it did before COVID, but demand keeps rising. This means that sector leaders don't have time to transform because of demand in their day jobs.

Financial pressure

There is increased financial pressure and uncertainty, with start-and-stop funding arrangements making service transformation hard to plan.



Fragmentation

General practice doesn't feel like an equal partner within the ICS and its decision-making processes.

Digital and data

It's hard to see patients' records, access their notes and share data between system partners, so providing joined-up care is more difficult than it needs to be.

Patient and staff experience

Patient experience within primary care in BSOL is low, with fewer positive experiences reported. Similarly, high demand, more admin work and less time are also driving low staff morale.

Limited estates

There isn't enough space to serve the growing population, let alone transform services – practices are struggling to cope with their current facilities.

What our vision is for the future of primary care

Better access for patients

Developing appropriate access and capacity to help people get appointments without queuing, renew prescriptions, and work with partners to reduce health inequalities across BSOL.

More time for care

Providing right access first time will free up capacity so GPs and professionals can spend more time on prevention, and more time providing continuity of care for their local population.

Effective resource allocation

Working with the ICS to take a different approach to allocating money, with primary care a constructive partner in system investment discussions.



Common operating model

Laying the foundations to create a sector-led approach with support from the GP Provider Support Unit, and a differentiated offer at practice, PCN and locality level.

Better digital and data

Accelerating ICS investment and support for digital tools, making data sharing easier to improve care, and using emerging technologies like AI to save time and boost productivity.

More space

Developing creative estates solutions and co-locating other services alongside primary care will help use space more effectively and innovatively.

Effective integration

Collaborating to reduce bureaucracy, develop effective culture, and build up ways of working and interfaces between primary care and other care settings.

What we must do to transform together

What we will need from general practice

- Collaboration across the whole sector, aligning around a common vision and integrated operating model for the future
- Commitment to lead and help develop the BSOL 'Right Access First Time' (RAFT) primary care transformation programme
- Ownership to drive, measure and demonstrate improved care outcomes and better value for money for citizens in BSOL



What we will need from the ICB and the wider system

- Central support for the GP Partnership Board and GP Provider Support Unit, change management, and skills development for frontline clinical leaders at PCN and locality level
- Accelerated digital and data support to help practices make best use of existing technologies, and to explore emerging ones
- Comprehensive workforce and estates strategies for primary care, developed in partnership with cross-sector teams and the Community Care Collaborative.

How we'll transform primary care together



1

Year 1

Our first year is focused on bringing 'Team GP' together. It's a call-to-action for general practice in BSOL to align behind a single organisational model. And it has clear next steps to build out the enabling workforce, digital and estates strategies for primary care.

3

Year 3

By our third year, we will have developed clear and specific service strategies and ways to measure success, building on top of the recent clinical strategies that each locality is currently developing.

5

Year 5

By our fifth year, we will have transformed the way primary care is delivered in BSOL. Patients will have better access to integrated and personalised care services in the right place, and professionals will be able to spend more of their time on patient-facing activities.

What the very next steps are for enabling primary care

1

Engage local partners

Listen to feedback and views from all parts of general practice, from system partners, and from citizens and community representatives across BSOL

2

Refine the strategy

Use people's feedback to refine the draft strategy further and build consensus around our direction of travel

3

Define the jobs to be done

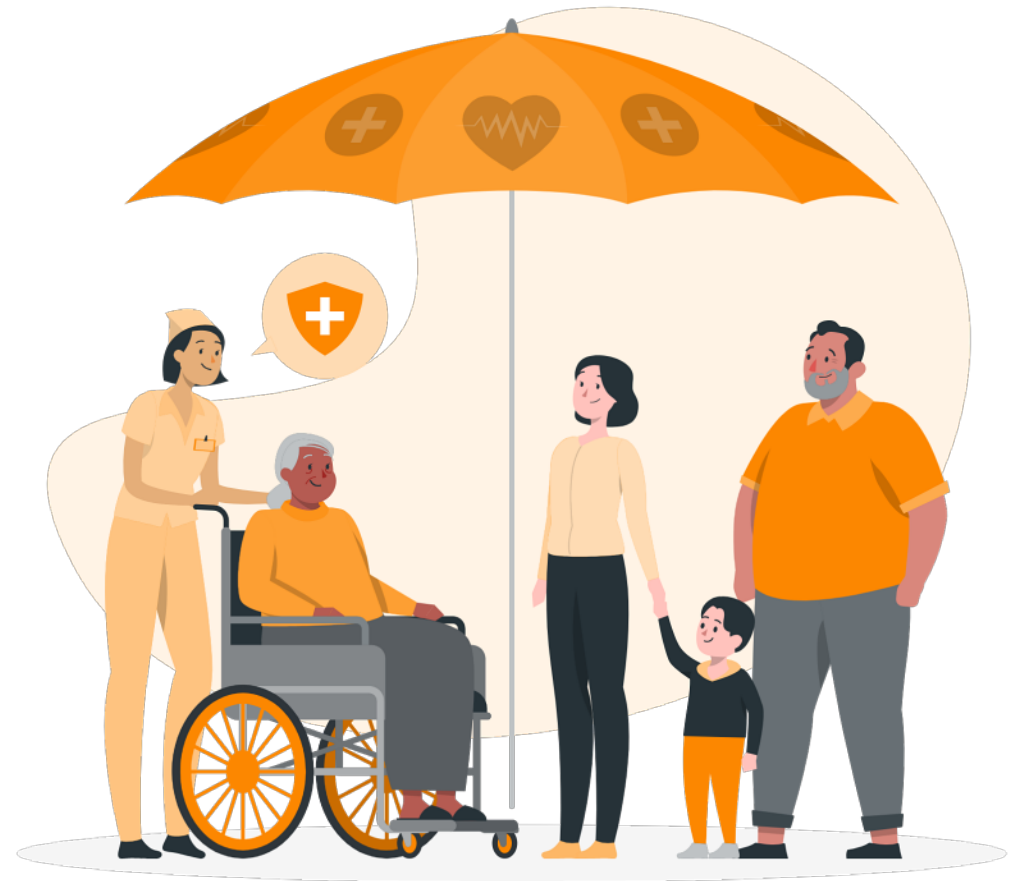
Build out the programmes of work to be delivered in order to make the strategy a reality, including detailed analysis and data-driven implementation plans



Thank you.

Please get in touch with your GP Partnership Board Locality Lead if you wish to discuss this summary further, or for access to a more detailed version.

DRAFT





**Birmingham and Solihull
Integrated Care System**
Caring about healthier lives

Enabling Primary Care

A strategy for enabling primary care across BSOL ICB

Working Draft: Version 4.0

JULY 2023

WORKING DRAFT

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01

The context

What the direction of travel is

- Introduction to BSOL
- National policy drivers for change
- Local context and transformation

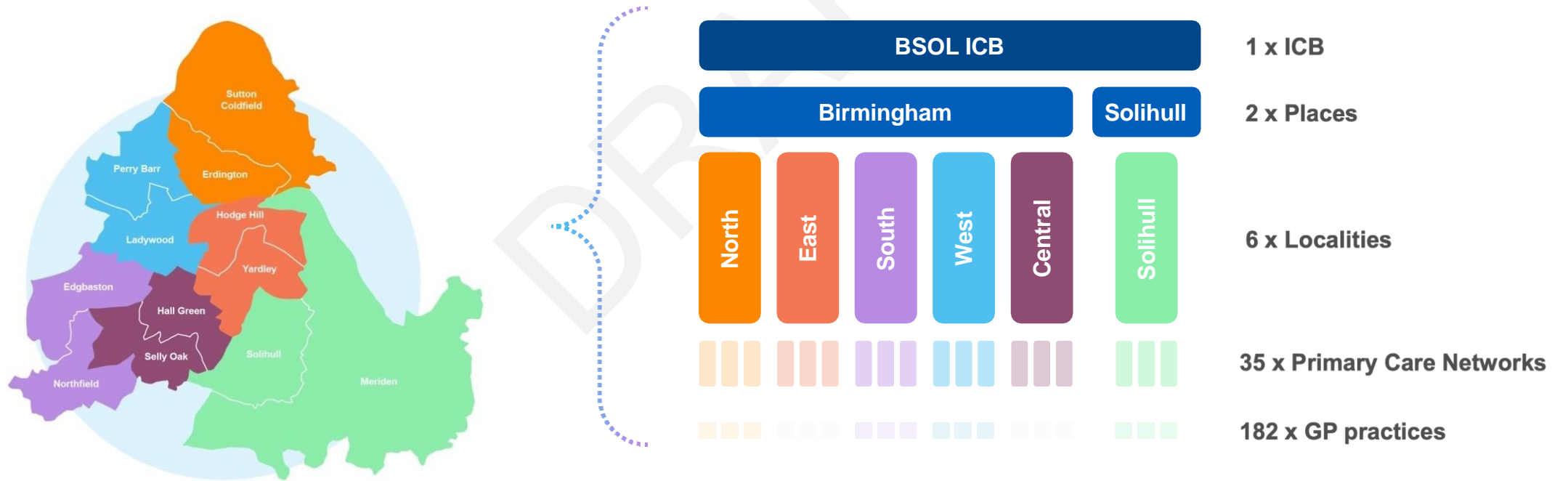


Introduction to BSOL

What our primary care landscape looks like at a glance

BSOL ICS is one of the largest and most diverse geographies in the country, with a population that experiences high rates of health inequalities, disparities in deprivation, and different opportunities to access health and care services. Pertinent trends include changing demographics and an ageing population, workforce recruitment and retention issues, and high post-pandemic waiting lists have all added extra pressure into the system.

Despite this, our vision for the future is for Birmingham and Solihull to be a healthier place to live and work, driving equity in life chances and health outcomes for everyone. The primary care sector has a critical role in realising this vision – it is the anchor that will enable at-scale working across localities and neighbourhoods as the footprints for driving more effective integration between community, hospital, social care and voluntary partners to deliver better outcomes for our citizens.



National policy drivers for change

How national policy is driving increased integration, subsidiarity and transformation within primary care

Within the last year, there have been major policy drivers to catalyse change within primary care. The *Fuller Stocktake Report* establishes a new vision for primary care within the NHS, and the *Hewitt Review* supports these recommendations with a focus on system-wide enablement.

FULLER STOCKTAKE REPORT

- The [Fuller Stocktake Report](#) sets out a new vision for the role of primary care in ICSs as an integral voice in collaboration and integration, with general practice as the bedrock of the NHS and ‘the heart of communities’
- One of Dr. Fuller’s key recommendations is the development of integrated neighbourhood teams. This will prove critical in providing support to local population health outcomes, promoting the principle of subsidiarity in local decision-making, and driving greater personalisation in the care services offered
- Acknowledging the changes required to make this happen, however, a key priority underpinning this and other recommendations is the need for primary care to become more sustainable, ensuring both its stability and its longevity as a sector
 - This includes **tackling access** to primary care as well as urgent care, which is having a direct impact on general practice’s ability to keep up with demand and **offer continuity of care** to patients

HEWITT REVIEW

- The [Hewitt Review](#) builds on the [Fuller Stocktake Report](#) and emphasises the importance of collaboration, organisational redesign and cultural evolution within ICSs, with a focus on joint problem-solving
- For primary care, the review also makes clear that models of care will need to shift further ‘upstream’, with an **increased focus on prevention**; this must also bring the associated resource and investment required to facilitate that shift in a sustainable way



“ There are real signs of growing discontent with primary care – both from the public who use it and the professionals who work in it. ”

National policy drivers for change

How national recovery plans rely on joined-up strategies and delivery across care settings

Relatedly, the national recovery plans for both primary care access and urgent and emergency care (UEC) services have driven the way we have structured our *Operating Framework*. NHS England and supporting policy has emphasised the importance of joined-up delivery plans across ICSs to drive recovery and resilience across the system, so the transformations planned in secondary care must interface seamlessly with our strategy for enabling primary care locally.

PRIMARY CARE RECOVERY PLAN

- The [Delivery plan for recovering access to primary care](#) also builds on the [Fuller Stocktake Report](#), and references system-wide responses to integrated urgent care and neighbourhood teams
- The plan is centred on two key ambitions for access – tackling the 08:00 rush to ensure patients can receive same-day support and guidance from their local practice, and enabling patients to know how their needs will be met when they contact their practice
- To do this, it focuses on four areas to alleviate pressure and drive greater access – **building capacity, reducing bureaucracy, empowering patients** and **modernising GP access**
- Delivery in these areas includes improving the information, functionality and interoperability of technologies available; expanding the role of community pharmacy; and driving capacity increases through enabling workforce and estates initiatives to better support primary care

UEC RECOVERY PLAN

- Beyond increasing capacity and improving discharge in hospital settings, the [Delivery plan for recovering urgent and emergency care](#) includes a **core focus on expanding care outside of hospitals**
- This specifically references the importance of the development and improved integration of community services, access to primary care, and more joined-up working and collaboration across settings; these care models will also be underpinned by investment and acceleration of enabling technologies



Local context and transformation

How local policy is driving increased integration, subsidiarity and transformation within primary care

Central to the ICS's agenda is the development of partnerships that support innovation and accelerate change. The main vehicle for delivering this transformation is the development of BSOL's integrator programmes, covering mental health, acute and community services. These will enable scalable planning, delivery and management whilst ensuring direction-setting remains local.

VISION AND OPERATING FRAMEWORK

- BSOL ICS has committed to wider system integration and more joined-up service provision for the public, regardless of where or how our citizens choose to engage with our care services
- To do this, the ICS is using 'integrators' as the vehicles to develop greater integration between different parts of the system in order to:
 - make it easier for patients to **access** the care they need when they need it
 - create the space for our staff to care, and the time for our clinicians to provide the **continuity of care** that is so important to our patients
 - enable a greater future focus on **prevention**
- These three components of access, continuity of care and prevention are critical to becoming a more productive system, enhancing capacity and improving culture in order to deliver better outcomes for our citizens
- This is being driven in practice through three integrator programmes across acute, mental health and community service settings
- Each of these three integrator programmes interacts with primary care in a different way, but **general practice is the common denominator** across them all. This aligns directly with the implementation of Dr. Fuller's recommendations and the piloting of INTs, which will be vital to each integrator programme working well



02

The case for change

Where we are now, and why we need to transform

- Current situation
- Sector and community engagement
- What we heard



Current situation

What the reality of primary care looks like in BSOL right now

Primary care is currently facing cultural, structural and financial challenges that are making day-to-day life in the sector unsustainable. It has historically low patient satisfaction rates in the latest GP Patient Survey; there is financial instability bred from short-term approaches to resourcing; and the data and estates needed for basic service provision are not consistently fit for purpose. Despite this, general practice is building on foundations of huge success in recent months and years, including stepping up vaccination sites and urgent care hubs, with incredible teams improving service delivery and supporting patients in the face of increasingly challenging circumstances.

Access and patient satisfaction

Increasing levels of demand, greater levels of need and longer waiting lists have all meant that more people are asking to see their GP more often, which is reflected in patient satisfaction rates. The public's unhappiness with access is even more of an issue in deprived areas, which have 17% more demand than those areas with lower rates of multiple deprivation.

Finances

With increasing financial pressures on everyone in the country, GP practices and their staff are no different, with a £6m deficit in primary care funding locally. Practices are having to work harder and for longer to meet contractual targets; many funding streams are inflexible to local needs; and contract changes this year do not include additional investment to counteract the damaging impact of inflation.

Digital, data and technology

GP practices have been at the forefront of the NHS's digital developments, including ePR, e-prescriptions and online booking. However, there is more to be done to support different practices and partners to speak to each other digitally, and to share and use accurate data across organisations. Practices must embrace greater online access and consultation routes for a more digitally-informed public.

Estates

GP practices' estates are extremely variable across BSOL, ranging from modern building to premises unchanged for half a century. New ways of working and connectivity requirements mean the current estates portfolio does not have the capacity to manage increasing demand in the community and the transfers from hospital care. New estates fill up quickly, and yet there is void space that isn't fit for purpose consuming funding that could be used elsewhere.

Sector and community engagement

How this strategy has been informed by the primary care sector and the communities it serves

SECTOR ENGAGEMENT

- Over the last nine months, we've held multiple primary care engagement and clinical leadership events to listen to what's important for over 200 primary care clinicians and practice staff
 - This has included input from elected members, ICP leaders, and BSOL's Health & Wellbeing Board and Health Overview and Scrutiny Committees to ensure engagement and collective alignment across the system
- These roadshows drove engagement have provided the inputs, structure and challenge needed to develop a robust roadmap for transformation, and have helped clarify where our biggest focus areas should be as a sector



COMMUNITY LISTENING EVENTS

- In addition to the sector engagement events, we have also been working closely with multi-agency community engagement leads from both Birmingham and Solihull to promote greater dialogue with seldom-heard communities and understand how best we support their needs
 - These events have included a wide range of representation, from ICS Board members to local citizens who represent their communities and voluntary organisations
- This has helped us shape a community engagement framework, which will ensure we can listen, engage and respond to the needs of our communities more effectively as a sector and as a system

What we heard

From our extensive engagement, there have been six thematic issues that represent the range of views we heard

We've engaged with over 200 GPs and PCN Clinical Directors as part of a series of engagement and listening events across BSOL since November 2022, including clinical leaders from every PCN and almost every GP practice, as well as community representatives across Birmingham and Solihull as places. We have since distilled these conversations into a handful of key themes.

ENGAGEMENT EVENTS



THEMATIC NEEDS

Meeting demand

Demand on BAU activity in primary care is rising. Despite access rates rising with it, practice and PCN teams are left stretched, making future improvement and development unsustainable.

Embedding into the ICS

There is a sense that the sector often feels 'done unto' by the ICS instead of an equal partner, rooted in legacy commissioning arrangements that blurred contracting and development.

Leading change

Primary care leadership has very little surplus capacity nor developmental support. This means leading change locally and collaborating considerably with ICS partners becomes challenging.

Integrating care

The drive for integration out of fragmentation on a locality footprint is well-received, and must connect sensitively into existing work for a system-wide approach that is greater than the sum of its parts.

Allocating resource

Working alongside the GMS contract, a 'boom and bust' approach to resource feeds short-term development; allocations need to be planned and predictable to support sustainable development.

Supporting delivery

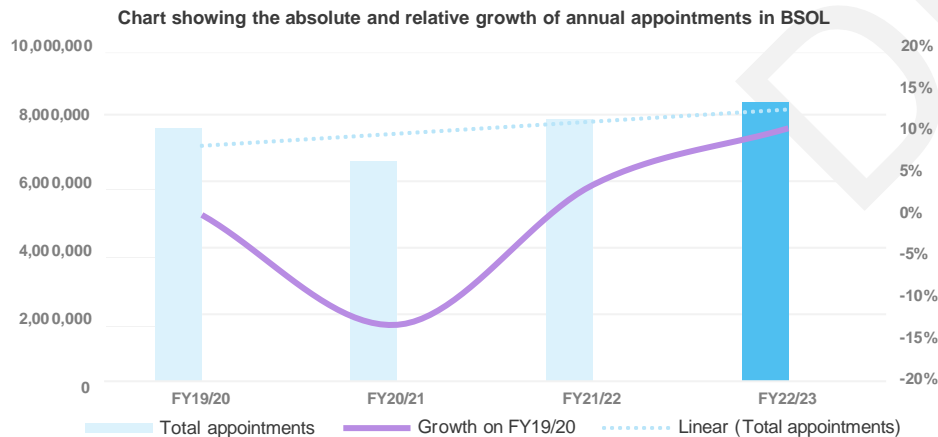
The way that central support functions were originally developed has meant that they aren't fit for purpose to support the sector and enable transformation at scale.

Meeting demand and integrating care

A fragmented sector experiencing unprecedented need must integrate to continue improving access and meeting demand

MEETING DEMAND

- GP practices are seeing **more patients per month** than ever before, and **more of them on the same day**
- Practices delivered **10% growth in appointments** compared to FY19/20 rates, with weighted GP access rates also growing by 16%
- BSOL delivered almost **100k more monthly appointments** in FY22/23 when compared to rolling averages from 2019 to 2022
- Monthly **same-day appointments have increased by 10%**, and BSOL offers 7% more same-day appointments than the national average
- Despite this, public satisfaction surveys show continued dissatisfaction – BSOL recorded the lowest GP Patient Survey score in England with **just 63% patient satisfaction** against a regional average of 79%



INTEGRATING CARE

- The sector also experiences **fragmentation and siloed care**, which has built up over time; we have one NHS but many different organisations that work separately within it
- We are building better relationships between these organisations based on patient care rather than contracts, **building a relational discourse** as opposed to a transactional one with patients and system partners
- Wider **societal issues** like the cost of living and loneliness all mean that the NHS needs to work closer with social care and community organisations to address physical and mental health impacts
- Practices have told us that **greater integration is the antidote** when carried out in a considered way, enabling more joined up care across pathways and providers – together we can do so much more

Word cloud showing collective emphasis on the greatest determinants of primary care success



Embedding and allocating resource

General practice wants to be embedded into the system as an equal partner that can influence strategic investment decisions

EMBEDDING INTO THE ICS

- There is a **lack of structure across the sector** which means it hasn't had a meaningful 'home' in the ICS, and has therefore **struggled to influence and impact** the system
- In order to contribute meaningfully to system development, the sector needs to be **treated as an equal partner** in relation to strategic planning, resource allocation, workforce and digital enablement
- Instead, there should be a **unified voice for primary care** that interfaces with the system and is aligned behind a single vision and strategy
- This need is being addressed by the GP Partnership Board (GPPB), which is the vehicle that enables the sector to interface into the system
- **Localities will also be able to draw influence** from an embedded structure within the ICS, as well as PCNs and providers influencing the system through their locality representatives on the GPPB

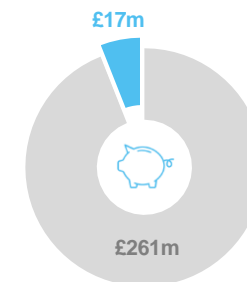
Diagram showing the current structure of the GPPB's interfaces with the ICS



ALLOCATING RESOURCE

- **Historical under-investment** in the core contract for primary care needs to be remedied, with funding that should follow the required shift in patient activity further 'upstream', as set out in national policy
- Of the primary care resource available each year, **94% is fixed on GMS contract and core services**, leaving little flexibility in non-core resource to promote innovation or service development at scale
- The sector has **historically disagreed on how best to use what little flexible resource exists**, with competition leading to small allocations
- The **stop-start nature of incremental resource** undermines the sector's ability to plan and deliver, making investment decisions difficult
- Instead, where there is flexibility on how to use resource, it must be allocated in a way that **has the GP community's sign-off**, and aligns with the ICS's strategic investment decisions

Chart showing how much primary care resource is potentially available for transformation



Leading change and supporting delivery

Primary care leaders need capacity, opportunities to build capability and a coherent central support offer to deliver effectively

LEADING CHANGE

- General practice has often been **left out** of cross-sector planning and decision-making at the system level
- GPs and PCN Clinical Directors **have limited time** to be involved at ICS level, and **have variable experience** to do so effectively
- To do this, the primary care sector recognises it must become 'match fit' in to offer meaningful input and lead change
- There must be a **robust programme of capability development** and associated investment into clinical leadership to ensure change is led through, and owned by, general practice
- Place and locality leads are now **driving transformation from the bottom-up** across primary care, with the GPPB providing strategic direction and support across the ICS

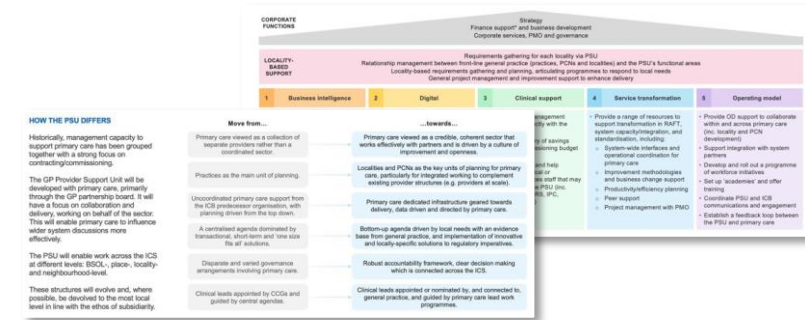
Illustration of the sector's governance, leadership and organisational development plans



SUPPORTING DELIVERY

- Central support for GP practices has been **relatively disorganised** to date, with inconsistent offerings and applications
- Instead, **the sector needs its support infrastructure to be 'match fit'** in order to deliver against its vision, providing the essential capabilities and capacity required for transformation
- The foundation of this delivery support is the GP Provider Support Unit (PSU), which should **bring together the sector's existing expertise and capacity**
- This support must **fit alongside other delivery structures** that already exist, reinforcing the current support mechanisms offered by the ICB and driving development more sustainably across GP providers

Illustration of the GP PSU's future purpose, vision and functions



03

The road ahead

What we'll do together

- Access and service transformation
- Common operating model
- Winter planning and resource allocation
- Integration
- Central support for delivery
- System enablers



Service transformation

To transform successfully, the system needs to move away from piecemeal approaches and towards a set of clear, cohesive goals

MOVING FROM

In light of the challenges faced by sector colleagues every day, we must move away from **disjointed interventions for alleviating demand**; from uncoordinated and **siloed winter planning**; and from **piecemeal approaches to funding and support** for general practice.

MOVING TO

To navigate the road ahead, we will **evolve the sector's access programme**; we will ensure primary care is **at the table for winter planning**; and we will **promote integration** and collaboration at every level in the ICS through the development of locality hubs, Integrated Neighbourhood Teams (INTs) and more.

Primary care providers will have...

- Sector identity and cohesion
- Sector alignment and collaboration, supported by the GP PSU
- Locality development with focused support and development for key enablers (i.e. workforce, digital and estates delivery plans)
- Bottom-up clinical leadership, resourcing frontline clinicians to network with local practices as the foundation for quality improvement (QI) and transformation
- System-wide transformation activities, driving clarity of focus on a few key priorities and doing them well (e.g. improved access programme)
- Clear infrastructure, governance and processes for partner engagement and whole-system prioritisation

The ICB will have...

- Coherent commissioning strategies that address inequalities and aligning with BSOL's *Operating Framework*
- Strong contract and performance management, with the same degree of quality and assurance oversight as for other providers
- Streamlined enhanced services and alignment of System Development Fund monies (all incentives) with access and integration initiatives across general practice and other settings
- Sponsorship and a refreshed support infrastructure for GPs, including leadership and transformation development resource
- Interfaces with the West Midlands for POD delegation activities

Responding to the national recovery plan

The sector's single biggest goal is access – and if it improves, then so will continuity of care, prevention and transformation

ACCESS

- Both the sector and the system's **single biggest focus is improving access** to primary care services and meeting demand across the system
- We will address this through a **new transformation programme, Right Access First Time (RAFT)**, which will be the sector's vehicle for change, including the general practice requirements of the national recovery plan
- Improving access **does more than just increase access to care** – by improving access, we are also ensuring clinicians have time to:
 - provide greater **continuity of care** for patients who need it
 - **support prevention** and teach self-management
 - **lead transformation** and integration in line with wider system strategies

QUALITY ASSURANCE AND OVERSIGHT

- Primary care colleagues are committed to **improving quality in general practice** and will commit to developing a new approach to supporting QI
- We will use supportive data to understand the **three key quality domains** for service delivery – clinical effectiveness, patient experience, and patient safety/safeguarding
- We will also commit to **developing a QI framework** to ensure that the three domains of quality are understood and supported through clinical governance structures and external sources, like CQC
- This will ensure a **uniform and fair approach** is taken to managing practice quality across BSOL, and will assist in ensuring strong and **sustainable primary care services that are equipped for the future**

+16%

Average GP appointment access rates have increased by 3% since last year, and are **16% higher than they were in 2019**.

+100k

There have been almost **100k more appointments every month** than there were from 2019 to 2022.

63%

Despite this, demand continues to outstrip supply and average GP **patient experience is 63% positive**, which is the lowest in the country; the Midlands average was 79% by contrast.



Developing a common operating model

The RAFT programme will be the new approach for the sector to improve access, increase capacity and lead transformation

We are now refreshing our general practice access work into a large-scale improvement programme called Right Access First Time (RAFT), which is summarised in the depiction below. This will help practices manage workload more sustainably, improve patient care and deliver against the requirements of the GMS contract. Its outcomes will include more access, more capacity, and more change leadership – and specific success metrics of this programme will be agreed by the GPPB and ICB executives in Q3 FY23/24.

AIMS

The aims of the RAFT programme are to improve access and to manage workload, to the extent that:

By **Apr-24**, every patient in BSOL will be offered an **assessment of need**, or be **signposted** to an appropriate service, at first contact.

By **Apr-25**, every patient in BSOL will have **consistent access** to the right care from the right person at the right time and in the right place, irrespective of geography, demography, clinical need or registered practice.

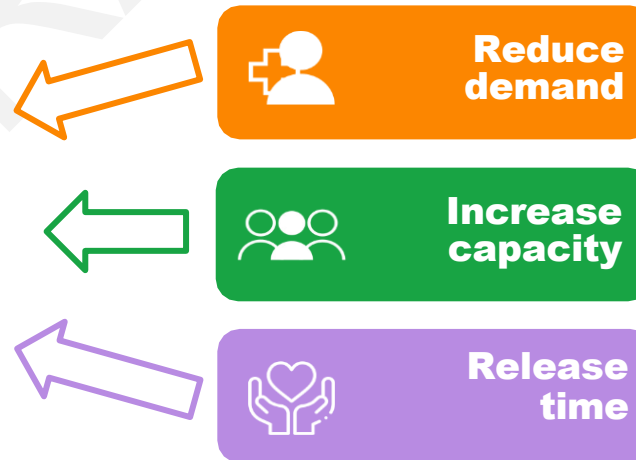
MODEL

A holistic approach to optimise the appropriate use of clinicians' time, and an end to the 08:00 rush and 'one size fits all' approaches.



IMPROVEMENT

Wide-ranging actions within and around general practice to drive sustainable improvements.



SUPPORT

Locally-led change projects, with support, advice and coordination from central enabling functions like the GP PSU.



Resource allocation

To drive this impact through RAFT, both the sector and the system must take a different approach to resource allocation together

LONG-TERM FUNDING APPROACH

- Building on GMS, general practice and the ICB must jointly **move away from the 'stop/start' funding approach** that it often ends up relying on; when the ICB has moved away from this approach, the sector has demonstrated benefit and impact
- We will hardwire our commitment for **primary care to be a constructive partner for winter planning** at the outset – this will drive an integrated, whole-system approach to preparations, with additional funding distributed for those cross-sector programmes that will have the biggest impact on system access

FINANCIAL PLANNING

- BSOL will move to **create and enable greater financial flexibility** for general practice's use of existing funding streams for primary care, and ensure all potential resources are accessed and utilised to enable the sector to support the BSOL *Joint Forward Plan* and *10 Year Strategy*
- This will include the **use of enhanced service funding** such as the Universal Patient Offer and Primary Care Commissioning Framework to ensure resource is focussed on the enablement of primary care to support communities and respond to system transformation priorities, including the *Fuller Stocktake*
- We will **bring together existing central funding** for primary care wherever practicable (e.g. SDF, HEE monies), simplify the Universal Offer, and **lobby for a more equitable distribution of system resource** into general practice
- This will drive a **renewed focus on tackling inequalities** as a result of deprivation – BSOL has some of the country's most deprived areas, which adds further pressure to the sector and requires adequate resource to mitigate against unwarranted variation

Example of the impact of consistent funding approaches

When describing the need for consistency approaches to funding and reducing non-recurrent, hand-to-mouth approaches, the Washwood Heath Locality Hub in the East locality exemplifies how more strategic funding can drive impact.



Compared to other locality hubs, the East has:

- ✓ delivered disproportionate activity compared to other localities
- ✓ driven the highest rates of cross-PCN and cross-practice referrals
- ✓ supported the best weighted GP access rates in BSOL
- ✓ offered access to same-day appointments at over twice the rate of those localities asked to stand up hubs on a non-recurrent basis

The hub team has attributed this to a more strategic funding approach that has allowed for greater collaboration, improved integration and consistency of delivery across the locality.

Integration

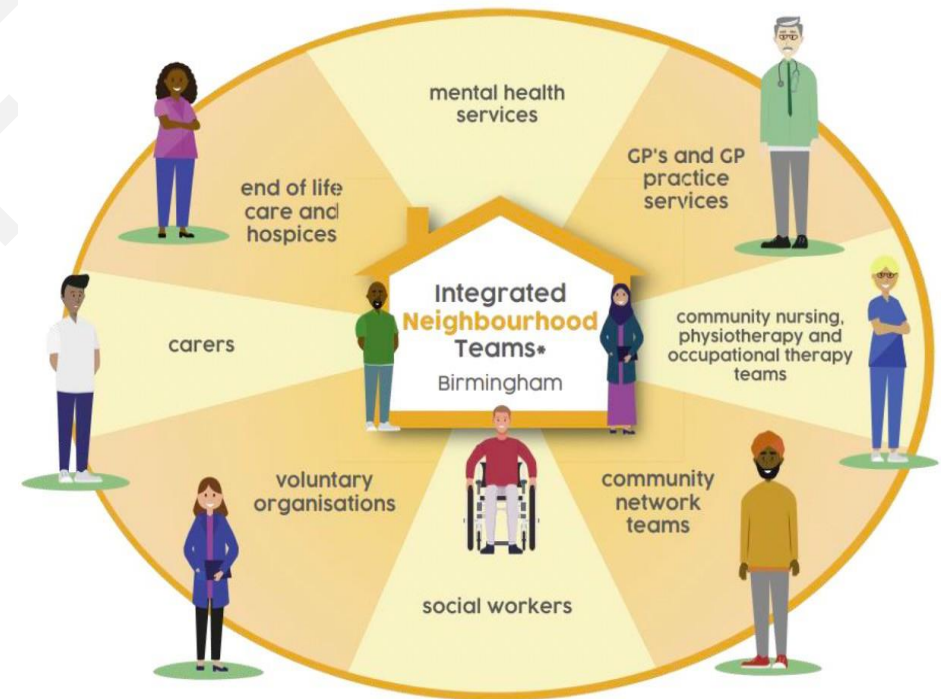
Cross-sector integration is essential to shifting the dial on access, and to enable system transformation in intermediate care and UEC

INTEGRATION AT EVERY LEVEL

- Access is an issue that collectively affects intermediate, urgent and emergency care settings as well as GP practices – and with each part of the system struggling, the **solution necessitates greater integration** across locality and PCN footprints to generate value that is **greater than the sum of its parts**
- We will use **localities as the currency for change**; they will be our wayfinders to drive aligned investment and deliver effective integration across system providers, with **locality hubs as the physical and virtual anchors for integration** at scale
 - This approach is already showing green shoots, with some localities joining up practice and PCN strategies into a coherent, collective locality voice that is driving change and maximising its economies of scale
- We will also **reinforce our commitment to INT development** as part of the Community Integrator Programme which includes GP leadership, driving collaborative service delivery across the acute and mental health Integrator programmes
- As we develop localities and collaborate across primary care, there is also a need to ensure we develop support structures; an engagement model that practices connect with; and a governance approach that **enables and protects inter-PCN working**

STRATEGIC ALIGNMENT

- While improving access and meeting demand is the biggest focus for primary care, **access cannot be an issue for primary care to tackle alone**
- We must therefore **connect into broader system agendas** and strategies, and in this way we're reliant on collaboration with community, secondary care and VCFSE partners



Central support for delivery

We will support primary care by offering dedicated resource to support providers, and giving leadership and organisational development

GP PROVIDER SUPPORT UNIT REFRESH

We are refreshing the functions and the form of the GP PSU so that it is fit for purpose to respond to the sector's needs, and has the corporate stability and capability required to underpin transformation activity.

The GP PSU's future functions and form are being refreshed so that it is better equipped to respond to sector needs, enables work at place, locality and practice level, and is clearly delineated from central contracting and commissioning functions.

The PSU will complement the delivery capability that primary care providers have. It will be the central delivery vehicle for providing the support required to transform services and ways of working through the RAFT programme, supporting the sector as it transforms whilst building trust and confidence throughout.

LEADERSHIP DEVELOPMENT

We are setting up a robust leadership development programme for primary care, providing support, advice and coaching to build capability and confidence across general practice.

To influence and impact the system in a meaningful way, our primary care leaders need a robust programme that offers upskilling opportunities and developmental support. This will connect our primary care leaders at every level of the system, from the GPPB, to PCN CDs and locality leads, to recently-appointed Fuller clinicians.

This support includes developing a Training Hub that meets the needs of all PCNs, as well as a locality-based understanding of training requirements to inform a sustainable development programme. These activities are being delivered as part of the RAFT programme, in line with the national GP recovery plan.

Central support for delivery

The GP Provider Support Unit will complement existing capability and drive transformation through the RAFT programme

FUTURE FUNCTIONAL DESIGN

- The GP PSU's functions have been refreshed so that it aligns more closely to meet sector needs, enables work across the ICS at different levels, and can advocate for general practice appropriately with the ICB's commissioning and contracting function
- We have worked closely with the GPPB, the PSU Steering Group and representative GPs, practice managers and operational leads to reimagine what the PSU's purpose is, and what we're trying to achieve through it
- This has allowed us to agree its key functions and also identify what is out of scope for the PSU; together these will enable delivery of the RAFT programme alongside other strategic imperatives for primary care

FUTURE FORM APPRAISAL

- Relatedly, we have carried out an independent options appraisal to assess where best the PSU should sit in order to add value in the most effective way for primary care and the wider system
- With close consultation from primary care colleagues and ICB executive leadership, we developed a series of assessment criteria and options for the future form, with an independent body developing a recommendation for our consideration and seeking input from relevant cross-sector organisations
- This will introduce a managed transition period for the PSU as it evolves its functions and form, supporting teams to prepare and clarify what it might mean for them



As a primary care sector, we want to...

...**drive stability**: creating a stable, sustainable and resilient general practice that helps primary care function well as a sector to deliver better access, service quality and experiences.

...**create capacity**: building the time and thinking space needed to support transformation and service improvement initiatives, with dedicated support to deliver system priorities.

...**build clear leadership**: developing clear leadership and engagement models for both the sector and its partners to engage with general practice, reducing the degree of fragmentation of the sector's voice and connecting front-line GPs to Board representation.

...**influence priorities**: working with system partners as equals to influence and impact service improvements, including the development of a clear and concise set of priorities to inform system transformation planning and delivery.

...**develop trust**: reinforcing the trust and confidence within the sector to have more effective and efficient conversations.

System enablers

We are also giving clear statements of intent for the workforce, digital and estates changes required to enable wholesale transformation

WORKFORCE

We are developing our workforce by retaining the staff we train, reducing our reliance on agency staff, and redistributing system capability into primary care.

Local workforce analysis identifies BSOL's primary care multi-disciplinary team (MDT) profile as an outlier, with a 6% reduction in nurses compared to 11% growth nationally.

We'll continue to work in partnership with the BSOL Training Hub to implement our strategy. This includes an interface education and training providers to ensure a proactive approach for the pipeline of new entrants.

More work is needed to make the sector more attractive by addressing work-life balance and parity with other NHS career paths.

DIGITAL AND DATA

We are accelerating digital enablement by maximising the use of our IT infrastructure and accelerating the adoption and optimisation of new technologies.

Digital, data and technology enablement is integral for general practice and the wider system to realise its vision. A shared patient record, interoperability and system-level data analysis capabilities are essential to planning and delivering service in a coherent way.

We'll continue to plan and set out a programme for digital improvement and innovation, including AI and other products. This will help lay coherent plans for data sharing to improve its understanding of root causes and its service planning to meet the needs of patients and the system.

ESTATES

We are optimising our estates at the locality level by reconciling localities' clinical needs against our estates portfolio, exploring opportunities with civic partners.

BSOL's current estates footprint is inhibiting growth and collaborating across primary care.

To rectify this, there needs to be greater weighting of capital investment to primary care estates, informed by a detailed review of physical space within systems to build a one public estate approach.

The *Estates Strategy and Condition Analysis* was set out 18 months ago, resulting in funding applications from NHSE to support system-wide, locality-level estates planning that considers deprivation and demographics.

04

The journey

How we'll deliver this together

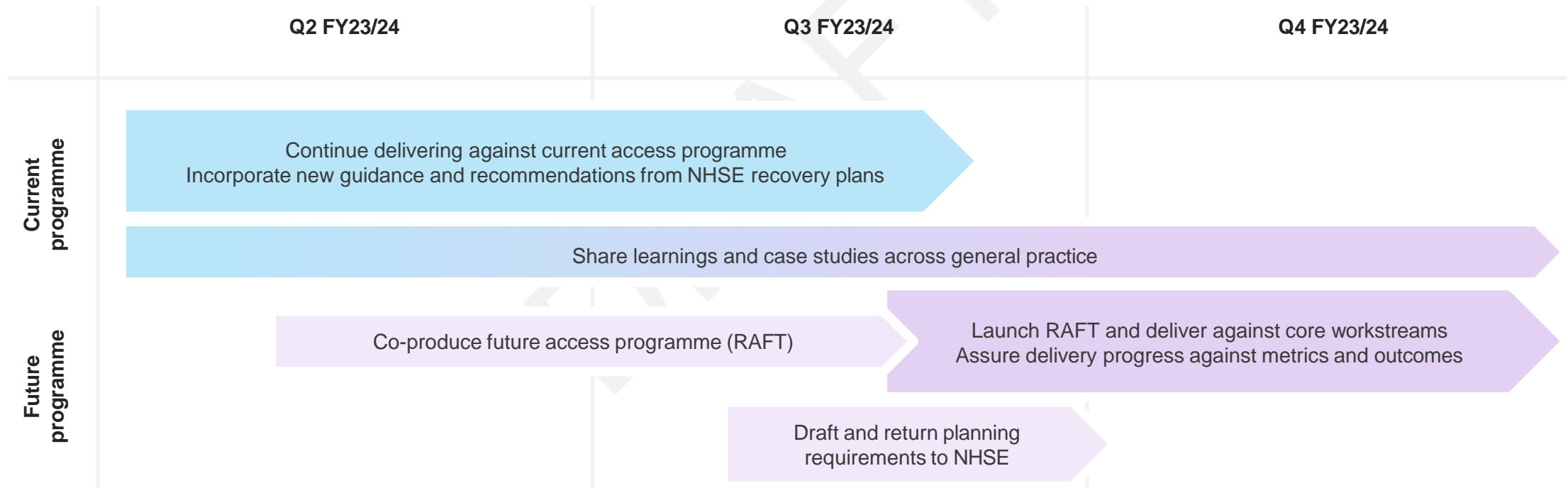
- Transformation programme development
- Workforce delivery plan
- Digital and data delivery plan
- Estates delivery plan
- Success metrics



Transformation programme development

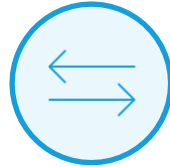
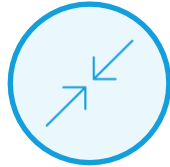
Our current access programme will continue while the RAFT transformation programme is co-produced before it launches in Oct-23

Our existing access programme will continue through Q2 FY23/24 in order to maintain momentum across our core initiatives, and to provide continuity of support to primary care colleagues. This will precede a transition from our current access programme into the future transformation programme, RAFT, which will continue to be co-produced directly with general practice before we launch it in Oct-23.



Delivery focus for the current access plan

The current programme’s activities will continue to reduce demand, improve capacity and tackle variation while co-creating RAFT



AIMS

REDUCE DEMAND

Reducing demand in primary care by streamlining activity across the system.

IMPROVE CAPACITY

Improving system capacity by using alternative flow routes and better forecasting.

TACKLE VARIATION

Tackling variation by understanding root causes with better data and support.

ACTIVITIES

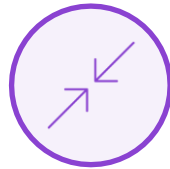
- Improving access to diagnostics
- Refining integrated advice and guidance processes with secondary care
- Improving community responses to assist patients who need a quick response (e.g. wound care and SPA)
- Doing comprehensive audits to understand why patients contact general practice
- Increasing the use of social prescribing
- Signposting patients to access support for social issues from appropriate services

- Enhancing escalation processes to trigger system interventions when demand and capacity forecasts indicate mismatches
- Working more closely with cross-sector providers to ensure activity isn't 'dumped' inappropriately into primary care services
- Using enhanced access and integrated locality hubs to boost capacity
- Implementing Community Pharmacist Consultation Services (CPCS) to provide additional capacity through pharmacies
- Improving online repeat prescriptions

- Maximising the use of data to understand variation and the root causes driving it
- Improving the quality of primary care data to support the design and monitoring of change
- Building robust, sector-owned interventions to tackle variation informed by business intelligence and management information
- Providing peer support to address variation in working practices and processes
- Establishing new locality-based QI teams
- Supporting business change to improve telephony and the use of digital solutions

Delivery focus for transformation

The future programme's activities will catalyse our approach to access by reducing demand, increasing capacity and releasing time



REDUCE DEMAND

Reducing and redirecting demand through work across the ICB with patients and the public.

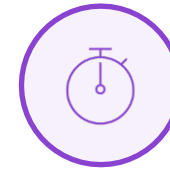
- Decompress general practice
- Enable greater continuity of care and support prevention activities
- Enhance single-point-of-access
- Streamline information requests and cut bureaucracy
- Optimise UEC pathways
- Standardise communications
- Empower patients with long-term conditions
- Optimise self-care and self-referrals



INCREASE CAPACITY

Increasing capacity in all staff roles through training, recruitment and retention initiatives.

- Retain and recruit GPs and practice nurses
- Increase numbers of ARRS staff
- Optimise use of ARRS roles in primary care
- Develop community pharmacy and online prescription improvement plans
- Develop management capabilities
- Develop premises and estates
- Build transformation and change management capacity through the GP PSU



RELEASE TIME

Freeing up appointments through streamlining access and follow-up processes in practices.

- Embrace digital communications and automated workflows, modernising GP access and business change
- Develop advanced signposting
- Streamline appointment systems
- Design for continuity
- Support frequent attenders
- Incentivise efficient follow-ups
- Enable proactive long-term condition care

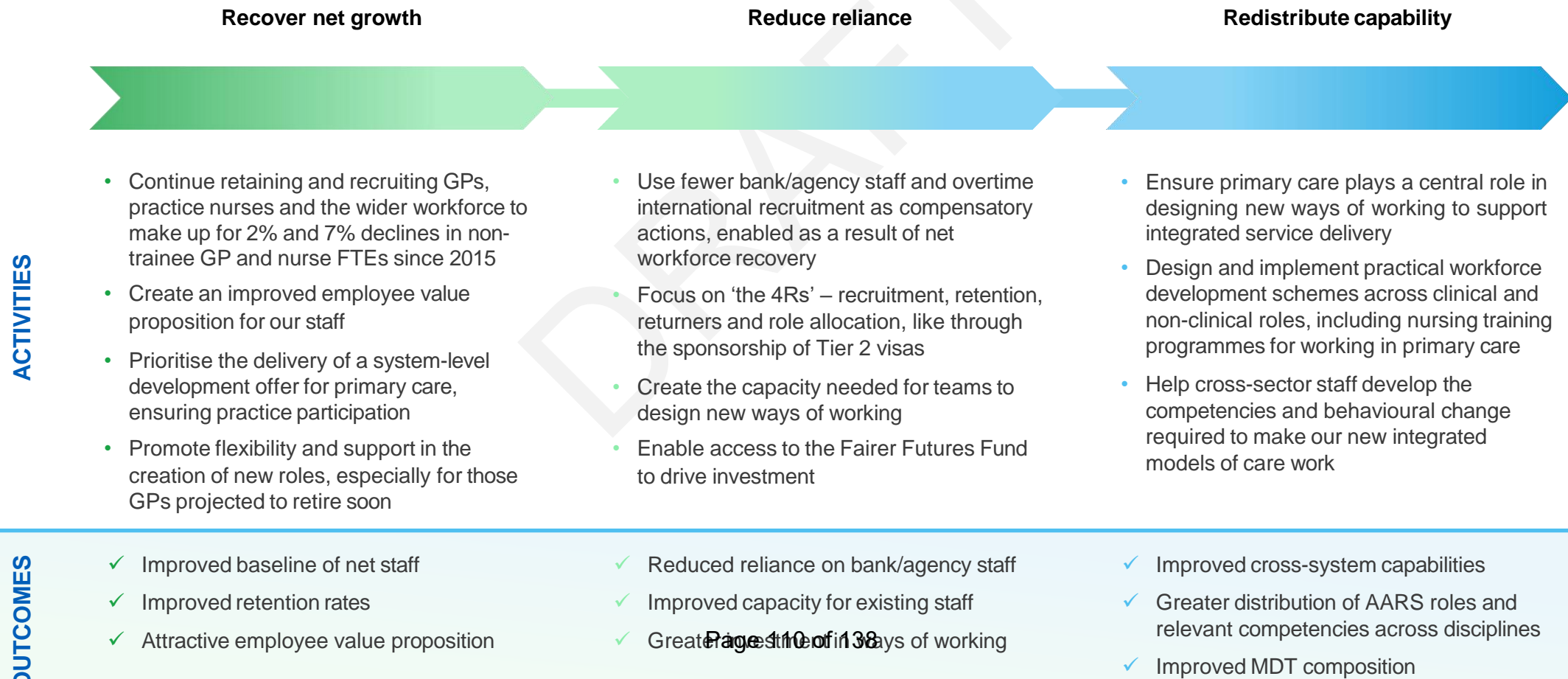
AIMS

ACTIVITIES

Workforce delivery plan

How the workforce strategy will be delivered to enable primary care

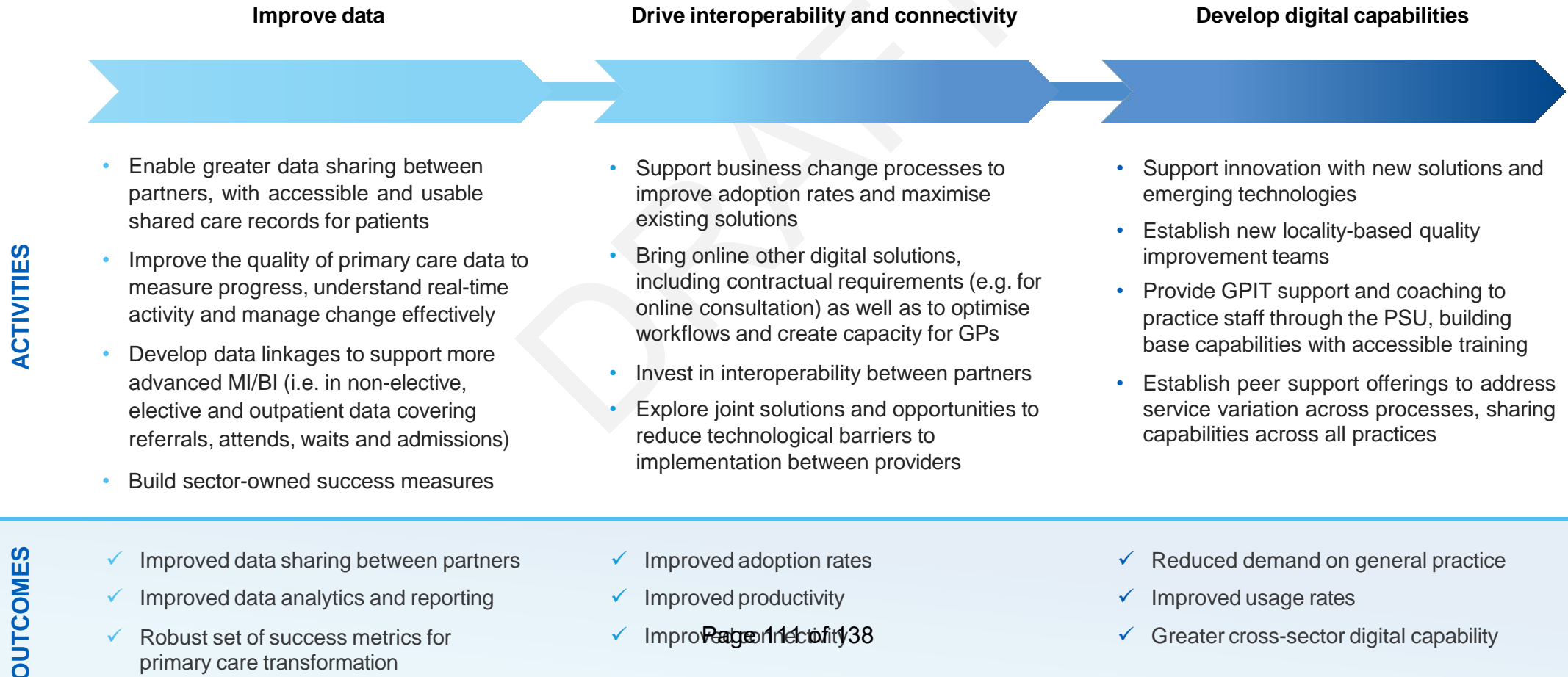
Workforce capacity remains a huge pressure on primary care. We will ensure a continued focus on recruiting and retaining GPs and the wider primary care workforce, alongside optimising current capacity with a long-term, system-wide workforce strategy that includes primary care. This builds on our Primary Care Workforce Strategy, and is underpinned by a number of practical workforce development schemes across a range of clinical and non-clinical roles.



Digital and data delivery plan

How digital acceleration will be delivered to enable primary care

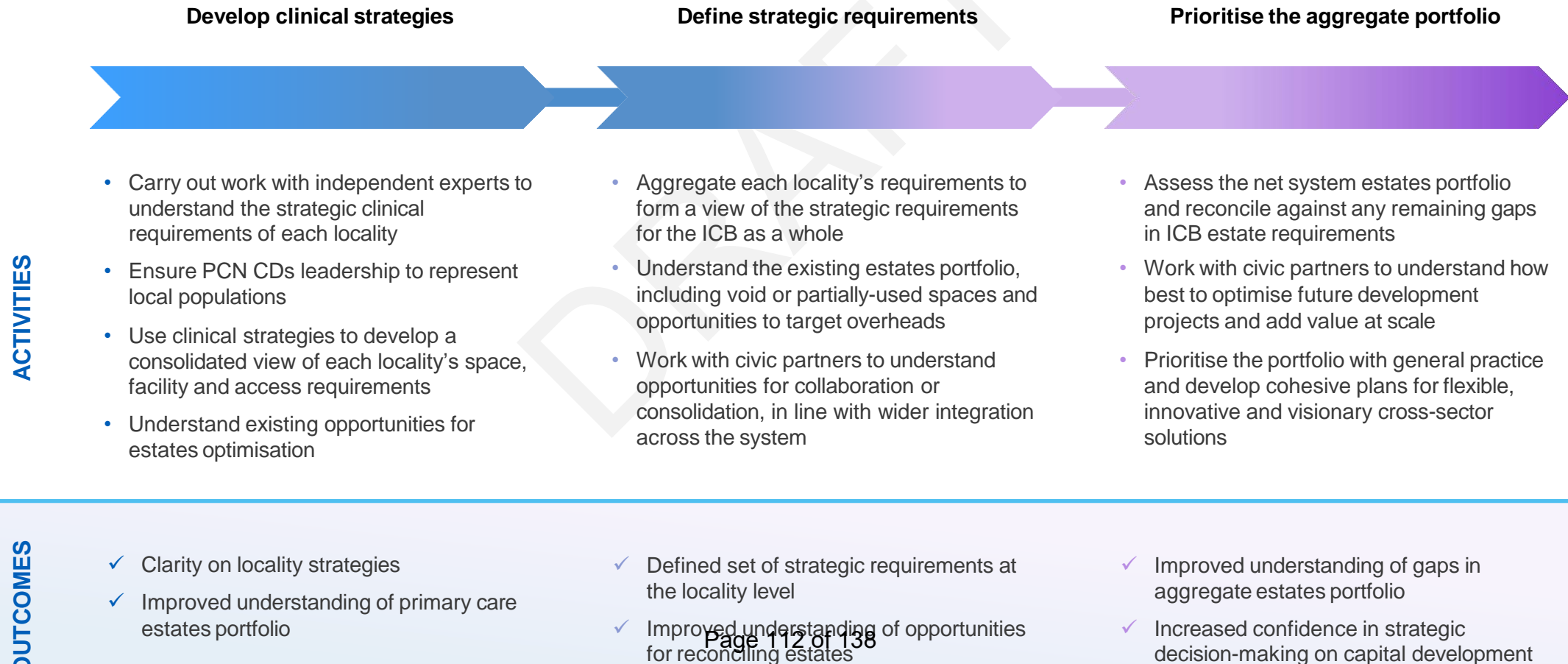
There is room for us to use technology to transform more effectively and more quickly. Our approach to accelerating digital, data and technology centres on maximising existing assets, and then investing in new enabling technologies. There is also a need to develop digital capability across the sector, supporting adoption and usage rates to drive efficiencies through integration – these needs will be informed by locality models of care as they continue to develop.



Estates delivery plan

How the estates strategy will be delivered to enable primary care

Our estates strategy will be informed by each locality's clinical strategy for general practice. And to underpin this strategy, we must acknowledge the shift required to move away from new hospital buildings and refocus investment into community and primary care settings to manage demand there. This work will give us a clear view of sector requirements across the system, which can then be reconciled against wider ICS development portfolio and capital allocations.



Defining transformation success metrics

We have identified a set of key performance indicators to measure primary care's success in delivering this strategy

We must be able to measure the outputs of our strategy, assess its impact and evaluate its outcomes on our primary care sector and citizens. To date, we have measured a series of key performance indicators (KPIs) as interim metrics. Going forwards, however, we will define a new set of meaningful outcome measures that allow us to evaluate this strategy's success. This will be reinforced by our efforts in generating more granular data across care settings.

CURRENT KPIs

Lead indicators:

- Rates of DNAs per weighted 1,000 list population
- Rates of same-day access
- Number of two-week appointments
- Number of face-to-face appointments
- Rates of CPCS activity
- Rates of social prescribing
- Number of online repeat prescriptions served
- Reported patient experience, concerns and complaints (with a dataset comprising >1m responses)



Impact KPIs:

- Rates of NHS111 activity (in-hours)
- Rates of ED walk-ins (in-hours)
- Rates of activity compared to pre-COVID levels
- Relative distribution of activity across all practices/PCNs



Primary KPI:

- Number of GP appointments per 1,000 list population



Secondary KPIs:

- Number of GP FTEs per weighted 10,000 list population
- Number of DC FTEs per weighted 10,000 list population
- Number of nursing FTEs per weighted 10,000 list population

FUTURE MEASURES

Our future outcome measures will be defined as part of the RAFT programme's development during Q2 FY23/24.

These will go beyond simply measuring access metrics, but rather explore the impact of transformation on patients' care outcomes; on patient and staff experience; on our estates portfolio; on our resource efficiency and productivity, and related measures.

Impact and outcomes

What the impact of realising our collective ambitions will be for the sector, system partners, and our citizens

WHAT WE HEARD

We have a growing population which is more complex than ever before, but we have the same amount of funding

That growth includes many people who need language interpretation, which makes it even harder to do a proper consultation in 10mins

Self-help and self-management isn't the starting point for our patients – they come to us instead

We feel growing public and political discontent, including negative media portrayals that undermine morale

We don't have the time nor the support to focus on thinking about or leading transformation in a sustainable way

We can't plan services in a consistent or collaborative way

We have to spend more time on admin, often with manual workarounds for inefficient processes

We don't have enough space to serve a growing population, let alone to transform services

We don't feel like an equal partner within the ICS and its decisions

We have more financial pressures, with contractual uncertainty and stop/start funding

We struggle to recruit and retain so must rely on locums, which often increases the workload for partners

We can't see patients' records, access their notes, or share data

WHAT IT WILL FEEL LIKE

We have less demand on a consistent basis

We are able to offer better services using localities which we couldn't do at the practice- or PCN-level

We can share information between partners effectively, and can see and read patient records and notes

We have primary care representation at every layer of governance so can trust our voice is being heard in the ICS

We have more time to work on prevention and provide continuity of care for our patients

We understand local population health trends

We can use technology-enabled processes

We can contribute meaningfully to ICS investment decisions

We can devote time to co-designing new ways of working and leading transformation

We can plan targeted interventions and service improvements

We have a more steady pipeline of staff who have more development and learning opportunities

We can use discretionary funding in a way that makes sense locally

We have better working relationships with cross-sector partners

We have to do less administrative work

We have the physical space we need to transform our services

We have more sensible funding allocations and winter isn't a surprise

WHAT WE WILL DO

We will improve access through our current programme by reducing demand, building capacity and tackling variation

We will commit to using localities and neighbourhoods as the footprints for integration at scale across partners

We will deliver workforce interventions to retain and recruit staff more effectively, like sponsoring Tier 2 visas

We will enable more data sharing and develop advanced analytics and BI for primary care

We will co-design and launch RAFT as the sector's transformation programme

We will upgrade the central support provided to general practice by refreshing the GP PSU

We will work with system partners to prioritise estate needs and optimise void capacity and spend for new space

We will contribute to system-level investment discussions and support cross-sector winter planning at the outset

We will set up a robust development programme to support primary care leaders and build skills

We will reinforce existing governance and appoint GP representatives at each level of our operating model

We will invest in digital improvement and innovation, accelerating DDaT strategy roll-out

We will develop more flexible and equitable funding models and make use of enhanced service funding

WHAT OUTCOMES WE WILL DRIVE

Improved access and increased capacity to support continuity of care and prevention

Localities have the identity and cohesion to support service integration at scale

Improved staff morale, experience and engagement across the sector

High-quality datasets that inform service planning and collaborative investment decisions

Reduced variation in outcomes and inequalities for our local populations

Increased influence in, and impact on, the ICS and its decision-making

A fair approach to improving premises and strategic planning that makes best use of system resource at scale

Shared care records that work and support integrated working meaningfully

Improved leadership capabilities embedded within the sector

Stable clinical leadership structures in locality and neighbourhood footprints

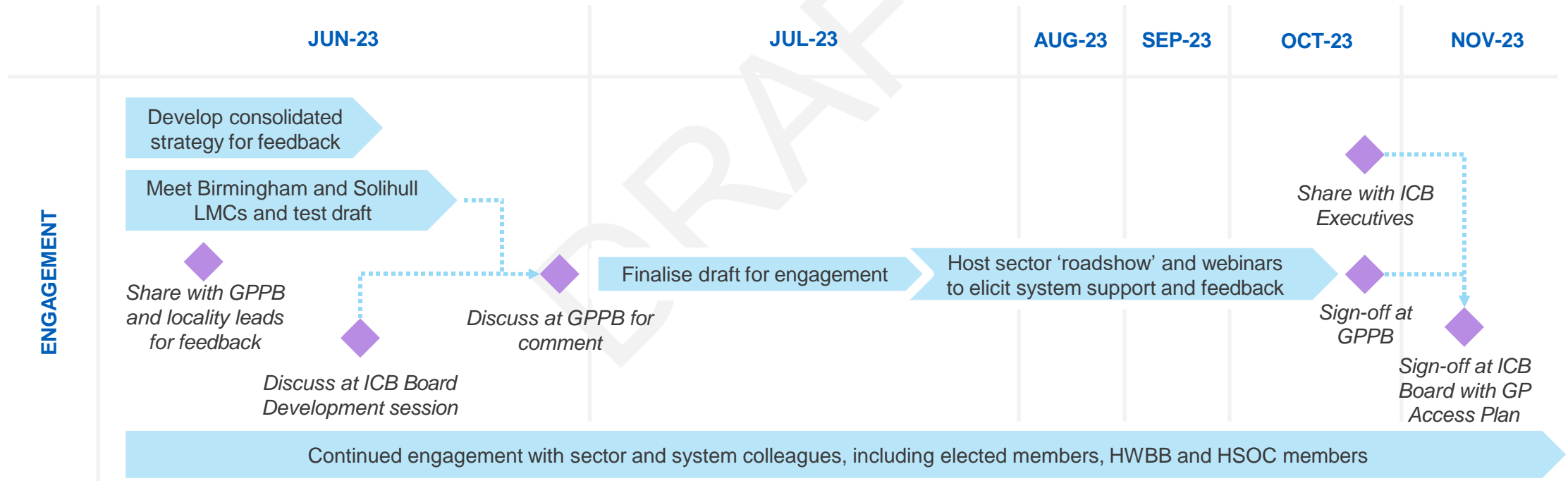
Improved patient satisfaction and experience with primary care services

Financial resource is aligned and GPs are engaged to collectively plan and drive transformation activities

Next steps

This strategy continues to be refined, tested and iterated with primary care and relevant system colleagues as it develops

After significant engagement to date, the sector’s strategy is now reaching the final stages of its development. Further system and sector engagement is required to ensure the strategy is clear, is relevant and is reflective of the sector’s ambitions and the system’s commitments to transformation the way primary care works. The next steps to signing this work off are set out below, although this is subject to change while some sections are finalised and further detail is built into the delivery plans.



Thank you.



Birmingham City Council

Health and Adult Social Care Overview and Scrutiny Committee

19 September 2023



Subject: Health and Adult Social Care Overview and Scrutiny Committee's Work Programme

Report of: Christian Scade, Head of Scrutiny and Committee Services

Report author: Fiona Bottrill, Senior Overview and Scrutiny Manager
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1 Purpose

- 1.1 This report sets out the proposed work programme for the Health and Adult Social Care Overview and Scrutiny Committee for 2023-24, based on the Committee's meeting in June. Appendix 1 outlines the topics identified, aims and objectives and the preferred method of scrutiny to achieve these objectives.
- 1.2 The report also refers to other topics, which the Committee has identified, for future consideration, and this will be continuously updated during the year.

2 Recommendations

2.1 That the Committee:

- Notes the information set out in Appendix 1 and identifies if any further topics need to be added to the menu of topics for the Committee to explore over the coming year.
- Agrees, subject to further input from the Chair and Deputy Chair, the issues that the Committee will consider during October – November 2023, the proposed aims and objectives and the preferred method of scrutiny.
- Agrees the approach to scrutiny of quality across NHS systems as set out in Sections 4.7 – 4.9.
- Identifies, subject to further input from the Chair and Deputy Chair, the issues that the Committee will consider in December 2023, the proposed aims and objectives and the preferred method of scrutiny.
- Notes, subject to further input from the Chair and Deputy Chair outside of the meeting, its proposed work programme will be submitted to Co-

ordinating O&S to enable work to be planned and co-ordinated throughout the year.

3 Background

3.1 The [statutory guidance for local government overview and scrutiny](#) sets out the role it can play in holding an authority's decision makers to account. This makes it fundamentally important to the successful functioning of local democracy.

3.2 Effective Overview and Scrutiny should:

- Provide constructive 'critical friend' challenge.
- Amplify the voices and concerns of the public.
- Be led by independent people who take responsibility for their role.
- Drive improvements in public services.

3.3 The role and functions of Overview and Scrutiny Committees are outlined in [The City Council's Constitution | Birmingham City Council](#) They will:

- Make reports and/or recommendations to the full Council, the Executive and/or other organisations in connection with the discharge of the functions specified in their terms of reference.
- Consider any matter covered in their terms of reference that may affect or be likely to have an effect on the citizens of Birmingham; relevant to the Council's strategic objectives; relevant to major issues faced by officers in managing a function of the Council; and likely to make contribution to moving the Council forward and achieving key performance targets.

3.4 Effective scrutiny needs to add value. A well planned and timely work programme enables Overview and Scrutiny Committees to be involved at the right time and in the right way, and ensure their involvement is meaningful and can influence the outcome.

3.5 Members often have a number of topics suggested to them and are therefore required to **prioritise** matters for consideration. The Scrutiny Framework sets out the following factors to be considered:

- Public interest: concerns of local people should influence the issues chosen.
- Ability to change: priority should be given to issues that the Committee can realistically influence.
- Performance: priority should be given to areas in which the Council and Partners are not performing well.
- Extent: priority should be given to issues that are relevant to all or a large part of the city.
- Replication: work programme must take account of what else is happening to avoid duplication.

Looking Ahead

- 3.6 Overview and Scrutiny Committees will identify a ‘menu’ of issues (including policy development, policy review, issues of accountability and statutory functions) at the start of the year. Each Committee should then regularly review their ‘menu’ and decide which issues need to be examined further, and how that work would be undertaken. Scrutiny activities should be thorough and undertaken in a timely manner.

Scrutiny Methods

- 3.7 There are a range of ways to undertake scrutiny. The approach for 2023-24 enables flexible scrutiny and outlines a shift from monthly formal meetings to a combination of approaches. The Committee will choose the most effective scrutiny method to achieve the desired aims and objectives for each topic.
- 3.8 Based on Statutory Guidance published in 2019, different scrutiny methods include (but are not limited to):
- A single item, or items, on a committee agenda – this method fits more closely with the “overview” aspect of the Scrutiny function and provides limited opportunity for effective scrutiny. It is most appropriate for specific issues where the committee wants to maintain a watching brief.
 - A single item meeting, either as the committee or a more limited number of Members. It has the capacity to enhance the previous option by taking evidence from a number of witnesses.
 - A task and finish day - provided that these are properly focused, they ensure Councillors can swiftly reach conclusions and make recommendations and are effective even for complex topics.
 - A task and finish review – this is an enhancement of the previous option being held over four or six meetings spread over a limited number of months.

Health and Adult Social Care Overview and Scrutiny Committee

- 3.9 The Committee’s Terms of Reference is to fulfil its functions as they relate to any policies, services and activities concerning the development of Health and Wellbeing Board and relationship with NHS and private providers; social care services and safeguarding for adults; public health services; healthy living, and discharge of the relevant overview and scrutiny role set out in the National Health Service Act (2006) as amended by the Health and Social Care Act (2012) including:
- The appointment of Joint Overview and Scrutiny Committees with neighbouring authorities
 - The exercise of the power to make referrals of contested service reconfigurations to the Secretary of State as previously delegated to the Health and Social Care Overview and Scrutiny Committee by the Council.

3.10 The Committee is chaired by Cllr Mick Brown, and its membership comprises Cllrs Cllrs Shabina Bano, Kath Hartley, Amar Khan, Gareth Moore; Rob Pocock, Julien Pritchard and Paul Tilsey.

4 Work Programme 2023-24

4.1 Appendix 1 sets out the topics the Committee will consider over the next few months, and also outlines future items for consideration.

4.2 The Committee may decide to add further items to the work programme during the course of the year. When considering this, the Committee is advised to consider where it can best add value through scrutiny, and how it can prioritise topics for consideration based on the Scrutiny Framework referred to in 3.5.

4.3 The Council's latest Forward Plan: [August 2023 Forward Plan \(cmis.uk.com\)](https://cmis.uk.com) may assist Members in identifying future topics. The following reports are of particular relevance to this Overview and Scrutiny Committee:

ID Number	Title	Proposed Date of Decision
011796/2023	Staying Independent at Home: Adaptation and Improvement Service Contract Award	05/09/23

4.4 Overview and Scrutiny Chairs are advised to maintain regular engagement with Cabinet Members to enable flexibility to be built into the Overview and Scrutiny work programme, so as to respond to the Council's policy priorities in a timely way.

4.5 The work programme attached as Appendix 1 also cross references the work of the Scrutiny Committee with the Council's Corporate Priorities 2022-26. During the June 2023 – January 2024 the work of the Health and Adult Care Overview and Scrutiny Committee will contribute to 9 Corporate Priorities.

4.6 The work of the Children and Young People's Mental Health Task and Finish Group has progressed. The Group met in July to consider draft recommendations and will consider the draft report in September. All members of the Health and Adult Care OSC will be invited to the Task and Finish meeting in October to consider the final report.

4.7 It was agreed at the July Committee meeting that the Health and Adult Care Overview and Scrutiny Committee would consider how it undertakes the statutory power to scrutinise NHS services for residents in Birmingham to ensure that over a period of 2-3 years all NHS Trusts engage with the Scrutiny Committee. The NHS Trusts that are based in the City / provide care for Birmingham residents are: University Hospital Birmingham NHS Foundation Trust, Sandwell and West Birmingham NHS Trust, Birmingham Women's and Children's NHS Foundation Trust, Birmingham Community Health Trust, Birmingham and Solihull Mental Health

NHS Foundation Trust, The Royal Orthopaedic Hospital NHS Foundation Trust, West Midlands Ambulance Service.

- 4.8 Since the establishment of Integrated Care Systems (ICS) the Integrated Care Board (ICB) is responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in Birmingham and Solihull. This includes the co-ordination across the system working with provider organisations to ensure that quality of services is monitored and action taken where needed to address quality issues. The Hewitt Review of ICS arrangements identifies Health Scrutiny as playing an important role as the ‘overview and scrutiny of the System’ including ICB arrangements and its relationship with its stakeholders in ensuring a system-wide and collaborative approach to service delivery of health and social care.
- 4.9 It is therefore proposed that the Health and Adult Care Overview and Scrutiny Committee scrutinises the quality of services across NHS systems, rather than focusing on specific organisations and that the ICB and relevant providers work in collaboration to provide reports and attend Committee meetings. In order to inform the Committee’s decision about which parts of the system should be asked to report to the Health and Adult Care Overview and Scrutiny Committee and the Joint Health Overview and Scrutiny Committees, the ICB will provide a quality report to the Health and Adult Social Care Committee meeting in November 2023 that will set out quality measures including outcomes / recommendations of the most recent CQC report, providers most recent Quality Account, analysis of complaints and how this has driven service improvement, key risks / issues for the Trust and plans to address these across the NHS systems which can inform the development of this aspect of the Committee’s work programme.

5 Any Finance Implications

- 5.1 There are no financial implications arising from the recommendations set out in this report.

6 Any Legal Implications

- 6.1 There are no legal implications arising from the recommendations set out in this report.

7 Any Equalities Implications

- 7.1 The Council has a Public Sector Equality Duty under the Equality Act (2010) to have due regard to the need to:
- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act.
 - advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.

- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

7.2 The protected characteristics and groups outlined in the Equality Act are Age; Disability; Gender Reassignment; Marriage and Civil Partnership; Pregnancy and Maternity; Race; Religion and Belief; Sex, and Sexual Orientation.

7.3 The Committee should ensure that it addresses these duties by considering them during work programme development, the scoping of work, evidence gathering and making recommendations. This should include considering how policy issues impact on different groups within the community, particularly those that share a relevant protected characteristic; whether the impact on particular groups is fair and proportionate; whether there is equality of access to services and fair representation of all groups within Birmingham; and whether any positive opportunities to advance equality of opportunity and/or good relations between people are being realised.

7.4 The Committee should ensure that equalities comments, and any recommendations, are based on evidence. This should include demographic and service level data and evidence of residents/service-users views gathered through consultation.

8 Appendices

8.1 Appendix 1: Health and Adult Social Care Overview and Scrutiny Committee Work Programme 2023-24 - September

9 Background Papers

9.1 [Birmingham City Council Constitution](#)

9.2 Birmingham City Council Overview and Scrutiny Framework April 2021

Health and Adult Social Care Overview and Scrutiny Committee Work Programme 2023 / 24

Month	Item/Topic Link with Corporate Priorities	Aims and Objectives	Scrutiny Method	Cabinet Member/ Lead Officer	Other Witnesses	Additional Information and Outcome*
July 2023	CQC Pilot Inspection Corporate Priorities: 16	To update the Scrutiny Committee on the pilot CQC Inspection of Adult Social Care Services including Adult Social Care performance. To enable the Committee to provide assurance / recommendations to inform the preparation for the pilot inspection. To understand how the performance of adult social care will be overseen in future and how the role of the HASC relates to the work of the CQC to inform the Committee's work programme	Committee Meeting single item: Agenda item for OSC meeting on 4 July 2023. 10.00am Deadline for reports: 23 June Venue: Council House, Committee Rooms 3 and 4	Professor Graeme Betts CBE Strategic Director Adult Social Care	Andy Cave, Chief Executive, Healthwatch Birmingham	Outcomes: 3 recommendations were made to Strategic Director Adult Social Care following discussion at Committee. The recommendations are captured in the Committee Action Tracker HASC Chair contributed to CQC pilot inspection
July 2023	Integrated Care System Governance: Place Committee and decision-making powers. Corporate Priorities: 16	To inform the Committee of the Governance arrangements of the ICS and the role and responsibilities of the Birmingham Place Board.	Committee Meeting single item: Agenda item for OSC meeting on 4 July 2023. 10.00am	Professor Graeme Betts CBE Strategic Director Adult Social Care	Andy Cave, Chief Executive, Healthwatch Birmingham	Outcomes: 3 recommendations were made the Chief Executive of the ICS following discussion at Committee.

		<p>This will include how the principle of subsidiarity will be implemented in practice, the governance arrangements and how this links with Primary Care Networks and Local Authority locality working.</p> <p>The Committee to agree any comments / recommendations.</p>	<p>Deadline for reports: 23 June</p> <p>Venue: Council House, Committee Rooms 3 and 4</p>			<p>The recommendations are captured in the Committee Action Tracker</p>
July 2023	<p>Scrutiny Work Programme</p> <p>Statutory Health Scrutiny Function</p>	<p>To review the Committee's work programme, agree work to be undertaken during August – November and issues for future consideration.</p> <p>To consider the Council's Corporate Risk Register to inform the Committee's work programme.</p>	<p>Committee Meeting single item: Agenda item for OSC meeting on 4 July 2023. 10.00am</p> <p>Deadline for reports: 23 June</p> <p>Venue: Council House, Committee Rooms 3 and 4</p>	<p>Fiona Bottrill Senior Overview and Scrutiny Manager</p>		<p>Outcome:</p> <p>Comments submitted to inform commissioning of sexual health services based on report and discussion at HASC meeting February 23.</p>
July 2023	<p>Inquiry: Children and young people's mental health</p> <p>Corporate Priorities: 15</p>	<p>Review evidence and develop draft recommendations</p>	<p>Task and Finish Group meeting w/c 18 July</p>	<p>Fiona Bottrill, Senior Overview and Scrutiny Manager</p>		

July 2023	Inquiry: Children and young people's mental health Corporate Priorities: 15	Meeting with key partners to discuss draft recommendations	Task and Finish Group meeting 26 July	Fiona Bottrill, Senior Overview and Scrutiny Manager		
September 2023	Inquiry: Children and young people's mental health Corporate Priorities: 15	Sign off draft Inquiry report	Task and Finish Group meeting 6 September	Fiona Bottrill, Senior Overview and Scrutiny Manager		
September 2023	Primary Care Enabling Strategy Corporate Priorities: 8, 13, 16	To receive a report on the NHS/ICB Primary Care Enabling Strategy setting out how primary care will be prioritised in the delivery of health and social care in Birmingham	Committee Meeting single item: Agenda item for OSC meeting on 19 September 10.00am Deadline for reports: 7 th September Venue: Council House, Committee Rooms 3 and 4	Anna Hammond, Director of GP Provider Support and Dr Sunando Ghosh, Primary Care Medical Services Board Partner Member		Requested by ICB to come to September Committee Meeting
September 2023	Scrutiny Contribution to the Budget Savings and Recovery Plan Corporate Priorities: 16	To consider the implications of Equal Pay and the Medium-Term Financial Plan for the Committee's work programme including agreed savings for 2023/24.	Committee Meeting single item: Agenda item for OSC meeting on 19 September 10.00am	Cllr. Khan, Cabinet Member, Adult Social Care Professor Graeme Betts CBE Strategic Director Adult Social Care	TBC	It was agreed at Co-ordinating in July that all Scrutiny Committees would consider the implications of Equal Pay and the Medium Term Financial Plan at the September Committee Meetings.

			<p>Deadline for reports: 8 September</p> <p>Venue: Council House, Committee Rooms 3 and 4</p>			
September 2023	<p>Work Programme report to include Health and Adult Social Care OSC and Joint Health Overview and Scrutiny Committee role in NHS quality assurance.</p> <p>Statutory Health Scrutiny Function</p>	<p>To agree a 2-3 year schedule of reports from NHS Trust based in / serving Birmingham and Joint HOSC areas including:</p> <p>CQC report Quality Account Analysis of complaints and how this has driven service improvement. Key risks / issues for the Trust and plans to address these.</p> <p>The Committee to agree any comments / recommendations.</p>	<p>Agenda at HASC OSC Committee Meeting 19 September 10.00am</p> <p>Deadline for reports: 8 September</p> <p>Venue: Council House, Committee Rooms 3 and 4</p>	Fiona Bottrill, Senior Overview and Scrutiny Manager		<p>NHS Trusts based in / serving Birmingham:</p> <p>UHB BWCT NHS FT Sandwell and West Birmingham Birmingham CHT BSMHFT Royal Orthopaedic NHS FT WMAS</p>
October 2023	<p>Inquiry: Children and young people's mental health</p> <p>Corporate Priorities: 15</p>	<p>Task and Finish Group to agree consider comments received on draft report</p>	<p>Task and Finish Group meeting w/c 2 October</p>	Fiona Bottrill, Senior Overview and Scrutiny Manager		<p>All Members of the Committee will be invited to this meeting to be informed of issues and recommendations.</p>

<p>October 2023</p>	<p>Monitoring implementation recommendation R01 from Scrutiny Inquiry on Legacy of Commonwealth Games</p> <p>Corporate Priorities: 4 & 14</p>	<p>To update on the development of the inclusive Sports Strategy and Activity City Strategy.</p> <p>The Committee to agree any comments / recommendations.</p>	<p>Committee Meeting single item: Agenda at HASC OSC Committee Meeting 17 October, 10.00am</p> <p>Deadline for reports: 6th October</p> <p>Venue: Council House, Committee Rooms 3 and 4, 10am.</p>	<p>Lynda Bradford, Interim Service Lead, Physical Activity, and Helen Corrigan, Leisure Project & Client Manager.</p>	<p>Inquiry report available from: Document.ashx (cmis.uk.com)</p> <p>Recommendations to be completed by October 2024 R01: b) Provide an outline of how the insight and experience of disabled citizens will inform the new Sport and Physical Activity strategies.</p> <p>d) Continue to build upon the new partnerships developed through the CWG, and work with the Birmingham Disability Sports Forum to maximise the impact of the strategy and understanding the range of activity on-going in the city</p> <p>Corporate Performance and Delivery Plan milestones City Operations Sport Strategy to be concluded by Mar 24.</p> <p>Public Health Physical Activity milestone delivery date of Dec 23</p>
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October 2023	<p>Access to dental services and need.</p> <p>Corporate Priorities: 13, 14</p>	<p>To receive a report from the ICS to understand the issues relating to access to dental services in Birmingham and the impact this has on oral health.</p> <p>Based on this information the Committee may decide to undertake further work through a Task and Finish Group.</p> <p>The Committee to agree any comments / recommendations.</p>	<p>Committee Meeting single item: Agenda at HASC OSC Committee Meeting 17 October, 10.00am</p> <p>Deadline for reports: 6 October</p> <p>Venue: Council House, Committee Rooms 3 and 4</p>	TBC		<p>This is regional service and timescale dependent on ongoing work at BSOL and regional level.</p> <p>Link to Healthwatch report on accessing dentistry services: Impact report: Changes to accessing NHS dentistry in Birmingham and Solihull - Healthwatch Birmingham</p> <p>Following this report the Committee may wish to undertake further work through a Task and Finish Group.</p>
October 2023	Scrutiny Inquiry on Children and Young People's Mental Health	<p>To approve the report agree the recommendations of the Children's and Young People's Scrutiny Inquiry and note any recommendations agreed by City Council</p>	<p>Committee Meeting single item: Agenda at HASC OSC Committee Meeting 17 October, 10.00am</p> <p>Deadline for reports: 6 October</p> <p>Venue: Council House, Committee Rooms 3 and 4</p>	Cllr. Mick Brown, Chair of Inquiry Task and Finish Group	Fiona Bottrill, Senior Overview and Scrutiny Committee Manager.	

November 2023.	Birmingham and Lewisham African and Caribbean Health Inequalities Review (BLACHIR) Corporate Priorities: 13	To update members on the implementation of BLACHIR actions and enable the Committee to inform the implementation of the Review recommendations including what impact the programme has had to date and how the medium / long term impact will be measured.	Committee meeting single item: 21 st November. Presentation/Paper Deadline: 7 th Nov. Venue: Council House, Committee Rooms 3 and 4 at 10am	September 23	Birmingham and Lewisham African and Caribbean Health Inequalities Review (BLACHIR)	To update members on the implementation of BLACHIR actions and enable the Committee to inform the implementation of the Review recommendations including what impact the programme has had to date and how the medium / long term impact will be measured.
November 2023	Day Opportunities Corporate Priorities: 16	To update the Committee on the policy development on the Day Opportunities Service to enable Scrutiny to inform the Cabinet decision. The Committee to agree any comments / recommendations.	Committee Meeting single item: Agenda at HASC OSC Committee 17 October 2023 10.00am Deadline for reports: 6 October Venue: Council House, Committee Rooms 3 and 4	Dr Temitope Ademosu Assistant Director - Adult Social Care (Community services and EDI)	Red Quadrant (TBC)	City Observatory : Request demographics information to understand future demand for services.
Jan 2024.	Birmingham Safeguarding Adult Board (SAB) Annual Report 2022/23	To update the Committee on the children's safeguarding arrangements in the city.	Committee meeting single item: 24 January 2024.			Birmingham Safeguarding Adult Board (SAB) Annual Report 2022/23

	Corporate Priorities: 10.		Presentation/Paper Deadline: 9 th Jan 24 Venue: Council House, Committee Rooms 3 and 4 at 10am			Recommendation from Co-ordinating OSC that all OSCs consider relevant aspects of Domestic Abuse in the work programme. To consider Adult Safeguarding Issues related to Domestic Abuse. The Neighbourhoods OSC work programme includes informing the development of the new Domestic Abuse Prevention Strategy
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*Outcome: This will be populated once the item/topic has been completed. It will identify the added value and impact.

Birmingham and Sandwell Joint Health Overview and Scrutiny Committee

Month	Item/Topic	Aims and Objectives	Scrutiny Method	Cabinet Member/ Lead Officer	Other Witnesses	Additional Information and Outcome*
Sept 2023	Midland Metropolitan Hospital: Emergency and Urgent Patient Care Statutory Health Scrutiny Function	Consider update report on Patient Care at Midland Metropolitan Hospital, including actions from CQC inspection recommendations.	Committee meeting single item: 27 th Sept. Venue: Council House, Sandwell Council, Oldbury.			
Sept 2023	Midland Metropolitan Hospital:	TBC with Sandwell Officer colleagues.	Committee meeting single			

	Models of care across the Trust. Statutory Health Scrutiny Function		item: 27th Sept. Venue: Council House, Sandwell Council, Oldbury.			
TBC	Scrutiny and Quality Assurance. Statutory Health Scrutiny Function.	To agree a 2–3-year schedule of reports from NHS Trust serving Birmingham and Joint HOSC areas including: CQC report Quality Account Analysis of complaints and how this has driven service improvement Key risks / issues for the Trust.				

*Outcome: This will be populated once the item/topic has been completed. It will identify the added value and impact.

Birmingham and Solihull Joint Health Overview and Scrutiny Committee

Month	Item/Topic	Aims and Objectives	Scrutiny Method	Cabinet Member/ Lead Officer	Other Witnesses	Additional Information and Outcome*
July 2023	Report on 3 Independent Reviews of University	To provide assurance to the Committee on the outcome of the Well Led and progress	Committee Meeting single item: Agenda	David Melbourne, BSOL ICB Chief Executive		Information requested on April 23 Joint HOSC: To receive a copy of the ICS

	<p>Hospital Birmingham NHS Foundation Trust: Patient Safety Review Culture Review Well Led Review of Leadership and Governance</p> <p>Statutory Health Scrutiny Function</p>	<p>on the Culture review and timescales and implementation of the recommendations of the Patient Safety Review.</p> <p>To consider the Healthwatch ground rules for the 3 Reviews and if these have been met.</p>	<p>item at Joint HOSC meeting 25th July 23</p> <p>Deadline for reports 14th July 23</p> <p>Venue: Council House, Committee Rooms 3 and 4</p>			<p>analysis of the UHB Trust's <i>Standardised Hospital Mortality Ratio (SHMR)</i>;</p> <p>To receive an annual summary of the learning that had taken place over the course of the year across UHB be brought forward and submitted to the JHOSC in future;</p> <p>To receive a roadmap for the remaining reviews in terms of how they will report, expected dates/timescales/milestones.</p> <p>Outcomes:</p> <p>Update provided on reviews</p> <p>Public Engagement / Citizen voice: Engagement between patients families and UHB following deputation at meeting</p> <p>Assurance provided regarding Healthwatch ground rules.</p>
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July 2023	BSol ICS update on performance against finance and recovery plans Corporate Priority 8, 13 & 16	To update the members on the ICS financial position and recovery of healthcare services following the impact of the covid pandemic.	Committee Meeting single item: Agenda item at Joint HOSC meeting 25 July 23 Deadline for reports 14 July 23 Venue: Council House, Committee Rooms 3 and 4	Paul Athey, BSOL ICS Chief Finance Officer		Outcomes: Update provided on ICS financial position and recovery of healthcare services.
October 2023	Maternity Services at Heartlands Hospital Corporate Priority 13	To consider the CQC report findings and actions to be taken by the Trust.	Committee Meeting: Agenda item at Joint HOSC meeting 5 th October '23. Venue: Council House, Solihull	TBC		
October 2023.	Birmingham and Solihull ICS Performance on Finance & Recovery plans. Corporate Priority 8, 13 & 16	To provide a summary of key performance and deliverables (as at end of September).	Committee Meeting: Standard agenda item at Joint HOSC meetings. 5th October '23. Venue: Council House, Solihull	Paul Athey, Chief Finance Officer		To be published at the end of June 2023

Oct. 2023	West Midlands Ambulance Service Delivery Corporate Priority 8, 13 & 16	To consider the West Midlands Ambulance Service activities such as conveyance to hospitals, lost hours to handover delays, response time by call category, profile of Serious Incidents, actions taken by WMAS, high impact actions to make a difference, outcomes from a WMAS perspective	Committee Meeting: Agenda item at Joint HOSC meeting 5th October '23. Venue: Council House, Solihull	TBC		
Oct. 2023	Winter Pressure Update Corporate Priorities 8, 13 & 16	To discuss the wider topic of winter pressures as part of A&E pressures and ambulance issues to be considered by Committee. A&E pressures were a perennial problem in winter. To discuss at October meeting ahead of winter.	Committee Meeting : Agenda item at Joint HOSC meeting 5th October '23. Venue: Council House, Solihull	TBC		
Jan.2024	ICS Work Force Planning. Statutory Health Scrutiny Function.	TBC	Committee Meeting: Agenda item at JHOSC meeting in January (Date TBC)			
Jan. 2024.	Scrutiny and Quality Assurance. Statutory Health Scrutiny Function.	To agree a 2-3 year schedule of reports from NHS Trust serving Birmingham and Joint HOSC areas including: <i>CQC report.</i> <i>Quality Account.</i>				

		<i>Analysis of complaints and how this has driven service improvement. Key risks / issues for the Trust.</i>				
Jan 2024	Monitoring of implementation of Recommendations from UHB Reviews. Statutory Health Scrutiny Function.	The ICS and UHB to report on the implementation of the recommendations from the UHB reviews.	Committee Meeting: Agenda item at JHOSC meeting in January (Date TBC)			
TBC	Update on post-covid syndrome / Long covid and rehabilitation. Corporate Priorities 13 & 16	To understand the impact of post covid syndrome / long covid and the services / support that is available.				
TBC	CQC report Birmingham & Solihull Mental Health Trust (BSMHST) Corporate Priorities 8 & 16.	To update the Scrutiny Committee on the CQC Inspection of BSMHST performance, including any progress on recommendations for action.				

*Outcome: This will be populated once the item/topic has been completed. It will identify the added value and impact.

Menu of Issues for Consideration

The following items had been identified as potential topics for future consideration. This approach enables the Overview and Scrutiny Committee to remain flexible and respond in a timely manner to emerging issues.

This is a live work programme work programme. New items may be added, or items removed during the course of the year. Proposed aims and objectives as well as scrutiny methodology may also be subject to change.

Item/ Topic	Proposed Aims and Objectives	Proposed Scrutiny Method	Additional Information
Immunisation and vaccinations. Corporate Priorities 13 & 16	Immunisations and vaccinations for children under 5 Implications of covid immunisations rates for health and care staff	Task and Finish Group	This work could commence following the completion of the CYP mental health Inquiry.
Primary Care Access Corporate Priorities 13 & 14	TBC		Link to National GP recovery plan Suggested timescales to update on plan November – December 23
ICS 10 year strategy. Corporate Priorities 8, 13 & 16	TBC		Annual review of key strategic priorities. Suggested timescale April 24
Birmingham City Council Commissioned Services: <ul style="list-style-type: none"> • Birmingham Sexual Health Services • Birmingham Substance Misuse Services • Forward Thinking Birmingham Corporate Priorities 8, 13, & 15	Report to come to Health and Adult Care OSC prior to recommissioning of the service to enable the Committee to inform Cabinet decisions.		Members may wish to agree comments / recommendations based on the report to the February 2023 Committee meeting to inform the re-tendering process for sexual health services.
Birmingham Safeguarding Adults Board Annual report and priorities. Corporate Priorities 10, 13, 16	To update the Committee on the work of the Birmingham SAB such as: <i>Implementation of Strategic Priorities.</i> <i>Adult Safeguarding Data.</i> <i>Learning from Safeguarding Adult Reviews.</i> <i>Adult Safeguarding Issues related to Domestic Abuse.</i>	BASB to attend the Jan 23, 2024 HASC meeting.	Recommendation from Co-ordinating OSC that OSCs consider relevant aspects of Domestic Abuse in the work programme. The Neighbourhoods OSC work programme includes: Informing the development of the new Domestic Abuse Prevention Strategy
Engaging with Third Sector providers of Adult Social Care	TBC		

Corporate Priorities 16			
Obesity and Food Strategy Corporate Priorities 8, 14 & 16	What actions have been implemented as part of the Food Strategy and what impact have these had? How will the medium and long terms impact be demonstrated? How has the strategy helped to reduce inequalities and food poverty?		Link to Food Strategy: Birmingham Food System Strategy Birmingham City Council
Population health and inequalities Corporate Priority 13		Task and Finish Group	How health has changed in your area - Office for National Statistics (ons.gov.uk)

Scrutiny Method Options:

Committee meeting - single item

Committee meeting - single theme

Task and Finish Group (outline number of meetings)

On location

Other - (describe)

Corporate Priorities, Performance and Outcomes**Corporate Priorities 2022 – 26:**

1 Support inclusive economic growth

11 Increase affordable, safe, green housing

- | | |
|--|---|
| 2 Tackle unemployment | 12 Tackle homelessness |
| 3 Attract inward investment and infrastructure | 13 Tackle health inequalities |
| 4 Maximise the benefits of the Commonwealth Games | 14 Encourage and enable physical activity and healthy living |
| 5 Tackle poverty and inequalities | 15 Champion mental health |
| 6 Empower citizens and enable citizen voice | 16 Improve outcomes for adults with disabilities and older people |
| 7 Promote and champion diversity, civic pride and culture | 17 Improve street cleanliness |
| 8 Support and enable all children and young people to thrive | 18 Improve air quality |
| 9 Make the city safer | 19 Continue on the Route to Zero |
| 10 Protect and safeguard vulnerable citizens | 20 Be a City of Nature |
| | 21 Delivering a Bold Best in Class Council |

Information on the Corporate Priorities, Performance and City Outcomes was reported to the Health and Adult Social Care OSC in June 23: [Document.ashx \(cmis.uk.com\)](#)