

BIRMINGHAM CITY COUNCIL

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (BIRMINGHAM AND SOLIHULL)

WEDNESDAY, 07 FEBRUARY 2024 AT 14:00 HOURS
IN COMMITTEE ROOM 6, 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 - 14** 4 **MINUTES OF MEETING – 5TH OCTOBER 2023.**
- To note and approve minutes of the last JHOSC meeting held on 5th October 2023.
- 15 - 22** 5 **JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE ACTION TRACKER (14.05-14.08HRS).**
- To review and note the actions from previous Birmingham and Solihull Joint Health Overview and Scrutiny Committee meeting.
- 23 - 28** 6 **MONITORING OF IMPLEMENTATION OF RECOMMENDATIONS FROM UHB REVIEWS (14.08-14.45HRS).**
- To receive a report from UHB/ICB on the implementation of the recommendations from the UHB reviews.
- 29 - 40** 7 **INTEGRATED CARE SERVICES WORKFORCE PLANNING UPDATE (14.45-15.10HRS).**
- Update report from Lisa Stalley-Green, Deputy CEO Birmingham/Solihull Integrated Care Board (ICB) on ICS workforce planning in the health and social care sectors.
- 41 - 58** 8 **BIRMINGHAM AND SOLIHULL INTEGRATED CARE SERVICES (ICS) UPDATE ON PERFORMANCE AGAINST FINANCE AND RECOVERY PLANS (15.10-15.40)**
- To receive a report from the Chief Finance Officer, Birmingham and Solihull ICS, on the summary of the key finance and performance deliverables as at the end of November 2023.
- 59 - 68** 9 **WEST MIDLANDS AMBULANCE SERVICE ACTIVITIES UPDATE REPORT (15.40-15.55).**
- To receive a report update from Strategy Engagement Director, West Midlands Ambulance Service (WMAS), on its activities and performance objectives/outcomes.
- 69 - 80** 10 **JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE WORK PROGRAMME 23/24 (15.55-16.00HRS).**
- To consider issues for the Committee's Work Programme for 2023/24.

11 **DATE AND TIME OF NEXT MEETING**

To agree a date and time.

12 **OTHER URGENT BUSINESS**

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

**BIRMINGHAM AND SOLIHULL JOINT HEALTH OVERVIEW AND SCRUTINY
COMMITTEE (JHOSC)**

5th OCTOBER 2023

MINUTES

Present: Solihull: Councillors G Sleigh (Chairman), S Gethen, R Long, A Mackenzie

Birmingham: Councillors R Pocock, D Harries, S Bano, G Moore

Witnesses: Mandy Nagra, Chief Delivery Officer, Birmingham & Solihull ICB (Virtual)
Alan Butler, Associate Director for Delivery and Development, Birmingham
& Solihull ICB (Virtual)

Margarett Garbett, Chief Nursing Officer, UHB

Lisa Stalley-Green, Deputy Chief Executive and Chief Nurse, Birmingham
& Solihull ICB

Elizabeth Howland, Deputy Chief Medical Officer Consultant Obstetrician
and Gynaecologist, UHB

Carla Charles-Jones, Director of Midwifery, UHB

Paul Athey, Chief Finance Officer, Birmingham & Solihull ICS

Support Officers: Paul Rogers, Senior Democratic and Scrutiny Officer (Solihull Metropolitan
Borough Council)

Adewale Fashade, Interim Scrutiny Officer, Birmingham City Council
(Virtual)

1. APOLOGIES

Apologies were received from Councillor S Ashraf (Solihull Metropolitan
Borough Council), and Councillor M Brown (Birmingham City Council).

2. DECLARATIONS OF PRECUNINARY / CONFLICTS OF INTEREST

Councillor Moore declared that he was a Trustee of Citizens Advice Bureau,
which had contracts with Birmingham City Council

3. QUESTIONS AND DEPUTATIONS

No questions or deputations were received.

4. MINUTES

The Joint Health and Overview Scrutiny Committee considered the draft Minutes
arising from the previous meeting held on 25th July 2023.

RESOLVED:

- (i) That the minutes of the Joint Overview and Scrutiny Health
Committee meeting held on 25th July 2023 be approved as an

accurate record of the meeting.

5. DELIVERY OF MATERNITY SERVICES – PROGRESS UPDATE FOR HEARTLANDS HOSPITAL

The Deputy Chief Executive and Chief Nursing Officer (NHS Birmingham and Solihull ICB) and Director of Midwifery (UHB) presented the report to the Committee.

The Committee was informed that UHB was one of three NHS Trusts providing maternity services in the BSOL area. Between them, Heartlands and Good Hope hospitals delivered 10,000 babies annually. There were links in the region services by the hospitals with some cases of high social deprivation and infant mortality.

The Care Quality Commission (CQC) report was published in June 2023 into maternity services at Heartlands and Good Hope hospitals following CQC inspections undertaken on the 8th and 9th February 2023. Consequently, a Section 29a Warning Notice was issued to the Trust on 23rd February 2023, which raised immediate concerns and requirements for the Trust to respond and improve areas of safety in practice.

Specifically, the CQC raised concerns with there being insufficient medical staff to provide safe care and treatment, to support the triage/Pregnancy Assessment Emergency Room (PAER) effectively and that significant improvements to medical staffing were required. The Trust did not have the Director of Midwifery in post at this point in time. The CQC inspection also identified a number of areas of good practice, namely related to safeguarding and bereavement services.

The Trust responded by drawing up a neo - natal and maternity improvement plan for sign off via both the UHB Trust Board and ICB Board. Enhanced monitoring arrangements were also put in place to gauge service improvement.

The Deputy Chief Medical Officer Consultant Obstetrician and Gynaecologist, UHB informed Members that Heartlands Hospital supported 5, 500 mothers annually. A larger, better environment was required to support future mothers with improved room availability, as a significant majority required additional monitoring. The redevelopment of the Princess of Wales Women's Unit was expected to contribute towards providing an improved environment.

Designated medical cover arrangements have been put in place for the Delivery Suite and robust cover arrangements addressed support for the PAER. Further work was also being undertaken regarding compliance in seeing patients in a timely manner. Subsequent patient feedback following the introduction of the new measures to support timeliness was reported to be positive.

JHOSC Members were advised that the CQC had paid attention to Midwifery Services, which were seen as key to running efficient services. The Thrust had consequently spent considerable time in reviewing leadership arrangements in the Midwifery Service and had consequently appointed a Director of Midwifery and a Head of Midwifery for each hospital site. The number of consultees

Midwives had also been increased two. Medical leadership had also been reviewed and an additional layer of senior leaders put in place.

Governance arrangements were reviewed and strengthened with the appointment of a Governance Midwife to ensure robust compliance with reporting and procedures.

The Director of Midwifery UHB, advised JHOSC Members that she had been appointed and in post only from June 2023. Members were advised that the priority for the Director of Midwifery was patient safety. Significant progress had since been made around the patient triage area, identifying vulnerable patients via the demographic presenting (in some cases relating to BAME women and women refugees). Processes were continuing to be strengthened in the areas relating to leadership, supporting/engaging with women presenting to the service, culture and care pathways.

The Trust has established an engagement/advisory group comprising women who had used Maternity Services to ask directly what the best model of care would look like for them.

Having received the report presentation, the Chairman invited Members of the Committee to submit questions pertaining to the detail within the report. In response to questions from Members, the Committee were informed by the witnesses present that:

- The issuing of the Section 29a Warning Notice to the Trust had not been unexpected following the CQC inspection. Three other Trusts had received a Warning Notice in the past twelve months. Inspections were reported to be increasingly identifying significant concerns in Trusts. The Trust continued to work with the CQC to identify the progress being made and to meet all requirements of Section 29a Warning Notice within 9-12 months of its issue.
- Leadership challenges within Trusts appeared to be a national issue. The Trust's structure was already under review prior to the CQC inspection, which did not reveal anything further in this area which the Trust was not already aware of itself.
- The NHS had identified leadership as a key priority throughout the organization, which had also led to significant new investment in maternity units. Significant public oversight was now also in place in instances where concerns had been raised, such as in the cases reported in Derby, Nottingham and Staffordshire. Sustainability of service was recognised as a key role for the ICS leadership to deliver, with a program of work established to address leadership and governance arrangements within the trust as well as seeking to reduce infant mortality.
- There were continued pressures placed on the Heartlands estate and access to services. The Integrated Care Board sought to ensure that workloads were evened out across the respective hospital sites to address pressures and access to services. It was found that when the whole health system was placed under pressure Heartlands and Good

Hope hospitals tended to take more of the urgent cases than other sites.

- Health inequalities were a part of the BSOL reality for many residents, particularly when addressing infant mortality.
- Some improvement workstreams had been identified and commenced before the CQC inspection had taken place, which had formed an Improvement Plan, which was being implemented. Some of the significant challenges already identified by the Trust included leadership challenges, such as appointing to the Head of Midwifery positions at each site, identifying maternity champions, and improving the environment of the Princess of Wales Women's Unit. All these issues were also subsequently raised in the CQC inspection report.
- Additionally, dedicated trained staff were now in place in the delivery suite at Heartlands hospital, which was addressing some of the causes of the delays accessing services. Infant mortality rates were reducing and were more in alignment with national ambitions for infant mortality rates generally.
- It was confirmed that Good Hope was a consultant-led service, with Solihull being a Midwifery led unit. Prior to the Covid-19 pandemic, the Solihull midwifery unit saw two births per month. The service was maintained with provision for acute neo natal clinics.
- The JHOSC raised concern that the CQC rating had changed from *Requires Improvement* to *Inadequate*, with the CQC stipulating that it required to see significant improvement by May 2023. Members queried what additional actions remained outstanding. The JHOSC was informed that additional actions would refer to midwifery services and medical cover, with a maternity and neo natal improvement program having been established to address these concerns. The service had moved department only a few months prior to the CQC inspection. One of the most significant actions to be addressed was the work undertaken to improve the Princess of Wales Women's Unit on the Heartlands site.
- An insight visit to the Trust was scheduled for November 2023, after which if all required improvements were evident the Trust would be encouraged to seek a further CQC review leading to the removal of Section 29a Warning Notice. A further review of Maternity Services would not be scheduled again for a further two years, but oversight visits would be scheduled every six months during the interim period.
- It was confirmed that the Capital Improvement Program was scheduled for completion by December 2023.
- Regarding the Improvement Plan arising from the CQC inspection held in 2019, the JHOSC was informed that post 2019 continuous improvements were made across the Heartland and Good Hope estates. During this period, which incorporated the C19 pandemic, NHS services were challenged on a national basis in terms of staff turnover. The Director of Midwifery position is recognized as a pivotal position in any NHS Trust.

With the appointment of the current Director of Midwifery for UHB, improvements were being made at pace, with a view to seeking to engage with the CQC again to perform another review.

- The Trust was disappointed with the CQC rating of *Inadequate*, but it was noted that some exceptional examples of good practice were also identified through the inspection. Members were advised that the value of leadership and continuity could not be underestimated in Midwifery Services.
- Regarding the excellent practice identified in Safeguarding Services, the JHOSC was informed that the service sought to engage with women proactively and was specifically seeking to strengthen the community care offer available.
- A Support Network and other initiatives were in place to support new Mother's. The importance of offering ante-natal care in the mother's home environment was fully recognised. The Trust continued to explore ways to deliver ante-natal care to new Mother's in the hospital and home settings for Mother's to exercise some choice and personal preferences.
- Several hundred thousand pounds had been invested to improve ante natal support services, which included support for Mother's for whom English was a second language or were not registered with any medical practice. Such Mothers were supported through the entire care pathway leading to birth and discharge to home, with any housing and equipment needs also being addressed by support services.
- Members of the JHOSC referred to the Berwick Review, specifically the finding for safety as being *Inadequate*, and asked whether the Trust was confident in giving assurances to prospective Mothers that giving birth in Heartland and Good Hope Hospitals was safe to do so. The JHOSC was advised that the Trust was confident in giving such assurances, with internal governance units and the CQC providing assurance around safety of the Midwifery Service. The JHOSC was further advised that the CQC had undertaken a thorough and comprehensive inspection, that the Trust had responded to quickly in terms of addressing its findings.

Having considered the report, the Joint Health Overview and Scrutiny Committee (JHOSC):

RESOLVED:

- (i) To note the progress update on actions being taken forward and implemented following the CQC rating of Maternity Services at Heartland Hospital; and;
- (ii) To receive a further Update Report on the delivery of improvement actions for Maternity Services at Heartland Hospital at a future meeting of the JHOSC scheduled for June/July 2024.

6. **INTERGRATED CARE SYSTEM APPROACH TO MANAGING FLOW AND ESCALATION DURING WINTER**

The report before the JHOSC outlined the proposed Birmingham and Solihull Integrated Care System (ICS) approach to managing winter pressures from October 2023 to March 2024. The JHOSC was advised that the focus would be a shared set of principles to align resources around hospital sites to manage flow, to use information and data to lever improvement and to escalate to the correct forum at the right time. The report was introduced by the Chief Delivery Officer, Birmingham & Solihull ICB and Associate Director for Delivery and Development, Birmingham & Solihull ICB.

The JHOSC was informed that an approach to manage winter pressures had been identified, which entailed having the correct medical structures in place and secondly, identifying priority areas. It was imperative that the correct services were in place with proposals which would manage patient flows during the winter period to keep residents safe. Systems leadership will be in place and will have a site-specific based focus. A place level approach would be utilized to manage patient flows. Five priority areas had been identified, namely:

1. Home based or virtual services to support patients;
2. Patients located on A&E Wards attendance at 10%;
3. Development of single transfer hub / single team supporting patients into a community pathway;
4. Supporting mental health patients, particularly support in the right place;
5. National Approach – Entailing a system co-ordination center to understand winter pressure points.

Having received the report presentation, the Chairman invited Members of the Committee to submit questions pertaining to the detail within the report. In response to questions from Members, the Committee were informed by the witnesses present that:

- Significant work had been undertaken to address staffing resilience in the scenario that significant numbers of medical and nursing staff were themselves impacted by winter illnesses leading to pressures on access to and delivery of medical services. Winter pressures workforce planning had already taken place, leading to investment in additional paramedics and health care assistants. Studies had also been undertaken regarding the potential impact of the influenza vaccination program on winter pressures.
- The JHOSC was assured that care services would not be allowed to be compromised. Agency staff would be procured if required to maintain staffing levels.

- The JHOSC highlighted and sought further clarity around the role of GP's and medical practices in managing winter pressures. The JHOSC was advised that substantial learning had taken place the previous winter period in respect of the role played by primary care colleagues, such as GP's and pharmacies. GP access specifically had received substantial attention over the past six months and attention was being given to how best support GP surgeries during the winter period, which has led to the early development of support plans for GP practices i.e., identification of what would be the most beneficial type of support. Further work was ongoing over the next 6-10 week period to provide support to primary care services. A systems model approach had also been adopted to support GP access.
- The JHOSC highlighted protocols for the discharge of patients from hospital before midday and delayed discharges (into late evening) for vulnerable patients and what actions were being taken to address delayed discharges. The JHOSC was advised that a current piece of work was leading to the establishment of a single Care Hub for cancer patients, which would place different professions in one team to reduce the number of hands-off points. It was expected to reduce instances of delayed discharge and put patients back into the community setting in a timely fashion. Work was also in progress which reviewed the national metric for patient discharges before 1:00 p.m., which was challenging. Earlier discharge had been a focus over the past two months and there was evidence that performance in this respect was beginning to improve.
- The JHOSC was further advised that a new patient discharge model at UHB was expected to make a significant difference to getting patients back home from hospital in a timely manner. It was also noted that a single discharge model across BSOL may also address any variations or inconsistencies with discharge practices.
- The JHOSC queried whether the monthly Executive Board meetings were frequent enough and whether the GOLD call system was adequate monthly. The JHOSC was advised that the ICS was nationally commended in 2022 despite the winter pressures it experienced, which saw the system coming together on GOLD and SILVER calls. There was a high level of confidence in the current model.
- It was confirmed that data was available regarding any patients being readmitted to hospital shortly after discharge. The last three months of data were quite positive, with the Trust's patient readmission rates not classed as an outlier statistically i.e., approximately an 8% readmission rate. The quality of data was also reviewed and monitored regularly by the Agency Care Board.
- The JHOSC was further advised that a weekly social care meeting was facilitated to assess the community, mental health and acute needs of patients prior to discharge, which entailed an assessment of whether the patient was fit for discharge and whether they had the correct level of support in place at home once discharged from hospital.

- The JHOSC highlighted reference in the report *to improve flow across mental health pathways by freeing up capacity for patients to continue their recovery in the community* and queried what this entailed. The JHOSC was advised that the weekly social care assessment meeting reviewed every patient prior to discharge, including any patient assigned to a bed for mental health, to evaluate their respective wraparound care and support requirements post discharge. Such arrangements could entail early intervention support, domestic care or a requirement for alternative settings etc.
- The JHOSC noted that appropriate support arrangements had to be in place before mental health patients were released into the community, especially when it was recognized that there was a shortage of mental health care staff. The JHOSC questioned what measures were in place addressing the shortage of mental health staff and what appropriate support was in place for mental health patients in the community. Members were advised that there was an immense challenge experienced around capacity in the winter of 2022/23. There was a strong mental health workforce in place. There was also significant work on-going around localities and primary care networks to provide mental health support. There was also a Home Support Mental Health Team in place.
- Regarding patient information, it was confirmed that BSOL had a shared care record system in place, with all data entries entered for an individual saved on to the shared care records.

Having considered the report, the Joint Health Overview and Scrutiny Committee (JHOSC):

RESOLVED:

- (i) To note the collaborative approach being taken to managing winter pressures as a Birmingham and Solihull Integrated Care System (ICS);
- (ii) To receive as part of the JHOSC Work Program for 2024/25 a future Update Report on Mental Health Services, addressing in further detail the issues raised above by the JHOSC; and,
- (iii) To receive as part of the JHOSC Work Program for 2024/25 a report addressing winter pressure preparations for 2024/25.

BIRMINGHAM AND SOLIHULL ICS FINANCE AND PERFORMANCE REPORT

7.

The Chief Finance Officer, Birmingham & Solihull ICS introduced the report, which provided a summary of the key finance and performance deliverables as at the end of July 2023.

The JHOSC was informed that working through to the end of year fiscal position

was challenging, with the possibility that a balanced budget position may not be delivered. The costs arising from industrial action in 2023 amounted to £8M via additional enhanced staff payment costs. Another £5M in costs arising from cancelled medical procedures.

BSOL recruitment and agency costs have seen changes over the past 6 – 9 months. There was substantial recruitment to access temporary staffing resources during this period, which brought some fiscal challenges regarding the use of agency staff.

Some slippages had been seen in the Efficiency Program, but was a lower level of concern than presented by the two areas referenced above.

Regarding cancer and elective services, backlogs continued in elective services, but was the system with the lowest wait of 70 weeks in the Midlands region. Cancer backlogs had reduced, with the Trust working to three new cancer standards from 1st October 2023.

Having received the report presentation, the Chairman invited Members of the Committee to submit questions pertaining to the detail within the report. In response to questions from Members, the Committee were informed by the witnesses present that:

- The JHOSC queried whether any contingency plans had been put in place for the industrial dispute and sought further clarity over the consequences arising from the industrial action. It was confirmed that fiscal contingency planning had commenced in January 2023 when the NHS settlement had been received. NHS business rules led to the repayment of any deficits in 2025/26.
- It was confirmed that any break- even position was unlikely to be achieved, with £19M enhanced controls in place specific subject of measures. There was no vacancy freeze in effect, but each individual post was evaluated on a risk basis as to whether it was advertised or not.
- The JHOSC was assured that any remedial fiscal actions were quality assured to ensure that there was no adverse quality impact on medical service delivery. Robust quality impact assessments were in place, including statutory duties involved in the assessment process.
- It was confirmed that there were overseas agency staff currently employed, particularly in nursing services, over the past two years. Over 2,000 international nurses have been recruited over the past two years, with the Trust now seeking to recruit therapists. However, the Trust was also looking a developing longer term local workforce solutions, particularly in terms of training and workforce development.
- The JHOSC was advised that under NHS Choice arrangements, patients were informed of the five options available to them in accessing services which could potentially shorten the waiting time they experienced e.g., via private care, other Trust services etc. However, hospital waiting times were now currently far longer than desired, which had led to an uptake in

private care services.

Having considered the report, the Joint Health Overview and Scrutiny Committee (JHOSC):

RESOLVED:

- (i) To note the report.

WEST MIDLANDS AMBULANCE SERVICE UPDATE

- 8. The report provided the JHOSC with an update on WMAS demand, hospital delays and performance for the period up to and inclusive of September 2023.

Having considered the report, the Joint Health Overview and Scrutiny Committee (JHOSC):

RESOLVED:

- (ii) To note the report.

The Birmingham and Solihull Joint Health Overview and Scrutiny Committee (JHOSC) meeting closed at 8:02 p.m.

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

Date of Meeting	AGENDA ITEM	ACTIONS	Lead Officer	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>Scrutiny Offices/City Observatory officers.</p> <p>Maria Gavin, AD, Adult and Social Care</p>	<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>David Melbourne CEO, ICB.</p>	<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>Maria Gavin, AD ASC.</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	Karl Beese, Commissioning Manager, ASC.	HASC feedback sent to Karl Beese to include in commissioning proposals to cabinet on 31/7.
19/09/2023	Scrutiny of delivery of 23/24 budget savings; response to Section 114 update & Financial Recovery plans	Standing item on meeting agenda until further notice. To receive update on progress.	Mohammed Sajid, Head of Financial Strategy	Monthly progress update from Finance Team on budget savings and implications for Adult & Social Care.
19/09/2023	Enabling Primary Care Strategy	Community pharmacies, the Partnership Board and Provider Services in Primary Care are looking closely at improving linkages – work on this to be highlighted in Final Draft of strategy.	Anna Hammond, Director of GP Provider Support, NHS Birmingham/Solihull & Suando Ghosh, Primary Care Medical Services Board Partner Member.	To update committee on final strategy when published. Circulated to member 11 th Dec
17/10/2023	Scrutiny Contributions to Budget Savings and Recovery Plans.	That Finance officers provide a clearer picture of the various components within the Adult Transformation Fund to give the best possible figure in future reports	Mohammed Sajid, Interim Head of Financial Strategy. Samantha Bloomfield, Finance Partner, Adult & Social Care	Committee to receive update at the November HASC meeting.

17/10/2023	Development of creation of an Active Birmingham and Sports Strategies	The Creating an Active Birmingham Draft strategy will be in the public domain on 20th November. To be circulated to committee to disseminate accordingly.	Dave Wagg, Head of Sport and Physical Activity. Ibrahim Subdurally-Plon, Service Lead, Physical Activity.	A further response to the Legacy Report, which will not be ready until implementation plan is launched, will be brought to committee in April 2024
17/10/2023	Access to Community Dental Health services in Birmingham.	ICB to provide a supplementary note on the purpose and functions of the Office of the West Midlands to have more of an understanding of its work regionally and locally.	Paul Sherriff, Chief Officer, Partnership & Integration, ICB	Supplementary note received from ICB and circulated to committee members.
21/11/2023	Scrutiny Contributions to Budget Savings and Recovery Plans (for Adult & Social Care)	Committee requested that the latest savings costs and data to be published tomorrow (22nd November) be sent by Finance Team to Scrutiny Officers for circulation to the HASC Committee members. This should include the latest Specialist Complex Review figures.	Samantha Bloomfield, Finance Partner, Adult & Social Care.	November savings update circulated to members 2 nd January 2024.
21/11/2023	For ICB to provide outline of consultation and engagement plan for circulation to committee members.	ICB to report back to the HASC Overview & Scrutiny Committee as part of the statutory consultation process early next year. Further update on UTC to be provided to Committee next year.	Emma McKinney, Engagement & Consultation Lead, B/Sol ICB	ICB seeking external advice including legal perspective on the next steps and consultation process. Update on the community engagement framework for B/Sol ICS – (circulated to members 15 th Dec).

				Committee members visit to Warren Farm UTC scheduled for 11 th January 2024.
19/12/2023	ICB to circulate a briefing note on Sickle Cell and Thalassaemia service update	Supplementary information update on proposed change update on Sickle Cell and Thalassaemia service.	TBC	To be circulated before HASC January meeting.

Birmingham City Council

Joint Health Overview and Scrutiny Committee Birmingham City Council and Solihull Metropolitan Borough Council

Date: 7 February 2024



Subject: Update on recommendations from independent reviews concerning University Hospitals Birmingham NHS Foundation Trust (UHB)

Report of: Jonathan Brotherton, Chief Executive Officer, UHB

Report author: Gemma Rauer, Deputy Director of Communications, UHB

1 Purpose

1.1 To provide a summary update on the progress regarding the recommendations from the four independent reviews that UHB has engaged with during 2023/2024.

2 Recommendations

2.1 For the Committee to note the contents of this report.

3 Any Finance Implications

3.1 None.

4 Any Legal Implications

4.1 None.

5 Any Equalities Implications

5.1 None.

6 Appendices

6.1 None.

1. Overview

Providing safe and excellent care to our patients is what is most important to University Hospitals Birmingham NHS Foundation Trust (UHB); we all want patients to be confident and assured that the care and treatment provided at our hospitals is safe and we want our colleagues to all feel proud of the quality of care that they are giving.

2023 was a year of great scrutiny, challenge, and change, as we embarked on the start of new ways of working; making bold decisions and taking action, at pace. The changes that we have already delivered, or have started during 2022/23, take us part of the way there, but there is much more to do.

The impact of change must include ensuring people throughout the organisation feel valued, included, encouraged and respected, so that teams thrive. Where we get it wrong, listening to the feedback and learning. It will also include improving health outcomes, through pioneering research and innovation along, with high-quality education and training for our workforce.

It is important to recognise and acknowledge that implementing and embedding any one change is an enormous challenge; to implement all of them at the same time, is even more challenging, but is necessary and a reflection of the desire to do the right things as quickly and effectively as is humanly possible.

We have positively engaged with four independent reviews regarding concerns around:

- **Patient safety** (Patient Safety Reviews, by Prof. Bewick, published in March 2023 and June 2023)
- **Leadership** (NHS England Developmental Well-Led Review, published in April 2023)
- **Culture** (undertaken by thevaluecircle, engaging with 4,000 colleagues, published in September 2023)

We have welcomed the reviews, accepted all of the recommendations, actioned them, and apologised to colleagues for unacceptable behaviours and attitudes. The progress of the 106 review actions is actively monitored in the Trust Improvement Plan, which is overseen by UHB's Board, NHS Birmingham and Solihull Integrated Commissioning Board (ICB) and NHS England. UHB Board papers, where the Trust Improvement Plan can be viewed, can be accessed here:

<https://docs.uhb.nhs.uk/index.php/s/prTEizKrRnYnjaD>

Since becoming chief executive, myself, the Chair, the refreshed non-executives, new executive team and leaders through the organisation, have been working hard to build trust, confidence and relationships with colleagues and stakeholders, always endeavouring to be approachable, open and transparent.

Whilst we have much more to do on our improvement journey, I am confident that we have listened intently and extensively over the last year in order to truly understand colleagues' views. We have begun to turn these views into positive action through a series of co-designed measures, that should help to make our organisation the best possible place to work.

Our focus for 2023/24 must be on moving forward, continuing to provide safe and effective care, focusing on our local hospitals and services through our new devolved site-operating model, building a values-led culture and supporting our workforce.

We are absolutely committed to learning, improving and evolving – all fundamental things that are at the core of the NHS's values and UHB's success – to benefit our 2.2 million patients and 24,000 incredible colleagues.

2. Culture and Organisational Development

We are absolutely committed to creating a safe, inclusive, open culture where colleagues flourish and are enabled to provide the best care for our patients and communities we serve.

We have been putting changes in structure into place, and in leadership, which provide a good foundation for the further actions we need to take to improve morale and address staff concerns; but we have much more to do. It will take time for those changes to be felt by those that need them to feel them, most.

During 2023 a number of mechanisms were identified to enable the start of this culture shift and these will be reviewed, refreshed and revised as we continue to listen, learn and evolve.

Recommendations from the independent review into culture, have been accepted and formed an active Culture Improvement Plan.

2.1 Culture and Inclusion Board

The Culture and Inclusion Board has been meeting since October 2023. The purpose of the Board, which I chair, is to ensure that we are doing what we need to do, as quickly as we can do it, to make UHB the best possible place to work, where colleagues feel psychologically and physically safe, and where there is a culture everyone can all be proud of and flourish in.

Most importantly, we want as many as possible to take an active role in driving this seismic shift in how it feels to work here.

Six cultural strategic priorities - based on what we have heard and learnt from colleagues directly and through the recent reviews, as well as early engagement ideas and how to measure success – have been agreed. The six priorities are: belonging and sense of community; physical and psychological safety and wellbeing; fairness, equity and discrimination; learning and personal development; communication; engagement and co-creation; and effectiveness of leadership.

We have established an advisory group to the Culture and Inclusion Board, called the Wise Council, that all colleagues can join. The Wise Council is currently a 300-colleague strong group that is a sounding board and advisor, as well as providing assurance that we are doing the right things and taking evidence-based action to improve the culture in the organisation.

The Culture and Inclusion Board reports into the People and Culture Committee, who offer advice and assurance to the Board of Directors on its progress.

3. Governance

During 2023, the composition of the Executive Team was subject to a full review, as it was recognised that this was necessary to support the revised Group Operating Model, which went live on 02 October 2023.

A full review of the oversight and assurance processes throughout the organisation was also undertaken, as part of the transition to the new Group Operating Model. The review is nearing its conclusion, and in accordance with the agreed Trust Transition Plan, oversight and assurance mechanisms have continued to function. The new processes have already strengthened the line of sight from ward-to-board and a less complex system is being introduced to reduce the chance of issues being missed, and ensuring learning is gained.

We continue to focus on the role of Governors and provide support to them, with significant work undertaken to enable the Council of Governors to successfully fulfil their function.

4. Progress on change programme

UHB's new group operating model was implemented four months ago, on 02 October 2023.

The new model creates local leadership at hospital/site level; retains the best parts of working at-scale, by working as a group of hospitals and services; builds a stronger values-led culture; prioritises staff welfare and wellbeing; and supports system-alignment.

Whilst we are still in the early stages of this new way of working, we are seeing signs of the new model having a positive impact, with positive feedback from colleagues received including: improved visibility of senior leaders; increased clarity of roles; improved work-life balance, through a reduction in cross-site working; and renewed sense of pride and belonging in working at their hospital/site and at UHB.

5. The development of a new strategy

As part of the development of the new strategy for UHB, we have been engaging with as many colleagues as possible about what our vision should be. We have also been asking them about the types of behaviours they want to see that would be consistent with the UHB's values (*Kind, Connected, Bold*) and that would support the delivery of the strategy, as well as those they do not want to see that not be in line with the values and would hinder progress.

To date, more than 1,250 colleagues have contributed at face-to-face and virtual sessions, via existing team meetings and through 'walk and talks' in clinical areas and offsite locations. This engagement format is helping to ensure that all colleagues have

the opportunity to take part and has led to some invaluable conversations. The initial draft of the first output from the engagement we have had so far, and the new behavioural framework, is expected to be completed imminently.

Work continues to develop the detail of the new draft strategy and there will be further opportunities for staff to contribute to its development before the Board of Directors considers it in April. Hospitals also be given support to develop their own site strategies in line with the overarching strategy, as well as Group services being helped to devise cross-cutting core strategies.

6. Anti-racist Organisation Statement

On Thursday 2 November, we launched our Anti-racist Organisation Statement, which outlines our commitment to becoming an actively anti-racist organisation that opposes all forms of racism.

Colleagues were invited, via a livestream, to join the Board and governors, and individuals to hear about our statement, our commitments, campaign, new resources and personal reflections.

Alongside the statement, a new campaign and policy for ending violence and aggression towards staff was also launched, which included a guide for managers. We want to send a personal and clear message that racist, violent and aggressive behaviour is unacceptable and will not be tolerated by UHB.

7. Sexual Safety Charter

On Monday 16 October, we launched our Sexual Safety Charter, which is the start of our journey to end misogyny, sexism and inappropriate sexual behaviour at UHB.

Sexual safety is one of the key areas highlighted in the Culture Review and more widely in the NHS recently; we are committed to addressing this issue urgently.

To mark the launch of the charter, colleagues were invited to join the Group Executive Team via an online session, to hear more about the commitments we are making to them to ensure that we are a sexually safe organisation.

Birmingham City Council
Joint Health Overview and Scrutiny Committee
Birmingham City Council and Solihull
Metropolitan Borough Council



Date: 7th February 2024

Subject: Birmingham and Solihull Integrated Care System – Workforce Planning across Health and Care

Report of: Lisa Stalley-Green- Deputy Chief Executive, Chief Nursing Officer Birmingham and Solihull ICB

Report author: Sarah Copley- Associate Director Workforce Transformation and Planning
Lindsay Carswell- Associate Director for OD, Inclusion and Staff Experience
Julian Mellor- Workforce Transformation Programme Lead

1 Purpose

- 1.1 The purpose of this report is to update members of the committee on the progress of the Birmingham and Solihull Integrated Care System (ICS) on the following areas:
- 1.1.1 Overview of the system workforce diagnostic and development of the Workforce Delivery Framework
- 1.1.2 Provide updates on key areas of focus in relation to culture and behaviours, priorities to reduce agency utilisation, enhancing partnership and working as ‘anchor institutions.

2 Recommendations

- 2.1 The committee is asked to note progress and provide appropriate scrutiny and challenge to operational workforce planning delivery within the Birmingham and Solihull ICS

3 Any Finance Implications

- 3.1 All NHS organisations within the Birmingham and Solihull ICS have a collective duty not to exceed the revenue resource limit set by NHS England. For 2023/24, this limit equates to a breakeven financial position.

4 Any Legal Implications

- 4.1 No specific implications to note

5 Any Equalities Implications

- 5.1 All ICS partners have collective responsibility for ensure due consideration is given to equality of care and access as part of their recovery plans

6 Appendices

- 6.1 Birmingham and Solihull Integrated Care System- Workforce Planning and Delivery



Birmingham and Solihull
Integrated Care System
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BSol Workforce Planning and Delivery Framework

Workforce Diagnostic

Birmingham and Solihull ICB (BSoL) Joint Forward Plan (JFP) describes how we will work together over the next 5 years to achieve:

- Health and Well-being
- Quality care for all
- Financial sustainable workforce model

Delivery will only be achieved if we have sufficient workforce with the right skills located in the right place, targeting areas requiring high workforce growth and new models of care. We will need to leverage our 'anchor institution' status as well as reduce reliance on temporary staffing focusing on areas requiring targeted workforce growth.

A '**workforce diagnostic**' was carried out across the ICB, which highlighted that BSoL is struggling to achieve net growth in some professions. Increasingly any growth is coming from international recruitment (163% increase since 17/18) and 93% of our workforce is in the acute sector.

Unless we take trend-breaking actions:

- In the **short term**, BSoL will not achieve in-year operational plans in terms of activity and finance.
- In the **medium term**, we are likely to lose more staff with an impact on the quality of care.
- In the **longer term**, we could fail to achieve JFP objectives of improved quality and reduced inequalities as we are unable to attract and move more skills and resource into the community. The key actions from the **NHS Long Term Workforce Plan (LTWP)** will also be factored into account, including how we develop 'one workforce'.

In response to the detailed workforce diagnostic the system has developed a cross sector Workforce Delivery Programme and governance structure based around 4R's, these are:

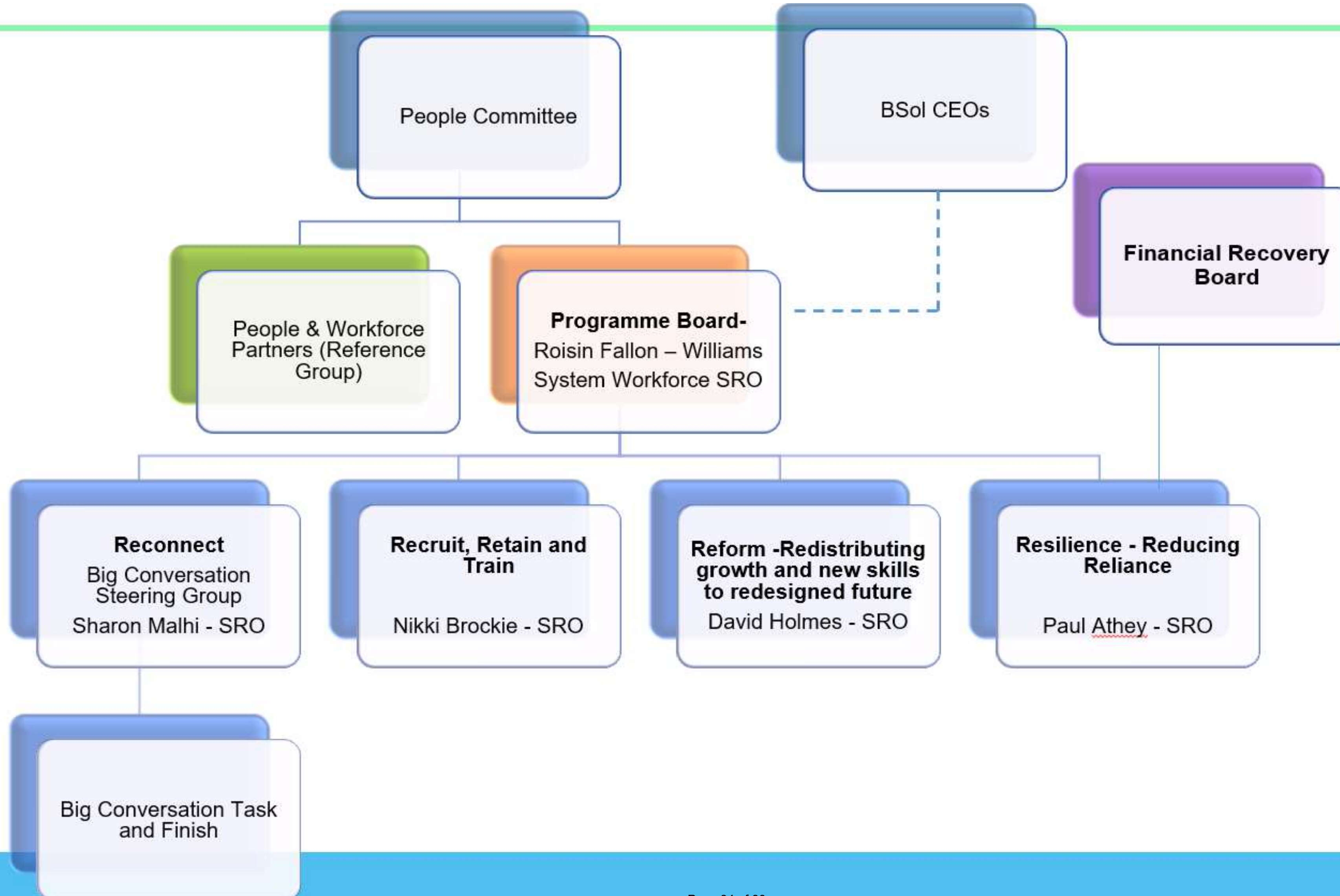
- Reconnecting with our staff
- Recruit, Retain and Train
- Resilience - reducing reliance on contingent actions
- Reform - redistributing growth and developing new skills

Overview

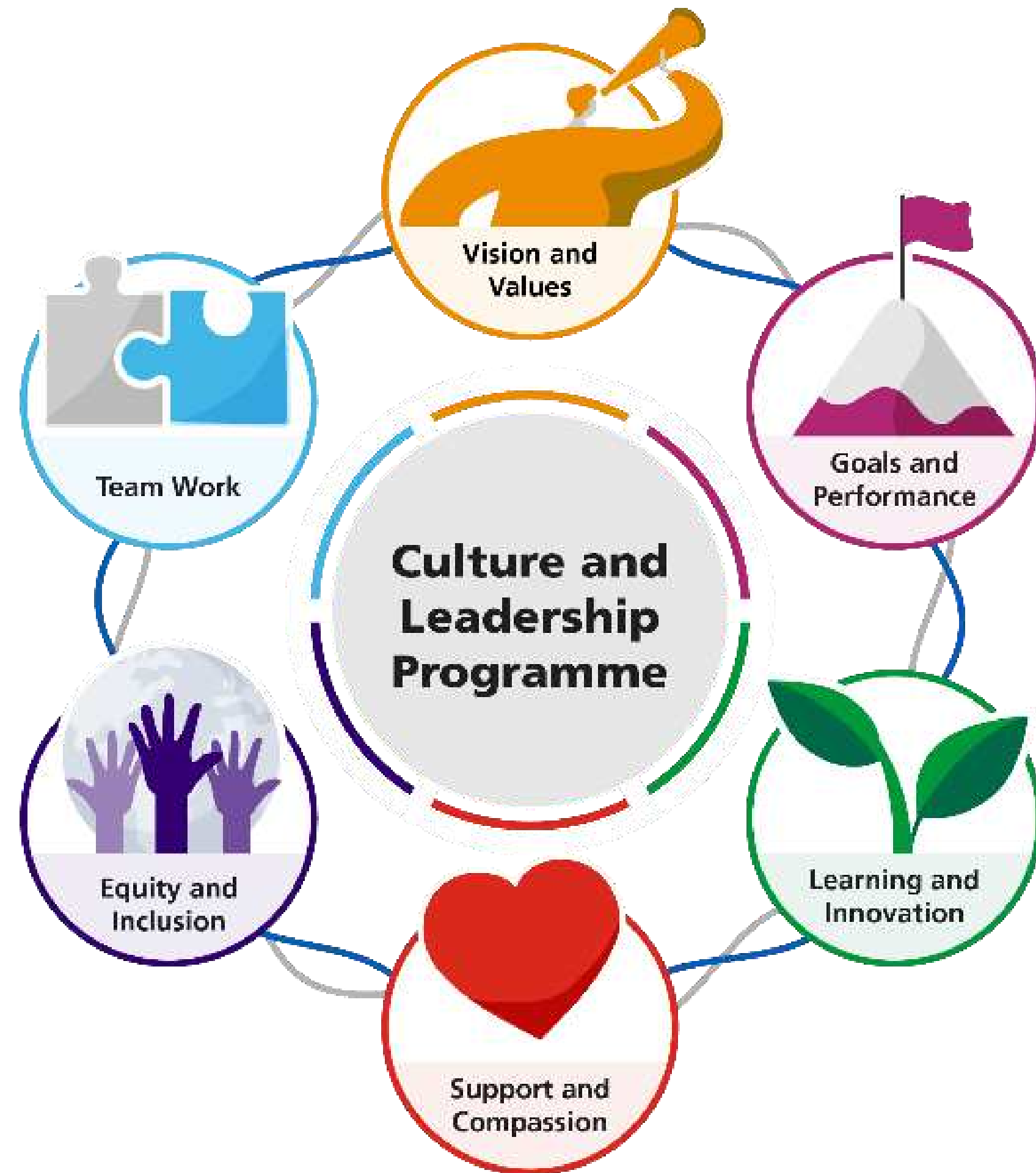
For each of the 4 R's, work has commenced with a named Senior Responsible Officer leading from across the system. The focus of the initial work has been to:

1. Agree how we will deliver with ambition to achieve the vision over the next 5 years, working in partnership across health and care and aligning work on existing programmes and projects to each workstream
2. Align the objectives to the Long Term Workforce Plan priorities and address the gaps
3. Develop the working group to support delivery and align to existing workstreams
4. Identify the resources required to deliver the plan using a scalable approach
5. Agree the measures of success and metrics for each area to track the impact of the work being undertaken

Workforce Delivery Programme- Governance Structure



BSol Culture Framework



Culture is made through relationships between people and the work they do.....

So what work can we do together that will support the collective culture we want?

Agreed Recommendation:

Culture and Leadership Programme approach used as our framework with elements of Civility and Respect, Clinical Leadership Framework and the emerging Care and Clinical Leadership culture maturity model

What are the elements of high quality care cultures?

What does good look like for BSol?

Evidence shows that there are six key elements in high quality care cultures.

Cultural Elements	Values	The way we do things at BSol
Vision and Values	Constant commitment to quality of care	Everyone taking responsibility in their work for living a shared vision and embodying shared values - whether that's our own trust or organisation values or the ICS values, we know what's expected for the working environment we're in and can use them to guide and challenge behaviour
Goals and performance	Effective, efficient, high quality performance	Commitment to deliver against our priorities as set out through the 10 year health strategy and joint forward plan, which will achieve progress in delivery against our outcomes framework
Support and compassion	Support and compassion for all patients and staff	Embedding respect for our patients and people through an aligned approach to just and restorative practice, and seeking out and listening to staff, patient and community voices
Learning and innovation	Continuous learning, quality improvement and innovation	A programme that enables everyone to understand and participate in iterative quality improvement and, where needed, drive transformational system change
Equity and Inclusion	Trust, transparency, health equalities, civility, pride, staff wellbeing, and innovation	We are developing an approach to ensure we all belong at BSol and everyone does inclusion. Developing and delivering our ICS EDI and HI strategy to recruit diverse talent, develop inclusive leaders, educate our people, and embed equity and anti-racist practice
Teamwork	Enthusiastic cooperation, team working and support within and across organisations	Everyone taking responsibility for effective team-based working, interconnectedness within and across organisations, systems thinking and supporting each other to enable flexibility for all

- Many of the elements needed to shift culture already exist within our system
- Retention evidence demonstrates change arises from running multiple interventions at the same time
- Opportunity to align these efforts and use senior support to make rapid progress through singular clear narrative on change required
- Organisation work won't need to be identical, just aligned and this framework can help us identify, celebrate and share best practice

Our Open Conversation

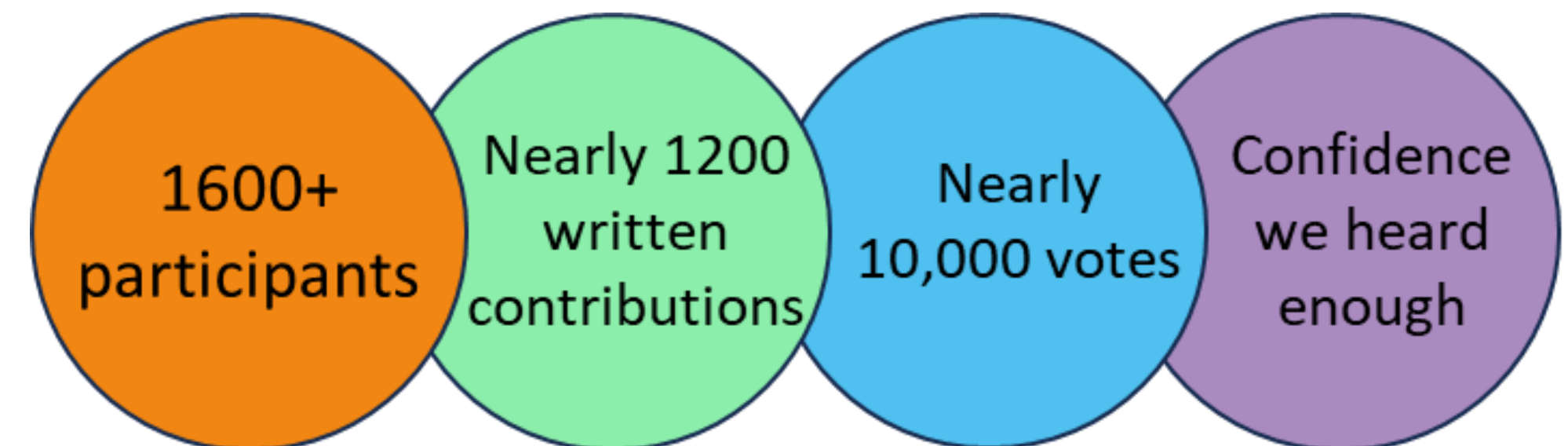
“We want to have an honest dialogue about what changes our staff want to see and what they think it would take to make Birmingham and Solihull the best place to work in health and social care”

Joint Forward Plan, Birmingham and Solihull Integrated Care System

We will host two psychologically safe online conversations open to everyone across Birmingham and Solihull Integrated Care System and our partners, allowing us to listen to the lived experiences of our people and understand the culture we want to create, and what we need to do to realise it.

The first Our Open Conversation completed Nov/Dec 2024 focused on:

- Reflecting on our values across the system - how our people feel about working at Birmingham and Solihull Integrated Care System and what behaviours people expect and no longer are willing to tolerate in order to be their best.
- Making Birmingham and Solihull the best place to work – what our people think we should start, stop or do differently to make Birmingham and Solihull Integrated Care System the best place to work.
- Using insights to prepare a first draft an **action plan to make the ICS the best place to work in health and social care.**



The second Our Open Conversation in Spring 2024 will be an opportunity to:

- Present our insights from the first **Our Open Conversation.**
- Present our action plan based on the insights from the first **Our Open Conversation** so that our people can check and challenge our thinking.
- Using insights to finalise the **action plan to make the ICS the best place to work in health and social care.**

Shifting the Balance: Reducing Reliance on Agency Workforce

The national NHSE led Operational Planning round has just commenced and requires all NHS organisations to complete detailed workforce planning trajectories for substantive, bank and agency staff, along with improvement trajectories to reduce sickness absence and turnover.

There is significant interest from NHSE in workforce growth across the NHS and it is generally regarded that workforce growth, and the corresponding challenge in improving productivity, is a key driver behind the NHS's current and underlying deficit position. Access to temporary staffing is part of a flexible workforce model and it is generally recognised that a stable, substantive workforce is best placed to deliver on our competing demands.

As such, all systems are expected to ensure there are clear controls on overall workforce numbers.

BSol controls include:

- Workforce plans should therefore clearly demonstrate the roadmap towards removal of agency and premium rate bank posts
- Organisations to prioritise growth in specific areas by mitigating this through tightened controls in other areas.
- All partners in the system acknowledge the importance of reducing reliance on agency staffing and premium rate bank staff, as part of 2024/25 workforce planning and for areas where there is regular usage of agency price cap or premium bank shifts, a clear action plan with dates and leads showing the actions in place
- The ICS will develop a process to work through potential mitigations or solutions at a system level. This could include work around service or workforce role redesign, in addition to traditional agency interventions

Enhancing Partnerships- BSol Education Collaborative

The Education Collaborative brings together a broad alliance of partners concerned with improving the education and development of the Birmingham and Solihull health and care workforce and NHSE have published a case study on the BSol approach; other systems are now adopting the approach. Link [here](#).

- A dashboard has been developed to monitor recruitment and retention of learners, identifying trends and areas of concern. This has been identified as best practice and the template will now be adopted by other systems.
- Clinical placement capacity expansion in Nursing, Midwifery and AHPs by securing external funding and delivery of innovative projects
- Increased student recruitment across key priority areas and broadening of entry points to programmes
- Reducing pre-registration attrition and improving retention, through adoption of good practice from national RePAIR programme
- **Establishment of the Social Care and VCSE Faculty** (April 2024 - one of seven partnership faculties)

Principles	Potential Remit	Proposed membership	Initial Priorities
<ul style="list-style-type: none"> • Adding value for BSol through collaboration on education at system level • Work on cross cutting themes in collaboration and co-design to deliver solutions • Aligned to workforce planning and service pathway development • Agrees system and place-based priorities • Link with other enabling groups and networks 	<ul style="list-style-type: none"> • Social Work education and placements (complementing collaborative work already done at West Midlands level) • Nurse education, training and CPD as defined in Social Care Nursing Workforce Plan. • Comprehensive programme of skills training for care workers in nursing, residential and domiciliary care - includes enhanced health in care and skills in integrated working • Links to Allied Health Professionals Faculty and Access Faculty for Apprenticeships • Education needs of Personal Assistants to direct payment recipients 	<ul style="list-style-type: none"> • BCC Social Care • SMBC Social Care • Skills for Care • HEIs and FE colleges • NHS ICB workforce and nursing leads • VCSE/PIV employer representatives • West Mids Care Association • West Mids Combined Authority • ADASS West Midlands 	<ul style="list-style-type: none"> • Confirm remit, priorities and target areas for intervention (where value can be added by working at a system level). • Map existing provision • Identify potential sources of funding • Agree work programme and delivery

Anchor Institutions - 'I Can' Programme

The I Can programme was developed as a system response, post-pandemic, to 'deliver 100 entry-level job opportunities each year for 3 years for unemployed and young people from economically disadvantaged areas across Birmingham and Solihull.'

- Engaged with over 4,300 jobseekers in last 2 years
- Over 500 people offered NHS roles. In all, 5 BSoI NHS Trusts, and primary care, exploring how the programme can support social care providers
- >90% retention rate for those employed over 6 months
- Recruited over 20% more people from deprived areas than last year
- Shortlisted for the HSJ Awards twice in last 2 years
- Face-to-face engagement with communities within their own localities – linking with local charities/community groups
- Clients are supported through the whole application process. From first contact, to application, to interview, appointment and supported in their new role for up to 16 weeks
- After first year c90% retention rate for those employed 6+ months – which compares well with standard recruitment
- 70+% of job offers are for people from BAME backgrounds
- Successful recruiting across all age bands
- After first year UHB recruited 23% more people from deprived areas into Band 2 roles than previous year – face to face engagement is key
- Conversation classes developed to support clients whose first language is not English

Birmingham City Council

Joint Health Overview and Scrutiny Committee Birmingham City Council and Solihull Metropolitan Borough Council

Date: 7th February 2024



Subject: Birmingham and Solihull ICS Finance and Performance Report

Report of: Chief Finance Officer, NHS Birmingham and Solihull

Report author: Chief Finance Officer, NHS Birmingham and Solihull

1 Purpose

- 1.1 This slide pack provides a summary of the key finance and performance deliverables as at the end of November 2023

2 Recommendations

- 2.1 JHOSC is asked to note the information outlined in the slide pack

3 Any Finance Implications

- 3.1 The ICS has a £29.9m deficit at the end of November 2023, however this deficit is reducing and a recovery plan has been approved that will deliver a breakeven financial position by the end of the financial year.

4 Any Legal Implications

- 4.1 There are no legal implications specifically related to the performance set out in this slide pack.

5 Any Equalities Implications

- 5.1 A number of the performance indicators are likely to disproportionately impact upon certain individuals and communities. Action plans are in place to improve performance in all key areas, with a specific focus on ensuring equality.

6 Appendices

- 6.1 Slide Pack – BSOL ICS Headline Finance & Performance Report – Month 8 2023/24



Birmingham and Solihull
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Birmingham and Solihull ICS Headline Finance & Performance Report

Month 8 – 2023/24



**Birmingham and Solihull
Integrated Care System**
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Finance

Month 8 Financial Performance

Revenue Position

Year to date: £29.9m deficit; £25.1m adverse compared to plan

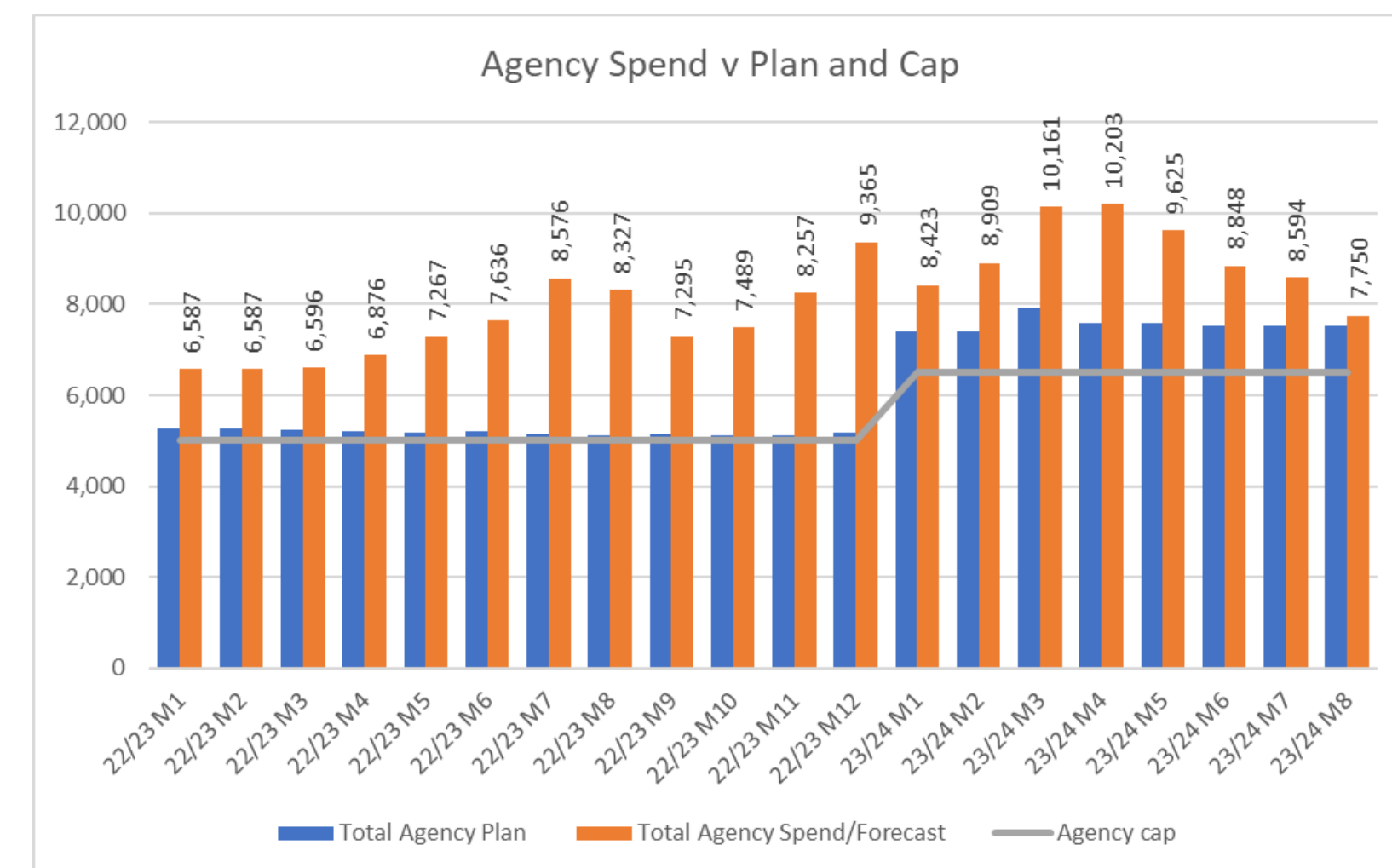
Forecast: Breakeven in line with original plan, with a revised trajectory agreed with NHSE during November 2023

Key Drivers:

- **Industrial Action** – direct cost £13m at M7, with no further IA costs seen in Month 8. System received additional allocation of £25.2m for Industrial Action and other inflationary pressures.
- **Temporary staffing pressures** – these remain significant, with a total pay overspend of £87m for the year to date (£74m in month 7). Spend on temporary staff improved in month.
- **MH Pressures** – continued impact for level/casemix of Out of Area beds
- **Slippage in developments** held to offset some pressures
- **Inflation:** Providers are seeing inflationary pressures of circa £33m,
- **ERF:** Income received for Months 1-5 overperformance relating to ICB commissioned activity with forecast additional overperformance for Months 6-8. System reflecting £13m benefit relating to ERF income.
- **Prescribing** £5m pressure being seen year to date.

Efficiencies: £4.4m ahead of plan at M8, forecast for £8.4m overperformance by year end. Significant reliance on non recurrent schemes.

		YTD			FOT		
		Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s
Recurrent Status	Recurrent	55,257	49,439	-5,818	87,194	86,938	-256
	Non Recurrent	35,915	46,118	10,203	70,641	79,299	8,658
	Total Efficiencies	91,172	95,557	4,385	157,835	166,237	8,402
	Recurrent % of total	61%	52%	-133%	55%	52%	-3%
Run Rate	Average per mth to date	11,396	11,945	548			
	Average per mth to go				16,666	17,670	1,004



- **Agency Spend** - £7.8m spend in November, compared to £7.6m plan
- Significant reduction since peak of £10.2m in July.
- Still above NHSE cap and 22/23 startpoint, but below equivalent month in 22/23

FINANCIAL RECOVERY TRAJECTORY FOR SYSTEM – NOVEMBER 2023

The system has submitted a financial recovery trajectory which will deliver a breakeven position by year end, following:

- An allocation of £25.2m in respect of the £800m national fund to cover industrial action costs
- An adjustment to the ERF target to reduce by an additional 2%, subject to a floor of 100% of the 19/20 activity. Alongside overperformance for additional elective activity deliver above our target levels, this is expected to generated £18m of additional income.
- Confirmation that systems could retain the underspend in Delegated Dental services, after overspends in pharmacy and optometry are covered. This improves the system position by £2.4m above the £7m already assumed in previous forecasts.
- Confirmation that systems could be flexible in the use of an identified range of Service Development Funding and programme allocations and could retain any resulting slippage on these

Programme slippage includes £1.8m on allocations to support prevention and long term conditions and £0.9m on new schemes to support learning disabilities and autism. No existing schemes were stopped as a result of this revised plan – all slippage relates natural slippage linked to the timing of planned schemes.

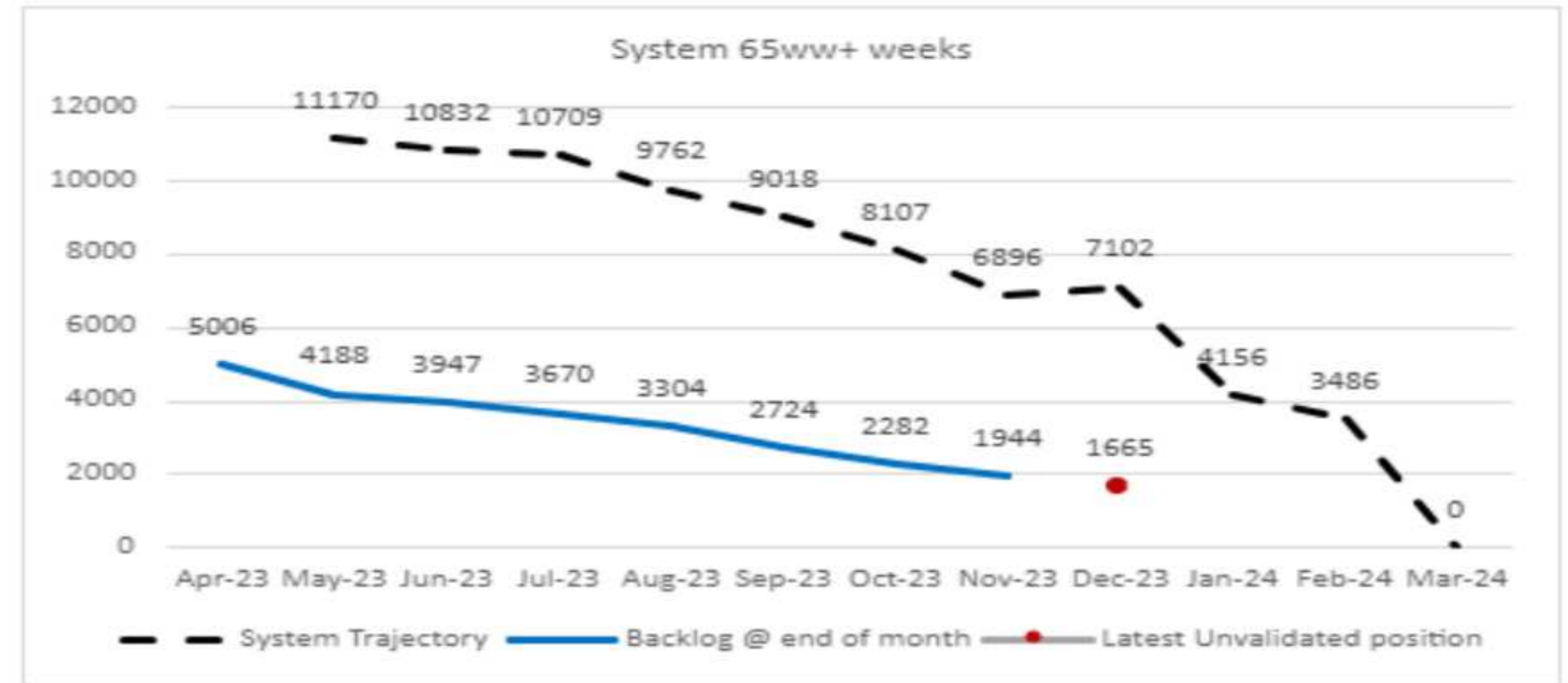
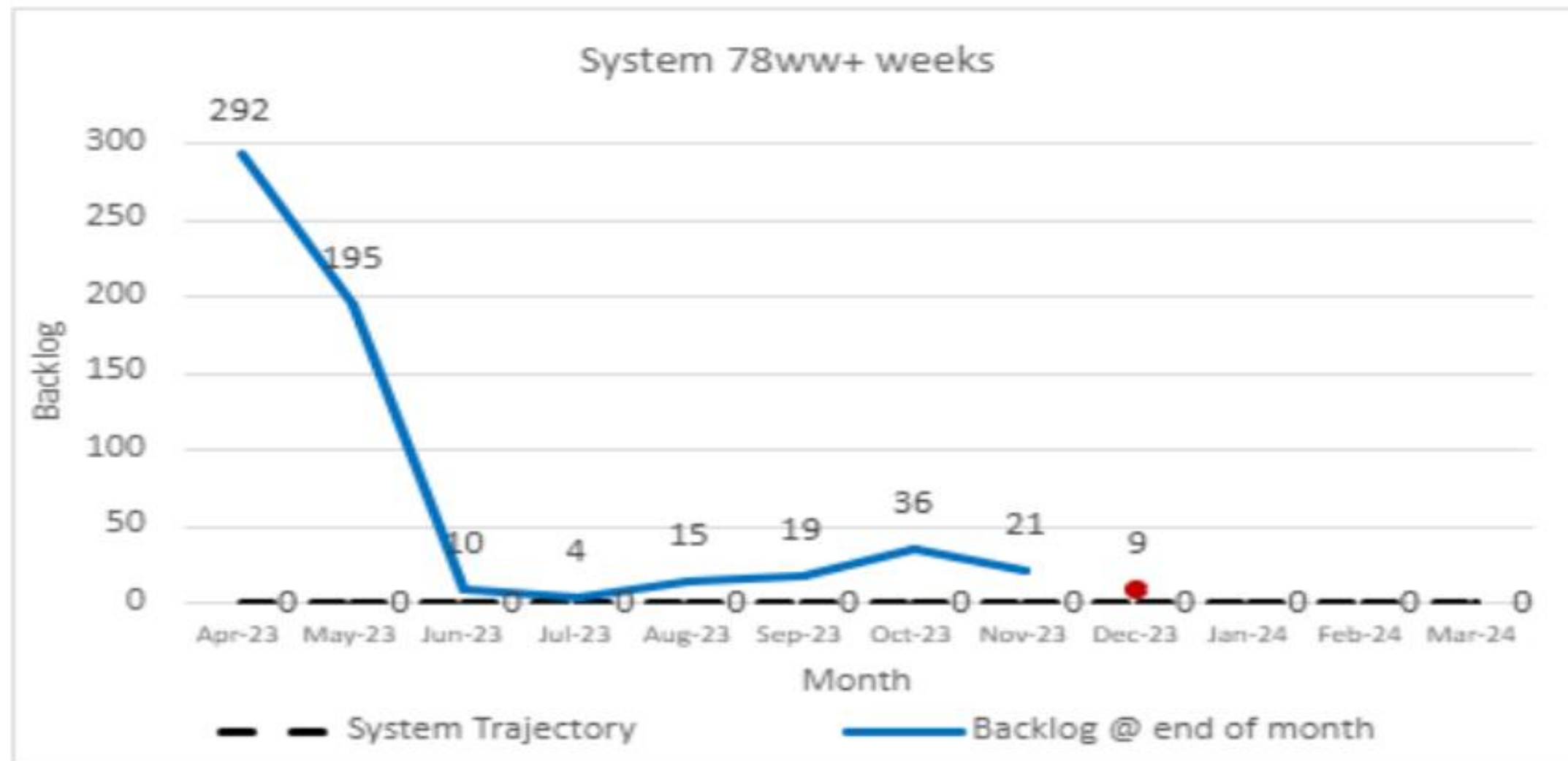
All schemes have been subjected to clinical review at an organisation and system level. These reviews have resulted in some initial proposals being adjusted or removed. As a result of these changes, the system does not expect any material impacts on the quality of patient care relating to short term slippage in investment. Any additional mitigating actions will continue to be reviewed through existing assurance routes to ensure that services are provided in a safe and effective manner.



Birmingham and Solihull
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Elective recovery

System Waiting Time Backlogs



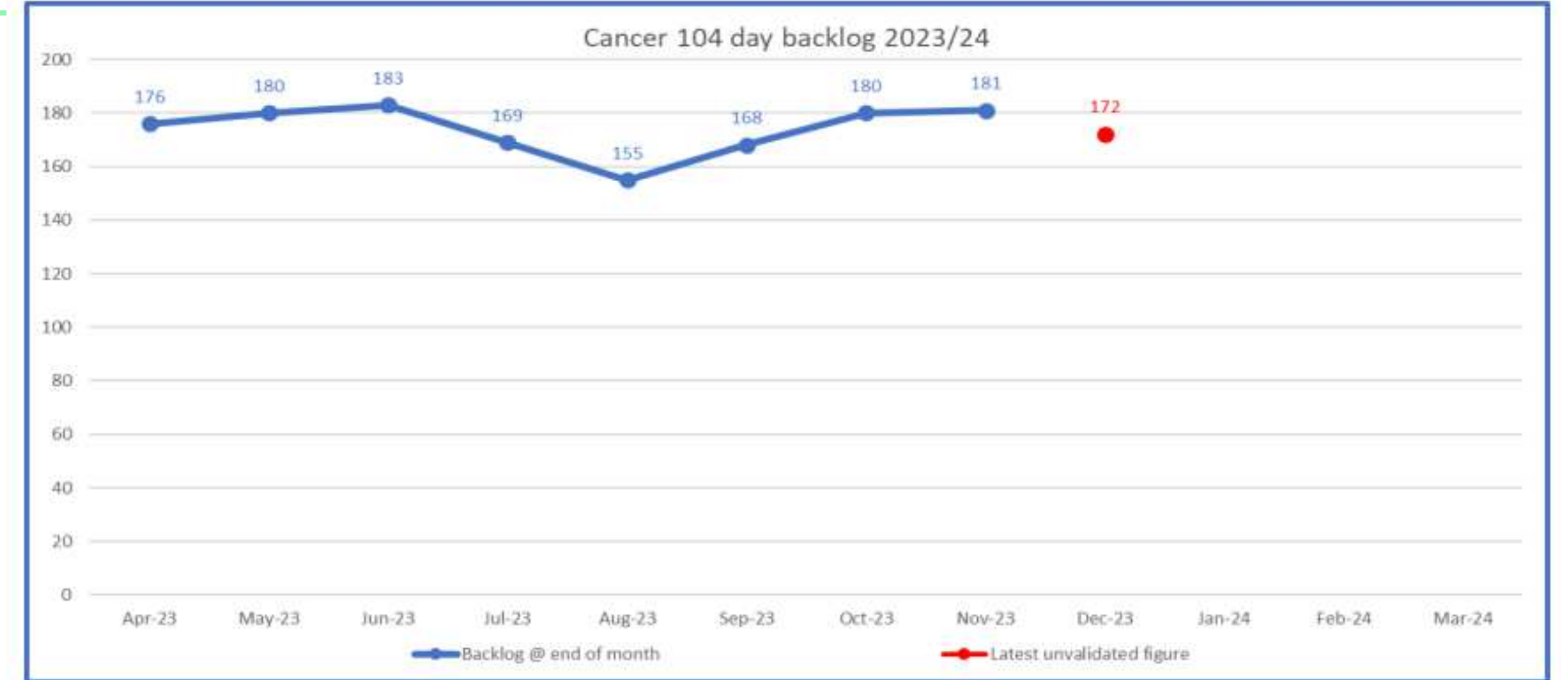
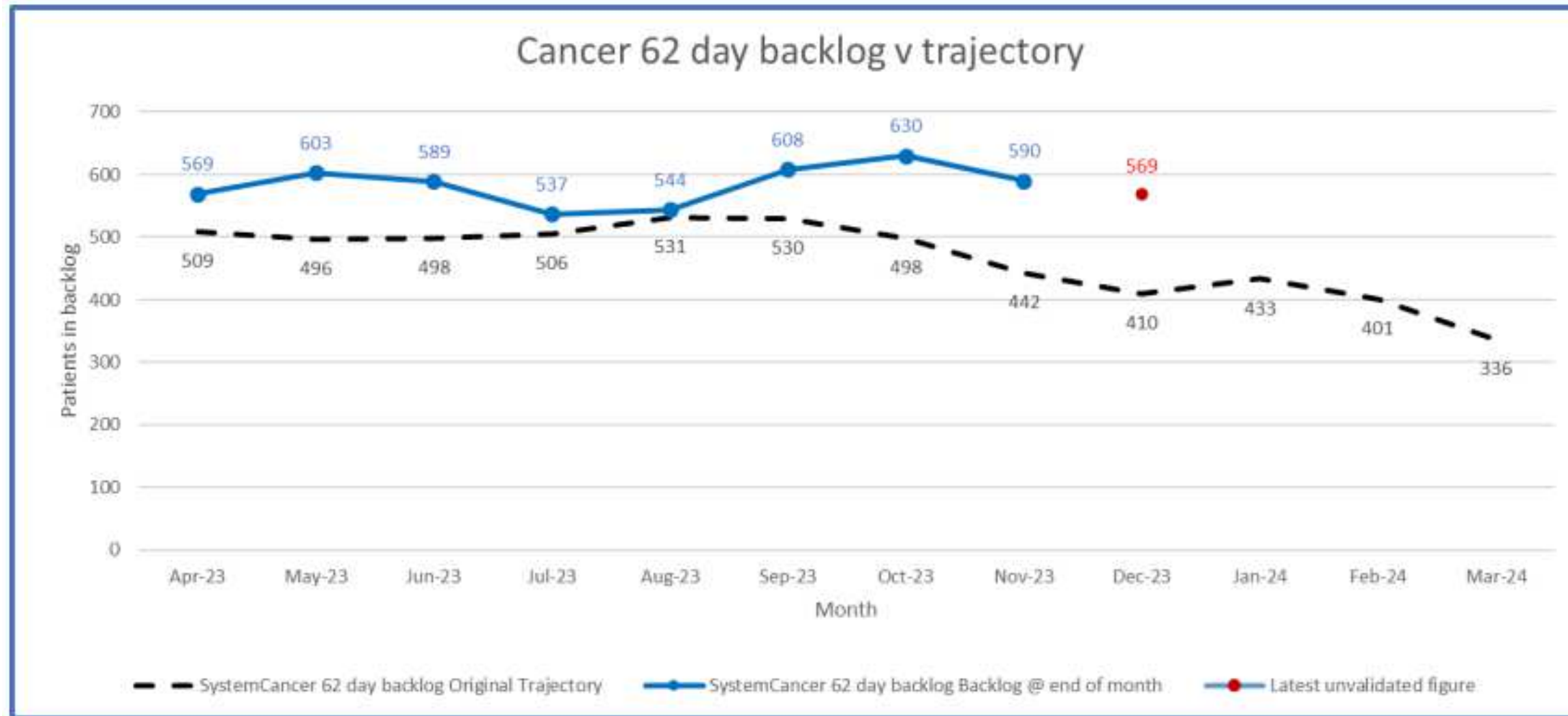
- 78 week wait numbers have reduced from 9,505 in May 2022 to 21 in November 2023. The above graph shows the latest in month December position available that was shared with ICB F&P – **subsequently the final numbers were released for December and showed that there were no 78 week waits across the system at the end of the month. Great progress is also being made in January to maintain this position.**
- 65 week waiters are significantly below the system’s target trajectory in 2023-24, and the system is still on track to reduce this figure to 0 by the end of March 2024, in line with national targets. A number of specialties have already removed any waiters over 65 weeks from their lists and continue to reduce their waiting times, the system remains confident in delivery zero breaches of 65 weeks for patients by the end of March 2024.
- As at the end of November, 11,025 patients have been waiting over 52 weeks for treatment. This has reduced from a peak of 34,833 in July 2022 and from 18,791 in April 2023.



**Birmingham and Solihull
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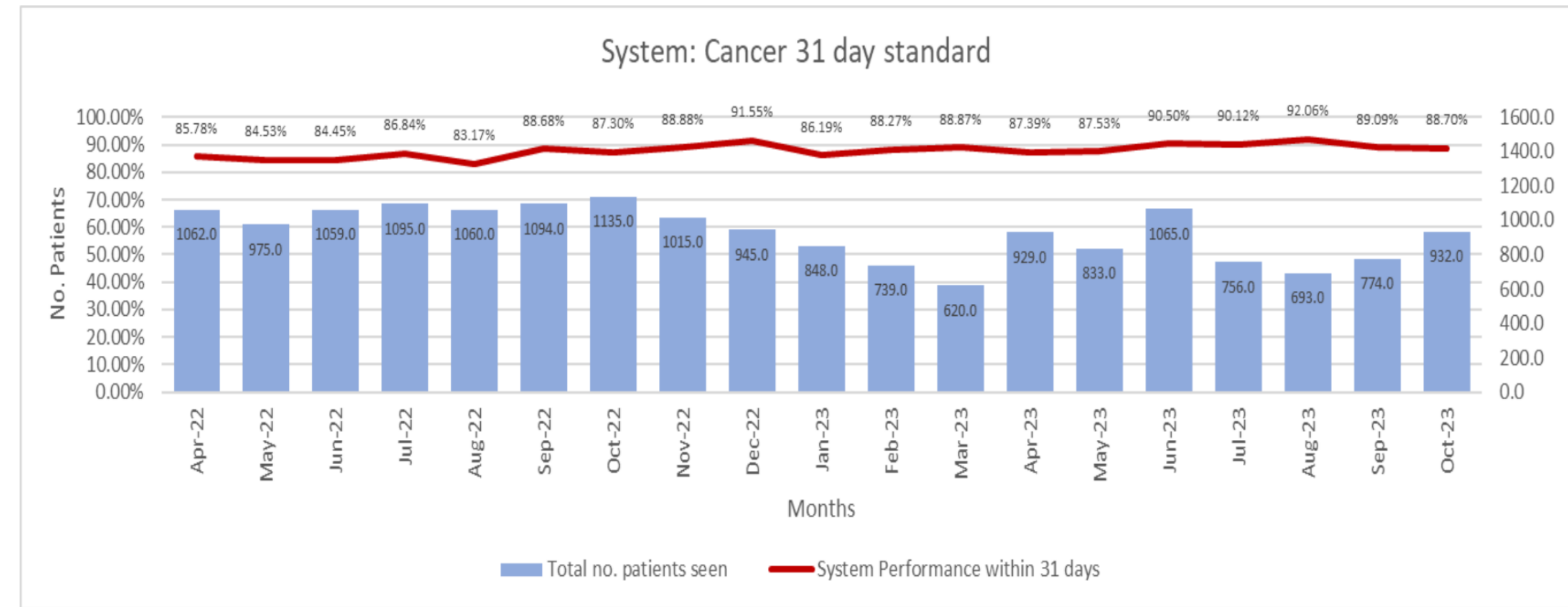
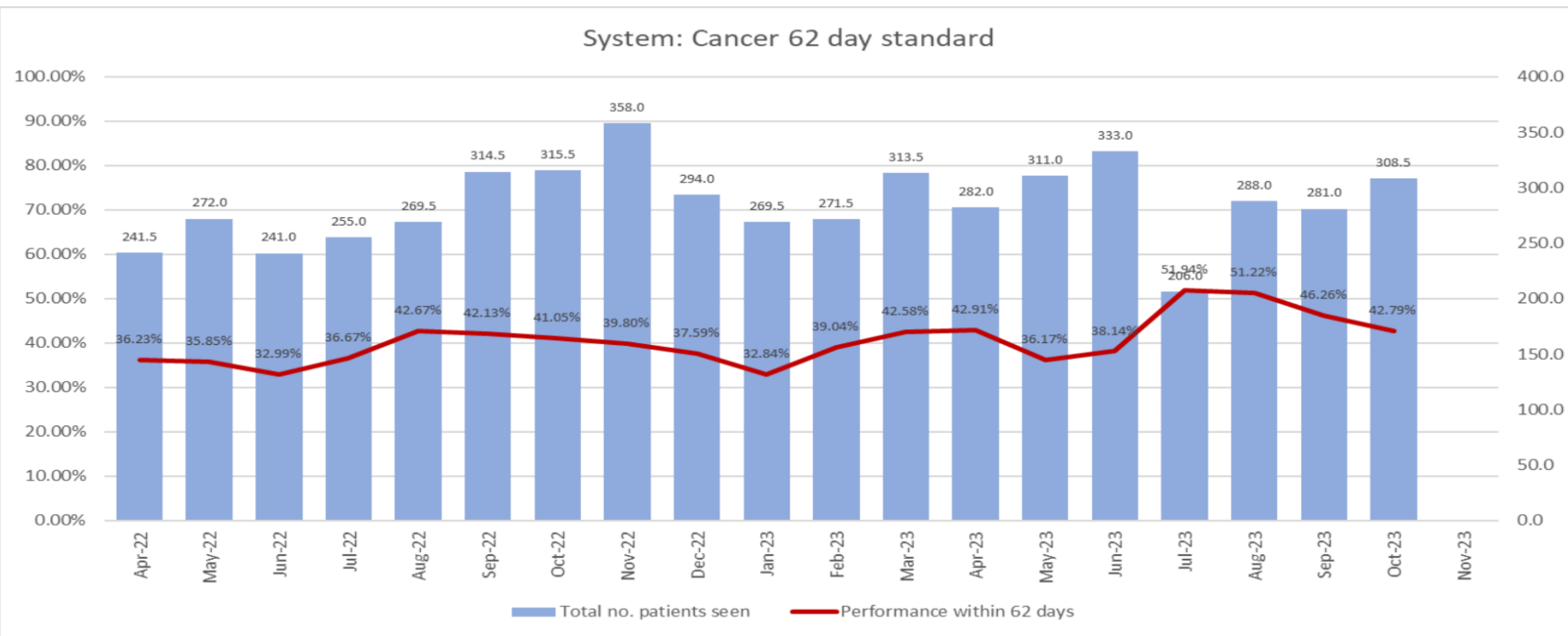
Cancer

Cancer treatment backlogs

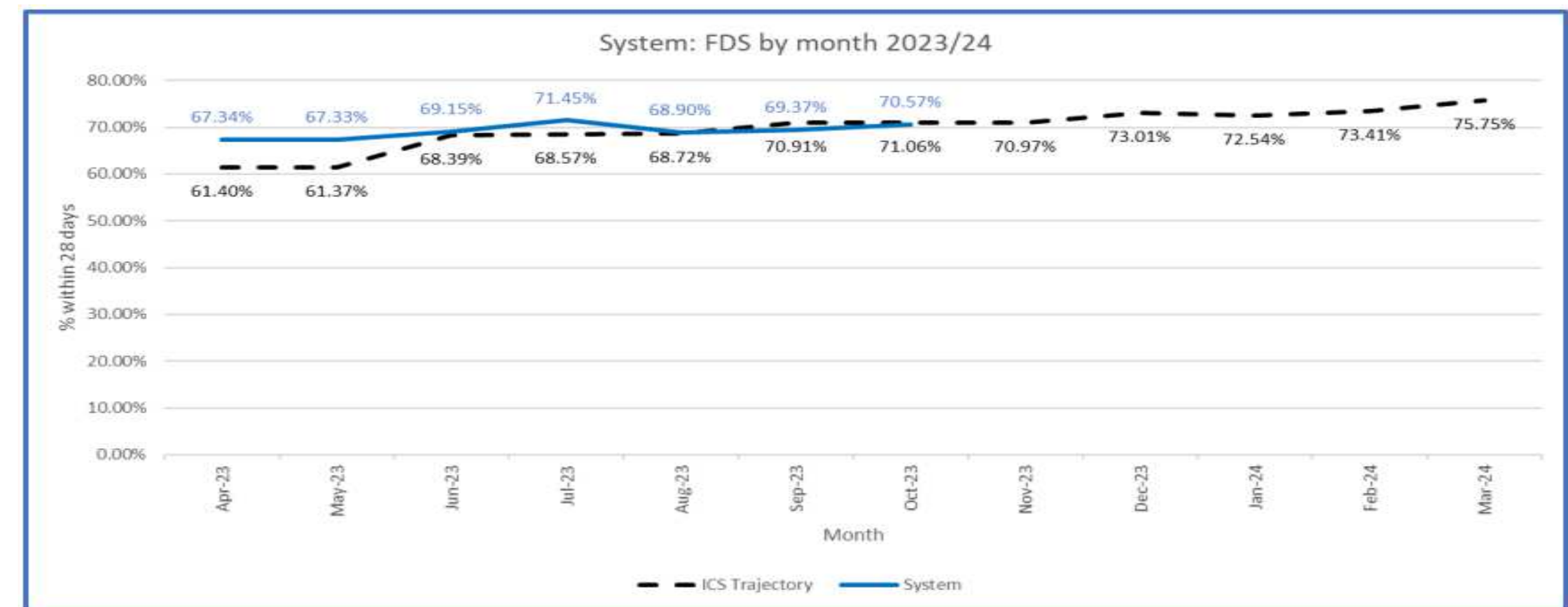


- Improvement in Cancer 62 day backlogs has been variable across 2023/24, with peaks during spring late summer. Backlog numbers have showed some level of improvement in November and early December, and are considerably below the peak of 1,524 in July 2022.
- The most challenged specialties are Urology, Gynaecology and Colorectal in the latest data. There is regular weekly oversight across the system on the key challenges and how the system can effectively and efficiently work together to reduce the overall backlog. There is ongoing locum recruitment that will increase Gynaecology capacity and support the reduction in waiting times for patients. Focus on diagnostics capacity to support cancer treatment and reducing any delays to diagnostic turn around times that will further support backlog reduction.
- Cancer 104 day backlogs have deteriorated since the improvements made in July & August. The patients in the 104 day backlog are in proportion to the overall 62 day backlog, with plans to reduce the overall backlog during Q4 this is planned to have a positive impact on reducing the 104 day backlog as well.

New Cancer Standards



- The new cancer standards see a reduction in the previous multiple measures to merge the KPI's so that there is a single 31 day and 62 day standard as well as monitoring the new Faster Diagnosis Standard.
- Delivery against these merged standards is intrinsically linked with the cancer backlog – to consistently deliver against these standards the backlog will need to improve

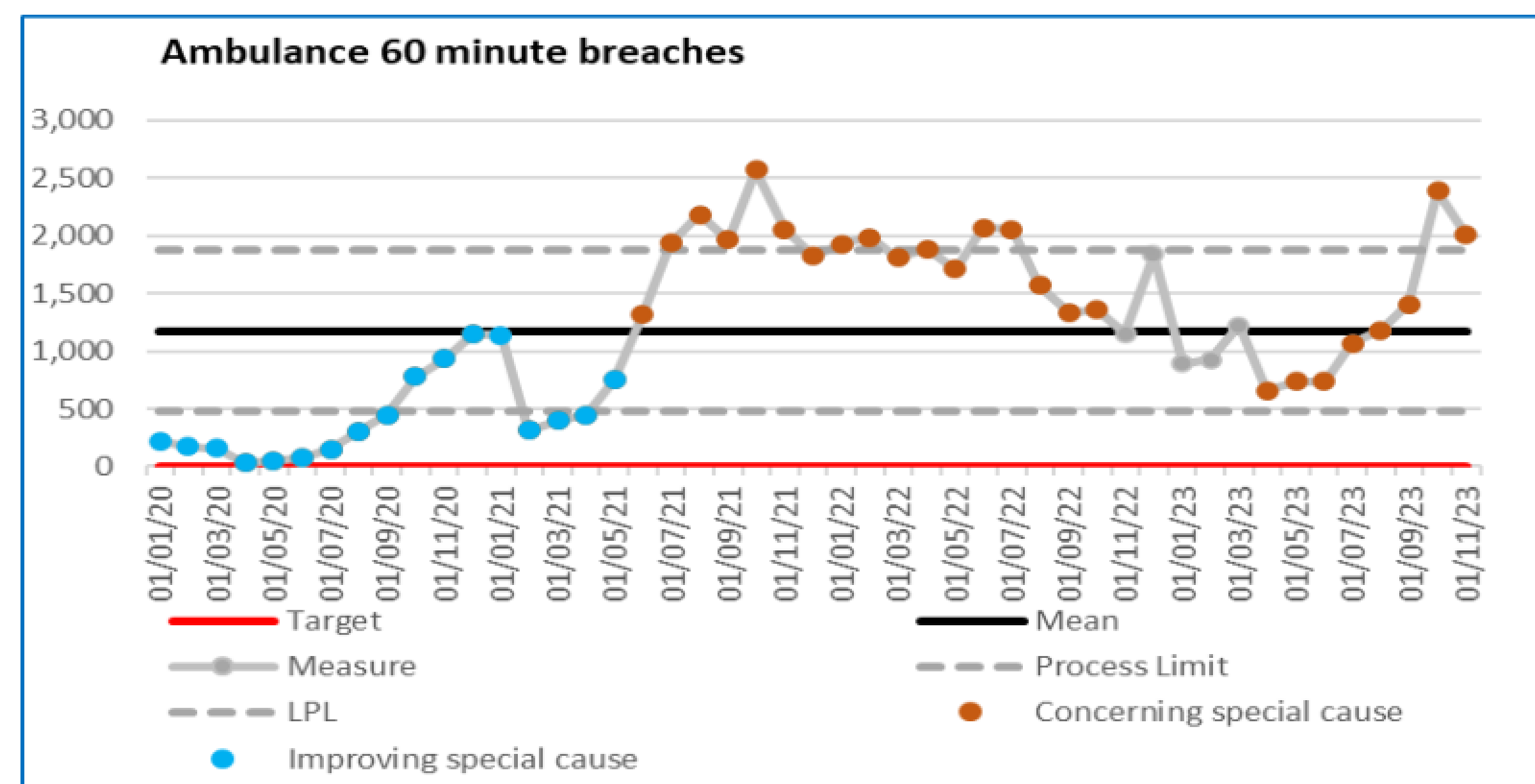
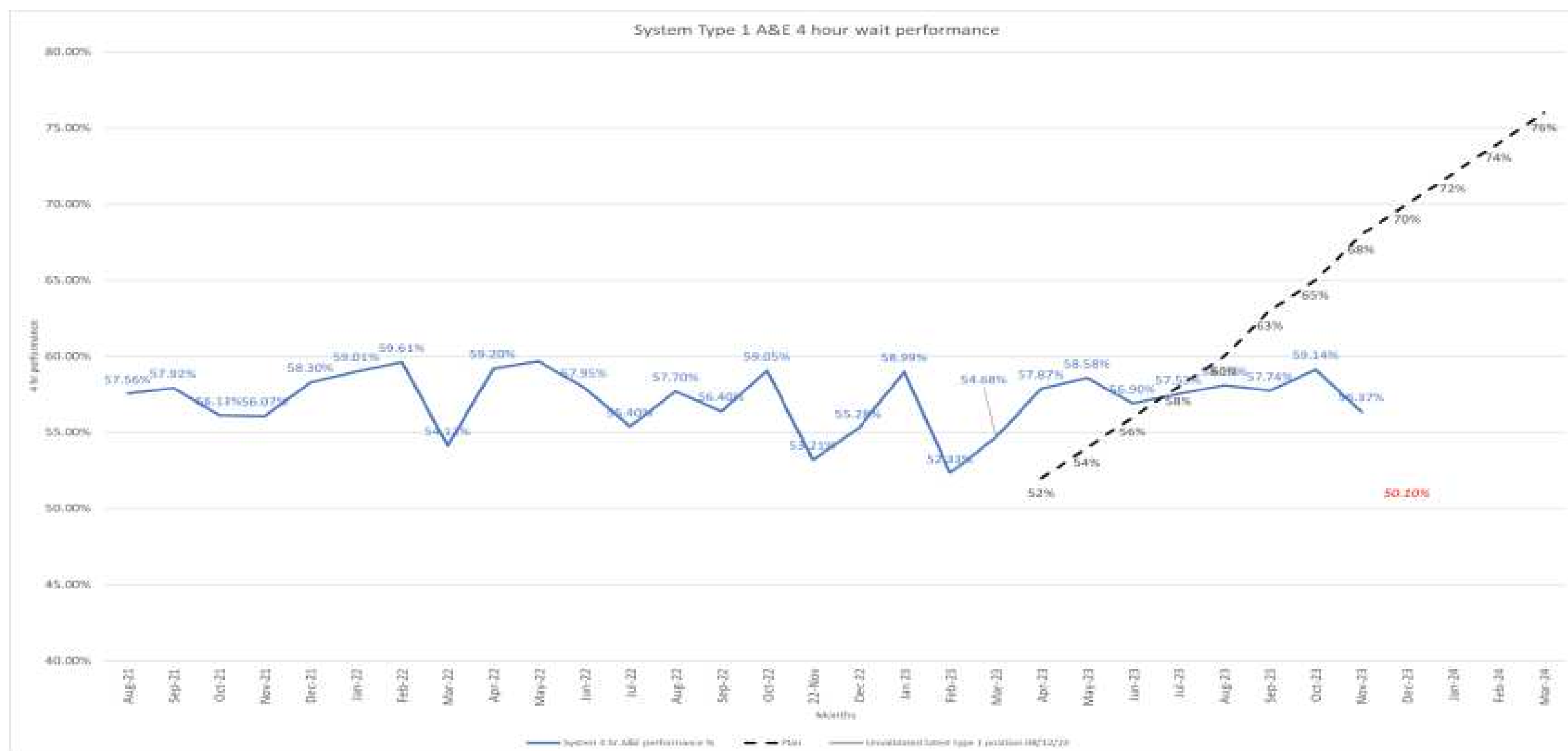




**Birmingham and Solihull
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Urgent and emergency care

Accident & Emergency



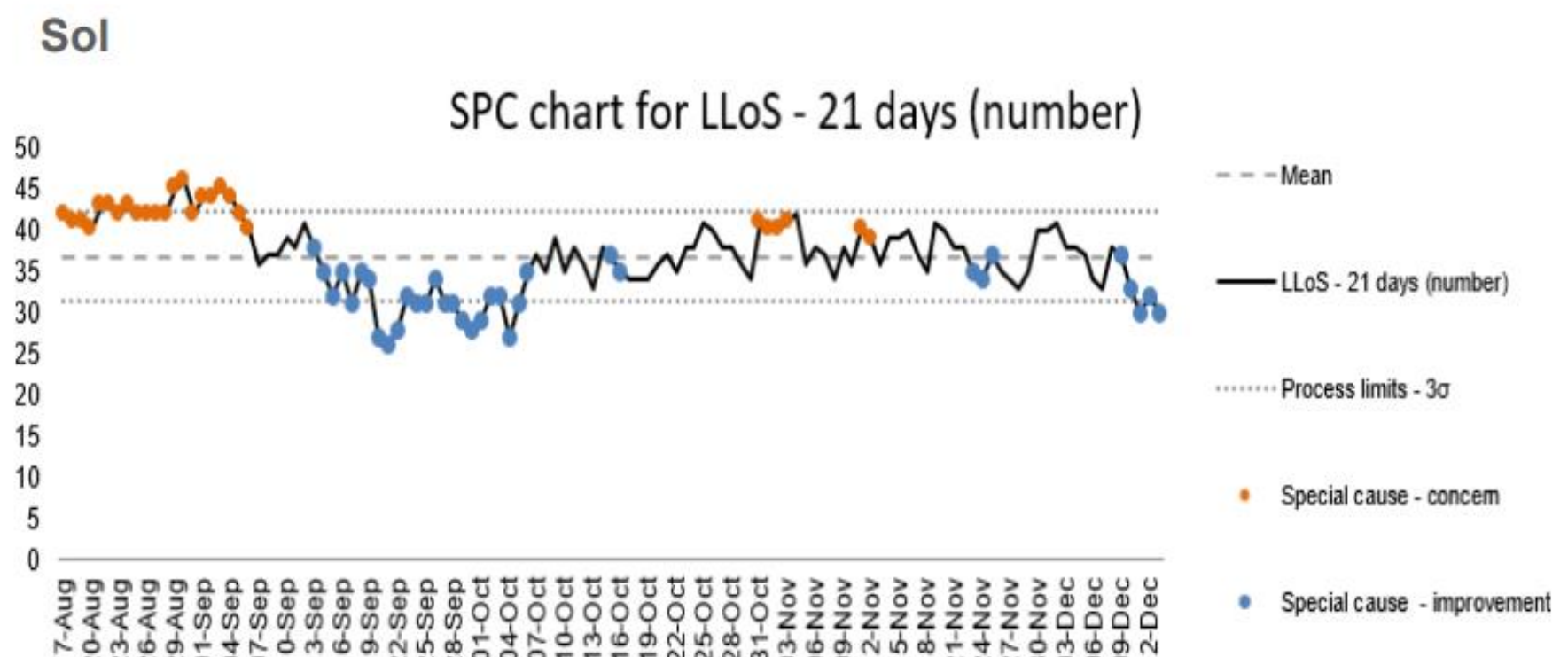
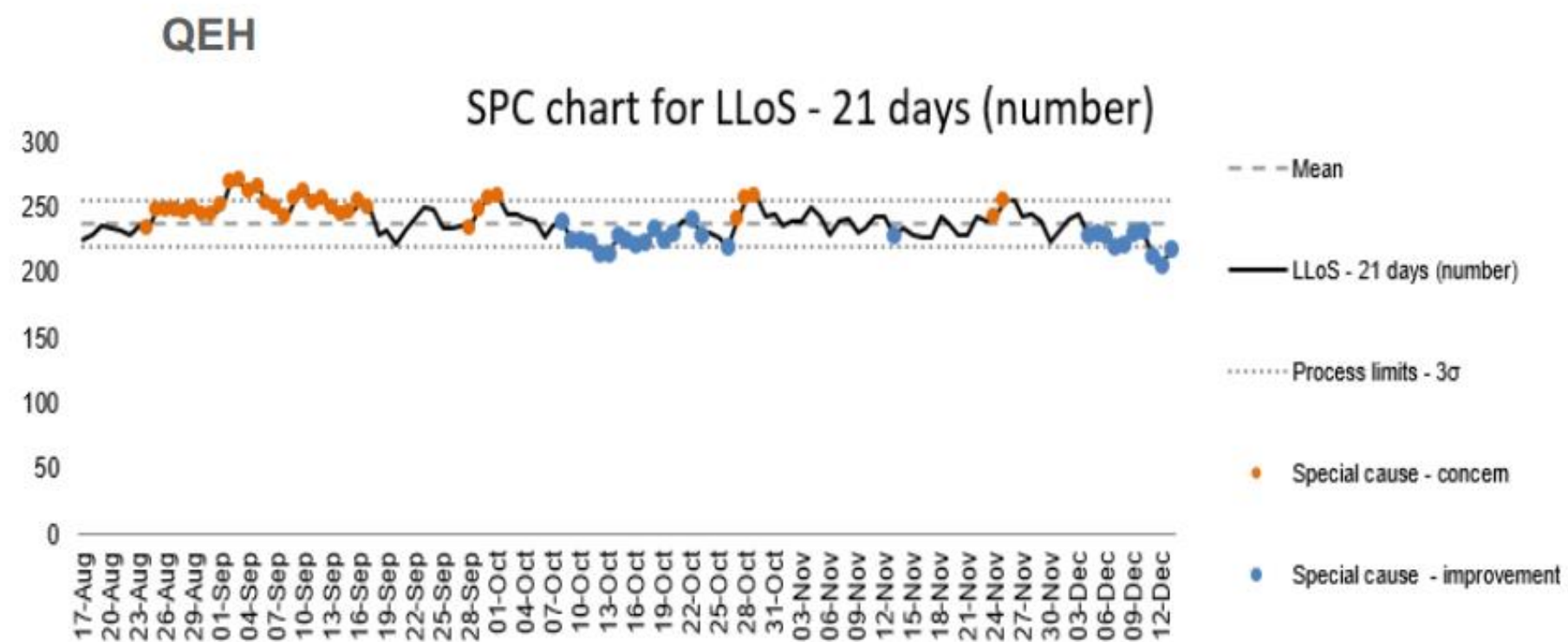
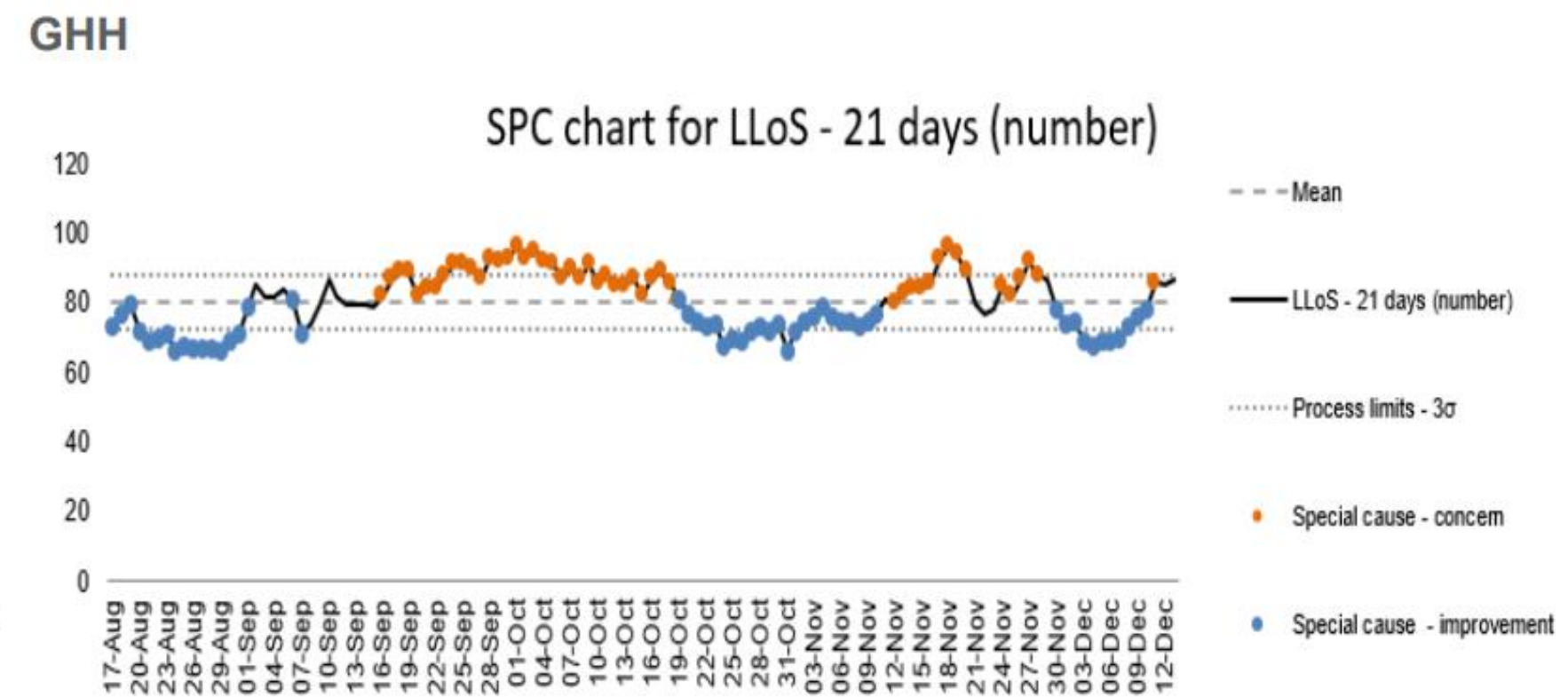
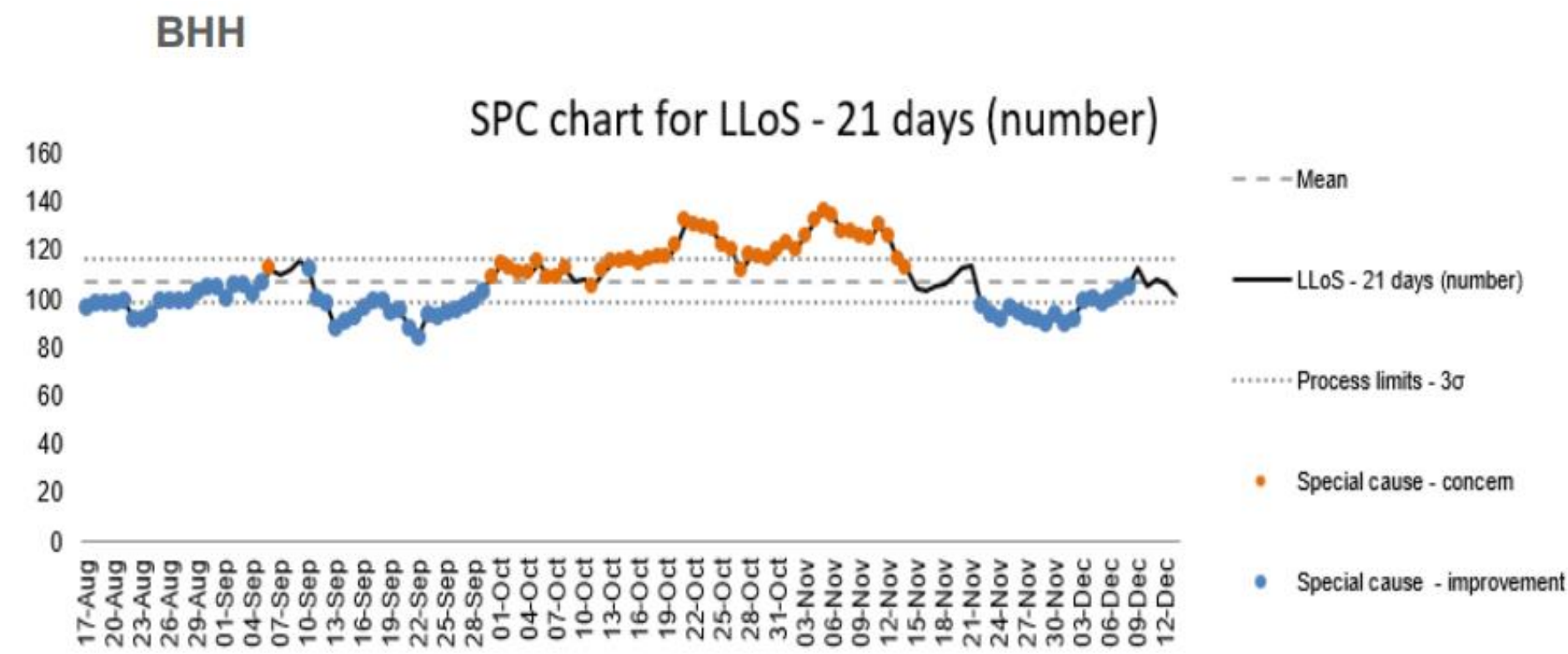
- Performance against the 4 hour A&E performance target had remained stable at just under 60% for the majority of 2022-23 and into 2023-24, however the system has seen a deterioration in this performance in November and into December. This corresponds with increases seen in ambulance handover delays.
- Ambulance handover delays have increase significantly since October, sitting at levels in line with the peaks that occurred during 2021 and 2022. The Christmas period was particularly pressurised but ambulances handovers taking more than 60 minutes have started to reduce in recent weeks.
- Additional community beds have been opened to support the number of patients that can be stepped down from an acute setting and increase the available capacity and flow on a daily basis. Focus on ensuring that patients who are medically fit for discharge are able to go to their appropriate onward destination at the earliest opportunity and not remain in hospitals when they no longer need to be. Length of stay is also receiving weekly review and oversight about continued reductions to support capacity. This work in discharging patients is key to support throughput and flow through the hospital sites allowing admissions and reducing time that patients spend in A&E.



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Discharges

Length of Stay



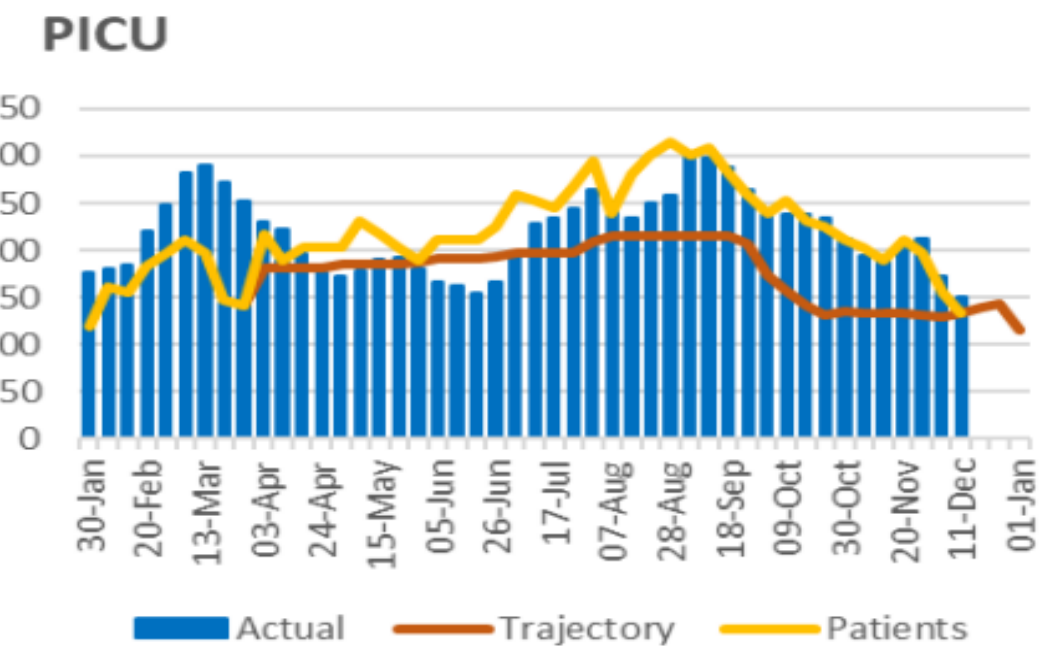
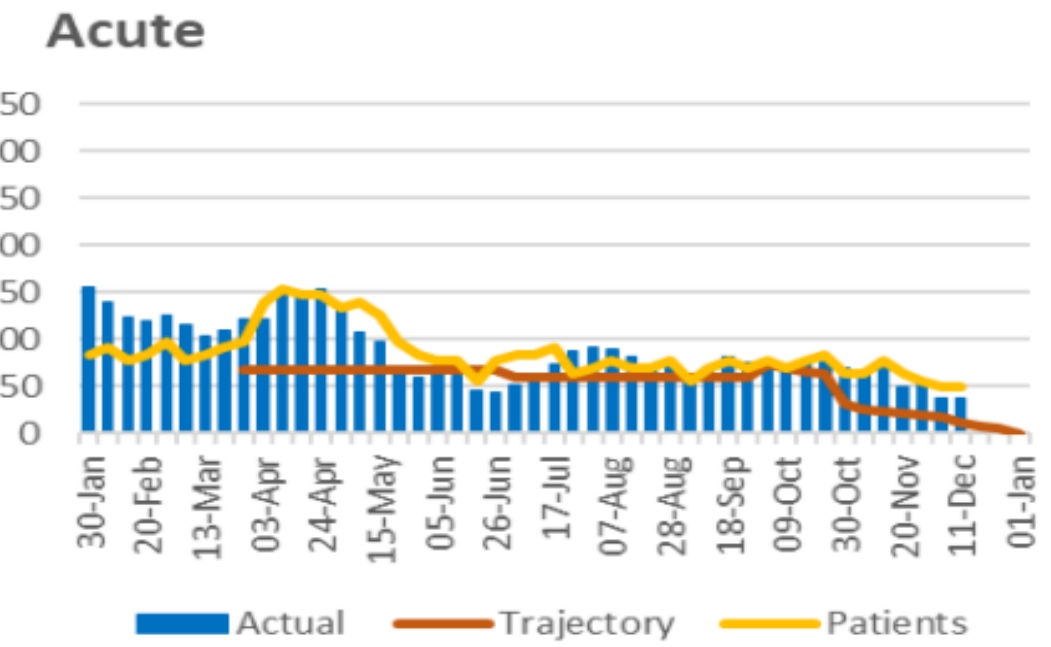
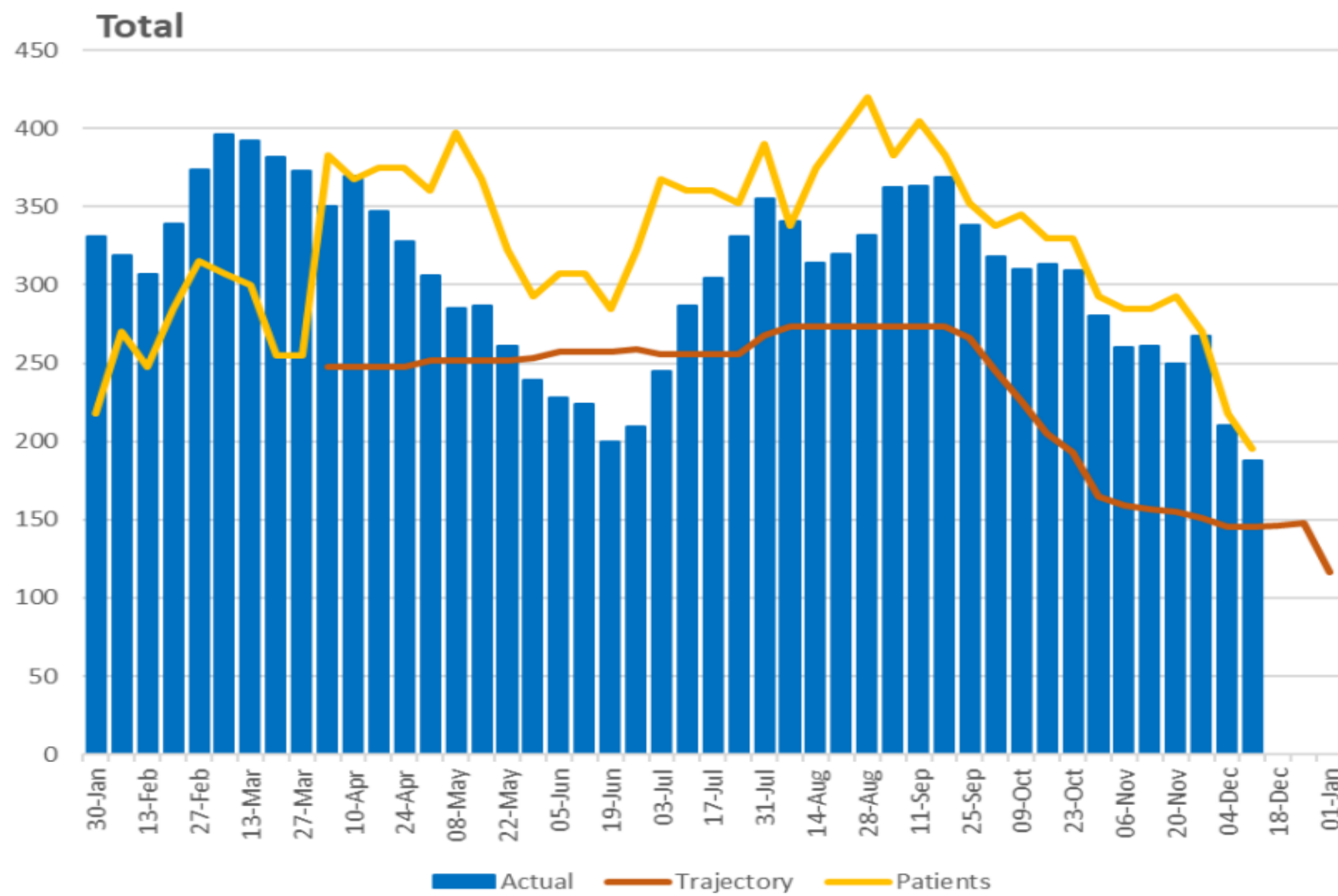
- Long length of stays across all UHB sites have reduced during November and December, with only Good Hope showing an increase since early December. This shows positive progress since the introduction of UHB's new site-based leadership model on 1st October.



**Birmingham and Solihull
Integrated Care System**
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Mental Health

Mental Health – Out of Area Placements



- Out of Area bed days have dropped significantly since the peak in August 2023, which fewer than half of the number of patients now remaining in inappropriate out of area placements. Patients requiring an acute out of area bed are now down to 10, with a higher number of PICU beds remaining, although this also dropped significantly in recent months.
- Earlier in the year there were almost 60 patients who were placed out of area in a specific week, this number has continued to fall as is now down to 25 in the latest available weekly data. The system still has more work to do to meet the targets set out in the operational plan but the continued progress and reductions seen in the inappropriate out of area bed days remain positive.
- The system is moving towards a single governance arrangement for mental health patients through the 2024/25 plan and this will positively impact for patients as well as continuing to reduce the inappropriate out of area bed days with a more joined up system offer.

Talking Therapies Access

Talking Therapies Accessing, BSOL CCG

October, 2023 Current In-Month Performance **2,895**

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Patients Entering First Treatment, In-Month, BSOL ICB



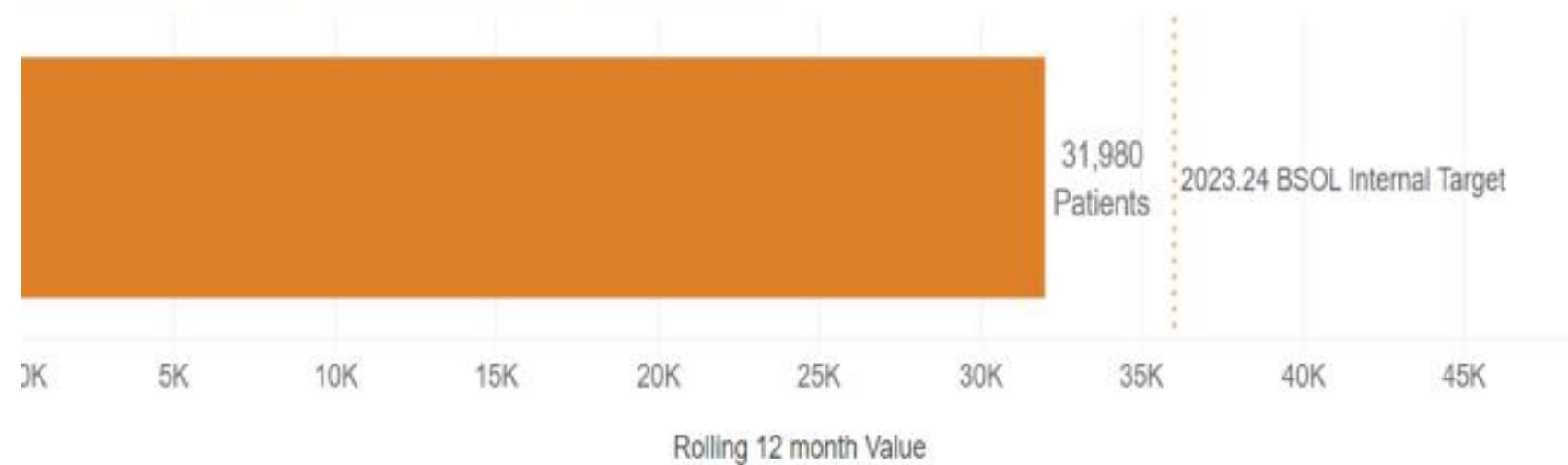
Count Accessing	2,395	1,910	2,580	2,340	3,680	2,400	2,655	2,820	2,850	2,710	2,745	2,895
Count Accessing FYTD	17,330	19,240	21,820	24,160	27,840	2,400	5,055	7,875	10,725	13,435	16,180	19,075
Count Accessing R12m	25,240	25,425	25,975	26,315	27,840	28,380	28,935	29,805	30,420	30,875	31,225	31,980

- Accessing targets are volumetric in the 2022.23 year and based on the numbers of patients reaching their first treatment appointment.
- In-Month trajectory target plotted is that submitted for the 22.23 planning round.
- Both planning round and NHS E Target plotted on rolling 12 month chart for 2022.23
- Volumetric targets replace prevalence accessing targets due to transition from 2000 to 2014 Adult Psychiatric Morbidity Survey as benchmark.
- 2023.24 BSOL target adjusted down to 42,462 (from 51,700) by NHS E in 2023.24 planning round.

Source: NHS Digital IAPT Monthly

Rolling 12 Months Patients Entering First Treatment

between November, 2022 and October, 2023



2022.23 BSOL Internal Target
36,289

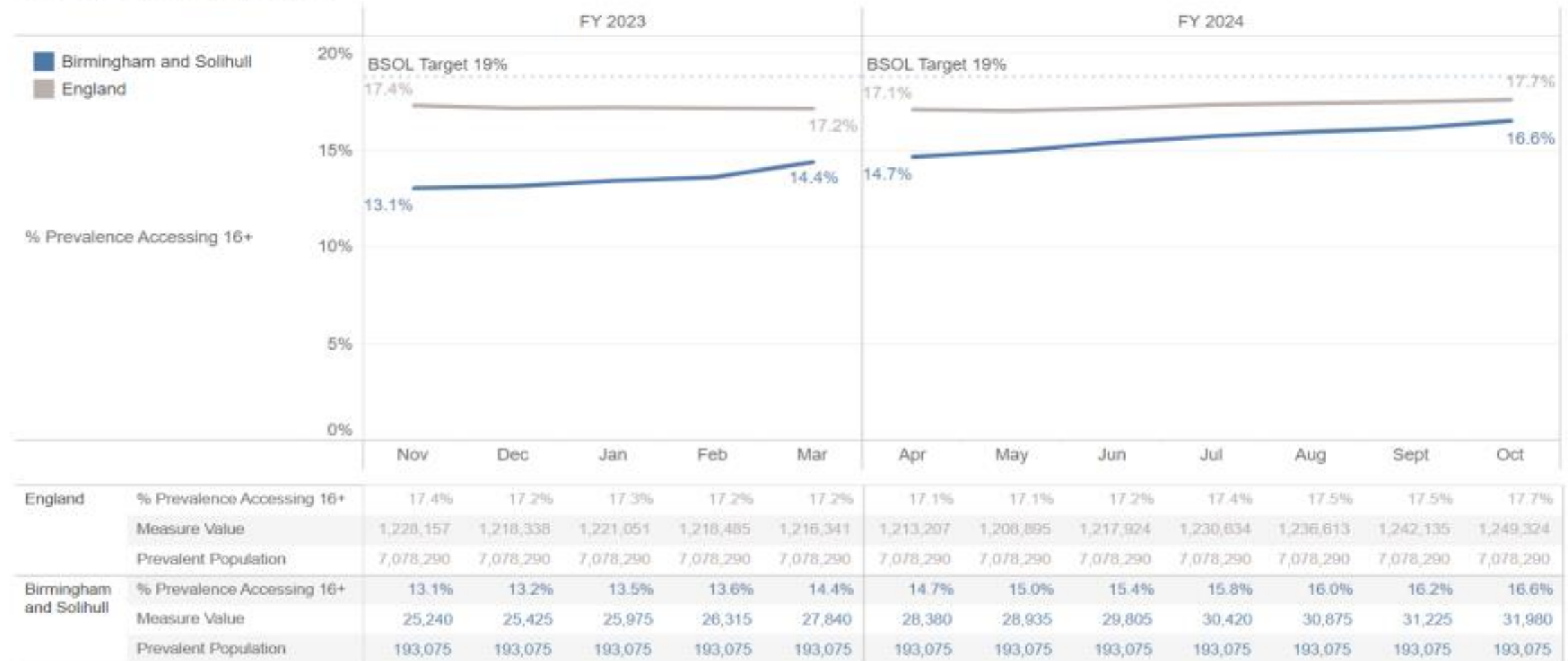
2022.23 NHS E Volume Target
47,538

2023.24 BSOL Internal Target
36,000

Common Mental Disorders, Proportion of prevalent population accessing Talking Therapies

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BSOL ICB and England Trend



Data Sources:
IAPT Accessing - NHS Digital
Common Mental Disorder Prevalence -
Fingertips Public Health Data
Population - Office for National Statistics,
Census 2021

Methodology:
Prevalence accessing is [IAPT Accessing] / [Prevalent
Population].
Prevalent population is calculated by applying prevalence rates
to population volumes. 16+ prevalent rate applied to 16-64
aged population. 65+ rate applied to 65+ population.

Common Mental Disorder Prevalence Rates:
England 16+ = 16.9%; 65+ = 10.2%
BSOL 16+ = 21.1%; 65+ = 12.7%
Solihull 16+ = 14.7%; 65+ = 9.2%

- 2,895 patients entered NHS funded treatment with Talking Therapies services in October 2023.
- BSol are targeting a prevalence of 19% across the year, this will be below the LTP target of 25%.

Birmingham City Council

Joint Health Overview and Scrutiny Committee Birmingham City Council and Solihull Metropolitan Borough Council



Date: 7th February 2024

Subject: WMAS overview – activity, response times and lost hours to handover delays

Report of: Mr Vivek Khashu, Strategy Engagement Director

Report author: Mr Vivek Khashu, Strategy Engagement Director

1 Purpose

- 1.1 The slide deck accompanying this cover sheet provides an overview of where West Midlands Ambulance service is in relation to the Birmingham and Solihull system when it comes to activity, response times and lost hours to handover delays.
- 1.2 A further brief will be sent to committee officers with updated information which will include January 2024 data, this however will not be available until early February, just before the committee meeting.

2 Recommendations

- 2.1 The Committee members are asked to note the update

3 Any Finance Implications

- 3.1 The update itself does not have any financial implications, however, for the region, West Midlands Ambulance service currently sees approximately half the numbers of patients per twelve hour shift than it did pre covid. This productivity drop is linked to the rise in handover delays and greater time on scene with crews attempting to maximise alternative care pathways.

4 Any Legal Implications

- 4.1 NA

5 Any Equalities Implications

5.1 NA

6 Appendices

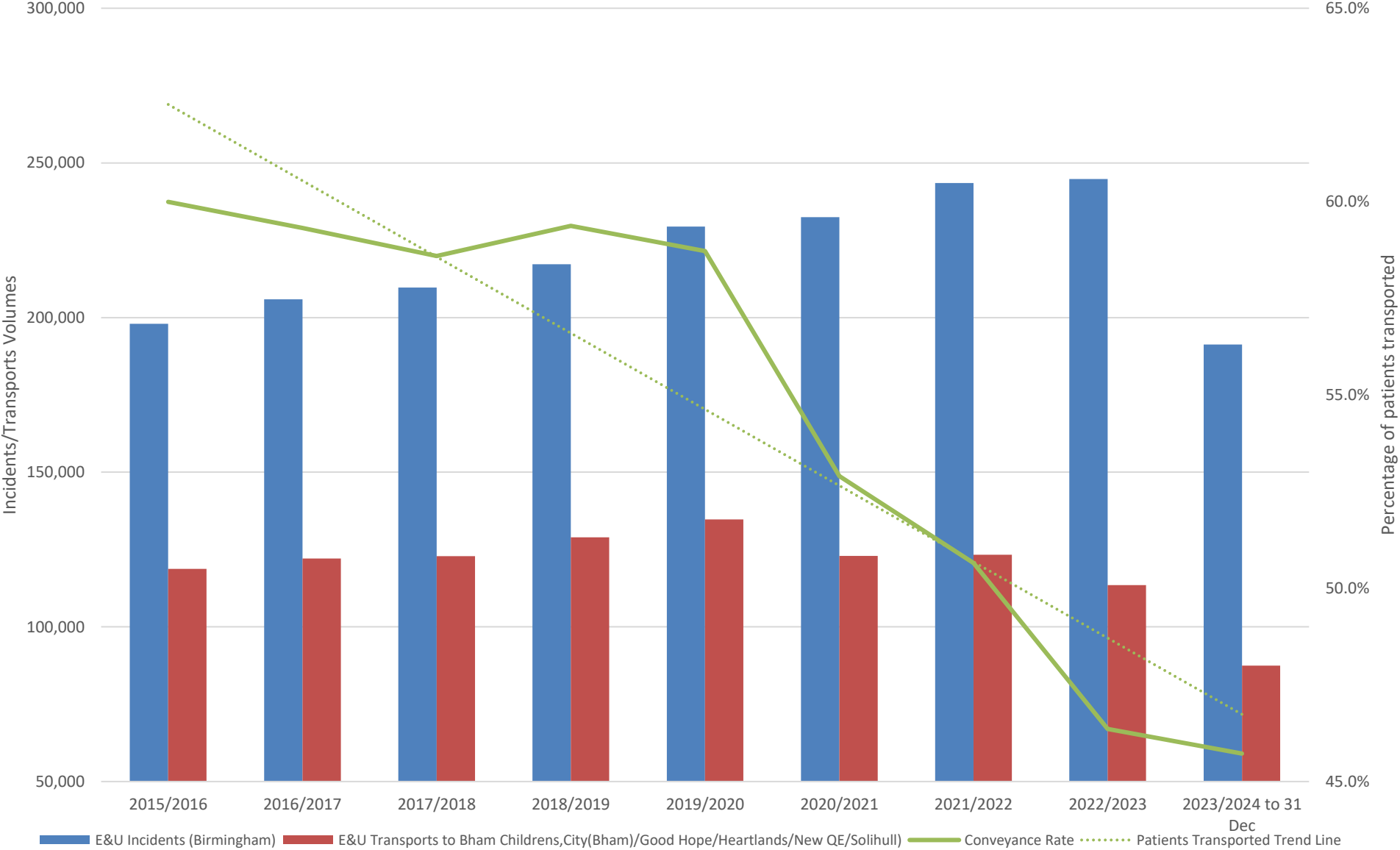
6.1 "BSOL Demand, Hospital Delays & Performance Packs 2023 12 December"



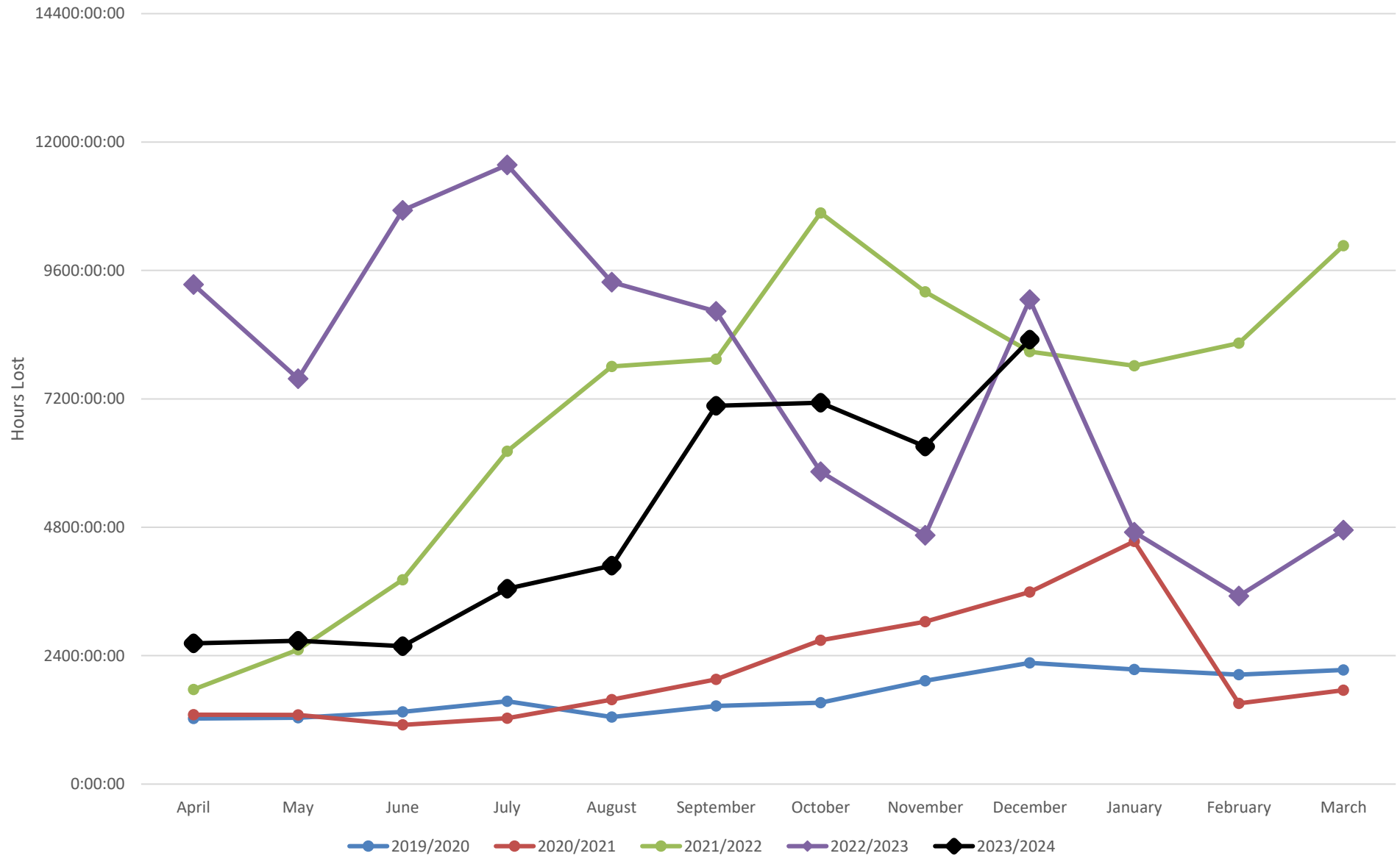
Birmingham & Solihull ICS Demand, Hospital Delays & Performance

December 2023

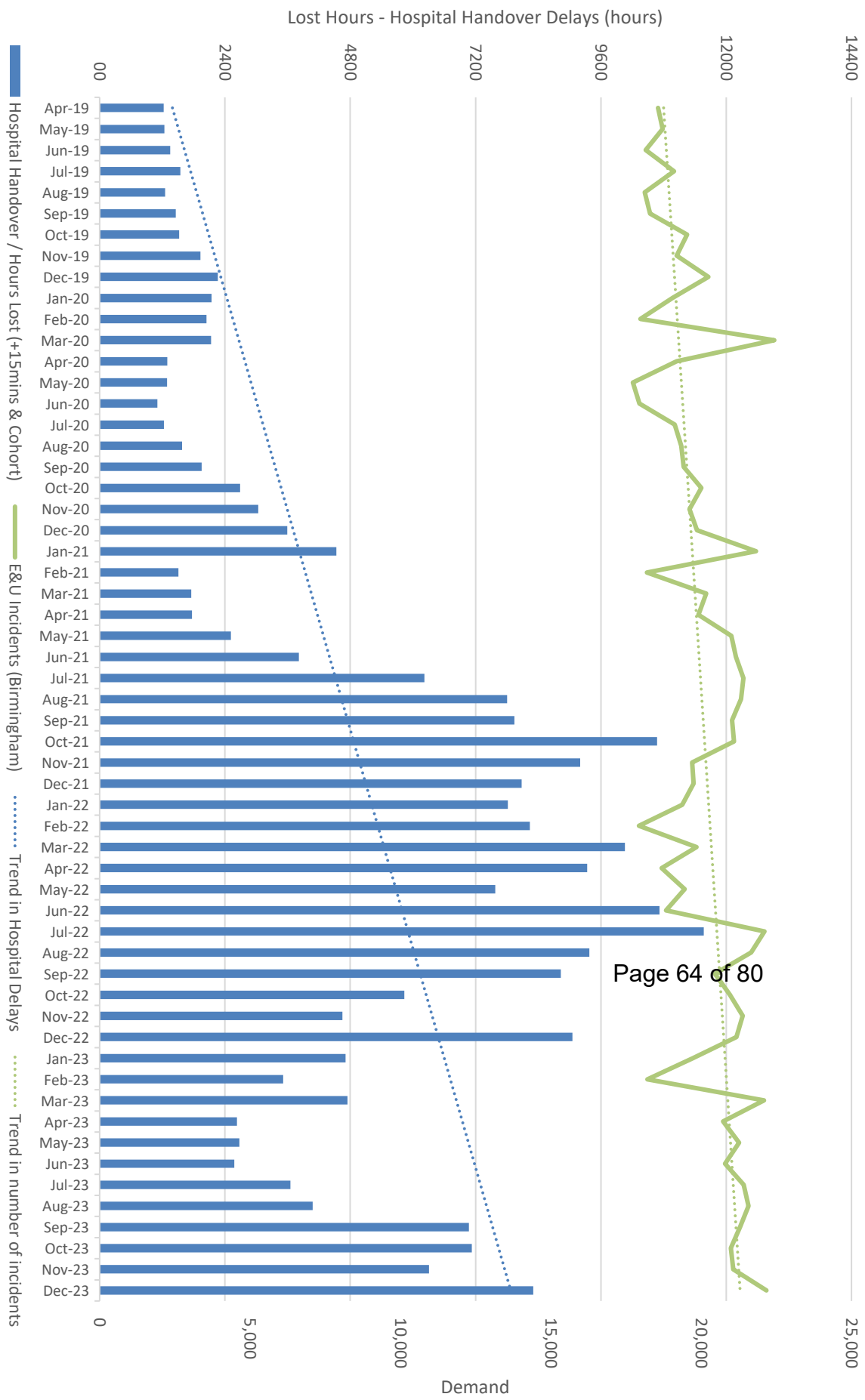
Incidents, Transports & Conveyance Rate Year on Year



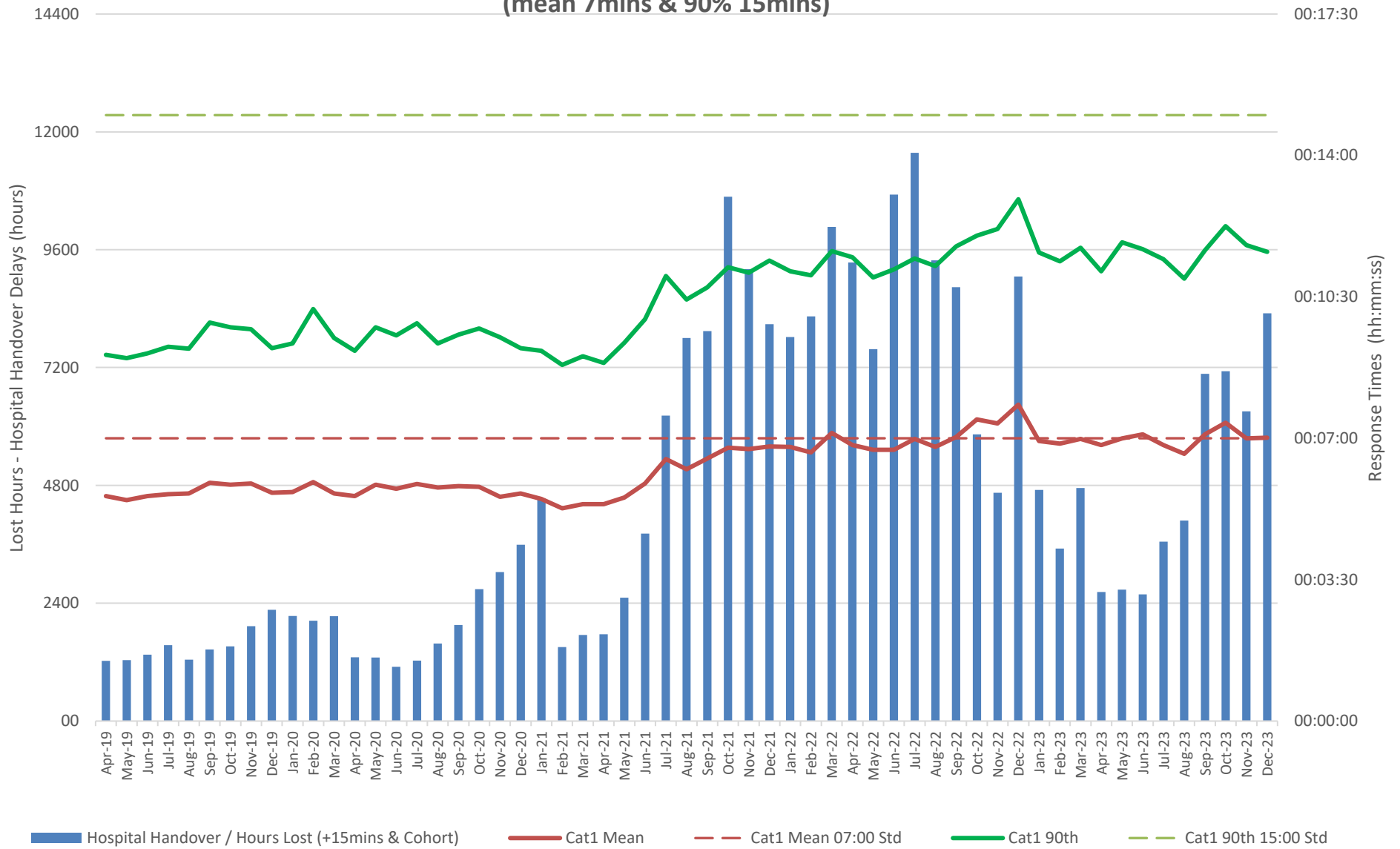
Birmingham Hospitals Handover Delays >15mins (inc cohorting) - Total Hours by Month



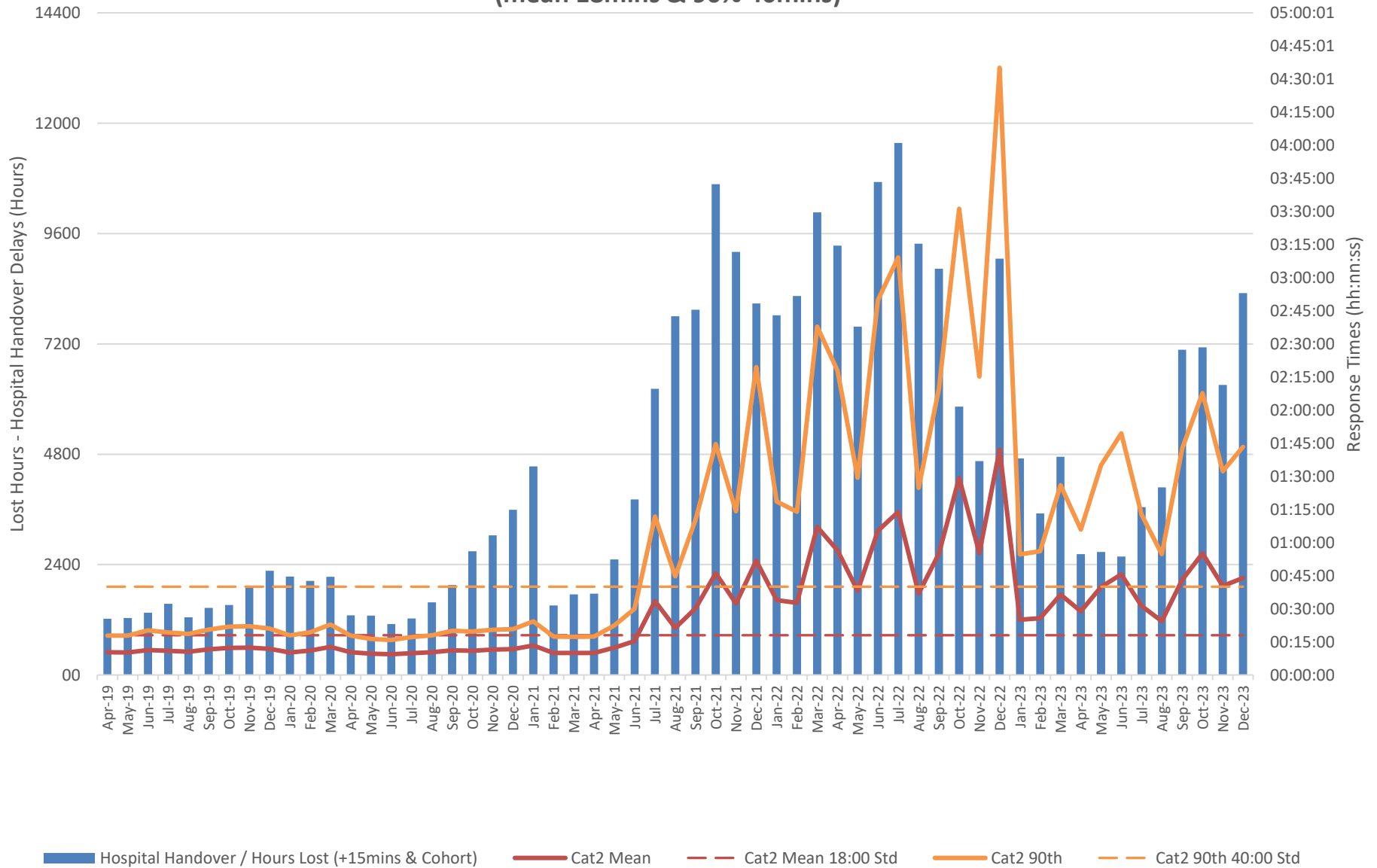
Operational Demand & Handover Delays



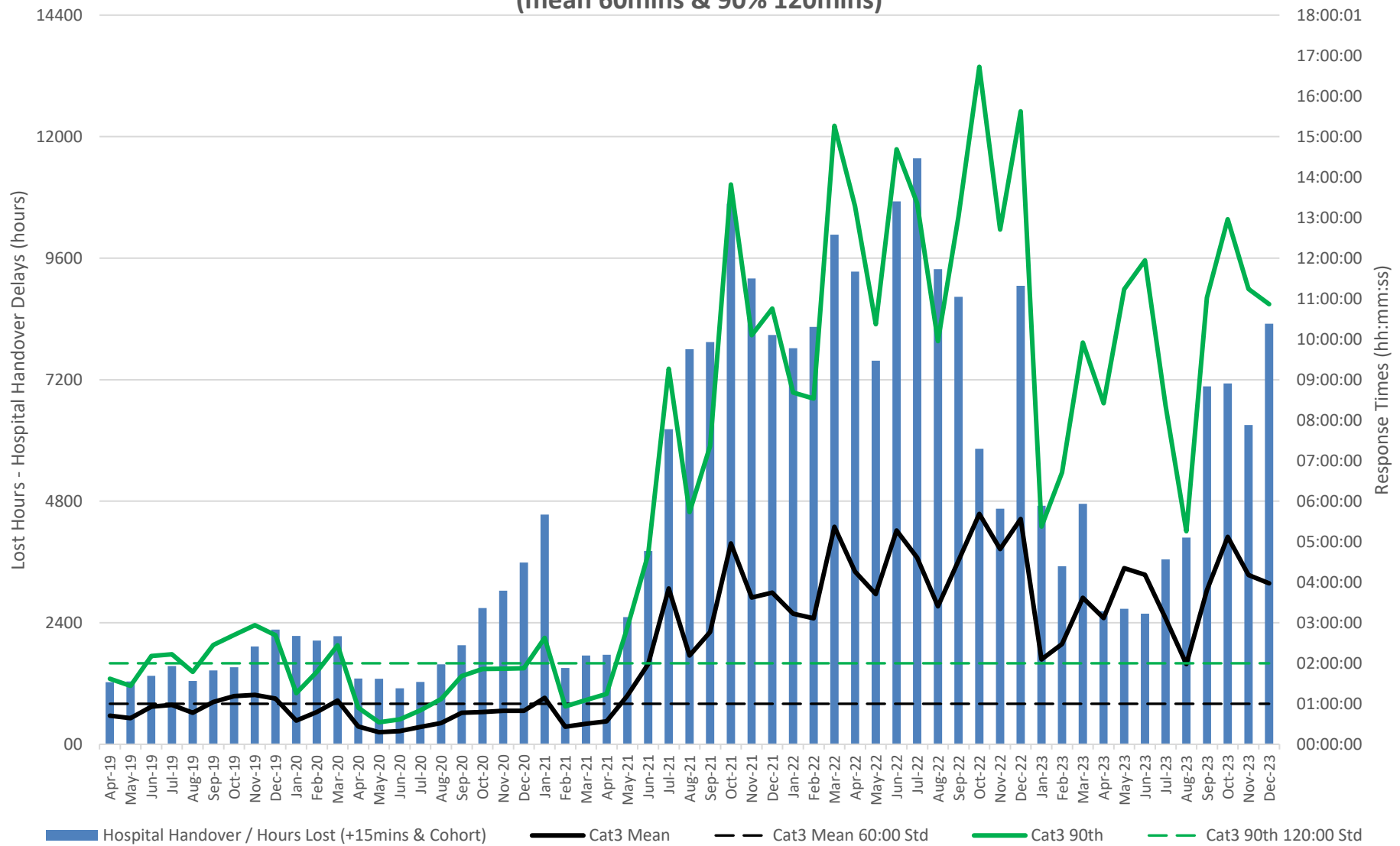
Hospital Handover Delays > 15mins and Cohorting vs Operational Performance Cat1 (mean 7mins & 90% 15mins)



Hospital Handover Delays > 15mins and Cohorting vs Operational Performance Cat2 (mean 18mins & 90% 40mins)



Hospital Handover Delays > 15mins and Cohorting vs Operational Performance Cat 3 (mean 60mins & 90% 120mins)



Birmingham City Council and Solihull MBC Joint Health Overview and Scrutiny Committee

7 February 2024



Subject: Joint Birmingham and Solihull Health 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 Manger, fiona.bottrill@birmingham.gov.uk Tel: 07395 884487

1 Purpose

- 1.1 This report sets out the proposed work programme for the Joint Birmingham and Solihull Health Overview and Scrutiny Committee (JHOSC) for 2023-24. 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 Joint Chairs, the issues that the Committee will consider during March – May 2024 the proposed aims and objectives and the preferred method of scrutiny.
 - Notes, subject to further input from the Joint Chairs 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 and Solihull; relevant to the Birmingham and Solihull Councils’ 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.

Joint Health 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 Joint HOSC is chaired by Cllr Mick Brown (Birmingham) and Cllr Gail Sleigh (Solihull), and its membership comprises:
- Birmingham:
Councillors Mick Brown (BCC Chair - Lab), Kath Hartley (Lab), Vacancy (Labour), Gareth Moore (Con) and Mumtaz Hussain (LibDem).

Solihull:

Councillors G Sleigh (SMBC Chair – Con), Cllr A Mackenzie (Con), Cllr S Gethen (Con), Cllr S Ashraf (Grn), Cllr R Long (LibDem).

4 Work Programme 2023-24

- 4.1 Appendix 1 sets out the work previous undertaken by the Joint HOSC and also the topics the Committee has identified for future 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.

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 Solihull; 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: BSOL Joint HOSC Work Programme February 24

Birmingham and Solihull Joint Health Overview and Scrutiny Committee Work Programme

Month	Item/Topic	Aims and Objectives	Scrutiny Method	Cabinet Member/ Lead Officer	Other Witnesses	Additional Information and Outcome*
July 2023	<p>Report on 3 Independent Reviews of University 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>To provide assurance to the Committee on the outcome of the Well Led and progress 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>Committee Meeting single item: Agenda 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>	David Melbourne, BSOL ICB Chief Executive.	<p>Prof. Mike Bewick, IQ4U Consultants</p> <p>Jonathan Brotherton, CEO UHB.</p> <p>Andy Cave, Healthwatch Birmingham.</p>	<p>Information requested on April 23 Joint HOSC: To receive a copy of the ICS analysis of the UHB Trust's <i>Standardised Hospital Mortality Ratio</i> (SHMR);</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>Outcome: Update provided on reviews</p> <p>Public Engagement / Citizen voice: Engagement between patients families and UHB following deputation at</p>

						meeting Assurance provided regarding Healthwatch ground rules.
July 2023	BSol ICS update on performance against finance and recovery plans Statutory Health Scrutiny Function 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 Statutory Health Scrutiny Function 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 5th October '23. Venue: Council House, Solihull	Lisa Stanley-Green; ICB Chief Nurse/Deputy CEO. Angela Hughes: BSOL ICB Senior Quality Lead Maternity		Outcome: Resolution from the October meeting: To come back to future meeting in 24/25 (June or July) with update on actions from CQC findings.

Appendix 1

October 2023.	Birmingham and Solihull ICS Performance on Finance & Recovery plans. Statutory Health Scrutiny Function Corporate Priority 8, 13 & 16	To provide a summary of key performance and deliverables (as at end of July).	Committee Meeting: Standard agenda item at Joint HOSC meetings. 5th October '23. Venue: Council House, Solihull	Paul Athey, Chief Finance Officer		Standing agenda item: Next update at next JHOSC meeting in February 2024.
Oct. 2023	West Midlands Ambulance Service Delivery Statutory Health Scrutiny Function	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	Vivek Khashu: Strategy and Engagement Director, West Midlands Ambulance Service		WMAS rep unable to attend October meeting although supplementary note and report was tabled at meeting for consideration. WMAS to come back to the next JHOSC meeting to update on latest performance.
Oct. 2023	Winter Pressure Update Statutory Health Scrutiny Function Corporate Priority 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	Mandy Nagra, Integrated Care Board/ ICS Executive Chief Delivery Officer, BSol ICB. Alan Butler, Associate Director of Delivery, Improvement and UEC, BSol ICB.		Outcome: Some progress made with Solihull. Resolution from October meeting: To receive as part of the JHOSC Work Program for 2024/25 a report addressing winter pressure preparations for 2024/25. Mental health services workforce planning identified as an issue in the workforce impacting on

Appendix 1

						Winter pressures. Resolution at October meeting: To receive update of mental health services as part of 24/25 JHOSC work programme
November 2023	JHSOC member briefing on UHB Culture Review Report with Jonathan Brotherton, CEO, UHB. Statutory Health Function	To provide committee members with update on actions and recommendations from the recently published Culture Review independent report.	Briefing with CEO of UHB scheduled for 10th November 9.00am on TEAMS.	Jonathan Brotherton, CEO UHB.	David Melbourne, CEO, ICB.	Outcome: Update on actions and implementation provided to JHOSC members. New Operating model launched in October.
Feb.2024	ICS Work Force Planning. Statutory Health Scrutiny Function.	Update on ICS workforce planning in health and social care sectors.	Committee Meeting: Agenda item at JHOSC meeting in February 7 th 24. Report deadline 23 rd Jan. 2024 Venue: Committee Room 6 Council House	Lisa Stalley- Green; ICB Chief Nurse/Deputy CEO.		
Feb. 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 February 7 th 24. Report deadline 23 rd Jan.	Jonathan Brotherton, CEO, University Hospitals, Birmingham (UHB)	David Melbourne, CEO, ICB.	Informal session between UHB CEO & JHOSC held in November 2023. Update on actions and implementation provided to JHOSC members. New Operating model launched in October 2023.

			Venue: Committee Room 6 Council House			Update to be received at Feb. '24 meeting.
Feb. 2024	Birmingham and Solihull ICS Performance on Finance & Recovery plans. Statutory Health Scrutiny Function	To provide the latest summary of key performance and deliverables.	Committee Meeting: Agenda item at JHOSC meeting in February 7 th 2024 . Report deadline 23rd Jan. Venue: Committee Room 6 Council House	Paul Athey, Chief Finance Officer		Standing agenda item:
Feb. 2024	West Midlands Ambulance Service Delivery (TBC) Statutory Health Scrutiny Function	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 JHOSC meeting in February 7 th 2024 . Report deadline 23rd Jan. Venue: Committee Room 6 Council House	Vivek Khashu: Strategy and Engagement Director, West Midlands Ambulance Service	West Midlands Ambulance Service Delivery Statutory Health Scrutiny Function	WMAS rep to attend February meeting to provide update on activities.

Appendix 1

TBC	CQC report Birmingham & Solihull Mental Health Trust (BSMHST) Statutory Health Scrutiny Function	To update the Scrutiny Committee on the CQC Inspection of BSMHST performance, including any progress on recommendations for action.	TBC (in 2024/25).			Resolution at October JHOSC meeting that as part of the JHOSC Work Programme for 2024/25, a future Update Report on Mental Health Services, be brought to committee.
TBC (24/25)	Winter Pressure Update Statutory Health Scrutiny Function Corporate Priority 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.	24/25	Winter Pressure Update.		Resolution from October meeting: To receive as part of the JHOSC Work Program for 2024/25 a report addressing winter pressure preparations for 2024/25.
TBC	Update on post-covid syndrome / Long covid and rehabilitation. Statutory Health Scrutiny Function	To understand the impact of post covid syndrome / long covid and the services / support that is available.	TBC			To be considered for 24/25 work programme.

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