

BIRMINGHAM CITY COUNCIL

HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

TUESDAY, 18 OCTOBER 2022 AT 10:00 HOURS
IN COMMITTEE ROOMS 3 & 4, COUNCIL HOUSE, VICTORIA
SQUARE, BIRMINGHAM, B1 1BB

A G E N D A

1 NOTICE OF RECORDING/WEBCAST

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

2 APOLOGIES

To receive any apologies.

3 DECLARATIONS OF INTERESTS

Members are reminded that they must declare all relevant pecuniary and non pecuniary interests arising from any business to be discussed at this meeting. If a disclosable pecuniary interest is declared a Member must not speak or take part in that agenda item. Any declarations will be recorded in the minutes of the meeting.

5 - 12

4 ACTION NOTES/MATTERS ARISING

To approve the action notes of the meeting held on 20 September 2022.
(1000-1005hrs)

5 USE OF CHAIR'S AUTHORITY TO ACT

To report to the Committee that following the informal meeting on the 19th July, the Chair with the relevant Chief Officer, appointed the following members to the Joint Health Overview and Scrutiny Committees:

SANDWELL

Councillors:

Mick Brown

Kath Hartley

SOLIHULL

Councillors:

Mick Brown

Deborah Harries

6 **FORWARD THINKING BIRMINGHAM**

Fiona Reynolds, Chief Medical Officer; Dr Anupam Dharma, Consultant Psychiatrist & Medical Director; Joanne Hemming, Director of Nursing; Neil Barnett, Divisional Director of Operations, Birmingham Women's and Children's NHS Foundation Trust.
(1005-1045hrs)
To follow

13 - 20

7 **INFANT MORTALITY TRACKING REPORT**

Joann Bradley (Public Health Service Lead: Children and Young People).

(1045-1115hrs)

8 **AN UPDATE ON FUTURE ARRANGEMENTS FOR ADULT SOCIAL CARE PERFORMANCE MONITORING**

Paul Clarke, Assistant Director (Programmes, Performance and Improvement); Maria Gavin, Assistant Director (Quality and Improvement - Adult Social Care); Merryn Tate (Head of Service - Safeguarding).
(1115-1145hrs)

21 - 28

9 **CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH INQUIRY - TERMS OF REFERENCE**

Fiona Bottrill (Senior Overview and Scrutiny Manager).
(1145-1155hrs)
To Follow

29 - 48

10 **WORK PROGRAMME - OCTOBER 2022**

For discussion.
(1155-1200hrs)

11 **DATE AND TIME OF NEXT MEETING**

To note that the next meeting is scheduled for Tuesday 22nd November 2022 at 10.00am.

12 **REQUEST(S) FOR CALL IN/COUNCILLOR CALL FOR ACTION/PETITIONS RECEIVED (IF ANY)**

To consider any request for call in/councillor call for action/petitions (if received).

13 **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.

14 **AUTHORITY TO CHAIR AND OFFICERS**

Chair to move:-

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

BIRMINGHAM CITY COUNCIL

HEALTH AND SOCIAL CARE O&S COMMITTEE

PUBLIC MEETING

**Tuesday 20 September 2022. Committee Rooms 3 & 4, Council House,
Victoria Square**

Action Notes

Present:

Councillor Mick Brown (Chair)

Councillors: Kath Hartley, Gareth Moore, Rob Pocock, Julian Pritchard and Paul Tilsley.

Also Present:

Professor Graeme Betts, Director – Adult Social Care.

Fiona Bottrill, Senior Overview and Scrutiny Manager.

Councillor Mariam Khan, Cabinet Member for Health and Social Care.

Mary Orhewere, Assistant Director, Public Health.

Monika Rozanski, Service Lead (Inequalities), Public Health.

Gail Sadler, Scrutiny Officer.

Rokneddin Shariat, Policy and Governance Manager, Finance and Governance.

1. NOTICE OF RECORDING/WEBCAST

The Chair advised that the meeting would be webcast for live or subsequent broadcast via the Council's meeting You Tube site (www.youtube.com/channel/UCT2kT7ZRPFCXq6_5dnVnYlw) and that members of the press/public could record and take photographs except where there were confidential or exempt items.

2. ELECTION OF DEPUTY CHAIR

Councillor Rob Pocock is elected to substitute for the Chair if absent.

3. APOLOGIES

Councillor Jane Jones.

4. DECLARATIONS OF INTEREST

Councillor Gareth Moore declared that he is a Trustee of Birmingham LGBT which provides sexual health services.

5. ACTION NOTES/MATTERS ARISING

Outstanding Action from 21 December meeting

- Maps to show the alignment between PCNs, clusters of GPs and localities were circulated on 23rd August

Members wished to put on record their thanks for receipt of the information.

Actions from 19 July informal meeting

Q4 Adult Social Care Performance Monitoring Report

- Andrew Marsh agreed to try to obtain the information for a suggested new indicator which measures the length of time from when someone is discharged to assess from hospital and the wait before a care package is in place and would let Scrutiny Officer(s) know how this was being progressed. Members were told that Scrutiny Officer(s) had followed up the request, but no information had been received so far.

Members raised serious concerns regarding the timeliness for receipt of information that had been requested 2 months previously. They stated that hospital discharges are a major issue affecting the health and social care system and, it is of paramount importance, that the data is needed to highlight where the blockages are e.g., tenants of the City Council waiting for adaptations or a care package to be put in place.

Members were told at an informal briefing with Jonathan Brotherton (Deputy Chief Executive/Chief Operating Officer, University Hospitals Birmingham NHS Foundation Trust) that at any one time 160 beds in the Trust were inappropriately occupied i.e., bed blockers.

- Maria Gavin to confirm when a detailed report containing constituency level data could be presented to the committee on an annual basis. Scrutiny Officer(s) had followed up the request, but no information had been received so far.
- Merryn Tate, Head of Safeguarding, will attend the 18th October HOSC to respond to concerns that Members raised at the 19th July HOSC regarding lack of detailed information included in the Adult Social Care Performance Monitoring report.

RESOLVED:

- Scrutiny Officer(s) were asked to contact Andrew Marsh and Maria Gavin to find out when the outstanding information will be available and what barriers have prevented the information being produced in a timelier manner.

- Jonathan Brotherton to provide the following data: The number of people (in the Trust) that are inappropriately waiting in hospital to be discharged and the reason why?

That the action notes for the meeting held on 29 March 2022 be agreed and the action notes for the informal meeting held on 19th July 2022 are noted.

Healthwatch Birmingham Annual Report 2021-22

Andy Cave (CEO, Healthwatch Birmingham) had provided all the reports requested which had been circulated to Members on 16th August 2022.

Work Programme – July 2022

As requested, a copy of the 'Living life to the full with dementia' scrutiny report was circulated to Members on 19th July 2022.

6. REPORT OF THE CABINET MEMBER FOR HEALTH AND SOCIAL CARE

This agenda item was switched with the Tackling Period Poverty and Raising Awareness Tracking Report item in order that all relevant officers could be present.

Councillor Mariam Khan (Cabinet Member for Health and Social Care), Professor Graeme Betts (Director – Adult Social Care) and Mary Orhewere (Assistant Director, Public Health) attended for this item. The Cabinet Member set out her priorities for the coming municipal year which included:

- Tackling health inequalities.
- Post pandemic situation i.e., Covid recovery and planning for winter pressures.
- Cost of living crisis and the impact on citizens, social care workforce, public services, and care market providers.
- Maternal health.
- Mental health.

Councillor Khan also referred to the rising demand on health and social care providers with high levels of vacancies, exhausted staff, long waiting lists for treatment and a situation likely to deteriorate further during the winter.

In addition, Councillor Khan also reported on the Government's plan for Adult Social Care reforms and the Fair Cost of Care.

In discussion, and in response to Members' questions, the following were among the main points raised:

- To understand the issues around delayed discharges and ambulances queuing at acute hospitals, the Cabinet Member had met with representatives from the West Midlands Ambulance Service University NHS Foundation Trust to discuss some of the issues they are facing. WMAS had reported that the new Integrated Care System (ICS) Leadership Team had been very supportive, and the matter is a key priority for the ICS.

- The number of people inappropriately occupying hospital beds is due to range of factors including issues within the hospital itself i.e., being discharged with transport, medication etc. and, in some cases, mental health issues. In terms of care packages, this is generally not an issue in Birmingham. Since the introduction of the Early Intervention Community Team have reduced acute bed days by 120,000 and avoided 20,000+ unnecessary admissions. Both Birmingham and Solihull LAs have taken a report to the Integrated Care Board outlining what will be needed to cope with the winter pressures.
- Regarding the Food Strategy and cost of living, there are barriers to people choosing to eat healthily. For working people, it can be around the time it takes to prepare food. It may also be that some people find it cheaper to eat ready meals rather than home cooked food. Conversations are taking place in the Creating a Healthy Food City Forum looking at affordability of fresh food including working with supermarkets etc.
- Working with the voluntary sector there is an opportunity for the City Council to tackle food poverty and nutrition to raise awareness and, if possible, provide equipment e.g., slow cooker to the most vulnerable and support families in food poverty.
- The rising cost of fuel and the impact on care homes. Conversations are taking place with officers in Adult Social Care to ensure all care providers, whether Council or commissioned providers, are being supported. Existing relationships with care providers will provide an early warning if they are getting into difficulty. The directorate is also working to mitigate the impact of rising fuel costs, but it is a challenging situation.
- Expecting a roll out across the UK of 80,000 more Monkeypox vaccines this month but now, following research in North America, a smaller dose of vaccine is required to be administered. Therefore, the doses will go further and there is confidence that we have enough supply as needed.
- BCC will be hosting a stand at the Birmingham Pride event which will have information and support available regarding Monkeypox.
- Rather than focussing campaign work around the Covid vaccination programme, there is a wider health literacy element. Have commissioned organisations to go into communities and work on health vaccination literacy beyond just Covid. The Covid vaccination take up was not as high as we would have liked and there is continuing work to address that. A national toolkit has been developed to see how we can understand and explore what more can be done, building on lessons from Covid, and working with the NHS to encourage people to take up vaccines.
- All local authorities must submit a cost of care report to the DHSC by 14th October. BCC has been working closely with care provider to determine a 'fair cost of care'. Birmingham has been allocated £3.78m in 2022/23 to support the move towards this reform and expect further funding in 2023/24 and 2024/25. Currently working on an estimate of the actual cost being

£72m. This year the money is to fund the work needed to be developed to establish the cost of care. The Fair cost of care is only one element of an overall package of reforms. There is a concern that there is going to be a significant gap between what the government offers to deliver the reforms and the total cost of them. Currently this is an indicative exercise of the fair cost for care, but it is not a statutory duty to implement the fair cost of care.

- Reference was made to the 2 care provider groups that have been set up to engage with provider representatives, share findings and gain input into the cost of care report.
- Since the work around the recruitment and retention of social workers and staff, there have already been positive outcomes. Over 200 individuals had applied for jobs in Adult Social Care. 100 progressed to the next step of recruitment and over 55 staff have been employed and a further 18 undergoing necessary checks.
- There will be a parliamentary event co-hosted between MPs for Birmingham and Lewisham on 20th October to highlight the BLACHIR (Birmingham and Lewisham African Caribbean Health Inequalities) report and its recommendations.

RESOLVED:

Professor Graeme Betts to provide a copy of the 'Winter Pressures' report that was presented to the ICB.

7. TACKLING PERIOD POVERTY AND RAISING PERIOD AWARENESS TRACKING REPORT

Monika Rozanski (Service Lead – Inequalities, Public Health) was in attendance and Rokneddin Shariat (Policy and Governance Manager, Finance and Governance) joined online for this item to outline progress against the three outstanding inquiry recommendations.

In discussion, and in response to Members' questions, the following were among the main points raised:

- Concern was raised about girls being absent from school during their periods as an issue that needs to be explored further. Furthermore, it was questioned why this issue had not been considered in the initial inquiry.
- There is ongoing work with Education and Public Health to develop a toolkit for school staff to use to hold conversations about menstrual health and to raise awareness in the classroom for both male and female students.
- Public Health had spoken to the Forum of Headteachers and had been told access to period products was not an issue in schools across Birmingham. The issue was absenteeism. An event was held with young women at George Dixon Academy to discuss how to access products and school attendance.
- Regarding 'alleviating period poverty' as a condition of contract, it needs to be relevant to the contract but also within the capability of the contractor to

deliver. If there is a specific contract where this is relevant, then it will be included. Contract Managers and Commissioners can ask specific questions as part of the social value and weight those.

RESOLVED:

Members agreed with the following Cabinet Member Assessments:-

R03 – Cabinet Member Assessment 2 (Achieved Late).

R04 – Cabinet Member Assessment 2 (Achieved Late).

R05 – Cabinet Member Assessment 2 (Achieved Late).

Report and recommendations signed off as completed.

- A meeting is set up between Councillor Brown and the Chair of the Education and Children's Social Care OSC, Councillor Kerry Jenkins, to discuss a joint piece of work to ensure that the tool kit that the public health team is developing is rolled out across schools, including non-local authority schools and faith schools, and that female and male staff in schools are provided with the information and resources.
- Monika Rozanski to provide a breakdown of male and female staff who attended the event at George Dixon Academy.

8. CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH INQUIRY – TERMS OF REFERENCE

The committee received a verbal update from the Senior Overview and Scrutiny Manager who informed them that this item will be deferred until the 18 October meeting as, during the period of national mourning, the meeting of the Task and Finish Group was cancelled.

9. WORK PROGRAMME – SEPTEMBER 2022

RESOLVED:

That the work programme be noted.

10. DATE AND TIME OF NEXT MEETING

The date of the next meeting is scheduled to take place on Tuesday 18 October 2022 at 10.00am.

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

None.

12. OTHER URGENT BUSINESS

None.

13. AUTHORITY TO CHAIRMAN AND OFFICERS

RESOLVED: -

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

The meeting ended at 1222 hours.

Report of:	Cabinet Member for Health and Social Care
To:	Health and Social Care Overview and Scrutiny Committee (HOSC)
Date:	18th October 2022

Progress Report on Implementation: Infant Mortality

Review Information

Date approved at City Council:	13 th April 2021
Member who led the original review:	Councillor Rob Pocock
Lead Officer for the review:	Emma Williamson
Date progress last tracked:	N/A

1. In approving this Review the City Council asked me, as the appropriate Cabinet Member for Health and Social Care, to report on progress towards these recommendations to this Overview and Scrutiny Committee.
2. Details of progress with the remaining recommendations are shown in Appendix 2.
3. Members are therefore asked to consider progress against the recommendations and give their view as to how progress is categorized for each.

Appendices

1	Scrutiny Office guidance on the tracking process
2	Recommendations you are tracking today
3	Recommendations tracked previously and concluded

For more information about this report, please contact

Contact Officer:	Dr Marion Gibbon
Title:	Interim Assistant Director of Public Health
Telephone:	
E-Mail:	marion.gibbon@birmingham.gov.uk

Appendix ○: The Tracking Process

In making its assessment, the Committee may wish to consider:

- What progress/ key actions have been made against each recommendation?
- Are these actions pertinent to the measures required in the recommendation?
- Have the actions been undertaken within the time scale allocated?
- Are there any matters in the recommendation where progress is outstanding?
- Is the Committee satisfied that sufficient progress has been made and that the recommendation has been achieved?

Category	Criteria
1: Achieved (Fully)	The evidence provided shows that the recommendation has been fully implemented within the timescale specified.
2: Achieved (Late)	The evidence provided shows that the recommendation has been fully implemented but not within the timescale specified.
3: Not Achieved (Progress Made)	The evidence provided shows that the recommendation has not been fully achieved, but there has been significant progress made towards full achievement. An anticipated date by which the recommendation is expected to become achieved must be advised.
4: Not Achieved (Obstacle)	The evidence provided shows that the recommendation has not been fully achieved, but all possible action has been taken. Outstanding actions are prevented by obstacles beyond the control of the Council (such as passage of enabling legislation).
5: Not Achieved (Insufficient Progress)	The evidence provided shows that the recommendation has not been fully achieved and there has been insufficient progress made towards full achievement. An anticipated date by which the recommendation is expected to become achieved must be advised.
6: In Progress	It is not appropriate to monitor achievement of the recommendation at this time because the timescale specified has not yet expired.

Appendix : Progress with Recommendations

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R01	<p>To work with partners to establish a multi-agency 'Reducing Infant Mortality in Birmingham' Task Force to oversee a concerted effort by all relevant agencies to achieve a substantial and reduction in Infant Mortality in the City.</p> <p>The Task Force should include the existing Local Maternity System, Clinical Genetics representation, commissioners and other maternity services such as BCHC, plus BCC Public Health, representatives of the CVS sector and elected Members, with a brief to bring the threads of all related interventions together in a concerted and mutually reinforcing programme. It should also identify and address any factors that may discourage some parents from engaging effectively with their maternity service professionals.</p>	Cabinet Member, Health and Social Care	July 2021	2

Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')

The Perinatal and Infant Mortality taskforce has been established and has been meeting on a regular basis. Three streams of work have been established to take the work forward, which consist of:

1. Research – this group is chaired by Richard Kennedy. Jo Garstang, the Designated Doctor for Childhood Death, has received funding to establish research that develops an approach to understand the impact of infant loss on mothers and their families. Part of this is also looking at how these women can be supported.
2. Co-production and innovation - led by Dr Marion Gibbon. She is working with the West Birmingham ICB Development Lead for Maternity and Children, Amy Maclean on a pilot project that is developing work with schools on the "Best Start in Life".
3. Implementation – this is chaired by Marcia Perry, Birmingham Community Health Trust. This group is looking at the pathway from maternity into health visiting.

The Task Force includes members of the local maternity system, clinical genetics, BSol ICS, BCC Public Health, representatives of the voluntary sector and elected Members. There is ongoing work to enable parents to engage effectively with their maternity service professionals. Members of the group have been working with the Birmingham and Solihull United Maternity Partnership (BUMP) to review the working of the Maternity Voices Partnership (MVP) and establish its new arrangements.

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R02	To set an ambitious goal to reduce infant mortality by 50% in Birmingham by 2025 (from 2015 figures, matching the national target) but to then go further and eliminate the gap between infant mortality rates in	Cabinet Member, Health and Social Care	July 2021	2

	<p>Birmingham and the England average by this date.</p> <p>This should be accompanied by a delivery plan that can plausibly demonstrate how these targets can be met, identifying both the structural and modifiable factors underlying the inequalities in infant mortality within the City.</p>		October 2021	2
--	--	--	--------------	---

Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')

The group now has a development plan which was presented at the last Health and Wellbeing Board when an update was requested on 22nd March 2022 ([CMIS > Meetings](#) Appendix 3 pp384-388).

The development plan is not a static document, it is dynamic and changes in light of findings from the work being undertaken by the group.

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R03	To develop a strong community awareness strand within the Task Force work programme, led by respected and trusted community groups, local community and faith leaders, and other influencers who are engaged in social media. This should be targeted at improved health behaviours, identifying and supporting families facing material hardship and adverse stressful circumstances, early detection of poor baby growth, and empowering people to make healthy life choices that minimise their infant mortality risk factors. This will include ensuring up to date information is available, including the current scale and likely future trends in consanguineous unions in Birmingham.	Cabinet Member, Health and Social Care	February 2022	2

Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')

Seldom Heard Report:

Birmingham Public Health commissioned providers to facilitate target focus group conversations to capture the voices of women about pregnancy and its interlinking topics. This offered insight into personal thoughts and experiences and based on those discussions, developed recommendations on how to improve the system.

It was thought that the findings from the groups would help influence the development of the Infant Mortality Action Plan. Written reports of the key findings were produced by each individual researcher and have since been consolidated into one report.

Helpful resources are being collated alongside a comms plan for sharing the report on a wider footprint which might help address some of the issues raised in the report.

Community Researchers:

Birmingham Public Health commissioned Community Research training, women were recruited and trained from seldom heard communities (Black African, Polish & Eastern European, South Asian, and Chinese communities).

The training was to enhance the skills and abilities of women, enabling them to further develop trusting relationships with women in their communities. This gave them a good understanding of ways of engaging with individuals and communities through conversations around the topic of pregnancy, maternity services, language barriers, cultural and religious beliefs.

The training provided confidence and understanding of ways to highlight key issues with Public Health. Public Health have now agreed host organisations and are finalising terms and conditions for them to support and develop the trained Community Researchers, in order that they can be confident in engaging in research practice with topics identified by Public Health and other partners.

Pilot Population Health Management (PHM):

Work is being developed by the PHM lead in public health with partners

School Project:

There are two strands to this. The first is the development of PHSE materials that support the discussion of genetics and cousin marriage within the school curriculum. Several schools have been involved in this and a package is currently in development.

The second strand is the co-production of an approach with schools called “Best Start in Life” which aims to enable school aged children (girls in the first instance) to discuss what factors can lead to better health outcomes in babies. This event focused on developing action to improve health behaviours, identifying and discussed early detection of problems, and was to empower young women to make healthy life choices that minimise their infant mortality risk factors.

Presentations from health professionals provided up-to-date information about infant mortality, and information on the current scale and likely future trends genetic problems caused by social and cultural factors in Birmingham. The first event was held on Friday 9th September at Handsworth Girls Academy. A report from this event will be produced.

Developing Workforce Cultural Compassion:

BUMP has commissioned a training programme called “5 times more”, which focuses on developing workforce cultural compassion in the workforce. To date two sessions have been held and there are more planned.

Immediate Post-Natal Contraception:

A pilot has been completed and the findings presented to the BUMP board. Public Health is meeting with the Clinical Director of the local maternity partnership system to discuss the next phase of implementation

The Economic Cost of Genetic Conditions:

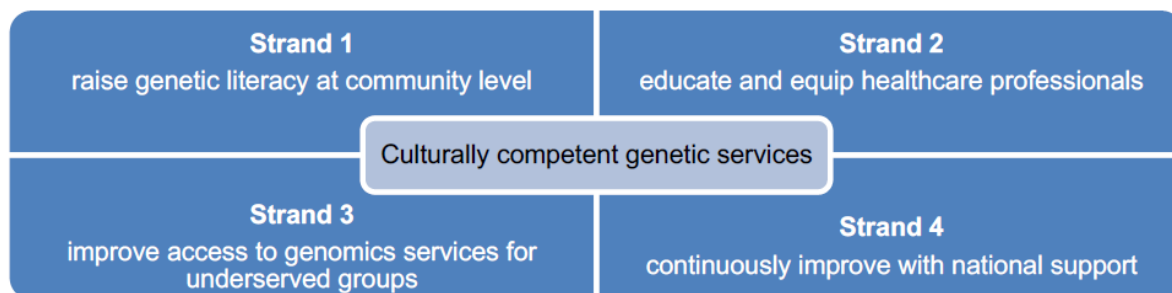
A report has been completed and presented to the Perinatal and Infant Mortality Taskforce. Several recommendations were posed which will feed into the development of culturally compassionate materials for families which is being led by the EDI lead for BUMP.

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R04	The work of the Task Force should be tasked to consider and adapt the 'four strands' approach put to us by Professor Salway (outlined above) and access any resource and support available nationally.	Cabinet Member, Health and Social Care	March 2022	2
Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')				

Building on from the Delphi exercise (which brought about professor Salway's recommended 'four strands' approach), there has been a national strategy being funded by NHSEI in response to increased genetic risk associated with close relative marriage.

In order to deliver against the four strands (fig.1) the programme is aiming to work with 8 areas of high need based on infant mortality data of which North & East Birmingham have been identified as one.

Fig.1



The [Equity & Equality: guidance for Local Maternity Systems](#) (pp. 26, 29-30), made a commitment to roll out culturally competent genetics services for consanguineous couples. There are two aims of this work to:

1. improve access to genomics services for underserved groups; and
2. give families the opportunity to make informed reproductive decisions

NHSEI has offered financial and national support to help implement these culturally competent genetic services for underserved groups in Birmingham. Birmingham LMNS can access this extra support, including funding for local genetic literacy programmes; funding for a close relative marriage midwife (band 6, 0.4WTE); dedicated support in the regional genomics service; and a clinically led national support offer.

In order to oversee this work, a Culturally Competent Genetics Service – Relative Marriages Working Group has been convened, Terms of Reference are available on request. The group will apply for the nationally available funding, £334,000 per annum over 3 years and work together to deliver and monitor expected and agreed outcomes.

The Group will address the areas of work outlined in the four strands below:

Strand 1: raise genetic literacy at community level

Will develop a genetic literacy programme to raise awareness of genetic risk and improve access to NHS Services to support informed reproductive decision-making. Alongside ensuring there is a process for sharing health promotion materials provided by NHSE to support face-to-face conversations between families and a health or social care worker for the population of North and East Birmingham respecting their cultural values and belief.

Strand 2: educate and equip healthcare professionals

Will carry out recruitment process to appoint a 'Close Relative Marriage Midwife (band 6 at least 0.4wte per high need area), based within the provider trust's screening team. With development of online training and follow-up webinars to midwives, maternity support workers, neonatal staff, GPs, health visitors, paediatricians, social workers, and others by incorporating emphasis on respect of the cultural values and belief of the population of North and East Birmingham – *details are being worked through*.

Strand 3: Improve access to genomic services for underserved groups

- Will develop and improve local pathways for counselling to improve access to services for families at increased genetic risk associated with close relative marriage, from primary and secondary care to ensure high quality referrals to the regional genomics service, with a focus on underserved groups within North & East Birmingham – for those practising close relative marriage, particularly couples from Pakistani ethnic groups.
- Will monitor local metrics evidencing an increase in high quality referrals to the Regional Genomics Service from underserved groups across North & East Birmingham by increasing face to face contacts for families in the North and East Birmingham areas when interventions are developed.

Strand 4: Continuously improve with national support

- There will be commitment from the appointed Close relative marriage midwife and a public health representative to attend the all-day events to share learning and receive training.
- LMNS leads, public health, ICS and members of the local, multi-agency working group(s) to attend and contribute to the annual event. To provide quarterly highlight reports on progress and spend against plan, risks, etc, using template provided by MTP.
- Will provide anonymous data every month for quality improvement purposes, in line with reporting cycles; these data will be shared with other organisations, e.g., the NHS, ICBs, local authorities, national steering group members.
- Will participate in qualitative and quantitative surveys and facilitate access to staff and service users

The timeline for applying for the funding:

- **1 August Process for bid submission is issued to LMNS**
- 6 September Virtual workshop about the application process (from 2-4pm)
- **23 September Deadline to submit applications and supporting documents**
- 5 October Assessment of applications
- **7 October Notification of decision sent to successful applicants**
- October 2022 Funding transferred to the LMNS' host ICB

Appendix ○: Concluded Recommendations

These recommendations have been tracked previously and concluded.

They are presented here for information only.

Concluded

No.	Recommendation	Responsibility	Date Concluded by Overview and Scrutiny Committee	Tracking Assessment
R05	<p>Progress towards achievement of these recommendations should be reported to the Health and Social Care Overview and Scrutiny Committee no later than 31 October 2021.</p> <p>Subsequent progress reports will be scheduled by the Committee thereafter, until all recommendations are implemented.</p>	Cabinet Member, Health and Social Care	October 2021	1



Health and Social Care O&S Committee: Terms of Reference for Children and Young People's Mental Health Inquiry

Chair:	Cllr Mick Brown
Deputy Chair:	Cllr Rob Pocock
Committee Members:	Cllrs: Kath Hartley, Jane Jones, Kirsten Kurt-Elli, Gareth Moore, Julian Pritchard and Paul Tilsley.
Officer Support:	Senior Overview and Scrutiny Manager: Fiona Bottrill (07395 884487) Scrutiny Officer: Gail Sadler (303 1901) Committee Manager: Sofia Mirza (675 0216)

1 Recommendation

- 1.1 The Committee agree the Terms of Reference for the Children and Young People Mental Health Inquiry attached as Appendix 1.

2 Background

- 2.1 The Inquiry proposed by the Health and Adult Care Overview and Scrutiny Committee was agreed as one of the 4 Inquiries to be carried out during 2022/23. Following discussions with the Chair and key officers the draft terms of reference were considered by the Task and Finish Group on the 7 October 2022.

3 Terms of Reference

- 3.1 The Terms of Reference for the Children and Young People Mental Health Inquiry are attached as Appendix 1.
- 3.2 The aim is to complete the inquiry and report to City Council in June 2023. In line with the Scrutiny Framework Procedure Notes the final report will be considered by the Task and Finish Group including representatives of the 3 main political parties and the report will be signed off by the Chair of the Task and Finish Group.

4 Legal Implications

- 4.1 There are no immediate legal implications arising from this report. However, the final inquiry report will include legal implications relating to any recommendations that are put forward for consideration by City Council.



5 Financial Implications

- 5.1 There are no immediate financial implications arising from this report. However, the final inquiry report will include financial implications relating to any recommendations that are put forward for consideration by City Council.

6 Public Sector Equality Duty

- 6.1 The Council has a Public Sector Equality Duty under the Equality Act (2010) to have due regard to the need to:
- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act;
 - advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- 6.2 The Task and Finish Group should ensure that it addresses these duties by considering them during work programme development, the scoping of work, evidence gathering and making recommendations. This should include considering: How policy issues impact on different groups within the community, particularly those that share a relevant protected characteristic; Whether the impact on particular groups is fair and proportionate; Whether there is equality of access to services and fair representation of all groups within Birmingham; Whether any positive opportunities to advance equality of opportunity and/or good relations between people are being realised.
- 6.3 The Task and Finish Group should ensure that equalities comments, and any recommendations, are based on evidence. This should include demographic and service level data and evidence of residents/service-users views gathered through consultation.
- 6.4 The Task and Finish Group considered the equalities when agreeing the Terms of Reference and identified organisations that can provide evidence relating to groups with protected characteristics. The Task and Finish Group will continue to consider equalities as the review progresses and an equality impact assessment will be carried out on the inquiry recommendations.

7 Use of Appendices

- 7.1 Appendix 1: Terms of Reference for Children and Young People Mental Health Scrutiny Inquiry.



Contact Officers

Fiona Bottrill, Senior Overview and Scrutiny Manager, fiona.bottill@birmingham.gov.uk (07395 884487)

Gail Sadler, Scrutiny Officer, gail.sadler@birmingham.gov.uk (303 1901)



Work Outline and Terms of Reference

Children and Young People's Mental Health

Health and Social Care Overview and Scrutiny Committee (Lead) / Education and Children Social Care Overview and Scrutiny Committee Task and Finish Group

Our key question:	How well are children with a diagnosed mental health condition supported across the mental health system with timely access to appropriate services and what is the service offer and pathways for children and young people in psychological distress without a diagnosed mental health condition to access appropriate support?
1. How is O&S adding value through this work?	<p>"There were an estimated 220,635 children aged 5 to 18 years in Birmingham in 2018, this equates to 19.3% of the total population of the city." (from Children and Young People 2019 Joint Strategic Needs Assessment p.28)</p> <p>"The Mental Health of Children and Young People Survey 2017 finds that nationally, one in eight children and young people aged 5 to 19 years have at least one mental disorder. The prevalence of mental health problems rises with age, with 9.5% of children age 5-10 years experiencing a mental disorder compared to 16.9% of those aged 17-19 years old*. Emotional disorders are the most prevalent type of mental health problem experienced by those aged 5-19 years old (8.1% of all children), followed by behavioural disorders (4.6%) and hyperactivity disorders (1.6%). In Birmingham the estimated prevalence of mental health disorders in children and young people (5-16 years) is 10.3% (England 9.2%, West Midlands 9.7%)</p> <p>Mental health problems affect about 1 in 10 children and young people. They include depression, anxiety and conduct disorder, and are often a direct response to what is happening in their lives. Alarming, however, 70% of children and young people who experience a mental health problem have not had appropriate interventions at a sufficiently early age" (from Children and Young People 2019 Joint Strategic Needs Assessment p. 34/35)</p> <p>The data above refers to the period prior to the COVID-19 pandemic. The information below highlights the impact the pandemic has had on CYP mental health at a national level.</p>



Mental Health Survey for Children and Young People, 2021 (MHCYP 2021), wave 2 follow up was based on 3,667 children and young people who took part in the MHCYP 2017 survey, with both surveys also drawing on information collected from parents. The survey explored the mental health of children and young people in February/March 2021, during the Coronavirus (COVID-19) pandemic and changes since 2017. Key finding from the survey were:

- Estimated rates of mental disorders have increased since 2017; in 6 to 16 year olds from one in nine (11.6%) to one in six (17.4%) and in 17 to 19 year olds from one in ten (10.1%) * to one in six (17.4%) Rates in both age groups remained similar between 2020 and 2021
- 10.6% of 6 to 16 year olds missed more than 15 days of school during 2020 Autumn term. It is estimated that children with a probable mental issue were twice as likely to have missed this much school (18.2%) as those unlikely to have a mental issue (8.8%)
- 39.2% of 6 to 16 year olds had experienced deterioration in mental health since 2017, and 21.8% experienced improvement. Among 17 - to 23 year olds, 52.5% experience deterioration, and 15.2 % experienced improvement.

Information published by the Health Foundation in February 2022 set out:

- After schools closed due to COVID-19 and ways of accessing GPs changed, new referrals to CYPMHS fell sharply (by 35% in April 2020 compared with the year before). However, about a year later, these reached a new high of 100,000 per month.
- In 2021, 24% more patients were in contact with CYPMHS compared with 2020, and 44% more than in 2019 (based on the January to September period) This includes patients waiting to be seen, suggesting CYPMHS may be struggling to meet demand **
- Data on waiting times for CYPMHS are not routinely published apart from certain services such as eating disorders, where fewer than half of those younger than 18 were seen within the target times in 2021.
- There are signs that the CYPMHS workforce is growing in line with young people in contact: both increased by about 40% between January 2019 and April 2021.

Key points from the Health Foundation's Networked Data Lab about Children and Young People's mental health highlighted three key areas:

- Rapid increases in mental health prescribing and support by GPs.
- The prevalence of mental health issues among adolescent girls and young women
- Stark socioeconomic inequalities across the UK

Taking a systems approach across health, children's social care, education and third sector providers the Inquiry will scrutinise the services and planning of partners to ensure the resources for mental health across the system are used effectively and efficiently to meet the needs of young people with mental health needs.

*During the Inquiry clarification will be sought on the different prevalence rates reported.

**The Inquiry will seek to understand how services in Birmingham meet demand.



	<p>Grand Challenges addressed:</p> <ul style="list-style-type: none">• Health and well being• Opportunities for children and young people <p>Corporate Plan Priorities:</p> <ul style="list-style-type: none">• A city that is Healthy and Inclusive
2. What needs to be done?	<p>Key questions:</p> <ul style="list-style-type: none">• What is the definition of mental health and how does this affect the demand for mental health services? How is this communicated to the public and service users?• What is the known demand for CYP mental health support and what has been the impact of Covid on mental health of children and young people in Birmingham? Which mental health issues / service have seen the greatest increase in demand over the last 4 years?• What funding is available for mental health services and how does this compare to other areas e.g. core cities?• What are the referral routes, assessment processes and support for CYP with psychological distress and those with a diagnosed mental health condition?• What are the expectations of children and young people and their parents and carers in relation to their mental health need?• What support and advice is available to parents / carers?• How are the mental health needs of children and young people in care and care leavers being met?• How well are the needs of children and young people with high end acute mental health met? What are the implications of responding to CYP in crisis on the capacity in the mental health system?• How do services meet the needs of those who experience the disadvantage / barriers to services / are most vulnerable? (consider case studies / patient stories)• What can we learn from other areas? Examples of best practice• Work force planning to enable continuity of care – NHS, Social Care, Education and third sector. <p>Equalities Impact This will be considered at the first meeting of the Task and Finish Group monitored throughout the course of the inquiry.</p> <p>Evidence to be requested from: All Members Cabinet Members Public Call for evidence Birmingham Women's and Children's NHS Foundation Trust / Provider Collaborative (Commissioner of Tier 4 beds) Forward Thinking Birmingham (FTB) (HASC Committee October) Integrated Care System</p>



	<p>Primary Care / GPs / Primary Care Networks Birmingham City Council Education and Children's Services Birmingham Children's Trust (Education and Children Social Care Overview and Scrutiny Committee 30/11/22) Acute Trust – UHB University Hospitals Birmingham NHS Foundation Trust Schools (including NHSE Mental Health Support Team Pilots in Bham schools) Birmingham Safeguarding Children's Partnership (Quality Assurance Group) (Independent Chair attending Education and Children's Social Care Overview and Scrutiny Committee 30/11/22) Third Sector Providers Mentally Healthy City Forum Lived Experience / views of YP – Census / Healthwatch Report / Fit for Brum (FTB) Previous consultation / engagement Public health Birmingham Community Health Trusts Samaritans MIND Papyrus LGBT Switch Birmingham LGBT Black Mental Health Foundation – Young Black Minds Women's Aid West Midlands Police West Midlands Ambulance Service Research from Universities / National Mental Health organisations.</p> <p>Committee Meetings planned in work programmes: Forward Thinking Birmingham attending Health and Social Care OSC 18.10.22 Birmingham Children's Trust and Birmingham Safeguarding Children's Partnership attending Education and CSC OSC October 22</p>
3. What timescale do we propose to do this in? (TBC)	<p>Report to City Council in June 2023.</p> <p>The Task and Finish Group will review the terms of Reference mid way through the evidence gathering process to decide if the scope should be changes to focus on specific issues based on the initial evidence received.</p>
4. What outcomes are we looking to achieve?	<p>Develop recommendations to Cabinet and ICS that will:</p> <p>Improve access and ensure clear multi-agency pathways / referral routes for CPY with mental health needs.</p> <p>Ensure effective and efficient use of resources across the mental health system and develop the capacity of the mental health system to respond to need and consider work force planning.</p>

*During the Inquiry clarification will be sought on the different prevalence rates reported.

**The Inquiry will seek to understand how services in Birmingham meet demand.



5. What is the best way to achieve these outcomes and what routes will we use?	To ensure that there is involvement of members from the Health and Social Care OSC and the Education and Children's Social Care OSC a task and finish group has been established to undertake this inquiry. The Inquiry will gather evidence through reports to Committee meetings (all members of the Task and Finish Group will be invited for this item) and Task and Finish Group meetings
--	---

Member / Officer Leads

Lead Member:	Cllr. Brown Chair of Task and Finish Group Cllr. Tilsley, Deputy Chair of Task and Finish Group
Membership of Task and Finish Group	Cllrs: Brown, Hartley, Moore, Tilsley, Bermingham, Pritchard, Morrall
Lead Officer:	Fiona Bottrill

DRAFT



Health and Social Care O&S Committee: Work Programme 2022/23

Chair:	Cllr Mick Brown
Deputy Chair:	Cllr Rob Pocock
Committee Members:	Cllrs: Kath Hartley, Jane Jones, Kirsten Kurt-Elli, Gareth Moore, Julian Pritchard and Paul Tilsley.
Officer Support:	Senior Overview and Scrutiny Manager: Fiona Bottrill (07395 884487) Scrutiny Officer: Gail Sadler (303 1901) Committee Manager: Sofia Mirza (675 0216)

1 Introduction

- 1.1 The Health and Social Care Overview and Scrutiny Committee's remit is to fulfil the functions of an Overview and Scrutiny Committee as they relate to any policies, services and activities concerning adult safeguarding, social care and public health; and to discharge 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; and 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.
- 1.2 This report provides details of the proposed scrutiny work programme for 2022/23.

2 Recommendation

- 2.1 That the Committee considers its work programme, attached at Appendix 1, and agrees any amendments required.

3 Background

- 3.1 *"Scrutiny is based on the principle that someone who makes a decision...should not be the only one to review or challenge it. Overview is founded on the belief that an open, inclusive, member-led approach to policy review...results in better policies in the long run."* (Jessica Crowe, former Executive Director, Centre for Governance and Scrutiny).
- 3.2 Developing an effective work programme is the bedrock of an effective scrutiny function. Done well, it can help lay the foundations for targeted, inclusive and timely work on issues of local



importance, where scrutiny can add value. Done poorly, scrutiny can end up wasting time and resources on issues where the impact of any scrutiny work done is likely to be minimal.

- 3.3 As a result, the careful selection and prioritisation of work is essential if the scrutiny function is to be successful, add value and retain credibility.

4 Work Programme

- 4.1 Appendix 1 sets out the future work programme for this Committee. This provides information on the aims and objectives, together with lead officers and witnesses, for each item. The attached work programme also includes items to be programmed where dates are still to be confirmed, and any outstanding items including the tracking of previous recommendations.

5 Joint Working Across Committee Work Programmes 2022/23

- 5.1 As the work programmes for the Committees have developed a number of cross cutting issues have been identified. To avoid duplication Members will be invited to attend different Overview and Scrutiny Committee meetings for relevant reports as set out below:-

Lead Committee	Meeting and Agenda Item	Members to be invited and reason
Resources O&SC	17 November 2022: Monitoring recommendations from Council Asset Inquiry	Economy and Skills O&SC The Economy and Skills OSC undertook the inquiry, however this work now falls within the remit of the Resources O&SC
Education and Children's Social Care O&SC	30 November 2022: Report from Birmingham Safeguarding Children's Partnership (BSCP) Report from Birmingham Children's Trust (BCT)	Members of the CYP Mental Health Inquiry from the Health and Adult Care O&SC Information from the BSCP and BCT will inform the CYP mental health inquiry.
Health and Adult Care OSC	18 October 2022 Report from Forward Thinking Birmingham	Members of the Education and Children's Social Care OSC It was agreed at Co-ordinating OSC on the 8 July 2022 that the Health and Social Care O&SC undertakes scrutiny of children's mental health (under the overview and scrutiny role set out in the National Health Service Act 2006



		as amended by the Health and Social Care Act 2012) and members of the Education and Children's Social Care Committee will be invited to attend as mental health is included within the Committee's terms of reference.
Commonwealth Games, Culture and Physical Activity O&SC	Meeting: TBC Report on employment and skills Legacy of the Commonwealth Games	Members of the Economy and Skills OSC At the meeting on the 8 th July Co-ordinating O&SC decided that this issue falls within the remit of the CWG, Culture and Physical Activity OSC, and as it has been identified during the work planning for the Economy and Skills O&SC as an issue of interest Members of this Committee would be invited to the relevant meeting.
Co-ordinating O&SC	14 October 2022 Report on Devolution Trailblazer Deal	Members of the Employment and Skills Inquiry Task and Finish Group The Deputy Leader will report to Co-ordinating OSC on the devolution deal and this discussion will inform the work of the Employment and Skills Inquiry.

6 Other Meetings

6.1 There are no other meetings scheduled at this time.

Call in Meetings:

None scheduled

Petitions

None scheduled

Councillor Call for Action requests

None scheduled

The Committee approved Tuesday at 10.00am as a suitable day and time each week for any additional meetings required to consider 'requests for call in' which may be lodged in respect of Executive decisions



7 Forward Plan for Cabinet Decisions

- 7.1 Since the implementation of the Local Government Act and the introduction of the Forward Plan, scrutiny members have found the Plan to be a useful tool in identifying potential agenda items.
- 7.2 The following decisions, extracted from the CMIS Forward Plan of Decisions, are likely to be relevant to the Health and Social Care O&S Committee's remit. The Panel may wish to consider whether any of these issues require further investigation or monitoring via scrutiny. The Forward Plan can be viewed in full via Forward Plans (cmis.uk.com).

ID Number	Title	Proposed Date of Decision
010454/2022	Sexual Health Services Commissioning and Procurement Plan	11 October 2022
010624/2022	Covid Recovery Support for Sport and Leisure Contracts (S0034a)	13 December 2022

8 Legal Implications

- 8.1 There are no immediate legal implications arising from this report.

9 Financial Implications

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

10 Public Sector Equality Duty

- 10.1 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.
- 10.2 The Committee should ensure that it addresses these duties by considering them during work programme development, the scoping of work, evidence gathering and making recommendations. This should include considering: How policy issues impact on different



groups within the community, particularly those that share a relevant protected characteristic; Whether the impact on particular groups is fair and proportionate; Whether there is equality of access to services and fair representation of all groups within Birmingham; Whether any positive opportunities to advance equality of opportunity and/or good relations between people are being realised.

- 10.3 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.

11 Use of Appendices

- 11.1 Appendix 1 – Work Programme for 2022/2023

APPENDIX 1

HEALTH & SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE 2022-23 WORK PROGRAMME

Date of Meeting: 19th July 2022

Item/ Topic	Type of Scrutiny	Aims and Objectives	Lead Officer	Witnesses	Visits	Additional Information (Including joint working / links with other O&S Committees)
<i>Q4 Adult Social Care Performance Monitoring</i>	<i>Agenda item</i>	<i>Report on red rated performance indicators; 5 performance indicators chosen by HOSC for in-depth examination and the complete set of Adult Social Care performance indicators.</i>	<i>Maria Gavin</i>	<i>N/A</i>	<i>None identified</i>	<i>Maria to include any performance information on Delayed Transfers of Care.</i>
<i>Healthwatch Birmingham Annual Report 2021/22</i>	<i>Agenda item</i>	<i>Reporting on investigations completed in the previous year.</i>	<i>Andy Cave, CEO, Healthwatch Birmingham</i>	<i>N/A</i>	<i>None identified</i>	<ul style="list-style-type: none"> <i>Access to NHS Dentistry</i> <i>Investigation about people's experiences of Day Services</i> <i>Access to GP Services</i>

Final Deadline: Thursday 7th July 2022

Publication: Monday 11th July 2022

Date of Meeting: Tuesday 20th September 2022

Item/ Topic	Type	Aims and Objectives	Lead Officer	Witnesses	Visits	Additional Information
<i>Election of Deputy Chair</i>	<i>Agenda item</i>	<i>To elect a Deputy Chair. Deferred from 19th July informal meeting.</i>				
<i>Action Notes/ Matters Arising</i>	<i>Agenda item</i>	<i>To approve the action notes of the meeting held on 29th March 2022. To note the action notes of the informal meeting held on 19th July 2022.</i>				
<i>Report of the Cabinet Member for Health and Social Care</i>	<i>Agenda Item</i>	<i>To set out the Cabinet Member's priorities for the coming year.</i>	<i>Ceri Saunders</i>	<i>N/A</i>	<i>None identified</i>	<i>Councillor Mariam Khan</i>
<i>Period Poverty and Raising Period Awareness</i>	<i>Tracking Recommendations</i>	<i>To track progress against implementation of recommendations.</i>	<i>Monika Rozanski Rokneddin Shariat</i>	<i>N/A</i>	<i>None identified</i>	

Final Deadline: Thursday 8th September 2022

Publication: Monday 12th September 2022

Date of Meeting: Tuesday 18th October 2022

Item/ Topic	Type	Aims and Objectives	Lead Officer	Witnesses	Visits	Additional Information
<i>Forward Thinking Birmingham</i>	<i>Agenda item</i>	<i>To present the annual report.</i>	<i>Fiona Reynolds Chief Medical Officer Birmingham Women's and Children's NHS Foundation Trust (FTB)</i>	<i>N/A</i>	<i>None identified</i>	It was agreed at Co-ordinating OSC on the 8 July 2022 that the Health and Social Care O&SC undertakes scrutiny of children's mental health (under the overview and scrutiny role set out in the National Health Service Act 2006 as amended by the Health and Social Care Act 2012) and members of the Education and Children's Social Care Committee will be invited to attend as mental health is included within the Committee's terms of reference.
<i>Infant Mortality – Tracking Report</i>	<i>Tracking Recommendations</i>	<i>To track progress against implementation of recommendations.</i>	<i>Dr Marion Gibbon</i>	<i>N/A</i>	<i>None identified</i>	

<i>Q1 Adult Social Care Performance Monitoring</i>	<i>Agenda item</i>	<i>Report on red rated performance indicators; 5 performance indicators chosen by HOSC for in-depth examination and the complete set of Adult Social Care performance indicators.(Deferred to 20 December 2022)</i>	<i>Maria Gavin John Williams Merryn Tate</i>	<i>N/A</i>	<i>None identified</i>	<i>The Q1 Performance data had been deferred to the meeting on 20 December. An update will be provided to the October meeting on the future arrangements for Adult Social Care Performance Monitoring data.</i>
<i>Children and Young People's Mental Health Inquiry</i>	<i>Agenda item</i>	<i>Terms of Reference</i>	<i>Fiona Bottrill</i>	<i>N/A</i>	<i>None identified</i>	

Final Deadline: Thursday 6th October 2022

Publication: Monday 10th October 2022

Date of Meeting: Tuesday 22nd November 2022

Item/ Topic	Type	Aims and Objectives	Lead Officer	Witnesses	Visits	Additional Information
<i>Birmingham Substance Misuse Recovery System (CGL)</i>	<i>Agenda item</i>	<i>Annual report on performance against public health contract.</i>	<i>Karl Beese</i>	<i>N/A</i>	<i>None identified</i>	
<i>ICS Master Plan</i>	<i>Agenda item</i>	<i>Report setting out the plan for health and care services for Birmingham and Solihull</i>	<i>David Melbourne, Designate Chief Executive, ICS</i>	<i>N/A</i>	<i>None identified</i>	<i>Dr Justin Varney to confirm that the report will be available for this meeting.</i>

Final Deadline: Thursday 10th November 2022

Publication: Monday 14th November 2022

Date of Meeting: Tuesday 20th December 2022

Item/ Topic	Type	Aims and Objectives	Lead Officer	Witnesses	Visits	Additional Information
<i>Birmingham Safeguarding Adults Board Annual Report</i>	<i>Agenda item</i>	<i>Reporting on outcomes against priorities in the previous year.</i>	<i>Asif Manzoor</i>	<i>N/A</i>	<i>None identified</i>	
<i>Birmingham and Lewisham African Health Inequalities Review (BLACHIR)</i>	<i>Agenda item</i>	<i>Reporting on progress against actions in the report</i>	<i>Dr Justin Varney; Monika Rozanski; Marcia Wynter; Ceri Saunders</i>	<i>N/A</i>	<i>None identified</i>	<i>Councillor John Cotton, Cabinet Member for Social Justice, Community Safety and Equalities Councillor Mariam Khan, Cabinet Member for Health and Social Care. Report to include lessons learnt from COVID deaths.</i>
<i>Q2 Adult Social Care Performance Monitoring</i>	<i>Agenda item</i>	<i>Report on red rated performance indicators; 5 performance indicators chosen by HOSC for in-depth examination and the complete set of Adult Social Care performance indicators.</i>	<i>Maria Gavin</i>	<i>N/A</i>	<i>None identified</i>	

Final Deadline: Thursday 8th December 2022

Publication: Monday 12th December 2022

Health and Social Care O&S Committee, October 2022

Date of Meeting: Tuesday 24th January 2023

Item/ Topic	Type	Aims and Objectives	Lead Officer	Witnesses	Visits	Additional Information
<i>Day Opportunities Co-Production Review</i>	<i>Agenda item</i>	<i>Findings of the independent co-produced review of day opportunity services.</i>	<i>John Williams / Saba Rai / John Freeman</i>	<i>N/A</i>	<i>None identified</i>	

Final Deadline: Thursday 12th January 2023

Publication: Monday 16th January 2023

Date of Meeting: Tuesday 21st February 2023

Item/ Topic	Type	Aims and Objectives	Lead Officer	Witnesses	Visits	Additional Information
<i>Birmingham Sexual Health Services – Umbrella (UHB)</i>	<i>Agenda item</i>	<i>Annual report on performance against public health contract.</i>	<i>Karl Beese</i>	<i>N/A</i>	<i>None identified</i>	
<i>Immunisation</i>	<i>Agenda item</i>	<i>Report to set out the challenges with the take up of immunisations.</i>	<i>Mary Orhewere</i>	<i>N/A</i>	<i>None identified</i>	<i>Report to be presented as a scoping paper for a possible future inquiry based on previous scoping paper for Infant Mortality.</i>

Final Deadline: Thursday 9th February 2023

Publication: Monday 13th February 2023

Date of Meeting: Tuesday 14th March 2023

Item/ Topic	Type	Aims and Objectives	Lead Officer	Witnesses	Visits	Additional Information
<i>Cabinet Member Update Report</i>	<i>Agenda item</i>	<i>Cabinet Member to report progress against portfolio priorities</i>	<i>Ceri Saunders</i>	<i>N/A</i>	<i>None identified</i>	<i>Councillor Mariam Khan, Cabinet Member for Health and Social Care.</i>
<i>Q3 Adult Social Care Performance Monitoring</i>	<i>Agenda item</i>	<i>Report on red rated performance indicators; 5 performance indicators chosen by HOSC for in-depth examination and the complete set of Adult Social Care performance indicators.</i>	<i>Maria Gavin</i>	<i>N/A</i>	<i>None identified</i>	

Final Deadline: Thursday 2nd March 2023

Publication: Monday 6th March 2023

Date of Meeting: Tuesday 18th April 2022

Item/ Topic	Type	Aims and Objectives	Lead Officer	Witnesses	Visits	Additional Information

Final Deadline: Thursday 6th April 2023

Publication: Monday 10th April 2023

INFORMAL BRIEFINGS (TO BE ARRANGED)
<i>ICS - new structure, plans moving forward and neighbourhood working. (Carol Herity, Associate Director of Partnership, NHS BSol ICS).</i>
<i>Engaging with third sector providers of Adult Social Care (Louise Collett)</i>
<i>City Observatory Data (Richard Brooks)</i>

TO BE SCHEDULED:

1. Public Health Horizon Scanning / JSNA
2. Primary Care Networks
3. Access to GPs
4. Mental Health and Wellbeing Post-COVID
5. Joint inquiry with Education and Children's Social Care O&S Committee: Children and Young People's Mental Health
6. Dementia Strategy and Action Plan.
7. Visit to UHB NHS Foundation Trust Hospital sites.
8. Visit to Early Intervention Community Team, Norman Power Centre.

BIRMINGHAM/SANDWELL JOINT HEALTH SCRUTINY COMMITTEE

Date of Meeting: TBC

Venue: Sandwell

Item/ Topic	Type	Aims and Objectives	Lead Officer	Witnesses	Visits	Additional Information
<i>Transition of West Birmingham</i>	<i>Agenda item</i>	<i>To report on the transition of West Birmingham into the Birmingham/Solihull ICS footprint.</i>	<i>Pip Mayo, CCG Managing Director for West Birmingham; Phil Lydon, Programme Manager, Engagement Black Country & West Birmingham CCG</i>	<i>N/A</i>	<i>None identified</i>	

TO BE SCHEDULED:-

1. Day Surgery Update
2. Acute Care Model

Final Deadline:

Publication:

Visit: Midland Metropolitan University Hospital

BIRMINGHAM/SOLIHULL JOINT HEALTH SCRUTINY COMMITTEE**Date of Meeting:** 13th October – 1800-2000 hrs – Solihull Civic Suite**Venue:** Solihull

Item/ Topic	Type	Aims and Objectives	Lead Officer	Witnesses	Visits	Additional Information
<i>Draft BSoL Strategic Vision for Autism and the Draft BSoL Strategic Vision for Learning Difficulties and Disabilities</i>	<i>Agenda item</i>		<i>TBC</i>	<i>N/A</i>	<i>None identified</i>	
<i>Birmingham and Solihull ICS Financial Planning Update</i>	<i>Agenda item</i>	<i>To report on the financial plan for the ICS.</i>	<i>Paul Athey, ICS Finance Lead</i>	<i>N/A</i>	<i>None identified</i>	
<i>Update on the recovery and proposed configuration of surgical services across University Hospitals Birmingham – ICB and UHB and Preparation for Winter Pressures</i>	<i>Agenda item</i>	<i>To report on the current status of services and waiting lists.</i>	<i>Jonathan Brotherton, Chief Operating Officer, UHB</i>	<i>N/A</i>	<i>None identified</i>	

Final Deadline:**Publication:** 5th October 2022

TO BE SCHEDULED

Item/ Topic	Type	Aims and Objectives	Lead Officer	Witnesses	Visits	Additional Information
<i>ICS Joint Forward Plan</i>	<i>Agenda item</i>	<i>Report on health planning for the system including commissioning intentions.</i>	<i>Carol Herity to confirm Lead Officer</i>	<i>N/A</i>	<i>None identified</i>	
<i>ICS Quality Assurance Update</i>	<i>Agenda item</i>	<i>Update on Quality Assurance to every JHOSC</i>	<i>Carol Herity to confirm Lead Officer</i>	<i>N/A</i>	<i>None identified</i>	
<i>Remodelling of the Primary Care Service</i>	<i>Agenda item</i>	<i>Update report on the current position regarding Primary Care</i>	<i>Paul Sherriff, Executive Director at NHS Birmingham and Solihull ICB.</i>	<i>NA</i>	<i>None identified</i>	<i>Report to include information on commissioned primary care services.</i>
<i>Update on Post-COVID Syndrome ('Long COVID') Rehabilitation</i>	<i>Agenda item</i>	<i>Update on previous report presented to JHOSC on 29th September 2021</i>	<i>Ben Richards, Chief Operating Officer, Birmingham Community Healthcare NHS Foundation Trust</i>	<i>N/A</i>	<i>None identified</i>	<i>Report to include Long COVID implications on health and long-term employment.</i>
<i>Phase 2, Musculoskeletal Redesign Programme</i>	<i>Agenda item</i>	<i>To report on the current status of the programme</i>	<i>Marie Peplow, Chief Operating Officer, The ROH</i>	<i>N/A</i>	<i>None identified</i>	

