

BIRMINGHAM CITY COUNCIL

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

TUESDAY, 04 JULY 2023 AT 10:00 HOURS
IN COMMITTEE ROOMS 3 & 4, COUNCIL HOUSE, VICTORIA
SQUARE, BIRMINGHAM, B1 1BB

A G E N D A

1 NOTICE OF RECORDING/WEBCAST

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

2 DECLARATIONS OF INTERESTS

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

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

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

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

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

3 **APOLOGIES**

To receive any apologies.

4 **CHANGES TO MEMBERSHIP OF HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE**

To note the resolution of the City Council meeting the following changes to membership to service on the Committee to the period ending with the Annual Meeting of City Council 2024.

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

Labour (5):

Councillors Mick Brown (Chair); Kath Hartley; Amar Khan; Shabina Bano; Rob Pocock.

Conservatives (1):

Councillor Gareth Moore

Liberal Democrats (1):

Councillor Paul Tilsley

Green (1):

Councillor Julien Pritchard.

5 - 12

5 **MINUTES – 6TH JUNE 2023**

To note minutes of meeting held on 6th June 2023.

13 - 14

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

To review and note the actions from previous Health and Social Care Overview and Scrutiny Committee meeting

15 - 24

7 **APPOINTMENT OF MEMBERS OF THE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEES**

To appoint the Birmingham City Council members of the Birmingham and Sandwell Joint HOSC and Birmingham and Solihull Joint HOSC.

25 - 38

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

To receive a report from Professor Graeme Betts, Strategic Director for Adult and Social Care to inform the Committee of the Governance arrangements if the ICS and the role and responsibilities of the Birmingham Place Board.

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

To update the Committee on the process in preparing for the inspection and provide an overview of the performance information that will be reported to the CQC. To enable the Committee to provide assurance / recommendations to inform the preparation for the pilot inspection

10 **HEALTH AND ADULT CARE SCRUTINY COMMITTEE WORK PROGRAMME 2023/24**

To consider the draft work programme and agree updates / amendments.

11 **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).

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.

13 **AUTHORITY TO CHAIR AND OFFICERS**

Chair to move:-

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

BIRMINGHAM CITY COUNCIL

HEALTH AND ADULT SOCIAL CARE O&S COMMITTEE

PUBLIC MEETING

**Tuesday 6th June 2023. Committee Rooms 3 & 4,
Council House, Victoria Square
Minutes.**

Present

Councillor Mick Brown (Chair)

Councillors: Councillors Gareth Moore, Julian Pritchard, Kath Hartley, Jane E Jones, Rob Pocock and Paul Tilsley

Also Present:

Paul Clarke, Assistant Director (Programmes, Performance & Improvement), Strategy, Equality and Partnerships (SEP)

Tracey Murray, Improvement and Change Partner, SEP

Louise Collett, Director, Adult and Social Care

Richard G Smith, Head of Insight, SEP

Becky Pollard, Interim Assistant Director, Adults, Public Health

Fiona Bottrill, Senior Overview and Scrutiny Manager

Adewale Fashade, Interim Scrutiny Officer

1. NOTICE OF RECORDING/WEBCAST

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

2. APOLOGIES

No apologies received.

3. DECLARATIONS OF INTEREST

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

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

The resolution of the City Council meeting held on 23rd May 2023 appointing the Committee Chair and members to service on the Committee up to the period ending with the Annual Meeting of City Council 2024, was noted.

5. ELECTION OF DEPUTY CHAIR.

Councillor Rob Pocock was put forward as the only nomination for election of Deputy Chair for the Committee, for the purposes of substitution for the Chair, if absent, for the period ending with the Annual Meeting of the City Council in 2024. This was seconded by Councillor Paul Tilsley.

RESOLVED:

- That Councillor Rob Pocock be elected as Deputy Chair of the Committee.

6. HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE TERMS OF REFERENCE:

The Overview and Scrutiny Manager gave a brief update on changes to the Terms of Reference:

- The Committee will now be known as the Health and Adult Social Care (HASC) Overview and Scrutiny Committee to accurately reflect the Adult and Social Care element
- The Commonwealth Games Culture and Physical Activity Overview and Scrutiny Committee has now ceased to exist and much of the work has been incorporated into the Neighbourhoods Overview and Scrutiny Committee. The HASC will now adopt the Physical health and Activity aspects of the old committee

RESOLVED:

- That the Terms of Reference for the Health and Adult Social Care Overview and Scrutiny Committee be noted.

7. APPOINTMENT OF MEMBERS OF THE JOINT HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE.

The Birmingham membership of both the Joint Birmingham & Solihull and Sandwell Health Overview and Scrutiny Committee were appointed as follows:

- **Birmingham and Solihull Joint HOSC:-** Councillors Mick Brown (Lab), Rob Pocock (Lab), Jane E Jones (Labour), Gareth Moore (Con) and Debbie Harries (LibDem).

- **Birmingham and Sandwell Joint HOSC:-** Councillors Mick Brown (Lab), Hartley (Lab), Jane E Jones (Lab), Gareth Moore (Con) and Mumtaz Hussein (LibDem).
- Meeting date for the Birmingham and Solihull Joint HOSC in July is yet to be confirmed. Any changes to membership before the first Joint HOSC meeting will come before the next HASC meeting on 4th July.

RESOLVED:

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

8. MINUTES – 18TH APRIL 2023

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

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

The Overview and Scrutiny Manager informed members that all outstanding actions from the Action Tracker for the HOSC meetings from year 22/23 are now complete.

RESOLVED

That the Committee noted completion of actions from the previous Health and Social Care Overview and Scrutiny Committee.

10. DEVELOP EFFECTIVE AND FLEXIBLE SCRUTINY.

The Chair introduced this item by stating that this agenda item sits alongside the next agenda item 11 and can be discussed in relation to the proposed work programme mapping and issues for 2023/24.

Members were informed that the focus of this appendix to the report (page 35-37 of Agenda Pack) is primarily about how members want to consider and prioritise issues in the work programme, and ensuring added value to scrutiny function, rather than presentations at meetings just for information and noting.

Members agreed and noted that committee go through issues noted in the Work Programme Mapping paper related to the next agenda item 11.

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

The Overview and Scrutiny Manager provided context to this discussion for members. Key points (full details and information sent to members in advance) highlighted for members to consider include:

- To consider a more flexible way of using committee time to enhance value of Scrutiny function, recognising that the committee has a wide-ranging Health and Adult Social Care remit
- To consider focusing on priority issues that has significant impact on the public.
- Some issues from last year's work programme are carried forward into this year's. Also issues such as Domestic Violence and relevance to Health and Adult Social Care and Physical Activity and Health are included in the Work programme mapping paper for members to consider for scrutiny.
- The paper does not include Standing Items that committees have received in previous years. This is to help members focus more on priority issues and identify changes that has made or is making a difference to communities, rather than having regular Standing Items just presented and noted.
- One of the appendices for this item includes Cabinet Member Priorities. This provides a list of key issues from the Cabinet Member for HASC that committee members may want to explore and prioritise for appropriate scrutiny, as well as asking for further clarification and updates where required.
- The Programmes, Performance and Improvement Division provided a paper (Pages 55-66 of Agenda Pack) providing a summary of the strategic and organisational context, external factors impacting on the remit of this Committee, key performance and delivery information and a list of transformation and improvement activity relevant.
- The Scrutiny Team has had discussions with NHS colleagues (apologies from them as they were unable to attend today's meeting due to organisational event taking place) on some issues (Page 47 of Agenda Pack) on the Work Programme Mapping appendix which also has indicative timescales for consideration by members.
- The Chair added that some of the issues in the Work Programme mapping will be looked at by members of both JHOSCs, and some will be considered by Task and Finish Groups.

Paul Clarke provided an overview and context to the issues highlighted on corporate performance and improvement appendix (Page 55 to 66 of Agenda Pack).

- The paper provides high level strategic and operational context and information to inform thinking across the HASC's work programme for the coming year, looking at corporate performance and delivery issues/priorities
- Key changes that might happen next year in terms of legislative and regulatory changes such as CQC and Health and Social Care Act, as well as list of KPIs and delivery activities and milestones used to report on corporate priorities

- Ongoing progress on transformative and improvement activities

In response to members questions, Paul Clarke and Richard Smith provided the following responses

- This is a broad summary of key information that the Committee may want to consider in terms of what is relevant to it. The team is happy to produce a more detailed tailored pack as appropriate to the Committee's information needs and work programme
- The potential for additional corporate data and information that can add value to work being undertaken by the Committee . The team will work closely with Scrutiny team on providing information/data as relevant to the committee's work programme

The following were among the main points raised by Members in discussion on issues to be considered by the Committee:

- It would be useful to look at Domestic Violence in relation to Health and Social Care, and to consider access to Dentistry. Also, update on the Commonwealth Games Legacy Scrutiny Inquiries
- Immunisation and Vaccinations – to focus on this as priority. Potential work for Task and Finish. This may be looked at in line with the BLACHIR report, with update on this due at the July meeting
- Maternity Health – could be investigated by JHOSC
- Placed-based Committees – closer look at the localisation agenda across the Integrated Care Board, and connecting these at ward level.
- In relation to Cabinet Priorities, it would be good to get a sense of what cabinet decisions will be made in the coming year that is relevant to the Committee's remit before it is finalised. This will allow HASC to have an input at a point where it is meaningful.
- Quality of Care especially around maternal care and stillbirth and its impact on ethnic minorities.
- CQC approaches and priorities, and timescales for the pilot inspection. In response, Louise Collett informed the meeting that CQC will be making an onsite visit in August and suggests making some time in the July meeting for an update on what the visit will entail.
- On the Children and Young People (CYP) Mental Health enquiry, Task and Finish Group work is still ongoing. Report is due to go to City Council in November. Up to 4 Task and Finish

Group meetings may be required before then to complete the work. Task and Finish work activities will need to be incorporated within the O&S Committee calendar for the year. Cllr. Jones expressed her interest in joining the Inquiry Task and Finish Group.

- Carrying out Service Contract oversight, and to look at this prior to recommissioning stage to carry out end-of-year contract and review performance
- Day Opportunities Review – cabinet decision due in December. Committee to consider and have input in the cabinet decision prior to December, ideally around September
- Task and Finish Groups work activities to be considered in second half of the year
- In response to whether officers present has any additional comments on work programme, Paul Clarke and Richard Smith reiterated their teams' commitment to working with the Committee and the Scrutiny Team to support the scrutiny function.
- An update from the Independent Care home sector to the Committee on Adult and Social Care homes contract performance.

The Chair recommended to Committee members that he, 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 issues from today and come back with this at the next meeting. Members agreed to this.

The Overview and Scrutiny Manager reminded the Committee of its remit across all Adult Social Care and NHS Services (including the 5 main NHS Trusts), as part of its Health Scrutiny function. Members may wish 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.

Members noted and agreed the recommendation that the membership of the Children and Youth Mental Health enquiry should continue as it currently is. At this stage, Councillor Jane Jones expressed interest in wanting to join the enquiry Task and Finish group. Members agreed to Cllr. Jones being put forward for nomination as a member of the enquiry.

Andy Cave from Healthwatch provided input from his organisation's perspective and he gave a brief update of work his organisation are doing that will be relevant to the work programme:

- Healthwatch Impact report on Dentistry recently published.

- Report on Maternity Services in West Birmingham, specifically looking at how this affects Black African and Black Caribbean women.
- Children and Young People mental health recommendations. This is aligned with the ongoing Task and Finish group's work
- Investigation into Prostate Cancer pathways survey to be sent to members.
- Healthwatch Annual Report will be published by end of June 2023 which will be circulated to Members. Healthwatch will be happy to attend a meeting to present key points in the report if required

All reports and related links will be circulated to committee members.

RESOLVED:

That the Committee

- Noted the information set out in Appendices 1-3 and identifies a menu of topics for the Committee to explore over the coming year.
- Confirmed, subject to further input from the Chair and Deputy Chair outside of the meeting, items for the Committee meeting in July
- Agreed the issues that the Committee will consider during September – October 2023, the proposed aims and objectives and the preferred method of scrutiny.
- Noted that a draft work programme will be presented to the Committee meeting in July for consideration and approval
- Noted, subject to further input from the Chair and Deputy Chair outside of the meeting, its proposed work programme will be submitted to Co-ordinating O&S to enable work to be planned and co-ordinated throughout the year.
- Agreed that Cllr. Jones be appointed to the Task and Finish Group for the Children and Young People's mental health Inquiry

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

None.

13. OTHER URGENT BUSINESS.

None.

14. SCHEDULE OF MEETING DATES FOR COMMITTEE AND SCRUTINY WORK

Committee members noted the scheduled dates for 2023/24:

2023

2024

4th July	23rd January
19th September	20th February
17th October	9th April
21st November	7th May.
19th December	

The Scrutiny Team are in the process of agreeing the next JHOSC meeting dates with Solihull and Sandwell.

15. 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 11.02 hours.

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

	Date	Agenda Item	Action	Notes
1	6 June 2023	Work Programme	Information on Healthwatch reports on access to Dentistry and Maternity Services in West Birmingham to be circulated to the Committee.	
2	6 June 2023	Work Programme	Healthwatch Annual report to be circulated after publication at the end of June.	
3	6 June 2023	Work Programme	Link to the Healthwatch prostate cancer survey to be circulated to members	Circulated by email 6 June

Birmingham City Council

Health and Adult Social Care Overview and Scrutiny Committee

Date 4 July 2023



Subject: Appointment of Members of the Joint Health Overview and Scrutiny Committees.

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

Report author: Fiona Bottrill, Overview and Scrutiny Manager.

1 Purpose

- 1.1 To consider the appointment of Birmingham City Council members of the Birmingham City Council and Sandwell Metropolitan Borough Council Joint Health Overview and Scrutiny Committee (HOSC) and Birmingham City Council and Solihull Metropolitan Borough Council Joint HOSC.

2 Recommendations

- 2.1 To appoint the Birmingham City Council members of the Birmingham and Sandwell Joint Health Overview and Scrutiny Committee (HOSC) and Birmingham and Solihull Joint HOSC

3 Membership.

- 3.1 The arrangements for the Joint HOSC membership are set out in the Terms of Reference attached as appendices and shown below;
- 3.2 **Birmingham CC and Sandwell MBC Joint HOSC:** Membership of the Joint Health Scrutiny Committee will be nominated by the Sandwell and Birmingham scrutiny committees that have responsibility for discharging the statutory health scrutiny function.
- 3.3 Membership of the Joint Health Scrutiny Committee will reflect the political balance of each respective authority. For a committee of ten members the ratio for Sandwell is 5 members (4:1) and for Birmingham it is 5 members (Labour: 3, Conservative:1, Liberal Democrats:1).

3.4 **Birmingham CC and Solihull MBC Joint HOSC:** Membership of the Joint HOSC will be nominated by the Birmingham City Council and Solihull Metropolitan Borough Council.

3.5 Membership of the Joint Scrutiny Committee will reflect the political balance of each local authority. For a committee of ten members the ratio for Solihull is 5 members (3:1:1) and for Birmingham it is 5 members (Labour: 3, Conservative:1, Liberal Democrats:1).

4 Any Finance Implications

4.1 No direct financial implications

5 Any Legal Implications

5.1 No direct legal implications

6 Any Equalities Implications

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

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

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

7 Appendices

7.1 Appendix 1 – Birmingham CC and Sandwell MBC Terms of Reference
Appendix 2 – Birmingham CC and Solihull MBC Terms of Reference.

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

Terms of Reference

1. General Terms of Reference

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

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

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

2. Key Considerations

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

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

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

3. Timescales and Governance

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

4. Membership

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

that have responsibility for discharging the statutory health scrutiny function.

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

5. Support Arrangements / Resources

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

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

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

Approved by: Councillor Elaine Giles (Sandwell Chair)

Councillor Mick Brown (Birmingham Chair)

Members of the Joint Health Scrutiny Committee

Date approved: 29 November 2022

Joint Health Overview and Scrutiny Committee (Solihull and Birmingham)

Terms of Reference

19 January 2023

1 Rationale

1.1 Following its inception to examine proposed variations of maternity services at Solihull Hospital, which had implications for patients across Birmingham and Solihull, the scope of the Joint Committee was extended through updates to its Terms of Reference in 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2019, 2022 to include: -

- The monitoring of related issues, such as quality of care across the former Heart of England NHS Foundation Trust, Birmingham and Solihull Mental Health Trust sites, as necessary.
- The scrutiny of activity particularly with regards to any change to clinical pathways.
- To consider proposals coming forward from the Birmingham and Solihull Integrated Care System (ICS) that affect Birmingham and Solihull.

1.2 Following the establishment of Birmingham and Solihull ICS in July 2022; merger of University Hospital Birmingham with the former Heart of England Foundation Trust in 2018 to form a greater University Hospitals Birmingham (UHB) (including the Queen Elizabeth Hospital, Heartlands Hospital, Good Hope Hospital and Solihull Hospital); a Joint Health Scrutiny Committee needs to continue to exist. It should consider the above, scrutinise and maintain an oversight of health service developments and substantial variations taking place in across Birmingham and Solihull and maintain an overview of key issues such as: -

- Finances and performance (provider / commissioner)
- Quality of care
- Consultation and engagement activity

2 General Terms of Reference

2.1 The primary role and purpose of the Joint HOSC is to consider:

- Whether as a statutory body, the Joint HOSC has been properly consulted within the consultation process;
- Whether in developing the proposals for service changes, the health body concerned has taken into account the public interest through appropriate patient and public involvement and consultation;
- Whether a proposal for changes is in the interest of the local health service.

- 2.2 The primary role will be in respect of proposed service changes and quality of care issues affecting the provider bodies such as UHB and Birmingham and Solihull Mental Health Foundation Trust and the BSol ICS over proposed changes to care pathways.
- 2.3 The JHOSC would also scrutinise and have oversight of joint issues / plans emerging from the and Health and Wellbeing Boards across Birmingham and Solihull.
- 2.4 The Joint HOSC will have regard to the four requirements for lawful consultation in reaching its conclusions on service changes.
- At the formative stage, the consulting body must have an open mind on the outcome;
 - There must be sufficient reasons for the proposals, and requests for further information should be supported;
 - Adequate time should be allowed for consultation with all stakeholders;
 - There should be evidence of conscientious consideration of responses by the consulting body.
- 2.5 The joint response to the consulting Healthcare Body will be agreed by the Joint Health Overview and Scrutiny Committee and signed by both Chairmen.
- 2.6 No matter to be discussed by the Group shall be considered to be confidential or exempt without the agreement of both Councils and subject to the requirements of Schedule 12A of the Local Government Act 1972.

3 Timescales & Governance

- 3.1 The Joint Health Overview and Scrutiny Committee will continue whilst proposed services changes that affect both areas are contemplated.
- 3.2 The responsibility for chairing meetings will alternate between Birmingham and Solihull, the Health Scrutiny Chair of the hosting authority to chair the meeting. The location of meetings is to rotate between the two authorities. In the absence of a meeting Chairman, the Chairman of the other Authority, if present, takes the chair, and in the absence of both Chairmen, a Chairman will be elected from those members present at the meeting.
- 3.3 Meetings of the Joint HOSC will be conducted under the Standing Orders of the host Local Authority (i.e. the Local Authority chairing the meeting and providing democratic services support)

4 Communication with Media

- 4.1 Should a press statement or press release need to be made by the Joint Health Overview and Scrutiny Committee, this will be drafted by the host Local Authority on behalf of the Committee and will be agreed by both Chairmen.

5 Membership

- 5.1 Membership of the Joint HOSC will be nominated by the Birmingham City Council and Solihull Metropolitan Borough Council.
- 5.2 Membership of the Joint Scrutiny Committee will reflect the political balance of each local authority. For a committee of ten members the ratio for Solihull is (3:1:1) and for Birmingham it is (3:1:1).
- 5.3 The quorum for meetings will be four members, comprising two members from each authority.
- 5.4 Healthwatch Birmingham and Solihull should be given an opportunity to contribute to the meetings as and when necessary to do so.

6 Support Arrangements / Resources

- 6.1 The work of the Joint HOSC will require support in terms of overall co-ordination, setting up and clerking of meetings and underpinning policy support and administrative arrangements.
- 6.2 Venues for meetings are to be rotated between Solihull MBC and Birmingham City Council with associated administrative costs to be borne by the respective Authority. Responsibility for administrative/ policy support and clerking arrangements is also to be alternated between the two Authorities.
- 6.3 The support officers for the JHOSC will need to work together to support the development and co-ordination of a JHOSC work programme.
- 6.4 These terms of reference would have regard to the following statutory guidance: -

Health Scrutiny Guidance (2014)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/324965/Local_authority_health_scrutiny.pdf

Statutory Overview and Scrutiny Guidance (2019)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/324965/Local_authority_health_scrutiny.pdf

Approved by:

Councillor
Solihull HOSC Chairman

Councillor
Birmingham HOSC Chairman

On behalf of the Joint Health Overview and Scrutiny Committee

Date approved.

Birmingham City Council

Health, Adult and Social Care Overview and Scrutiny Committee

Date: 4 July 2023



Subject: ICS Birmingham Place Committee

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

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

1 Purpose

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

1.2 Background

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

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

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

The objectives of the ICS are to:

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

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

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

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

- Integrated Care Partnership
- Integrated Care Board
- Place Committee

1.3 Birmingham Place Committee

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

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

1.4 Areas of Focus

Key areas of focus for Birmingham Place Committee currently include:

1.41 Localities Development

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

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

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

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

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

1.42 Joint Commissioning

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

The Fairer Futures Fund

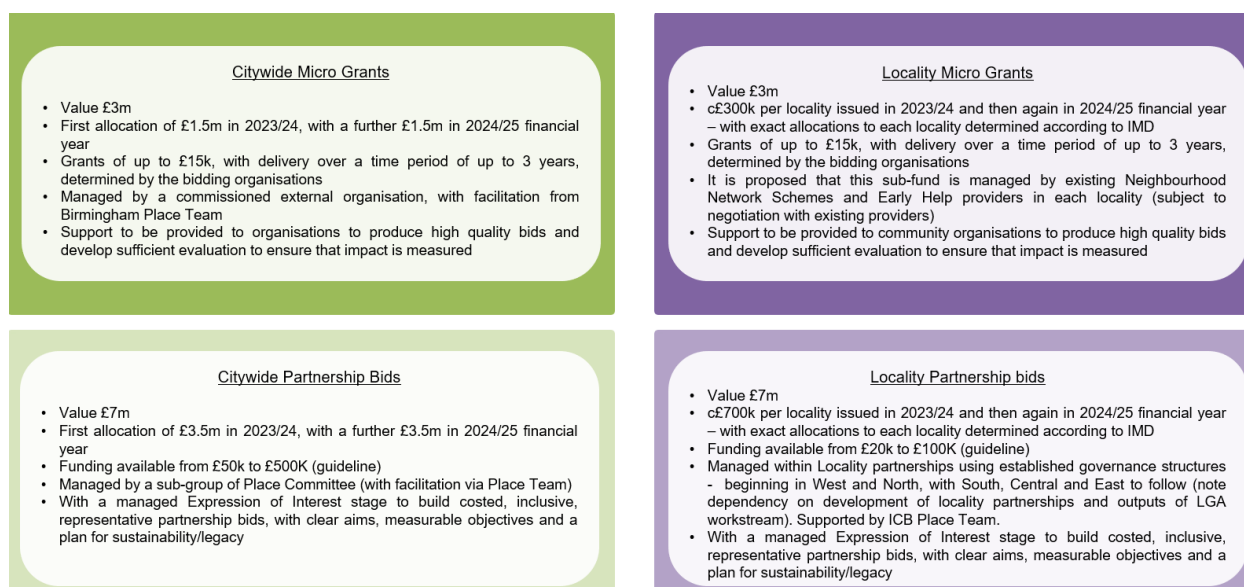
This fund has been created by the ICS as a means to support individual, patient, community and clinical & professionally led innovation that will support the system to move to new ways of working which bring teams together to think, plan and deliver services in a different way.

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

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

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

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



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

1.43 Community Integrator

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

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

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

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

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

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

2 Recommendations

- 2.1 Committee is recommended to note this update.

3 Any Finance Implications

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

4 Any Legal Implications

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

5 Any Equalities Implications

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

6 Appendices

- 6.1 Birmingham Place Committee Terms of Reference

Birmingham and Solihull Integrated Care Board

Birmingham Place Committee Terms of Reference

1. Overview

Within ICS there will be some functions and decisions that will remain at system level and many will be delegated to place.

Place has a crucial role to play in the system, as both an influencing body and for taking responsibility for delivery. Bsol partners have created an operating model that gives place the accountability, autonomy and means to deliver effectively. This builds on established partnership arrangements, programmes of work and delivery structures.

One of the key principles set out in the Inception Framework is subsidiarity. In this context, the ICB has two Place Committees, one in Birmingham and one in Solihull. This will align existing place working and provide the opportunity to further delegate responsibility, decision making and control of functions to place.

The Place Committees will be responsible for setting local outcomes, within the context of the ICS's strategic outcomes framework, and ensuring that each place/locality/neighbourhood receives the services it needs. They will do this by working with each Service and Place Integrator as they develop their operating model for delivery. The Integrators will work with the two Place Committees to agree and develop their plans but the Place Committees will have a more direct responsibility in shaping how the Place Integrator will work. The committee will also have a strong partnership role, promoting joint working across the wider public sector. They will also ensure a clear focus on local people through the use of citizen insight, experience and involvement in decision making.

The Place Committee terms of reference are intended to be largely consistent across Birmingham and Solihull and reflect the responsibilities delegated to each place from the ICB.

2. Constitution

The Place Committees are established by the Integrated Care Board (the ICB) as Committees of the Board in accordance with its Constitution.

These Terms of Reference will be published on the ICB website, set out the Membership, the remit, responsibilities and reporting arrangements of the Committees and may only be changed with the approval of the ICB Board.

Members of the Committees, including those who are not members of the Board, are bound by the Standing Orders and other policies of the ICB.

3. Purpose and Remit of the Committee

The Place Committees have been established as committees of the ICB in order to enable the ICB to exercise the Delegated Functions at Place in a simple and efficient way as part of the wider collaborative arrangements which form the Place Governance Structure.

In the first full year of operation, the Place Committees will be expected to

- Provide oversight and challenge to the community integrator responsible for creating Integrated Neighbourhood Teams.
- Establish community-facing visible leadership for health and care and ensure that communities and citizens are better able to engage in decision-making around what matters to them.
- Take direct responsibility for creating a Place-based Outcomes Framework which will describe what outcomes we expect to be able to improve for citizens in the future. This should align with the ICS's new Health Inequalities Strategy, the Integrated Care Partnership's *Master Plan* and local priorities identified through Joint Strategic Needs Assessment.

In line with the BSOL ICS operating model they will have a range of responsibilities including:

- Setting direction and providing oversight in the development of Integrated Neighbourhood Teams
- Community Leadership and Engagement;
- Direct Commissioning powers for elements of the work of the Community Service Integrator;
- Joint Responsibility with the ICB for the Primary Care Strategy;
- Responsibility for determining the local outcomes they expect the whole system to deliver on behalf of the communities they serve;
- Joint responsibility with the ICB for the distribution of the Fairer Futures Fund;
- Responsibility for agreeing service changes with the three Service integrators, especially where services are divested from the acute sector, and holding them to account for involving citizens in service change.
- Development of the locality forums and accountability for the work in the five localities

More generally, the Place Committee will:

- Oversee local delivery of performance against national targets within the remit of delegated authority
- Oversee the use of resources within the delegated financial allocations and promote financial sustainability, ensuring that resources are committed in a way that delivers best value, supports the needs of the population and ensure that the ICB and the ICS are able to deliver against their statutory financial duties

- Exercise Delegated Commissioning Functions including oversight and management of Integrated Commissioning arrangements for the area, including those made under section 75 of the NHS Act 2006
- Support the ICB and other statutory partners in discharging their statutory duties
- Ensure clinical and professional engagement including engagement with GPs through the GP Partnership Board;
- Set direction and be accountable for service transformation programmes for the area

It is recognized that the development of place based working is ongoing. Therefore the committee has a responsibility for shaping its own form, function and progression. This may include the committee making formal requests to the ICB for further delegations.

When exercising any Delegated Functions, the Place ICB Committees will also ensure that they act in accordance with the policies of the ICB (and LA's if exercising functions delegated from LA) and prioritise delivery against the strategic priorities of the ICS. This includes relevant strategic priorities identified by Local Government.

It is envisaged that the Place Committee will focus on three key areas of work:

- **Establishing good foundations:** e.g. clear terms of reference, outcomes framework, process for delegations from the ICB, clear governance etc
- **A focus on delivery and impact:** agreeing delivery workstreams and monitoring performance
- **Fourth purpose of the ICS** (NHS support of broader social and economic development): applying NHS insights, involvement and impact to wider themes e.g. Solihull Housing Strategy

The effectiveness of the Committee, including partnership working and delivery, will be evaluated in August and December 2023.

4. Vision and Values

The Place Committee will share the vision and values of the ICB and ICS:

Our vision is for Birmingham and Solihull to be: The healthiest place to live and work, driving equity in life chances and health outcomes for everyone.

This is underpinned by core values, which are:

Transformative

- We proactively support innovation at every level of the system to transform care.
- We value and incentivise both small and large-scale transformation as the key to improving outcomes and tackling the long-term health and social care needs of our population.
- We nurture, equip and support enquiring minds to be transformative.

Equality

- Everything we do – no matter how big or small – can be directly linked to our commitment to reducing health inequalities in Birmingham and Solihull.
- We celebrate differing opinions and voices as an essential part of optimising our decision making.
- Regardless of differences, we work collectively as equals in aid of the shared vision. Accountable We are all accountable for safely and carefully providing health and social care across Birmingham and Solihull, addressing inequality in provision, to meet the needs of all communities.
- As system leaders we demonstrate commitment and shared accountability in delivering the vision through collective decision making and active collaboration.

Mindful

- We are mindful of the changes to current ways of working that are needed to move to system working, new models of care and to change the experience of citizens receiving health and social care.
- We will respectfully challenge colleagues where needed and be compassionate and kind.
- We will openly and actively support the development of health working environments for all of our people.

5. Membership

The Membership will be as follows;

- Birmingham City Council Director Adult Social Care (Chair)
- ICB Chief Executive (Vice Chair)
- ICB Chief Officer for Partnerships and Integration
- ICB Director of Commissioning Finance
- ICB Director of Governance and Corporate Affairs
- Primary Care Provider representative
- NHS Community provider representative
- Birmingham City Council Director Public Health
- Birmingham City Council Director Children and Families
- Birmingham Children's Trust Chief Executive
- Birmingham City Council Director of Adult Social Care (Commissioning)
- BVSC Programmes Director
- Healthwatch CEO

The committee may appoint representatives of additional non-statutory providers to participate in the committee or attend meetings to take part in discussions without being members, but only where the convening statutory bodies consider it appropriate.

Where outside legal or other independent professional advice is required, it shall be secured by or with the approval of the Director who is responsible for the governance within the ICB.

6. Nominated Deputy

Members may nominate a deputy to attend if there are occasions when the member is unavailable. This should be the exception rather than the rule. The deputy must be appropriately briefed and have decision making authority to adequately deputise for the member.

7. Quorum

Quoracy will be at least 2 members from both the ICB and LA (one of whom should be the Chair / Vice Chair) and 50% overall.

8. Decision Making

Each member of the Place Committee shall have one vote. Participants or other attendees, do not have voting rights.

The aim will be for decisions of the Place Committee to be achieved by consensus decision-making, with voting reserved as a decision-making step of last resort and/or where it is helpful to measure the level of support for a proposal.

Decision making will be by a simple majority of those present and voting at the relevant meeting. In the event that a vote is tied, the Chair will have the casting vote.

Members of the Place Committee have a collective responsibility for its operation. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability and endeavour to reach a collective view.

9. Frequency and Structure of Meetings

The Place Committee will meet a minimum of 6 times a year.

No unscheduled or rescheduled meetings will take place without members having at least one weeks' notice of the date. Extraordinary meetings will be held as required.

The frequency of the meetings will be reviewed annually.

Meeting dates for the year will be set at the beginning of each year and distributed to all members

An outline work plan will be developed at the beginning of the financial year and reviewed periodically.

The agenda and supporting papers will be circulated to all members at least five working days before the meeting date.

A named individual will be responsible for supporting the Chair in the management of the Committee's business and for drawing members' attention to best practice, national guidance and other relevant documents as appropriate.

The meetings will be held in private but the committee reserve the right for meetings to be held in public.

10. Resource and Financial Management

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

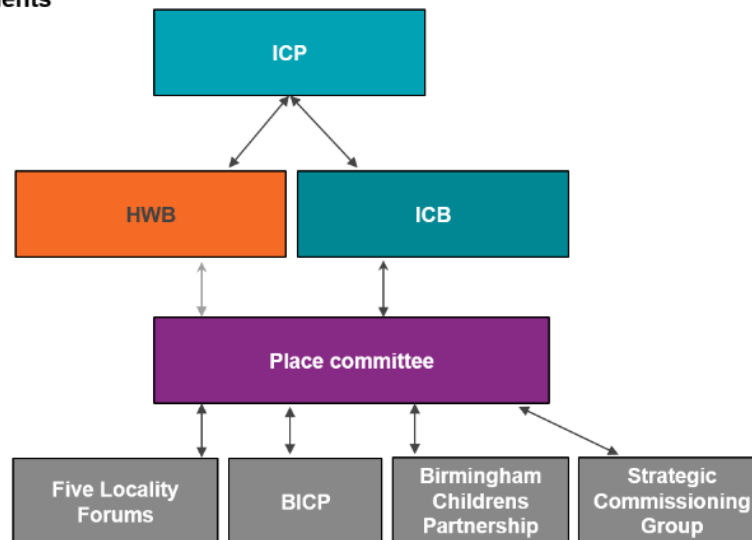
Further information about resource allocation within the ICB is contained in the ICB's Standing Financial Instructions and associated policies and procedures.

11. Reporting & Escalation

The Place Committee is accountable to the ICB Board and will also report to Health and Wellbeing Boards. Where there is any uncertainty about whether a matter relating to a Delegated Function is within the remit of the Place Committee in its capacity as a decision-making body within the ICB's governance structure the matter will be referred to the Director who is responsible for governance within the ICB for consideration about where the matter will be determined.

12. Overview of place committee arrangements

Birmingham Place arrangements



With the agreement of the Committee Chairs, the two Place Committees may come together to meet within their existing governance and reporting arrangements, for consideration or delivery of specific projects.

13. Managing Conflicts of Interest

Meeting attendees are required to be open and honest, declaring any potential conflicts during the meeting. The Chair will be required to recognise any potential conflicts that may arise from themselves or a member of the meeting.

Conflicts of interest will be managed in accordance with the policies and procedures of the ICB and those contained in the ICB Governance Handbook. This does not absolve the responsibility of partners to adhere to their own organisational standards of business conduct.

14. Confidentiality

Papers that are marked 'in confidence, not for publication or dissemination' shall remain confidential to the members of the Committee unless the Chair indicates otherwise. Members, representatives or any persons in attendance shall not reveal or disclose the contents of these papers without express permission of the Chair. This prohibition shall apply equally to the content of any discussion during the meeting which may take place on such papers.

15. General Data Protection Regulations (GDPR) Data Protection Act (DPA) 2018

Committee members will give due regard to the responsibilities to comply with GDPR and DPA Legislation.

16. Freedom of Information Act 2000

All papers are subject to the Freedom of Information Act. All papers that are exempt from public release under the FOI Act must be clearly marked 'in confidence, not for publication'. These papers may not be copied or distributed outside of the Committee membership without the expressed permission of the Chair. FOI exemption 41 (duty of confidence) applies.

17. Review and Monitoring Effectiveness and Compliance

The Committee will provides updates on plans, delivery and committee effectiveness as agreed with the ICB.

The Place Committee will carry out an annual review of their functioning and provide an Annual Report. As part of this, the Place ICB Committee will review its terms of reference and recommend any changes it considers necessary to the ICB Board for approval.

18. 2022/2023 Review

It is recognised that the Place Committee and its terms of reference may need to evolve as the partner organisations become accustomed to the establishment of the ICS.

Date of Approval

Date of Review

Birmingham City Council

Health, Adult and Social Care Overview and Scrutiny Committee

Date 4 July 2023



Subject: CQC Assessment of Adult Social Care
Report of: Graeme Betts, Strategic Director Adult Social Care
Report author: Maria Gavin, Assistant Director Quality and Improvement Adult Social Care

1 Purpose

- 1.1 The purpose of the presentation is to brief members of the Health, Adult and Social Care Overview and Scrutiny Committee of the forthcoming CQC Assessment of Adult Social Care in Birmingham.

2 Recommendations

- 2.1 Committee Members are asked to note the content of the report.
- 2.2 Committee Members are also asked to be aware that CQC Inspectors may request to speak with elected members as part of their on site visit in August 2023.

3 Any Finance Implications

- 3.1 There are no direct financial implications, though preparation for CQC Assessment is time and resource intensive for officers and has to be delivered alongside their existing role as no additional resource has been allocated by Government to implement the process.

4 Any Legal Implications

- 4.1 There are no legal implications arising from this presentation.

5 Any Equalities Implications

- 5.1 There are no equalities implications arising from this presentation.

6 Appendices

- 6.1 Slide presentation on CQC Assessment of Adult Social Care

CQC Update - Health and Overview Scrutiny Committee July 2023



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Agenda

- Welcome & Introduction
- CQC Assessment of Adult Social Care
- Update on Pilot
- Group Discussion
- Overview of Self Assessment
- Next Steps
- Discussion and questions



CQC Assessment of Adult Social Care



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The Health and Care Bill 2022

- Reforms of Adult Social Care
- CQC has a new role looking at local areas and systems
 - The bill gives CQC a new duty for CQC to assess how **local authorities** are meeting their social care duties under part 1 of the Care Act
 - It also gives CQC a role in reviewing **Integrated Care Systems**
 - The assurance framework went live on 1st April 2023



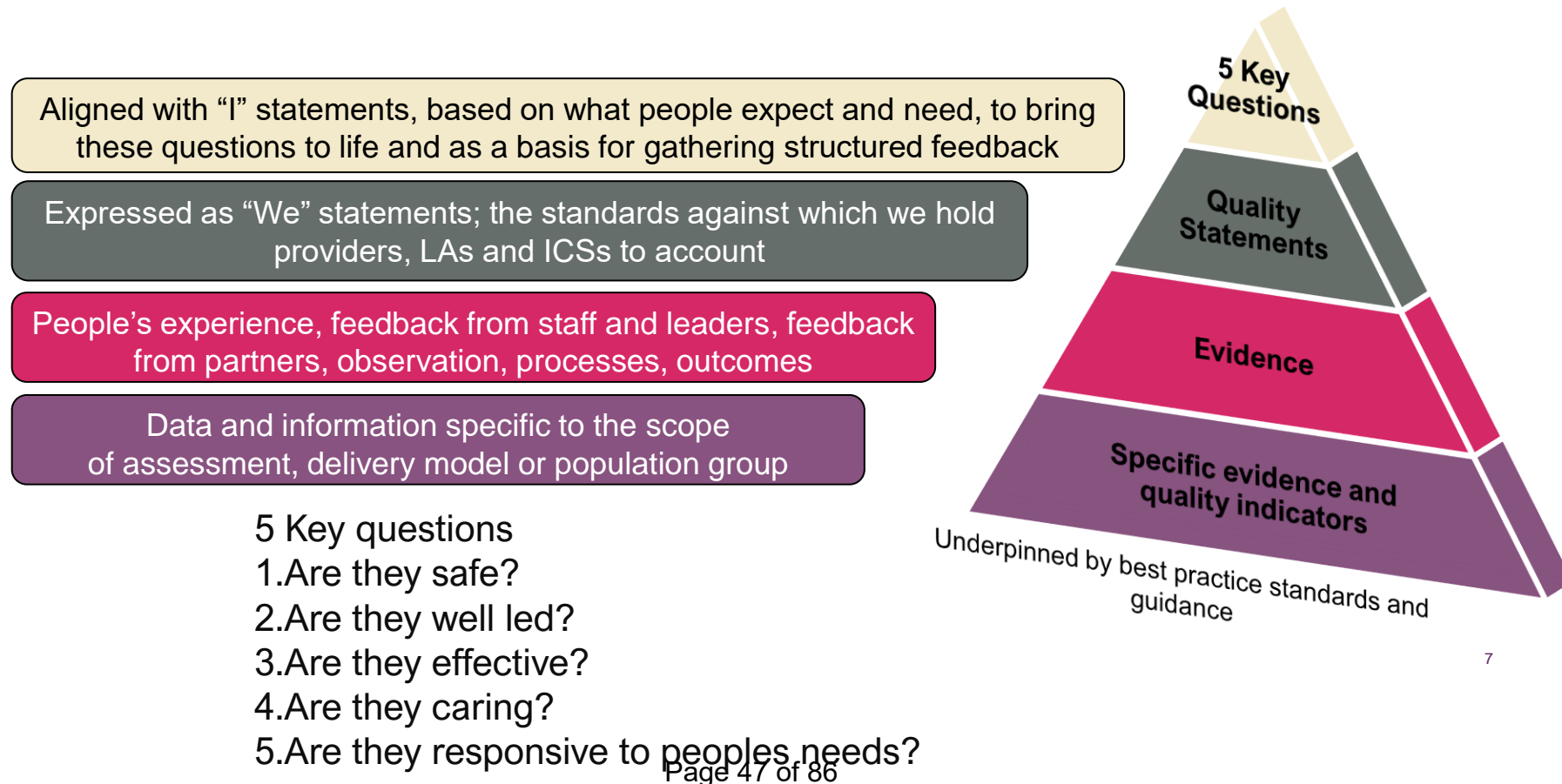
1. **Working with people (inc unpaid carers)** - assessing needs, care planning and review, direct payments, charging policy, supporting people to live healthier lives, prevention, well-being, information and advice, addressing barriers to access and reducing inequalities in experience and outcomes.
2. **Providing support** – market shaping, commissioning, workforce capacity and capability, integration and partnership working
3. **Ensuring safety** - safeguarding enquiries, reviews, Safeguarding Adult Board, safe systems and continuity of care
4. **Leadership** - culture, strategic planning, learning, improvement, innovation, governance, management and sustainability.

Each of the themes has several quality statements and 'I' statements within it

Working with People: assessing needs, care planning and review, direct payments, charging, supporting people to live healthier lives, prevention, wellbeing, information and advice			Providing Support: shaping, commissioning, workforce capacity and capability, integration and partnership working	
Assessing Needs	Supporting people to live healthier lives	Equity in experiences and outcomes	Care provision, integration and continuity	Partnerships and communities
We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.	We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives, and where possible reduce their future needs for care and support.	We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this	We understand the diverse health and care needs of people and local communities, so care is joined-up, flexible and supports choice and continuity.	We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement
Ensuring Safety: safeguarding enquiries, reviews, Safeguarding Adults Board, safe systems, pathways and continuity of care			Leadership: culture, strategic planning, learning, improvement, innovation, governance, management and sustainability	
Safe systems, pathways and transitions	Safeguarding		Governance	Learning, improvement and innovation
We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.	We work with people to understand what being safe means to them and work with them as well as our partners on the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect, and we make sure we share concerns quickly and appropriately.		We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.	We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research

Single Assessment Framework

CQC framework will assess providers, local authorities and integrated care systems with a consistent set of key themes, from registration through to ongoing assessment



Update on Pilot



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CQC Plan: April – September 2023

- The national review against 2 quality statements (Care provision, integration and continuity / Assessing needs).
- These are the first steps in developing judgements for individual authorities, and provide opportunity to benchmark data.
- CQC is piloting the new assessment regime
- Test and learn in Manchester and Hampshire
- Five pilots in Birmingham, Nottingham, Lincolnshire, North Lincolnshire and Suffolk
- Full roll-out programme from September 2023
- Our role / responsibility

Timeline and Content of Birmingham CQC Assessment

3 Elements

- Information Return – over 300 documents (reports, process maps, feedback, survey findings, Self Assessment) – submitted 9th June
- Case Tracking – 50 cases from which a group of 10 have been selected. 6 of the 10 for case tracking, 4 in reserve –submitted 9th June, follow up request for detail received 12th June; due 26th June 2023
- On-site review – 4 days on site week beginning 14th August, (interviews, focus groups and discussions)

Alongside CQC review of our published performance data

Triangulation of findings

Timing of outcome to be confirmed, but note pace

Information Return – 48 Categories of Data e.g.

Item ref No.	Evidence item	Theme	Quality statement(s)
IR 1	Local authority self-assessment – see explanatory note above	All	All
IR 2	Feedback people have sent to the local authority and feedback it has gathered itself <i>Covering the preceding 12 months from the date of completing the information return.</i>	All	All
IR 3	Compliments/complaints: summary of issues, outcomes and actions taken, for each quality statement. <i>Covering the preceding 12 months from the date of completing the information return.</i>	All	All
IR 4	Staff feedback generated by the local authority. <i>Covering the preceding 12 months from the date of completing the information return.</i>	All	All
IR 5	Feedback or reports from other regulators: Ofsted, SEND, Coroner, Local Government Social Care Ombudsman. <i>Covering the preceding 12 months before the date of completing the information return.</i>	All	All except Partnerships and communities
IR 6	Assessment, care planning and review: processes and pathways from first contact with local authority; flowcharts.	1. Working with people	Assessing needs
IR 7	Care funding decisions: monitoring, oversight, appeals. <i>Information for the public; summary and outcomes of appeals in the preceding 12 months from the date of completing the information return.</i>	1. Working with people	Assessing needs
IR 8	Direct payments: arrangements for offering, allocating and oversight; process, guidance, information for the public. <i>Trends in uptake of direct payments in the preceding 12 months from the date of completing the information return.</i>	1. Working with people	Assessing needs

Case Tracking

- Coded list of 50 people who fit the theme(s) being assessed, using a unique number.
- Originally a 2 week turn around (extended to Friday 9th June)
 - CT01- older people
 - CT02 - young people who have transitioned to adult services (in last 12 months).
 - CT03 - people who have recently come out of hospital and are receiving care (for example receiving a large care package and/or joint funded care).
 - CT04 - people with a learning disability and autistic people
 - CT05 - people with protected characteristics
 - CT06 - people with complex or long-term care and support needs
 - CT07 - unpaid carers
 - CT08 - seldom heard people

Case Tracking

- By lunchtime Monday 12th June 6 people and 4 'reserve' people selected.
- Asked to confirm citizen consent, access needs and info below by 26th June
 - Profile of the person to include their agreement to be part of the case tracking process, preferred contact details and available times they can be contacted.
 - Date of first assessment and chronology of care for previous 12 months
 - Current care plan(s) and medications (if applicable)
 - Any recent reviews or reports in last 12 months
 - Any feedback about the person's experience of the quality of their care including any complaints
 - Lists of all services involved including any referrals in the last 12 months
 - Any contact details of professionals involved
 - Copies of meeting minutes with professionals in last 12 months
 - Any investigations or learning from incidents relating to the person
 - A brief self – evaluation summary highlighting areas of good practice or areas for improvement.
- Please note – CQC may follow up on cases whilst on site which are not part of this list. They may follow a trail

On Site Visit – week beginning 14th August 2023

- Individual Interviews: e.g. Director of Public Health, Chief Executive, Portfolio Holder, Leader of the Opposition, Safeguarding Lead
- Teams: e.g. Transition Team, Commissioning Team, Out of Hrs Team, Contact Centre, Hospital Discharge Team, Assessment teams inc specialist eg for people with a learning disability, autistic people, mental health, unpaid carers
- Partners e.g. Healthwatch, Regulated ASC provider forum. 'health Partners', ICP Chair, Advocacy Provider, User Led Support groups
- Mix of face to face and Teams

Summary of Our Self Assessment



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Overview of the Council and Directorate

- Largest Local Authority in the country by population, over 1.1 million people, minority majority, fast growing younger population, but older population growing too
- Corporate Plan and Priorities
- Profile of ASC Service Users – notable differences in profile between younger and older adult client groups
- ASC Vision & Update particularly to reflect Black Lives Matter and Covid
- Strengths – improvement journey in ASC, and Integrated Care System opportunities
- Key issues / Risks – recognition there are issues for the Council, but we are aware and working hard to resolve these, + demand / pressure

Theme 1 – Working with People

Quality statement one: Assessing needs

- We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing, and communication needs with them.
- I have care and support that is coordinated, and everyone works well together and with me.
- I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

Quality statement two: Supporting people to live healthier lives

- We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives and where possible, reduce future needs for care and support.
- I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.
- I am supported to plan ahead for important changes in my life that I can anticipate.

Quality statement three: Equity in experiences and outcomes

- We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.
- I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths, and goals.

T1 - Working with People: strengths, evidence and priorities

Strengths

- 3 conversations and strengths based practice
- NNS
- Prevention (wellbeing offer)
- D2A and Home first
- Partnership
- Equalities – staff and citizens
- Co-production

Evidence

- Comparative Data (as per Readiness Review Data pack)
- Good use / access to 'universal services' / NNS
- Low LT care and admissions to care homes
- Increase in recruitment.... But....
- Very strong data re: D2A / partner feedback
- Audits highlighting areas for improvement
- Research

Priorities for Action

- Ambitious for Citizens
- Continuing development of NNS / Prevention offer
- Information, Advice and Guidance
- Waiting Lists
- Understanding more about workforce capacity v demand
- Improving and understanding equity e.g. DP, LBGQT+, LA / A
- Ongoing recruitment and retention

Theme 2 – Providing Support

Quality statement one: Care provision, integration and continuity

- We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.
- I have care and support that is coordinated, and everyone works well together and with me.

Quality statement two: Partnerships and communities

- We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

T2 – providing support: strengths, evidence and priorities

Strengths

- MPS and Observatory, but JSNA...
- Significant commissioned Quality Improvements
- Putting prevention first, NNW, BCF, discharge fund, early intervention
- Place committee, Fairer Futures Fund, homelessness support
- City of Sanctuary / refugees / Compassionate Communities

Evidence

- Comparative Data (as per Readiness Review Data pack)
- Internal Quality Rating system / improvements
- Joint approaches with NHS colleagues and associated data
- Market Sustainability Plan
- Commissioning data in and outside Birmingham
- Skills for Care Data
- Carers service developments

Priorities for Action

- Key support for Theme 1 priorities
- Independence at Home (DFG)
- Technology Enabled Care
- Digital Developments (PURE and Care Market)
- Day Opportunities
- Carers
- Wider Social Care Workforce
- Domestic Abuse
- Refugees and Migration

Theme 3 – Ensuring Safety

Quality statement one: Safe systems, pathways and transitions

- We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.
- When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place.
- I feel safe and am supported to understand and manage any risks.

Quality statement two: Safeguarding

- We work with people to understand what being safe means to them and work with our partners to develop the best way to achieve this.
- We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm, and neglect, we make sure we share concerns quickly and appropriately.
- I feel safe and am supported to understand and manage any risks.

T3 – Ensuring Safety: strengths, evidence and priorities

Strengths

- Corporate and Regional safeguarding arrangements
- Improvements in performance
- Making Safeguarding Personal
- Introduction of Triage function
- Commissioning approach to safeguarding
- Joint work with partners
- Emergency Planning / response
- Covid response

Evidence

- Clearance of concern backlogs
- Positive impact of triage
- Ongoing improvements in conversion rate
- Better evidence of decision making
- BSAB Dashboard Data
- Making Safeguarding Personal
- Audits
- Safeguarding Reviews and Quality Group

Priorities for Action

- Further training and development offer
- Building on audit of safeguarding practice
- Reinforcing use of Family Group Conferencing
- Improving pathways / delays' e.g. transition & CHC.
- Recruitment and retention
- Continuing development of Assessment / Commissioning safeguarding function

Theme 4 - Leadership

Quality statement one: Governance, management and sustainability

- We have clear responsibilities, roles, systems of accountability and good governance/
- We use these to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

Quality statement two: Learning, improvement and innovation

- We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome, and quality of life for people. We actively contribute to safe, effective practice and research

T4 – providing support: strengths, evidence and priorities

Strengths	Evidence	Priorities for Action
<ul style="list-style-type: none">• Clear roles, responsibility within a Corporate Framework around performance, budgets, risk.• Strong member engagement• Stable experienced Leadership Team• Innovative• Equalities, Diversity and Inclusion• Co-production embedded• Partnership working an everyday approach	<ul style="list-style-type: none">• Pause and Learn and Readiness Peer Reviews• Active in Region• Healthwatch• Best in Class (BCC program)• Established Performance Management Processes• Good 'Use of Resources'• Research – existing and planned	<ul style="list-style-type: none">• Phase 2 Transformation aligned to revised vision.• Multi-dimensional Learning• Continue to work in partnership• Continue to work with those most likely to experience inequity• Continue to try and develop the best tools for the workforce• Continue to do our best for everyone who uses our services in these difficult times.

Next Steps

- 8 week run in to on site visit
- Staff Engagement: June / July 2023 – all staff to attend
- Case Tracking Details to CQC – 26th June 2023
- Care Act Training – on line and in person by TM (arrangements to be confirmed) – July 2023
- Mock Preparation CQC Interviews and Focus Groups – mid July 2023
- On-site Assessment pre-briefs for staff and partners (early August 2023)
- Site Visit week of 14th August 2023
- Draft feedback
- Post visit – factual accuracy check mid to end August 2023?
- Draft outcome rating, once 5 pilot sites completed – Oct / Nov 2023 (tbc) ?

Thank-you and Questions



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Birmingham City Council

Health and Adult Social Care Overview and Scrutiny Committee

4 July 2023



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

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

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

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

2 Recommendations

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

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

3 Background

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

3.2 Effective Overview and Scrutiny should:

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

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

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

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

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

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

Looking Ahead

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

Scrutiny Methods

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

Health and Adult Social Care Overview and Scrutiny Committee

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

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

4 Work Programme 2023-24

- 4.1 Appendix 1 sets out the topics the Committee will consider over the next few months, and also outlines future items for consideration.
- 4.2 The Committee may decide to add further items to the work programme during the course of the year. When considering this, the Committee is advised to consider where it can best add value through scrutiny, and how it can prioritise topics for consideration based on the Scrutiny Framework referred to in 3.5.
- 4.3 The Council's latest Forward Plan: [June 2023 Forward Plan \(cmis.uk.com\)](https://cmis.uk.com) may assist Members in identifying future topics. The following reports are of particular relevance to this Overview and Scrutiny Committee:

ID Number	Title	Proposed Date of Decision
011478/2023	Putting Prevention First: Consultation and Recommissioning of Health and Wellbeing Support for Vulnerable Adults	27/06/23
011635/2023	Substance Misuse Commissioning Proposals	25/07/23

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

5 Any Finance Implications

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

6 Any Legal Implications

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

7 Any Equalities Implications

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

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

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

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

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

8 Appendices

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

9 Background Papers

9.1 [Birmingham City Council Constitution](#)

9.2 Birmingham City Council Overview and Scrutiny Framework April 2021

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

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

		<p>This will include how the principle of subsidiarity will be implemented in practice, the governance arrangements and how this links with Primary Care Networks and Local Authority locality working.</p> <p>The Committee to agree any comments / recommendations</p>	<p>Deadline for reports: 23 June</p> <p>Venue: Council House, Committee Rooms 3 and 4</p>			
July 23	Inquiry: Children and young people's mental health	Review evidence and develop draft recommendations	Task and Finish Group meeting w/c 10 July or w/c 17 July	Fiona Bottrill, Senior Overview and Scrutiny Manager		
July 23	Inquiry: Children and young people's mental health	Meeting with key partners to discuss draft recommendations	Task and Finish Group meeting w/c 24 July	Fiona Bottrill, Senior Overview and Scrutiny Manager		
September 23	Inquiry: Children and young people's mental health	Sign off draft Inquiry report	Task and Finish Group meeting w/c 4 September	Fiona Bottrill, Senior Overview and Scrutiny Manager		
September 23	Birmingham and Lewisham African and Caribbean Health Inequalities Review (BLACHIR)	To update members on the implementation of BLACHIR actions and enable the Committee inform the implementation of the Review recommendations	Committee Meeting single item: Agenda item for OSC meeting on 19 September 10.00am	Monika Rosanski, Service Lead, Inequalities		Theme in BLACHIR report on maternity, parenthood and early years. Link with work of Joint HOSC on UHB maternity services.

		<p>including what impact the programme has had to date and how the medium / long term impact will be measured.</p> <p>Enable the Committee to use the evidence from the report to inform the Scrutiny of issues across the work programme of the HASC and Joint HOSCs during 2023/24.</p> <p>The Committee to agree any comments / recommendations</p>	<p>Deadline for reports: 8 September</p> <p>Venue: Council House, Committee Rooms 3 and 4</p>			<p>Corporate Performance and Delivery Plan milestones: Public Health</p> <p>a) produce forward plan of activity - Jun 23</p> <p>b) hold three task and finish groups focused on cultural competency and better data - Sep 23</p> <p>c) share learning and build on success through annual conference - Dec 23</p>
September 23	Work Programme report to include Health and Adult Social Care OSC and Joint Health Overview and Scrutiny Committee role in NHS quality assurance	<p>To agree a 2-3 year schedule of reports from NHS Trust based in / serving Birmingham and Joint HOSC areas including:</p> <p>CQC report</p> <p>Quality Account</p> <p>Analysis of complaints and how this has driven service improvement</p> <p>Key risks / issues for the Trust and plans to address these.</p>	<p>Agenda at HASC OSC Committee Meeting 19 September 10.00am</p> <p>Deadline for reports: 8 September</p> <p>Venue: Council House, Committee Rooms 3 and 4</p>	Fiona Bottrill, Senior Overview and Scrutiny Manager		<p>NHS Trusts based in / serving Birmingham:</p> <p>UHB</p> <p>BWCT NHS FT</p> <p>Sandwell and West Birmingham</p> <p>Birmingham CHT</p> <p>BSMHFT</p> <p>Royal Orthopaedic NHS FT</p> <p>WMAS</p>

		The Committee to agree any comments / recommendations				
October 23	Inquiry: Children and young people's mental health	Task and Finish Group to agree consider comments received on draft report	Task and Finish Group meeting w/c 2 October	Fiona Bottrill, Senior Overview and Scrutiny Manager		All Members of the Committee will be invited to this meeting to be informed of issues and recommendations.
October 23	Day Opportunities	To update the Committee on the policy development on the Day Opportunities Service to enable Scrutiny to inform the Cabinet decision. The Committee to agree any comments / recommendations	Committee Meeting single item: Agenda at HASC OSC Committee 17 October 2023 10.00am Deadline for reports: 6 October Venue: Council House, Committee Rooms 3 and 4	Dr Temitope Ademosu Assistant Director - Adult Social Care (Community services and EDI)	Red Quadrant (TBC)	City Observatory : Request demographics information to understand future demand for services.
October 23	Monitoring implementation recommendation R01 from Scrutiny Inquiry on Legacy of Commonwealth Games	To update on the development of the inclusive Sports Strategy and the Physical Activity Strategy. The Committee to agree any comments / recommendations		Dave Wagg Head of Sport & Physical Activity Lynda Bradford, Interim Service Lead, Physical Activity.		Inquiry report available from: Document.ashx (cmis.uk.com) Recommendations to be completed by October 2024 R01: b) Provide an outline of how the insight and experience of disabled

						<p>citizens will inform the new Sport and Physical Activity strategies.</p> <p>d) Continue to build upon the new partnerships developed through the CWG, and work with the Birmingham Disability Sports Forum to maximise the impact of the strategy and understanding the range of activity on-going in the city</p> <p>Corporate Performance and Delivery Plan milestones City Operations Sport Strategy to be concluded by Mar 24. Public Health Physical Activity milestone delivery date of Dec 23</p>
October / November 23	Access to dental services and need	<p>To receive a report from the ICS to understand the issues relating to access to dental services in Birmingham and the impact this has on oral health.</p> <p>Based on this information the Committee may</p>	<p>Committee Meeting single item : Agenda at HASC OSC Committee Meeting 17 October, 10.00am</p>	TBC		<p>This is regional service and timescale dependent on ongoing work at BSOL and regional level.</p> <p>Link to Healthwatch report on accessing dentistry services: Impact report: Changes to accessing NHS</p>

		decide to undertake further work through a Task and Finish Group. The Committee to agree any comments / recommendations	Deadline for reports: 6 October Venue: Council House, Committee Rooms 3 and 4			dentistry in Birmingham and Solihull - Healthwatch Birmingham Following this report the Committee may wish to undertake further work through a Task and Finish Group.
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*Outcome: This will be populated once the item/topic has been completed. It will identify the added value and impact.

Birmingham and Sandwell Joint Health Overview and Scrutiny Committee

Month	Item/Topic	Aims and Objectives	Scrutiny Method	Cabinet Member/ Lead Officer	Other Witnesses	Additional Information and Outcome*
TBC	Midland Metropolitan Hospital: Emergency and Urgent Patient Care	TBC				
TBC	Midland Metropolitan Hospital: Models of care across the Trust	TBC				
TBC	Midland Metropolitan Hospital: Primary Care Services	TBC				
TBC	Scrutiny and Quality Assurance	To agree a 2-3 year schedule of reports from NHS Trust serving Birmingham and Joint HOSC areas including: CQC report				

		Quality Account Analysis of complaints and how this has driven service improvement Key risks / issues for the Trust.				
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*Outcome: This will be populated once the item/topic has been completed. It will identify the added value and impact.

Birmingham and Solihull Joint Health Overview and Scrutiny Committee

Month	Item/Topic	Aims and Objectives	Scrutiny Method	Cabinet Member/ Lead Officer	Other Witnesses	Additional Information and Outcome*
July 23	Report on 3 Independent Reviews of University Hospital Birmingham NHS Foundation Trust: Patient Safety Review Culture Review Well Led Review of Leadership and Governance	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. To consider the Healthwatch ground rules for the 3 Reviews and if these have been met.	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	David Melbourne, BSOL ICB Chief Executive		Information requested at April 23 Joint HOSC: To receive a copy of the ICS analysis of the UHB Trust's <i>Standardised Hospital Mortality Ratio</i> (SHMR); 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; To receive a roadmap for the remaining reviews in terms

						of how they will report, expected dates/timescales/milestones.
July 23	BSol ICS update on performance against finance and recovery plans	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		
	Maternity Services at UHB	To consider the CQC report findings and actions to be taken by the Trust.				
	Birmingham and Solihull ICS Joint Forward Plan					To be published at the end of June 2023
	ICS Work Force Planning					
	Scrutiny and Quality Assurance	To agree a 2-3 year schedule of reports from NHS Trust serving Birmingham and Joint HOSC areas including: CQC report Quality Account				

		Analysis of complaints and how this has driven service improvement Key risks / issues for the Trust.				
	Monitoring of implementation of Recommendations from UHB Reviews	The ICS and UHB to report on the implementation of the recommendations from the UHB reviews.				
	Update on post-covid syndrome / Long covid and rehabilitation	To understand the impact of post covid syndrome / long covid and the services / support that is available.				

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

Menu of Issues for Consideration

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

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

Item/ Topic	Proposed Aims and Objectives	Proposed Scrutiny Method	Additional Information
Immunisation and vaccinations	Immunisations and vaccinations for children under 5 Implications of covid immunisations rates for health and care staff	Task and Finish Group	This work could commence following the completion of the CYP mental health Inquiry.
Primary Care Access	TBC		Link to National GP recovery plan

			Suggested timescales to update on plan November – December 23
ICS 10 year strategy	TBC		Annual review of key strategic priorities. Suggested timescale April 24
Birmingham City Council Commissioned Services: <ul style="list-style-type: none"> • Birmingham Sexual Health Services • Birmingham Substance Misuse Services • Forward Thinking Birmingham 	Report to come to Health and Adult Care OSC prior to recommissioning of the service to enable the Committee to inform Cabinet decisions.		Members may wish to agree comments / recommendations based on the report to the February 2023 Committee meeting to inform the re-tendering process for sexual health services.
Birmingham Safeguarding Adult Board (SAB) Annual Report 2022/23	To update the Committee on the work of the work of the Birmingham SAB Implementation of Strategic Priorities Adult Safeguarding Data Learning from Safeguarding Adult Reviews Adult Safeguarding Issues related to Domestic Abuse		Recommendation from Co-ordinating OSC that OSCs consider relevant aspects of Domestic Abuse in the work programme. The Neighbourhoods OSC work programme includes: Informing the development of the new Domestic Abuse Prevention Strategy
Engaging with Third Sector providers of Adult Social Care	TBC		
Obesity and Food Strategy	What actions have been implemented as part of the Food Strategy and what impact have these had? How will the medium and long terms impact be demonstrated? How has the strategy helped to reduce inequalities and food poverty?		Link to Food Strategy: Birmingham Food System Strategy Birmingham City Council
Population health and inequalities		Task and Finish Group	

Scrutiny Method Options:

Committee meeting - single item

Committee meeting - single theme

Task and Finish Group (outline number of meetings)

On location

Other - (describe)

