

# **BIRMINGHAM CITY COUNCIL**

## **HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE**

**TUESDAY, 06 JUNE 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 APOLOGIES**

To receive any apologies.

#### **3 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.

#### **4 APPOINTMENT OF COMMITTEE AND CHAIR**

To note the resolution of the City Council appointing the Committee, Chair and Members to serve on the Committee for the period ending with the Annual Meeting of the City Council 2024 as follows:-

**Labour (5):**

Councillors Mick Brown (Chair); Kath Hartley; Jane Jones; Kirsten Kurt-Elli; Rob Pocock.

**Conservatives (1):**

Councillor Gareth Moore

**Liberal Democrats (1):**

Councillor Paul Tilsley

**Green (1):**

Councillor Julien Pritchard.

#### **5 ELECTION OF DEPUTY CHAIR**

To elect a Deputy Chair, for the purposes of substitution for the Chair, if absent, for the period ending with the Annual Meeting of the City Council in 2024.

**5 - 14**

#### **6 HEALTH AND ADULT SOCIAL CARE COMMITTEE TERMS OF REFERENCE**

To note the Terms of Reference for the Health and Adult Social Care Overview and Scrutiny Committee

**15 - 16**

#### **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

**17 - 26**

#### **8 MINUTES - 18 APRIL 2023**

To confirm the minutes from the meeting held on 18 April 2023.

**27 - 32**

#### **9 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

10 **DELIVERING EFFECTIVE AND FLEXIBLE SCRUTINY**

To consider how the Health and Adult Social Care Overview and Scrutiny Committee will develop a flexible and effective work programme for 2023/24.

11 **DEVELOPING HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE SCRUTINY WORK PROGRAMME 2023/24**

To consider the issues for the 2023/24 work programme including Cabinet Member Priorities and forthcoming decisions, issues recommended to be carried forwards from 2022/23 including NHS health scrutiny, information from the City Observatory; Programmes, Performance and Improvement Division to agree potential issues for the Scrutiny Work Programme and Scrutiny methods

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

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

13 **OTHER URGENT BUSINESS**

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

14 **SCHEDULE OF MEETING DATES FOR COMMITTEE MEETING AND SCRUTINY WORK**

To approve a schedule of dates for the Committee's meetings during 2023/2024.

(A) The Chairman proposes that the Committee meets on the following Tuesdays at 1000 hours in the Council House (unless otherwise stated): -

To note 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	

(B) The Committee is also requested to Approve Tuesdays at 1000 hours as a suitable day and time each week for any additional meetings required to consider 'requests for call in' which may be lodged in respect of Executive decisions.

15 **AUTHORITY TO CHAIRMAN 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 Overview and Scrutiny Committee

Date 6 June 2023




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**Subject:** Health and Adult Social Care Committee Terms of Reference.

**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 Health and Adult Social Care Overview and Scrutiny Terms of Reference.

### 2 Recommendations

- 2.1 To note the Terms of Reference for the Health and Adult Social Care Overview and Scrutiny Committee as set out in 3.2 below.

### 3 Health and Adult Social Care Overview and Scrutiny Committee Terms of Reference

- 3.1 The Terms of Reference below were approved at the Annual City Council meeting on 23<sup>rd</sup> May 2023. This sets out the remit of the work for this committee.
- 3.2 To fulfil the functions of an Overview and Scrutiny Committee as they relate to any policies, services and activities concerning:
- Development of Health & Well Being Board and relationship with NHS and private providers
  - social care services and safeguarding for adults
  - public health services
  - healthy living
  - 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.

#### **4 Any Finance Implications**

- 4.1 No direct financial implications resulting from this report.

#### **5 Any Legal Implications**

- 5.1 No direct legal implications resulting from this report.

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

#### **7 Appendices**

- 7.1 None.

# Scrutiny Planning 2023-24

## Proposed Arrangements

### Rationale and Impact

- Retain Eight O&S Committees retained but modified to address concerns in the present arrangements.
- Housing and Neighbourhoods OSC split into two separate Committees – Homes OSC and Neighbourhoods OSC to enable sufficient focus to be given to key issues identified by Members of Housing and Neighbourhoods O&S Committee.
- CWG legacy integrated across thematic O&S Committees, with the proposed Neighbourhoods OSC given a role in ensuring this objective.
- CWG OSC deleted. Arts and Culture split between Co-ordinating and Economy & Skills OSCs.
- Physical Activity, which under the present arrangements sits with CWG but is included in the present HOSC terms of reference through the health improvement and inequalities remit. The community aspects of physical activity are introduced into the terms of reference of Neighbourhoods OSC.
- Finance and Resources OSC maintains a focus on resources but finance scrutiny will need to be improved by building on budget scrutiny training delivered in December 2022.

Slightly reduces the number of O&S Committees to which Cabinet Members report (4 Cabinet Members reporting to 2 OSCs, 3 Cabinet Members reporting to 2 OSCs, 2 Cabinet Members reporting to 2 OSCs, 1 Cabinet Member reporting to 2 OSC: Total 20)

If there is more than one Cabinet Member identified to report to an O&S Committee, it may be possible for the Cabinet to identify a lead Cabinet Member to report to specific meetings after consultation with other relevant Cabinet Members – this to be agreed by individual O&S Committee chairs.





<ul style="list-style-type: none"> <li>- social cohesion and inclusion, equalities</li> <li>- third sector organisations and partner agencies contribution to social cohesion and equalities</li> <li>- refugees, migration and City of Sanctuary</li> </ul> <ul style="list-style-type: none"> <li>- open data</li> <li>- digital inclusion, data protection, cyber security</li> <li>- arts, museums and tourism</li> <li>- Library of Birmingham and community library services</li> <li>- promotion of the city's heritage and investment in the city.</li> </ul> <p>These functions include:</p> <ul style="list-style-type: none"> <li>- giving such guidance to the Overview and Scrutiny Committees in any cases of uncertainty as to work which they should or should not be undertaking, as may be necessary to achieve such co-ordination, including the allocation of "call-in" to the appropriate Committee</li> <li>- determining, in any cases of uncertainty, the allocation of responsibility for specific tasks between the Overview and Scrutiny Committees</li> <li>- ensuring (by means, for example, of issuing appropriate guidance and/or instructions) that the Overview &amp; Scrutiny Committees pay proper attention in their work to the consideration of key cross cutting issues, in particular equalities, transparency and improvement</li> <li>- overseeing the development and delivery of a balanced work programme of Scrutiny Committees using a range of scrutiny methodologies and reporting regularly to City Council</li> <li>- considering Overview &amp; Scrutiny development, working practices and constitutional arrangements.</li> </ul>		<p>Cabinet Member for Social Justice, community Safety &amp; Equalities</p> <p>Cabinet Member for Digital, Culture, Heritage &amp; Tourism</p>
<p><b>Economy and Skills OSC</b></p> <p>To fulfil the functions of an Overview and Scrutiny Committee as they relate to any policies, services and activities concerning:</p>		<p>Number: 3</p>



<p>The Overview and Scrutiny Committee dealing with education matters shall include in its membership the following voting representatives:</p> <ul style="list-style-type: none"> <li>- Church of England diocese representative (one)</li> <li>- Roman Catholic diocese representative (one)</li> <li>- Parent Governor representatives (two).</li> </ul>		
<p><b>Finance and Resources OSC</b></p> <p>To fulfil the functions of an Overview and Scrutiny Committee as they relate to any policies, services and activities concerning:</p> <ul style="list-style-type: none"> <li>- Council Business Plan and Medium Term Financial Plan/Budget</li> <li>- oversight of Council-owned land and property facilities, amenities and services including markets</li> <li>- overall financial direction within the Financial Strategy developed by the Leader, including Best Value and appropriate financial, accounting and audit controls and procedures</li> <li>- Business Charter for Social Responsibility</li> <li>- commercial opportunities available to the Council</li> <li>- Revenues and Benefits service</li> <li>- procurement management</li> <li>- contract management policy</li> <li>- management of all internal trading operations</li> <li>- commissioning approach that supports the Council's wider social objectives</li> <li>- collection of rent/recovery of rents from Council tenants/former tenants and overpayments of Housing Benefit from Council tenants</li> <li>- organisational development function for shaping the future workforce of the Council</li> <li>- change/transformational programmes deployed corporately</li> <li>- Member development programmes</li> <li>- processes and procedures to support good staff performance and equality objectives</li> <li>- human resources, staffing structures at JNC level and personnel procedures</li> <li>- oversight of the use of consultants with particular focus on their duration, renewal and cost.</li> </ul>		<p>Number: 3</p> <p>Leader</p> <p>Cabinet Member for Finance and Resources</p> <p>Cabinet Member for Social Justice, Community Safety and Equalities</p>

<p><b>Health and Adult Social Care OSC</b></p> <p>To fulfil the functions of an Overview and Scrutiny Committee as they relate to any policies, services and activities concerning:</p> <ul style="list-style-type: none"> <li>- Development of Health &amp; Well Being Board and relationship with NHS and private providers</li> <li>- social care services and safeguarding for adults</li> <li>- public health services</li> <li>- healthy living</li> <li>- 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: <ul style="list-style-type: none"> <li>• the appointment of Joint Overview and Scrutiny Committees with neighbouring authorities</li> <li>• 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.</li> </ul> </li> </ul>	<p>HOSC and Joint HOSC Statutory function.</p>	<p>Number: 1</p> <p>Cabinet Member Health &amp; Social Care</p>
<p><b>Homes OSC</b></p> <p>To fulfil the functions of an Overview and Scrutiny Committee as they relate to any policies, services and activities concerning:</p> <ul style="list-style-type: none"> <li>- Council Housing management services, repairs and maintenance programmes</li> <li>- Best use of housing stock across all housing providers</li> <li>- neighbourhood management initiatives and the housing growth agenda (Birmingham Social Housing Partnership)</li> <li>- private rented sector, licensing and regulation</li> <li>- tenancy engagement in the management and development of social housing and Housing Liaison Boards</li> <li>- exempt accommodation</li> <li>- Housing Options for vulnerable adults, children, young people and offenders</li> <li>- temporary accommodation provision</li> <li>- homelessness and rough sleeping</li> <li>- supply of homes to meet housing need.</li> </ul>		<p>Number: 2</p> <p>Cabinet Member for Housing and Homelessness</p> <p>Leader</p>

<p><b>Neighbourhoods OSC</b></p> <p>To fulfil the functions of an Overview and Scrutiny Committee as they relate to any policies, services and activities concerning:</p> <ul style="list-style-type: none"> <li>- collection and removal of waste from residential and other properties within the city</li> <li>- pest control</li> <li>- street cleansing, litter prevention, fly tipping/placarding removal and enforcement, graffiti removal, scrap yard and motor salvage operator enforcement</li> <li>- parks and allotments</li> <li>- local events held in parks</li> <li>- community safety, anti-social behaviour, fear of crime, support for victims of crime</li> <li>- relationships with Police &amp; Crime Commissioner and West Midlands Police</li> <li>- youth offending</li> <li>- domestic abuse</li> <li>- cemeteries and crematoria, mortuary and Coroners Court services, Register Office services</li> <li>- Local Development Plans, Neighbourhood Plans, Development Briefs, localisation</li> <li>- Commonwealth Games Legacy Framework (with the Leader).</li> </ul> <p>This Committee shall be the Crime and Disorder Committee (Police and Justice Act 2006). Birmingham City Council Constitution Part B Roles, Functions and Rules of Procedure May 2022 B11 Overview and Scrutiny Committees.</p>	<p>Statutory Function: CDRP / CSP Scrutiny</p>	<p>Number: 4</p> <p>Cabinet Member for Environment</p> <p>Cabinet Member for Social Justice, Community Safety and Equalities</p> <p>Leader</p> <p>Cabinet Member for Digital, Culture, Heritage and Tourism</p>

<b>Sustainability and Transport OSC</b>  To fulfil the functions of an Overview and Scrutiny Committee as they relate to any policies, services and activities relating to: <ul style="list-style-type: none"> <li>- sustainable transportation policy and programmes, projects and initiatives</li> <li>- strategic highways matters</li> <li>- maintenance of roads and streets, traffic management and car parks and enforcing rights of way</li> <li>- cooperation with the WMCA and Mayor in relation to the key route network</li> <li>- an Air Quality Strategy for Birmingham</li> <li>- a financially and environmentally sustainable waste strategy</li> <li>- a robust re-use and recycle strategy</li> <li>- a strategy for sustainability, liveability and environmental improvements</li> <li>- city-wide and national policy development to tackle the causes and consequences of climate change.</li> </ul>		Number 2:  Cabinet Member for Transport  Cabinet Member for Environment

# Birmingham City Council

## Health and Adult Social Care Overview and Scrutiny Committee

Date 6 June 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 (3:1:1) 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 (3:2) 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.



## BIRMINGHAM CITY COUNCIL

## HEALTH AND SOCIAL CARE O&S COMMITTEE

## PUBLIC MEETING

**Tuesday 18<sup>th</sup> April 2023. Committee Rooms 3 & 4, Council House, Victoria Square**

### Minutes.

#### Present

Councillor Mick Brown (Chair)

Councillors: Kath Hartley, Rob Pocock, Julian Pritchard, Paul Tilsley, Jan E Jones and Kirsten Kurt-Elli.

#### Also Present:

David Melbourne, CEO, Integrated Care Board, NHS Birmingham and Solihull

Andrew Dalton, Screening and Immunisation Lead, Vaccination and Screening; NHS England– Midlands.

Timsey Deb, Head of Service, Ops and Partnership, Adult and Social Care.

Michael Walsh, Head of Service - Commissioning, Adult and Social Care.

Kate Woolley, Director of Immunisations and Vaccinations, NHS Birmingham & Solihull

Leon Mallet, Head of Immunisations and Vaccinations, NHS Birmingham & Solihull

Chris Baggott, Service Lead, Health Protection, 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 recorded and subsequently broadcast via the Council's meeting You Tube site [www.youtube.com/channel/UCT2kT7ZRPFCXq6\\_5dnVnYlw](https://www.youtube.com/channel/UCT2kT7ZRPFCXq6_5dnVnYlw) and that members of the press/public could record and take photographs except where there were confidential or exempt items.

### 2. APOLOGIES

Apologies from Councillor Gareth Moore.

### 3. DECLARATIONS OF INTEREST

There were none.

### 4. ACTION NOTES/MATTERS ARISING

The Action Notes of the last Health and Social Care Overview and Scrutiny Committee (HOSC) meeting held on 14<sup>th</sup> March were noted.

#### RESOLVED

That the minutes of the meeting held on 14<sup>th</sup> March be approved as a correct record.

### 5. HEALTH AND SOCIAL CARE OVERVIEW & SCRUTINY COMMITTEE ACTION TRACKER

It was noted that 11 items from the Action Tracker need to be followed up and updated by the end of the present Municipal Year.

A Cabinet Briefing for HOSC members on the Days of Opportunities Cabinet report is scheduled for Thursday 20<sup>th</sup> April.

### 6. INTEGRATED CARE SERVICES REPORT.

The committee received the presentation of a report from David Melbourne, Chief Executive of the Integrated Care Board (ICB) on the Integrated Care Partnership 10-year strategy; *'A Bolder, Healthier Future for the People of Birmingham and Solihull'*. The following key points were highlighted: -

- This is the Integrated Care Partnership strategy and not an NHS one. There is a requirement for the Partnership by the Health Act.
- There was significant partnership engagement behind the strategy, particularly with the Birmingham Voluntary Services Partnership.
- A key priority of the strategy is to improve life expectancy in Birmingham and Solihull at birth and at 65 years of age, as well as for those living with disabilities, and those from ethnic minorities and other deprived groups. Focus is also to tackle inequalities that impact on life expectancies.
- There are five key drivers: Circulatory Diseases, Infant Mortality, Respiratory Disease, Cancer and Mental Health
- A clear metrics dashboard will be in place to measure progress against the strategy. This could be monitored on an annual or 6-month basis. This may something for the HOSC to consider for the Work Programme for 23/24.
- Place Committees are established as part of the delivery infrastructure and act as sub-committees of the ICB, making sure care is delivered and systems are working together. There is a Place Board in Solihull and another one in Birmingham
- £25m from the Fairer Futures Fund has been set aside to drive neighbourhood engagement through the Integrated Neighbourhood Teams and support the voluntary sector in ensuring vital engagement work.

- Professor Graeme Betts chairs the Place Boards and meets regularly with the ICB.

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

- In relation to why it is an officer and not an elected representative that chairs the Place Boards, the officer leading on this work will report directly to him in ensuring operational and strategic delivery of outcomes, and the work is part of existing governance structures
- In terms of localities and neighbourhoods, the Place Boards are vital in driving forward our work in ensuring delivery of appropriate services to local communities
- In terms of measuring performance against the West Midlands average, given where the ICB is, this is a challenge. The ICB are currently 42<sup>nd</sup> out of the 42 ICBs in terms of health inequalities, so had to be realistic in terms of where ICB.
- The Board is keen to invest in more initiatives focusing on a preventative approach and to use some of the Fairer Futures Fund for these.
- In having a specific target for health inequalities, Mr Melbourne will come back to HOSC on this
- There is a real shortage of mental health beds. We are working hard to increase this.
- In terms of developing local mechanisms in engaging with communities and tackling health inequalities, the HOSC Committee may want to consider having oversight of how the Place Committees are utilising the Fairer Futures fund on this work.
- On the use of the phrase 'disability free', this will be looked at again and propose appropriate terminology. There will be ongoing dialogue with HOSC to ensure the strategy is relevant to people's diverse situations
- In terms of localisation of health services, this will be driven from the citizens perspective at a local level. This is the vision for the strategy.
- In relation to mainstreaming the preventative service in Solihull to other areas, Mr Melbourne will get back to the HOSC on what plans there may be for this to happen. This may form part of a wider discussion on more resource into mainstreaming preventative work
- In relation to health indicators for homeless communities, there is currently none in place, but this will be taken back to Justin Varney, Birmingham City Council's (BCC) Director of Public Health, to look at as part of the strategy.
- The Food strategy is being looked at as a partnership with the Health and Wellbeing Board as diet and obesity is recognised as a key determinant to tackling health inequalities

- Although there was good engagement, more engagement could have been made to bring other voices such as the HOSC into the development of the strategy.

**RESOLVED:**

- That the report is noted.

## **7. IMMUNISATION REPORT UPDATE.**

Chris Baggott, Service Lead, Health Protection, Public Health and Kate Woolley, Director of Immunisation and Vaccination Birmingham and Solihull (BSol) NHS trust introduced the follow-up paper from the February HOSC meeting on the local immunisation system. Key highlights are:

- Public Health performs 3 key roles in the local immunisation systems; to provide assurance, support relevant activities, and to challenge existing plans
- In terms of 'Assurance', this function is with the Health Protection Forum (HPF), a sub-forum of Birmingham's Health & Wellbeing Board (HWB) consisting of various partners such as UK Health Security Agency and NHS Lead Commissioners. The Forum meets monthly and reports quarterly to the HWB. Public Health works closely with partners through the HPF which will allow for scope for improvements to ensure Birmingham residents are protected from vaccine preventable disease.
- The 'Challenge' function ensures that Public Health acts as a 'critical friend' in highlighting areas of improvement to ensure there is movement in the right direction in tackling inequalities
- The 'Support' function is where Public Health supports immunisation activities focused in increasing uptake in Covid, Flu and Child & Adolescent vaccination
- There is a diagram in the report on the structure of the roles and responsibilities within the immunisation system (a larger format of this is available to share on request).

At this point, Chris Baggott handed over to Kate Woolley, Director of Immunisation and Vaccination, NHS BSol, Andrew Dalton, Screening and Immunisation Lead, Vaccination and Screening, NHS England– Midlands and Leon Mallet, Head of Immunisations and Vaccinations, NHS Birmingham & Solihull, to present the paper on NHS responsibilities. Key points highlighted are:

- NHS England is moving towards the delegation of their Section 7a responsibilities for a range of services including immunisations and vaccinations
- The Immunisation and Vaccination programmes works as a collaborative process with a range of NHS providers
- In 12 months, the system has worked well in focusing on wards and communities where there are high levels of inequalities and a lower uptake of vaccinations, including MMR uptake to pre-pandemic levels

- The system partners are working towards addressing health literacy concerns for ages 0-3 uptake on vaccinations

Kate Woolley provided further outline of key programme activities. Key highlights are:

- The programme is supported by a strong governance structure that is focused on working collaboratively across all local partners and with NHSE as commissioners to strengthen our service offer in strengthening functions and systems.
- Currently, the covid spring booster is in place and this is likely to be the final spring booster offer. An autumn winter programme will become the business-as-usual annual offer. Nationally, the reduction in funding for all systems has been over 60% between March 2022 and March 2023.
- We have access to real time information on covid which is providing the ability to adapt plans as required, enabling the system to better target efforts across high need populations.
- NHSE runs a system know as CHIS (Child Health Information System) which produces access to information on appointments and screening across a range of organisations and professionals to help monitor uptake.
- Locally BSol is working closely with local digital teams on access to real-time information from GP practices to help target specific needs among citizens and their children.
- Key priority is on improving vaccination uptake among children 0-5 years of age and with a particular focus on inception vaccinations and MMR.
- Concerns remain on high number of people not vaccinated for Covid. There are 470,000 people across the geographies who are yet to have the first two Covid vaccinations.
- In terms of emerging issues, the programme has responded proactively with partners BCC/UHB/Birmingham LGBGT for having a system level response using the SVOC to deal with the threat of diseases such as Monkey pox, and to protect groups such as asylum seeker and migrants in our communities from diseases like diphtheria. We have also responded via BCHC to Hepatitis A outbreaks in two schools.
- One of the most important parts of work this year is promoting equity, and we continue to develop positive partnerships at local level with the communities we serve with a particular focus on low uptake wards.
- Through the Systems Operations Centre, BCC Councillors are regularly updated on locations of where mobile pop-up vans will be, and this will continue throughout the Spring programme which ends on 30<sup>th</sup> June. The autumn winter programme commences at the beginning of September
- Working hard to dispel the myths around vaccine related information and listening to and supporting local people to understand the facts – providing health literacy information through trusted sources and local partners and community leaders.

- .

Kate Woolley introduced Leon Mallet who provided key highlights from the immunisation and vaccinations data report:

- BSoL Trust is within the top 80% of the national profile. However, we still have work to do to bridge the gap among black African, black Caribbean, Pakistani and Bangladeshi communities.
- Our mobile pop-ups vaccination offers are there for all and seeking those who are in IMD 1-3 populations. We are seeing relative success and we continue to work hard at increasing awareness and uptake.
- We have had some challenges on uptake among frontline social care and healthcare staff. We are benefitting from support of council colleagues to help promote positive uptake particularly among groups of staff caring for the most vulnerable.
- There has been shifts in behaviour among residents. We have ensured that community pharmacy provision is closer to home for all and accessible. Local Primary Care groups also provide access to vaccinations.
- For Children and Adolescents – we took our ten biggest queues in 2021 and through to January this year, there was reduction of queues overall by almost 1000 slots from a queue of 1900. There is ongoing work with practices both individually and collectively through 'The-Queue' Project to share good approaches and produce a local handbook for all practices to apply the learning and maintain good access to vaccination appointments to help continued improvement.

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

- On social and healthcare staff vaccination uptake, tactical marketing approaches are being developed in targeting those not vaccinated yet, through in-reach and outreach engagement such as targeting key wards. We have offered frontline staff in Trusts vaccinations on site and at night as a roving offer, such as going through wards, and offering vaccination at nights. Frontline staff uptake is still a concern, so work is ongoing on engaging staff around their civic duty.
- There is the need to provide accurate and timely information to counter the misinformation primarily from social media. The aim is to reduce the level of risk by reducing the high number of those who are yet to be vaccinated by at least 50% and continue to allay fears among vulnerable communities.
- The Trust is working with and supporting professionals within the sector to be strong advocates for vaccination among communities they regularly interact with on the benefits of immunisation and vaccinations. We are also working with local community groups to improve community trust.
- BSoL as a system is regularly engaging with vulnerable groups including those who are homeless, those with serious mental illness and learning disabilities, as well as those suffering from addiction. They are constantly on the radar of

outreach services going across the city seeking to protect people who have not had initial vaccinations for COVID and flu.

- In terms of linking postcodes of patients who may been vaccinated, to locations where they were vaccinated, there is no way of having access to this data. What can be shared is uptake data on either a lower super output area or a ward, which will only provide what the rate of vaccination is.
- Information and feedback on uptake through our mobile offer can be shared. Numbers of vaccinations through this offer is generally much lower as it is working in low uptake locations
- The national booking site is available for people to book appointments although this medium may not be appropriate for all. There are some walk-in sites available which may not require appointments.
- There are good working relationships with pharmacies in localities, in making vaccinations accessible. There is support in ensuring there is a high number of pharmacies within 5- or 10-minutes' walk of where people live across both geographies.
- In response to cultural sensitivities, there has been intensive efforts to reach those groups who have particularly low uptake, Bangladeshi, Pakistani, Black, African, Black Caribbean, Arabs. Focus on these groups has been positive particularly over the autumn winter programme. Close links have been developed with community leaders in engaging with these groups.
- There is support for pharmacies who can deliver the expected volumes as a minimum level per week which is fifty. Unfortunately, we are unable to continue to support those not able to meet the expected volumes on the programme.
- Bank staff are working with the Trust to deliver programme of engagement and awareness on the programme. This approach also allows the Trust to support local people on Bank staff into jobs in the health and social care sector
- In terms of uptake, whilst the position is average, there will be some locations across the city and in Solihull where the average rate would have been exceeded and there will be other places that did not. Addressing the issues where there is the lowest uptake is our priority.
- Specifically on MMR vaccine, we cannot yet confirm the basis for the significant improvement in the three nationally reported vaccinations we continue to closely monitor the ongoing results against our improvement efforts. That is why we need local real-time extraction of data, so that the programme is more responsive to information and intelligence.
- The Trust is working closely with Health Protection Forum and Health and Well-being Board on conversations on health and well-being rather than only vaccinations.

**RESOLVED:**

- That the reports submitted are noted by Committee

At the stage, the Chair proposed that the meeting be extended by half an hour to allow for time on other items to be presented. Members agreed.

#### **8. STAYING INDEPENDENT AT HOME ADAPTATION AND IMPROVEMENT SERVICE PROCUREMENT STRATEGY.**

Timsey Deb, Head of Service, Ops and Partnership, Adult and Social Care (ASC) and Michael Walsh, Head of Service - Commissioning, ASC, gave an update on the recent cabinet decision. Some of the key points highlighted are:

- The Staying Independent at Home policy was approved by cabinet in March 2022.
- The policy allows BCC to use the Disabled Facilities Grant in a more flexible way enabling the use of discretionary assistance and simplifying support and accessibility for citizens.
- Citizens were engaged and involved in co-producing the policy.
- Assessment of needs and decision making will continue to be BCC's responsibility
- Service objectives and values focused on meeting overall health and well-being of citizens and ensuring high quality care. Citizens will be appropriately involved in shaping the delivery of outcomes to meet their needs.
- Service delivery contract with providers is for 5 years with possibility of a 2-year extension subject to performance and budget availability.
- Delivery is scheduled to commence from January 2024

In response to member questions, the main points made are:

- There is expectation for providers to deliver service contracts in line with conditions related to contract and ensuring efficiency
- One of the current challenges for the council is management of workforce capacity across the range of providers. However, with this contract the risk and obligation will be on the lead provider to do that.
- In terms of procurement of local providers to deliver the contract, at least ten local sub-contractors will be contracted to deliver up to 50% of the service. However, BCC is bound by procurement legislation which means that we cannot exclude non-local providers from the opportunity to bid. BCC is continually focused in supporting the local economy in procurement opportunities.
- In terms of cost-of-service delivery, the social value aims and objectives relating to the service and policy will take compliance and costs into consideration. Difficult to go into full details because it is still a live tender.
- In terms of performance on delivery and reaching target groups effectively, the service will have clear KPIs to help monitor performance and progress.



**RESOLVED:**

- That the Committee note the contents of the report and appendices for information

**9. WORK PROGRAMME 2022/23 REVIEW**

The report provides details of the scrutiny work programme 2022/23 and members were asked to consider review of the committee's work in 2022/23 and agree on any item to be taken forward into the next Municipal year 23/24. Members agreed to feedback to officers by email. Main points highlighted that members may want to consider for next year are:

- Children & Young People Mental Health enquiry – Task and Finish Group to continue with the work and consider emerging issues.
- ICS 10-year strategy and 5-year forward plan. To identify issues and key areas of work to consider for scrutiny and include next year's work programme.
- Immunisation and vaccinations – may want to keep abreast of the programme and add value as a committee and monitor any recommendations from previous inquiries.
- Performance management information on Adult and Social Care – to continue to explore and monitor next year.
- Consider and review statutory role of HOSC in relation to any substantial variations of development in service that come through from the NHS.
- JHOSC ongoing work – UHB reviews coming up, and exploring emerging issues such as workforce planning

In response to member comment on draft reports from cabinet to be brought to HOSC, the Chair acknowledged that officers are usually in conversations with colleagues and the challenge is sometimes having partner agencies to respond within required timescales to attend meetings. The aim will be to have a more flexible work programme to accommodate other new items for consideration.

**RESOLVED:**

- That the Committee note the contents of the report for information and review

The Chair noted that it this is the last meeting of this municipal year and thanked members for their contributions.

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

None.

**11. OTHER URGENT BUSINESS**

**12. 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.

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The meeting ended at 12.49 hours.

## **HEALTH & SOCIAL CARE O&S COMMITTEE ACTION TRACKER 2022/23.**

<b><u>DATE OF MEETING</u></b>	<b><u>ACTION</u></b>	<b><u>UPDATE</u></b>
19/7/22	<b><u>Q4 ADULT SOCIAL CARE PERFORMANCE MONITORING 2021-22</u></b> <ul style="list-style-type: none"> <li>• Councillor Pocock's suggestion of a new indicator which measures the length of time from when someone is discharged and the wait before a care package is in place. Andrew Marsh agreed to look at trying to capture that information and would let me know how this was being progressed.</li> <li>• Maria to confirm which HOSC meeting would be best for you to report detailed constituency level data on an annual basis?</li> <li>• Cllr Brown would like to take up your offer of bringing a Safeguarding Lead to the 20<sup>th</sup> September meeting.</li> </ul>	Constituency data will be reported 14 March meeting.
19/7/22	<b><u>HEALTHWATCH BIRMINGHAM ANNUAL REPORT 2021-22</u></b> <ul style="list-style-type: none"> <li>• The Day Opportunities report which is due to be published by end of July be forwarded to members before the informal briefing on 16<sup>th</sup> August.</li> <li>• Circulate the Healthwatch England report dentistry.</li> </ul>	Circulated 16/8/22
20/9/22	<b><u>REPORT OF THE CABINET MEMBER FOR HEALTH AND SOCIAL CARE</u></b> <ul style="list-style-type: none"> <li>• Professor Graeme Betts to provide a copy of the 'Winter Pressures' report that was presented to the ICB.</li> </ul>	Briefing note circulated on 12/10/22.
20/9/22	<b><u>TACKLING PERIOD POVERTY AND RAISING PERIOD AWARENESS TRACKING REPORT</u></b> <ul style="list-style-type: none"> <li>• A meeting is set up between Councillor Brown and the Chair of the Education and Children's Social Care OSC, Councillor Kerry Jenkins, to discuss a joint piece of work to ensure that the tool kit that the public health team is developing is rolled out across schools, including non-local authority schools and faith schools, and that female and male staff in schools are provided with the information and resources.</li> <li>• Monika Rozanski to provide a breakdown of male and female staff who attended the event at George Dixon Academy.</li> </ul>	<p>Meeting took place on 4/10/22.</p> <p>Email sent 9/11/22.</p>

18/10/22	<b><u>ACTION NOTES/MATTERS ARISING</u></b> <u>Outstanding Action 19/7/22</u> Andrew Marsh to provide a briefing on the process and causes of a failed discharge i.e. is it due to the hospital or social care and how significant the problem might be. Andrew to advise whether written or informal briefing. Email sent 24/10/22.	Briefing on 15/11/22.
18/10/22	<b><u>FORWARD THINKING BIRMINGHAM</u></b> Further detail required on:- <ul style="list-style-type: none"> <li>• age/distance of young people being placed out of area and the trajectory for reducing that.</li> <li>• the number of weeks a patient has to wait before treatment starts.</li> <li>• Further information requested. See FTB Further Information Requested document in committee file.</li> </ul>	Email sent on 25/10/22
18/10/22	<b><u>INFANT MORTALITY TRACKING REPORT</u></b> A copy of the 22 <sup>nd</sup> March 2022 report to the Health and Wellbeing Board is circulated.	Email sent on 25/10/22
18/10/22	<b><u>AN UPDATE ON FUTURE ARRANGEMENTS FOR ADULT SOCIAL CARE PERFORMANCE MONITORING</u></b> Merryn Tate to provide a table that depicts the alleged type of abuse/neglect to the location where it has taken place.	Circulated on 21/11/22.
22/11/22	<b><u>BIRMINGHAM AND SOLIHULL INTEGRATED CARE SYSTEM TEN-YEAR STRATEGY</u></b> <ul style="list-style-type: none"> <li>• That a note is provided on what long-Covid services are available in Birmingham.</li> <li>• Provide a note on the membership of the ICS Partnership, ICS Board and Place Board.</li> <li>• A further update to be scheduled on the work programme early in the new year.</li> </ul>	Circulated 12/1/23

22/11/22	<b>SUBSTANCE USE: BIRMINGHAM'S ADULT TREATMENT SERVICES</b> <ul style="list-style-type: none"> <li>To provide information on the association between people living in HMOs and exempt accommodation and in treatment for drug and alcohol abuse by Wards.</li> <li>CGL to provide information regarding the training that has been given to housing providers.</li> </ul>	Circulated 31/1/23
20/12/22	<b>ADULT SOCIAL CARE QUARTERLY PERFORMANCE REPORT</b> <ul style="list-style-type: none"> <li>That the information requested in relation to the adult social care precept would be obtained and circulated to Members.</li> <li>That the new measures on discharges would be followed up with Andrew Marsh.</li> </ul>	Circulated 5/1/23  Informal briefing 27/1/23
24/1/23	<b>ADULT SOCIAL CARE REFORMS</b> <ul style="list-style-type: none"> <li>Take stock of the 'Financial Position' early in the next municipal year.</li> </ul>	
24/1/23	<b>APPROVED MENTAL HEALTH PROFESSIONAL</b> <ul style="list-style-type: none"> <li>To provide information on how many occasions people have been refused admission to hospital from a private provider.</li> <li>Joanne to forward a copy of the latest AMHP report for circulation.</li> </ul>	Verbal update from the Chair at 21/2/23 meeting. Circulated 31/1/23
21/2/2023.	<b>BIRMINGHAM SEXUAL HEALTH SERVICES – UMBRELLA</b> <ul style="list-style-type: none"> <li>Provide further clarification about why the contract spend per head of population was above the mean average compared to other core cities, but Birmingham was ranked in the lower part of the performance table.</li> <li>Review online testing kit process for heterosexual men in relation to not being offered a clinical appointment at Umbrella based on their responses.</li> </ul>	Paper with responses from ASC Commissioning team shared with members.

13/3/2023.	<p><b>Q3 ADULT SOCIAL CARE PERFORMANCE MONITORING</b></p> <ul style="list-style-type: none"> <li>• An update on current review of Day Centre visits will be provided to inform members on how this is being done: <i>Cabinet briefing held 20<sup>th</sup> April which provided update on decision. Further update to be provided at future meeting.</i></li> <li>• Safeguarding information and number of enquiries on this will be circulated to members  <b>Response:</b> <i>A total of 12,953 adult safeguarding referrals were received by Birmingham City Council Adult Social Care (ASC) directorate in the 22/23 municipal year. This is a higher number of referrals than have been received in previous years, with quarters 2 and 4 being notably busier than in 21/22.</i></li> </ul>	Updated provided May 2023.
18/4/2023	<p><b>ICS REPORT</b></p> <ul style="list-style-type: none"> <li>• Target for Health Inequalities in the 10-year strategy: <i>To come back to HOSC: A dashboard with targets is in its final development.</i></li> <li>• :</li> <li>• The phrase 'disabled free' to be looked at again and come back to HOSC with appropriate wording : <i>Disability-free life expectancy is defined as the average number of years a person aged 'x' would live disability-free (no limiting long-term illness) if he or she experienced the area's age-specific mortality and health rates throughout their life.</i></li> <li>• Health indicators for homeless people data: <i>Homeless people are included in the inclusion health groups as defined by NHS England and the metrics are set out on p30.</i></li> </ul>	Updates provided by Justin Varney May 2023 and circulated to members.

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# Birmingham City Council

## Health and Adult Social Care Overview and Scrutiny Committee

Date 6 June 2023



**Subject:** Delivering Effective and Flexible Scrutiny.

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

**Report author:** Fiona Bottrill, Overview and Scrutiny Manager.

### 1 Purpose

- 1.1 To consider how the Health and Adult Social Care Overview and Scrutiny Committee will develop a flexible and effective work programme for 2023/24.

### 2 Recommendations

- 2.1 To note the development of a flexible and effective work programme for 2023/24 as developed by members of the Coordinating Overview and Scrutiny Committee in the last Municipal year 2022/23 (ref: Appendix 1).

### 3 Any Finance Implications

- 3.1 No direct financial implications resulting from this report.

### 4 Any Legal Implications

- 4.1 No direct legal implications resulting from this report.

### 5 Any Equalities Implications

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

- 5.2 The 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.

## **6 Appendices**

- 6.1 Appendix 1 – A More Flexible, Effective Scrutiny Function for 2023/24.

## A MORE FLEXIBLE, EFFECTIVE SCRUTINY FUNCTION FOR 2023-24

In April 2021, the City Council adopted an Overview & Scrutiny Framework document that set out a vision for Overview & Scrutiny in Birmingham.

**“To ensure effective democratic accountability and oversight of the Council’s executive. This will be achieved by a Member-led Scrutiny function which is held in high regard by its many stakeholders and which adds value for the people of Birmingham.”**

**“To achieve this, Scrutiny will follow the nationally agreed ‘Four Principles of Good Scrutiny’:**

- **Amplify public voice and concerns;**
- **Drive improvement in public services;**
- **Provide constructive ‘critical friend’ challenge; and**
- **Be led by ‘independent minded people’ who take responsibility for their role.”**

**“Scrutiny must add value and not duplicate the other forms of performance management, review or inspection. .... that Scrutiny is involved in a timely manner, at a point where the outcome can be influenced, to ensure involvement is meaningful.”**

The framework document recognised that:

**“Creating a strong organisational culture that recognises the critical role of an independent Scrutiny in the governance process is essential to adding value and creating efficient and effective services.”**

**“Scrutiny should be well planned and timely.”**

Unfortunately, Scrutiny has not always delivered on these goals and in its relationship with the Council’s executive (i.e., Cabinet) and the Chief Executive’s Senior Leadership Team – Scrutiny has not always been held in equal respect. For some years, Overview & Scrutiny has pursued very few issues that have contributed significantly to the thinking and actions of the Council’s Cabinet and the Chief Executives senior management team. We have not always been enabled to deliver on the aspirations set out in the O & S Framework document.

As we move into the 2023–24 municipal year, the roles and responsibilities must be clear:

**“Overview & Scrutiny Chairs are responsible for leading and co-ordinating the work the Scrutiny Committee so that Scrutiny functions in a positive, constructive and non-partisan manner. Overview and Scrutiny members must contribute time and effort to both the development and the carrying out the Scrutiny work programme ..... .**

So, in adopting their responsibility, the present Co-ordinating O & S members are putting forward a number of suggestions that will improve the way in which Scrutiny Committees function, learning from their own experiences in 2022-23.

## **1. Remit of Overview & Scrutiny Committees**

The remit and workload of committees is uneven. Particularly, the remit of the Housing & Neighbourhoods and Health & Social Care Committees is much larger than that of other committees.

In a separate document, Scrutiny Planning 2023/24, the present Co-ordinating O & S members have reviewed the terms of reference of Scrutiny Committees and are recommending arrangements for 2023-24 that will ensure that the workloads of the committees are more evenly balanced and, in part, better aligned with the remits of Cabinet Members. Co-ordinating O & S will consult further over the next 6 months on further changes to the structure and operation of Scrutiny.

## **2. Engagement with Cabinet Members**

In the current Scrutiny structure, most Cabinet Members attend multiple committees to report on their activities and policies – with some Cabinet Members being asked to attend three or four separate Scrutiny committees. This takes up a considerable portion of the time allocated to committee meetings and requires an equally considerable time commitment by Cabinet Members and the officers that support them. Moreover, many of these reports do not lead to Scrutiny added value or impact as the reports are presented for information and noting.

A Cabinet Members should only be in formal attendance when deemed necessary by the relevant Scrutiny Chair.

There will be occasions when an Overview & Scrutiny Committee will wish to receive an update report on a specific policy or initiative at a scheduled meeting of the committee, to allow members to publicly consider the appropriateness of that policy or initiative to the Council's Corporate Plan and the challenges faced by the Council – a recognised part of the role of Scrutiny. Also, these update reports could be scheduled at the request of the Cabinet Member so that Scrutiny is involved in a timely manner.

These opportunities should arise from regular dialogue between a Cabinet Member and the relevant Scrutiny Chair; and always with the intention that the Scrutiny committee should be adding value through its engagement with the Cabinet Member.

A Cabinet Member may wish to issue directly to members of an Overview & Scrutiny Committee a briefing note to provide members with background information, especially important at the start of the municipal year as some committee members may not have knowledge of plans and strategies being pursued by the Cabinet/Council.

Furthermore, it should be incumbent on a Cabinet Member to advise a Scrutiny Chair, in a timely manner, of a report being taken to Cabinet when the Scrutiny Chair is listed as the relevant Scrutiny Chair, or of a report being placed on the Forward Plan.

### 3. Meeting arrangements

For years, Scrutiny committees have met in formal, structured public meetings, mostly monthly. Some flexibility in meeting arrangements could bring advantages, particularly if Scrutiny members are being engaged in the other work of the committee – such as a Task & Finish Group.

Initially at the start of the municipal year, through informal meetings or workshops, members could identify a ‘menu’ of issues (including policy development, policy review, issues of accountability, statutory functions, voice of the public, ..... ) as the potential work programme of that committee – meeting with the Cabinet Member(s) to ensure the list of issues would be welcomed by them. The list would be a ‘menu’ from which topics could be selected for consideration by the committee or a Task & Finish Group. The committee would regularly review the ‘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.

At the June meetings, each Committee will consider information including key data from the City Observatory, information from Corporate Performance reports, Cabinet Member and directorate priorities and issues recommended or carried forwards from the previous scrutiny work programmes to inform the initial menu of topics for the work programme for the year.

Aspects of the work programme would be assigned<sup>1</sup> to scheduled (public) meetings of the committee or a more limited number of members that might take evidence from a number of witnesses, whilst other issues could be assigned to Task & Finish Groups set up by the committee - with these groups meeting in public or private sessions as required, enabling the committee to focus on specific matters throughout the year as appropriate and without unnecessary delay.

Whilst scheduled meetings of the committee would rely primarily on resources available through the Scrutiny Office, other Scrutiny activities could be supported by resources from elsewhere in the Council – as successfully achieved this year by the Customer Services Programme and Homes for Ukraine Task & Finish Groups set up by the Co-ordinating O & S Committee.

A Task & Finish Group or other sub-committee arrangements would include members from different political groups – but not necessarily politically balanced, and would have Terms of Reference, setting out aims, methodology and timescale, agreed by the sponsoring committee and would have to report back to that committee with a final report. The sponsoring committee could also determine whether a Task & Finish Group could include non-executive members from beyond the committee to draw on other members’ interest and experience, but there would be a limit on the number of co-options to prevent a Task & Finish Group from becoming ineffective.

It may be appropriate for a Scrutiny report of significant importance to be reported directly to Council rather than via the Scrutiny Business Report to Council three times a year. Such requests would need to be directed to the Council Business Management Committee.

<sup>1</sup> <https://cfigs.org.uk/wp-content/uploads/Work-Programming-FINAL.pdf>



# Birmingham City Council

## Health and Adult Social Care Overview and Scrutiny Committee

06 June 2023



**Subject:** Developing the Overview and Scrutiny Committee Work Programme

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

**Report author:** Fiona Bottrill, Overview and Scrutiny Manager  
[Fiona.bottrill@birmingham.gov.uk](mailto:Fiona.bottrill@birmingham.gov.uk)  
 07395 884487

### 1 Purpose

- 1.1 This report provides information for the Health and Adult Social Care Overview and Scrutiny Committee to consider in developing their work programme for 2023-24. It identifies potential issues for the Committee to explore and sets out the range of scrutiny methods which could be adopted.
- 1.2 The report refers to the relevant Cabinet Member Priorities and forthcoming decisions; issues recommended to be carried forward from the 2022-23 Overview and Scrutiny work programme, which are specific to this Committee's remit; and tailored high level summary from the City Observatory and Programmes, Performance and Improvement Division.

### 2 Recommendations

- 2.1 That the Committee:
  - Notes the information set out in Appendices 1-3 and identifies a menu of topics for the Committee to explore over the coming year.
  - Confirms, subject to further input from the Chair and Deputy Chair outside of the meeting, items for the Committee meeting in July
  - Agrees the issues that the Committee will consider during September – October 2023, the proposed aims and objectives and the preferred method of scrutiny.
  - Notes that a draft work programme will be presented to the Committee meeting in July for consideration and approval

- 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.
- The Committee appoints members of the Task and Finish Group for the Children and Young People's mental health Inquiry

### 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.

### 4 Developing the Work Programme 2023-24

- 4.1 The document on developing flexible and effective scrutiny, that is considered as a separate agenda item at this meeting, describes a revised approach to work programme development. It proposes that the Committees identifies a 'menu' of issues (including policy development, policy review, issues of accountability and statutory functions) at the start of the year. The Committee should then regularly review the '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.



- 4.2 There are a range of ways to undertake scrutiny. This new approach will enable 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.
- 4.3 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 fits more closely the “overview” aspect of the Scrutiny function and has 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.
- 4.4 Appendix 1 outlines the outstanding items from the Overview and Scrutiny work programmes 2022-23, which relate to the remit of this Committee.
- 4.5 Appendix 2 sets out the current Cabinet Member priorities and pending decisions, which relate to the remit of this Committee.
- 4.6 Appendix 3 provides a high-level summary of:
- The strategic and organisational context, including the Corporate Plan 2022-26, city and citizen outcome indicators and a summary of external factors impacting on the remit of the committee.
  - A summary of key performance indicators and delivery milestones against Corporate Plan priorities, and directorate priorities for 2023/24 relevant to the remit of this Committee
  - Transformation and improvement activity relevant to the remit of this committee.
- 4.7 Altogether this information suggests potential topics for the Committee to consider when determining a work programme for 2023-24. The Committee is advised to consider where it can best add value through scrutiny.
- 4.8 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 could 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.

4.9 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; 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: Work Programme Mapping  
Appendix 2: Cabinet Member Priorities and Forthcoming Decisions  
Appendix 3: Corporate Priorities, Performance and City Outcomes

## **9 Background Papers**

- 9.1 [Birmingham City Council Constitution](#)  
9.2 Birmingham City Council Overview and Scrutiny Framework April 2021



## **Physical activity and healthy living for people of all ages and abilities**

- Working collaboratively through the statutory Health and Wellbeing Board to deliver our shared strategy to Create a Bolder Healthier Birmingham and support our key partners in their strategic work to improve the lives of the people of Birmingham.
- Building on the legacy of hosting the Commonwealth Games to improve health and wellbeing through launching a new physical activity strategy for Birmingham underpinned by a refreshed Sport strategy and Active travel plan and the City of Nature delivery plan.
- Implementing the co-produced Birmingham Food Strategy to create a healthier, affordable, safe and sustainable food system for the city, and champion work to address food injustice and food security.
- Working to reduce deaths and overdoses from alcohol and drugs and work to ensure that people with substance addictions have access to the support that they need in line with the Triple Zero strategy.
- Deliver the commitment to address the issues raised in the BLACHIR review and work with the ICS and other partners to see the recommendations made in the report actioned and the learning transferred to improve outcomes for other communities of identity and experience.
- Work in partnership to deliver the shared vision of reducing HIV, Hepatitis B&C and TB through Fast Track City Plus.
- Maximise the potential to improve health and wellbeing of citizens through the implementation of Our Future City Plan.

## **Quality of care**

- Working collaboratively with colleagues in the Birmingham and Solihull Integrated Care Partnership to deliver the 10 year Integrated Care Strategy to improve the life expectancy of the people of Birmingham and Solihull.
- Delivering early intervention and support at every age to enable citizens to live healthy and fulfilling lives, including the transition from care for young people to adulthood.
- Delivering a programme that meets the needs of an aging population.
- Continue to invest in community hubs to better support people in the area where they live, continue to develop the neighbourhood networks to families, adults aged 18-49 with learning disabilities, autism, mental health, physical disabilities and sensory impairment or loss.
- Ensuring we implement the findings of the Black African and Caribbean Health Inequalities Review and tackle health inequalities for other different minority communities.
- Becoming a recognised Age Friendly City and Compassionate City by 2027 and reducing Social Isolation through our wider neighbourhood network and community support offer.
- Closing the inequalities around maternal health, particularly within minority ethnic communities.
- Improving the quality of our regulated providers and our care market quality and capacity.

- Improving our support for carers, through a carers card and an online support offer.

**Focus on mental health**

- Improving access to Mental Health support working in partnership with the NHS.
- Adopting an early intervention approach and signposting across all services including mental health, independent aging and physical health.
- Championing and advocating the importance of mental health, and work with partners to empower and support citizens, including young people, to be mentally healthy.
- Closing the inequalities in employment and education for those with long term Conditions.

O&S Committee 2022-23	O&S Committee 2023-24	Item/Topic	Aims and Objectives (if outlined)	Why carried forward?	Any other information (e.g. scrutiny method/ Council motion/ asked to come back in 6 months etc)
Health & Social Care	Health and Adult Social Care	Place Based Committees and decision-making powers in the ICS	To provide report on the work of the Place Committees in relation to their functions within ICB's structure including: Information on how the Place Boards/Committees are working in drive forward ICB's work at neighbourhood/local level, including how the principle of subsidiarity will be implemented in practice and the governance of these arrangements and how this links with Primary Care Networks (Sept - Oct. 2023)	New Place-based structure recently introduced	<b>Report to Committee Meeting</b>  Examples of good practice from other areas
Health & Social Care	Health and Adult Social Care	Adult Social Care Performance Monitoring	Report on red rated performance indicators; 5 performance indicators chosen by HOSC for in-depth examination and the complete set of Adult Social Care performance indicators	Monitoring performance of services and health and social care system	
Health & Social Care	Health and Adult Social Care	Update on Day Opportunities Review progress and co-production work	To provide update on follow up work in relation to coproduction, improving transport access and digital inclusion.	Ongoing monitoring of actions from Review of Day Opportunities	To monitor how engagement/co- production with service users on emerging issues e.g. access to Transport
Health & Social Care	Health and Adult Social Care	Children and Young People's Mental Health Inquiry	Reviewing evidence, developing recommendations and approval of report for CYP mental health inquiry.	This Task and Finish Group has completed the evidence gathering and further work is required to	Informal Task and Finish Group meetings to review evidence, develop recommendations and approve report.

				complete the Inquiry.	
<b>Health &amp; Social Care</b>	<b>Health and Adult Social Care</b>	ICS 10-year strategy – Annual Review to come back to Committee	Annual review on key strategic priorities (April 2024)	New 10-year strategy launched towards the end of last Municipal Year.	Identify potential/emerging issues for possible <b>HASC investigation</b>
<b>Health &amp; Social Care</b>	<b>Health and Adult Social Care</b>	A report on Community Dentistry and scope for HOSC consideration	High Street Community Dentistry (Sept – Dec 2023)	Issue proposed by ICS	<b>Report to Committee</b> with a view to scope further work if required.
<b>Health &amp; Social Care</b>	<b>Health and Adult Social Care</b>	BSol Immunisation and Vaccinations	To review the information provided to the Committee regarding immunisation and vaccinations in Birmingham and consider any further evidence to identify recommendations. Specific look at childhood immunisation/vaccination and progress on improvements.	This was identified as a priority in the 2022/23 work programme with a view to undertaking further work to develop recommendations.	This could be held as a <b>Rapid Review</b>
<b>Health &amp; Social Care</b>	<b>Health and Adult Social Care</b>	CQC inspection of ASC	Report from Maria Gavin, AD ASC on pilot of new CQC Assessment Framework	The Committee received a report in January on the Adult Social Care reforms	New CQC Assessment Framework for ASC in councils starts from 1 <sup>st</sup> April. BCC one of the five pilot LAs.
<b>Health &amp; Social Care</b>	<b>Health and Adult Social Care</b>	Engaging with the third sector on Adult and Social Care	Report on plans & engagement activities engagement with third sector.		Link with the Adult Social Care Reforms and Market Sustainability.
<b>Health &amp; Social Care</b>	<b>Health and Adult Social Care</b>	Birmingham and Lewisham African Health Inequalities (BLACHIR)	Report on update on implementation of actions	To provide update from report presented last year to understand the	<b>Single Issue Meeting</b> to understand impact of actions and how findings of report will inform work of the Committee across the work programme.



				impact of the actions from the report and to inform scrutiny of health and adult social care services in relation to inequalities experienced by Black African and Caribbean communities and people.	
<b>Health &amp; Social Care</b>	<b>Health and Adult Social Care</b>	Update on Primary Care Access in relation to General Practice	Update on progress on plan (Nov – Dec 2023)	To provide update from last year's report	Link to national GP recovery plan.
<b>Health &amp; Social Care</b>	<b>Health and Adult Social Care</b>	Digital Strategy for Health Birmingham and Solihull	Understanding the digital strategy for health.		<b>Report to Committee</b>
<b>Health &amp; Social Care</b>	<b>Health and Adult Social Care</b>	Healthwatch Birmingham Annual Report	Reporting on investigations completed in the previous year.	Annual Report	
<b>Health &amp; Social Care</b>	<b>Health and Adult Social Care</b>	Birmingham Safeguarding Adults Board Annual Report	Reporting on outcomes against priorities in the previous year.	Annual Report	
<b>CWG, Culture &amp; Physical Activity</b>	<b>Health &amp; Adult Social Care</b>	Sport and Physical Activity Strategies (at an early stage of development).	These strategies were part of the Scrutiny Inquiry: Promoting Health and Wellbeing – a Commonwealth Games Legacy	These were part of the recommendations in the Scrutiny Inquiry.	The Recommendations for the Inquiry report were agreed at City Council in April 2023 and progress of the recommendations needs to take place no later than October 2023.

<b>Health &amp; Social Care</b>	<b>Health &amp; Adult Social Care</b>	Domestic Abuse	Co-ordinating O&S Resolution 17 February 2023: To ask scrutiny chairs to take back to their own committees how Domestic Abuse (DA) is relevant to their own Overview and Scrutiny Committees, consider how they can have an involvement and feed back to Coordinating Overview and Scrutiny Committee.	This had not been picked up in 2022-23	This also follows on from Council Resolution: 6 Dec 2022
<b>CWG, Culture &amp; Physical Activity</b>	<b>Health &amp; Adult Social Care</b>	CWG Legacy	Consider relevant CWG legacy	New for 2023-24 as previously undertaken by CWG, Culture and Physical Activity O&S Committee (no longer in place)	Neighbourhoods O&S will take the lead around CWG legacy in general, however legacy will also be integrated across all O&S Committees as relevant to their remit

**Birmingham and Solihull Joint Health and Overview Scrutiny Committee.**

<b>O&amp;S Committee 2022-23</b>	<b>O&amp;S Committee 2023-24</b>	<b>Item/Topic</b>	<b>Aims and Objectives (if outlined)</b>	<b>Why carried forward?</b>	<b>Any other information (e.g. scrutiny method/ Council motion/ asked to come back in 6 months etc)</b>
<b>Birmingham and Solihull Joint Health Overview and Scrutiny Committee</b>	<b>Birmingham and Solihull Joint Health Overview and Scrutiny Committee</b>	Birmingham and Solihull Reviews.	Outcome of reviews.		
<b>Birmingham and Solihull Joint Health Overview</b>	<b>Birmingham and Solihull Joint Health Overview and</b>	Workforce Planning.	Outcome of review undertaken by BSol		This was discussed in April Joint HOSC meeting.

<b>and Scrutiny Committee</b>	<b>Scrutiny Committee</b>				
<b>Birmingham and Solihull Joint Health Overview and Scrutiny Committee</b>	<b>Birmingham and Solihull Joint Health Overview and Scrutiny Committee</b>	ICS and the role Scrutiny	To determine future arrangements and reporting		
<b>Birmingham and Solihull Joint Health Overview and Scrutiny Committee</b>	<b>Birmingham and Solihull Joint Health Overview and Scrutiny Committee</b>	ICS Joint Forward Plan	To report in health planning for the system including commissioning intentions		To be published end of June 2023
<b>Birmingham and Solihull Joint Health Overview and Scrutiny Committee</b>	<b>Birmingham and Solihull Joint Health Overview and Scrutiny Committee</b>	Birmingham and Solihull Integrated Care System – Updates on performance against Finance and Recovery Plans – <i>receive for information</i>	Scrutiny Committee to review BSOL ICS performance against Finance and Recovery Plans.	Update	Paul Athey, BSOL ICS Chief Finance Officer
<b>Birmingham and Solihull Joint Health Overview and Scrutiny Committee</b>		ICS Quality Assurance update	Update on Quality Assurance to every JHOSC		
<b>Birmingham and Solihull Joint Health Overview and Scrutiny Committee</b>	<b>Birmingham and Solihull Joint Health Overview and Scrutiny Committee</b>	Enabling Primary Care in Birmingham and Solihull Strategy	Scrutiny Committee to review the access plan for Enabling Primary Care Strategy.		Paul Sherriff, BSOL ICS Chief Officer for Partnerships and Integration

<b>Birmingham and Solihull Joint Health Overview and Scrutiny Committee</b>	<b>Birmingham and Solihull Joint Health Overview and Scrutiny Committee</b>	Update on Post-COVID Syndrome ('Long COVID') Rehabilitation	Update on previous report presented to JHOSC on 29th September 2021		Report to include Long COVID implications on health and long-term employment.
<b>Birmingham and Solihull Joint Health Overview and Scrutiny Committee</b>	<b>Birmingham and Solihull Joint Health Overview and Scrutiny Committee</b>	Phase 2, Musculoskeletal Redesign Programme	To report on current status of programme		

#### **Birmingham and Sandwell Joint Health Overview and Scrutiny Committee**

<b>Birmingham and Sandwell Joint Health Overview and Scrutiny Committee</b>	<b>Birmingham and Sandwell Joint Health Overview and Scrutiny Committee</b>	Emergency & Urgent Patient Care			To explore in the context of the new Midlands Metropolitan University hospital in Sandwell.
<b>Birmingham and Sandwell Joint Health Overview and Scrutiny Committee</b>	<b>Birmingham and Sandwell Joint Health Overview and Scrutiny Committee</b>	Models of care across the Trust	To look at Models of Care in place and any changes being planned		
<b>Birmingham and Sandwell Joint Health Overview</b>	<b>Birmingham and Sandwell Joint Health Overview and</b>	Primary Care services	Update on progress and any changes.		

<b>and Scrutiny Committee</b>	<b>Scrutiny Committee</b>				
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## Performance and Improvement Summary

### Health and Adult Social Care

#### Overview and Scrutiny Committee

This document provides a high-level summary of:

- The strategic and organisational context, including the Corporate Plan 2022-26, city and citizen outcome indicators, and a summary of external factors impacting on the remit of this Committee.
- A summary of key delivery milestones and performance indicators against Corporate Plan priorities, and directorate priorities for 2023/24 relevant to the remit of this Committee.
- Transformation and improvement activity relevant to the remit of this committee.

Programmes, Performance, and Improvement Division

June 2023



# 1. STRATEGIC AND ORGANISATIONAL CONTEXT

## 1A. CORPORATE PLAN 2022-26

*An overview of the Corporate Plan 2022-26.*

In October 2022, the City Council approved the Corporate Plan 2022-2026 that sets out the organisation's vision and strategic priorities. These priorities are aligned to six themes: Prosperous, Inclusive, Safe, Healthy, Green, and being a Best-in-Class Council. The Plan provides the context for improvement and transformation activity and a framework for the organisation's business planning.

The Corporate Performance and Delivery Plan (CPDP), updated each year, provides a summary of the key delivery milestones and performance measures that are used to demonstrate delivery and performance against the Corporate Plan priorities. The CPDP provides the basis for quarterly reporting to the Corporate Leadership Team (CLT) and Cabinet. The CPDP does not include the totality of the Council's delivery activity but summarises key activity from Directorate Business Plans, delivery strategies, and transformation agendas.

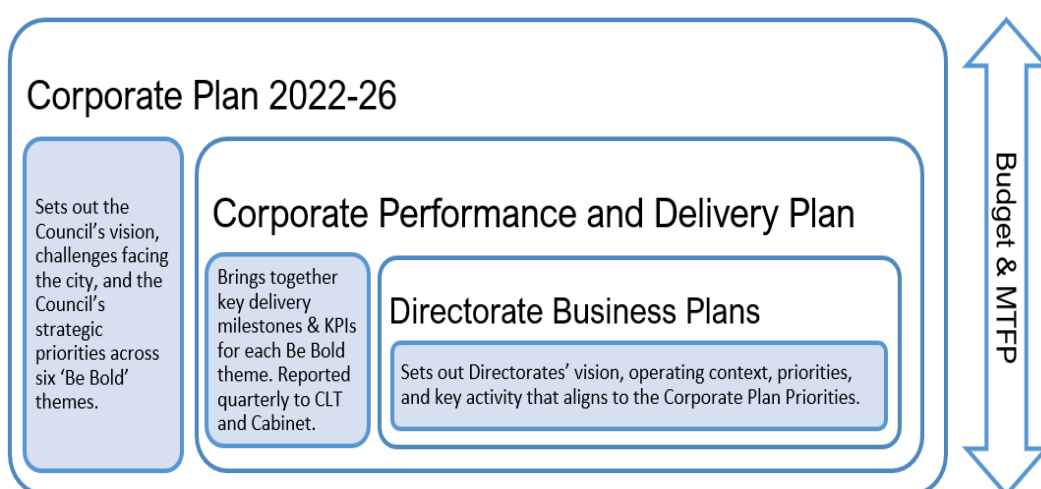


Diagram showing an overview of the Corporate Plan 2022-26:

GRAND CHALLENGES		OUR RESPONSE: BE BOLD OUTCOMES	PRIORITIES
Equality and Inclusion	Unemployment, skills and the local economy	A BOLD <b>PROSPEROUS</b> BIRMINGHAM	1. Support inclusive economic growth 2. Tackle unemployment 3. Attract inward investment and infrastructure 4. Maximise the benefits of the Commonwealth Games
	Opportunities for children and young people	A BOLD <b>INCLUSIVE</b> BIRMINGHAM	5. Tackle poverty and inequalities 6. Empower citizens and enable the citizen voice 7. Promote and champion diversity, civic pride and culture 8. Support and enable all children and young people to thrive
	Community resilience, cohesion and living standards	A BOLD <b>SAFE</b> BIRMINGHAM	9. Make the city safer 10. Protect and safeguard vulnerable citizens 11. Increase affordable, safe, green housing 12. Tackle homelessness
	Health and wellbeing	A BOLD <b>HEALTHY</b> BIRMINGHAM	13. Tackle health inequalities 14. Encourage and enable physical activity and healthy living 15. Champion mental health 16. Improve outcomes for adults with disabilities & older people
	Climate Emergency	A BOLD <b>GREEN</b> BIRMINGHAM	17. Improve street cleanliness 18. Improve air quality 19. Continue on the Route to Net Zero 20. Be a City of Nature
		A BOLD <b>BEST IN CLASS</b> COUNCIL	21. Delivering a Bold Best in Class Council



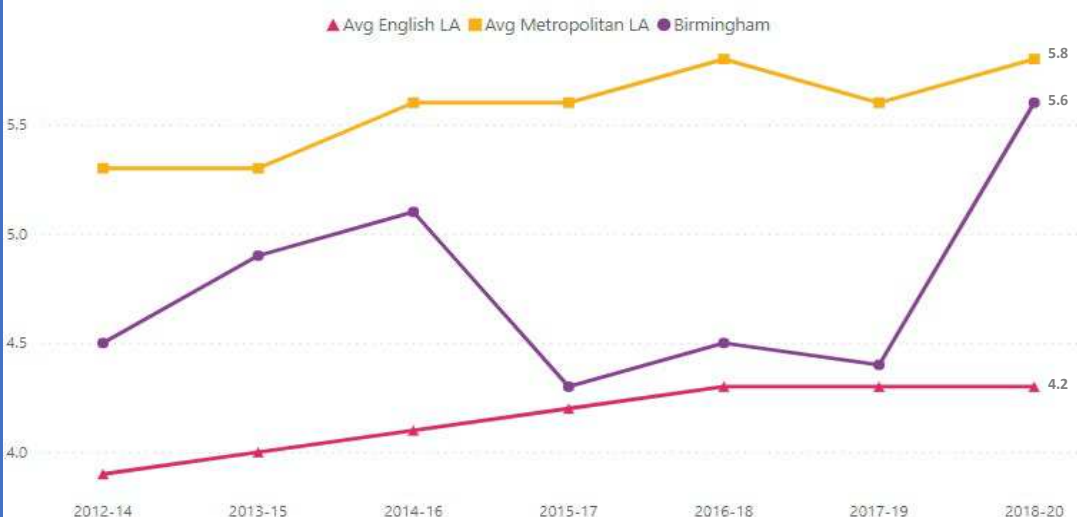
# 1B. CITY OBSERVATORY SNAPSHOT

A snapshot of key city and citizen outcome data from the City Observatory that is relevant to the remit of this Committee (data extracted May 2023). Other measures are available:

[www.cityobservatory.birmingham.gov.uk](http://www.cityobservatory.birmingham.gov.uk).

## Inequality of life expectancy at 65 - Male

Preferred direction of travel	Direction of travel (last 12 months)	Rank among Met Boroughs (1-36 with 1 being the top ranking)	Birmingham result	Met average
↓	Worsening ↑	16/36	5.6 Years	5.8 Years

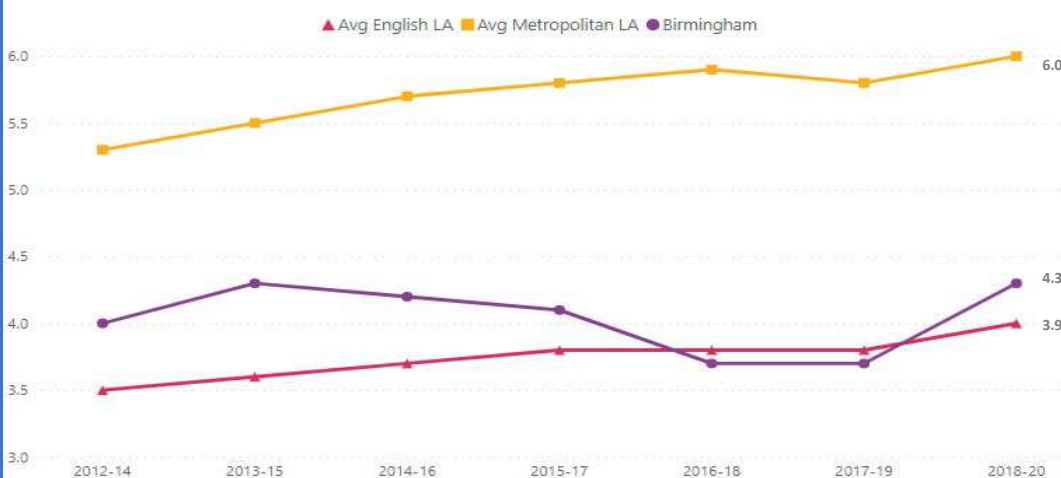


Definition: Life expectancy at age 65 is a measure of the average number of years a person would expect to live based on contemporary mortality rates. For a particular area and time period, it is an estimate. Source: Public Health Outcomes Framework, Office for Health Improvement and Disparities (OHID).

Historically, the Average Inequality of Life Expectancy at 65 – Male in Birmingham (AVB) has always been higher than the Average of all English Local Authorities (AVL) and lower than the Average of all Metropolitan Boroughs (AMB). Though there were no steep changes observed with AVL and AMB, we can see the sharp increase from 2011/13 to 2014/16 (4.0 to 5.10), and sharp decrease at 2015/17 (5.10 to 4.30) and a sharp increase again at 2018/20 (4.40 to 5.60) with AVB.

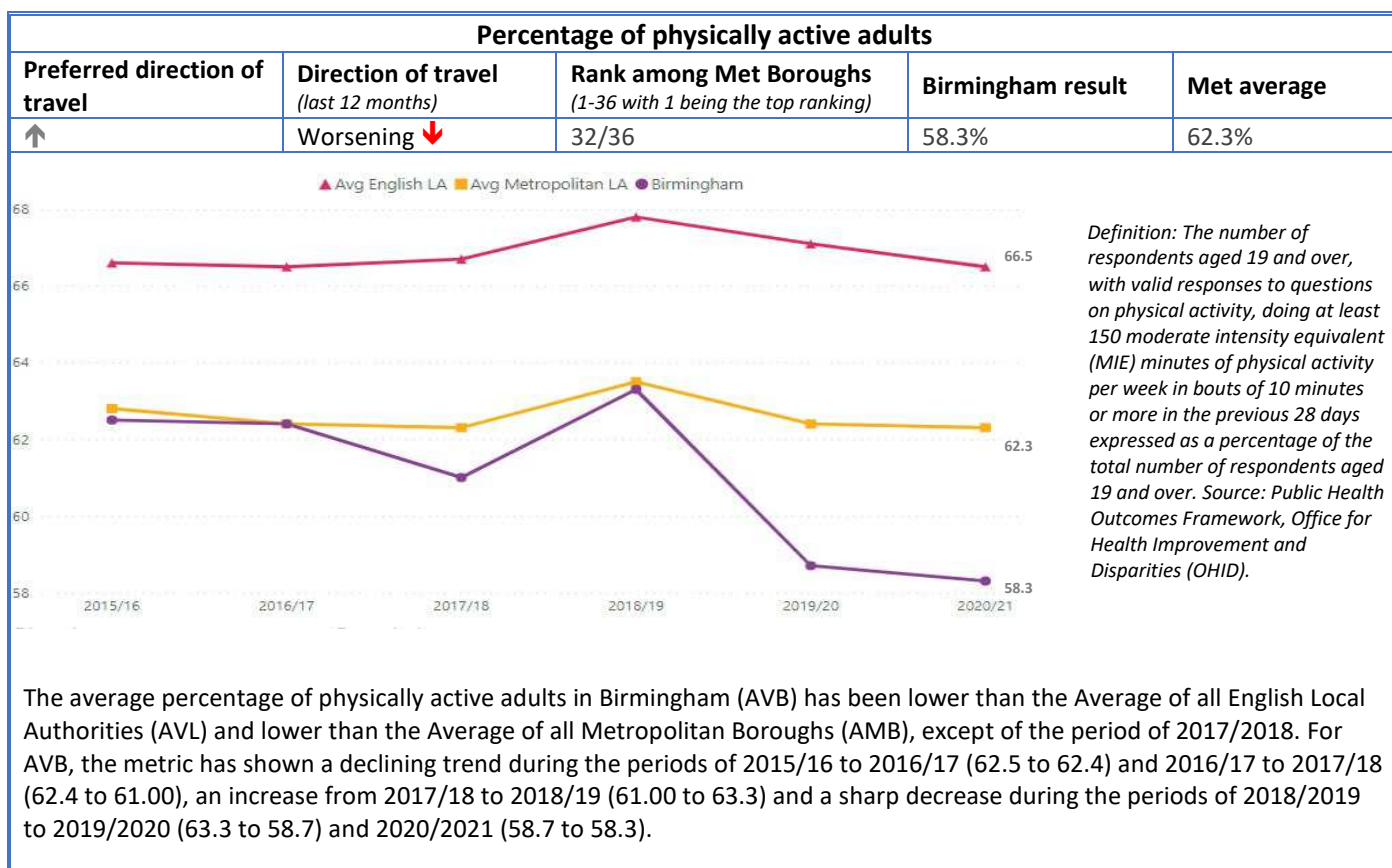
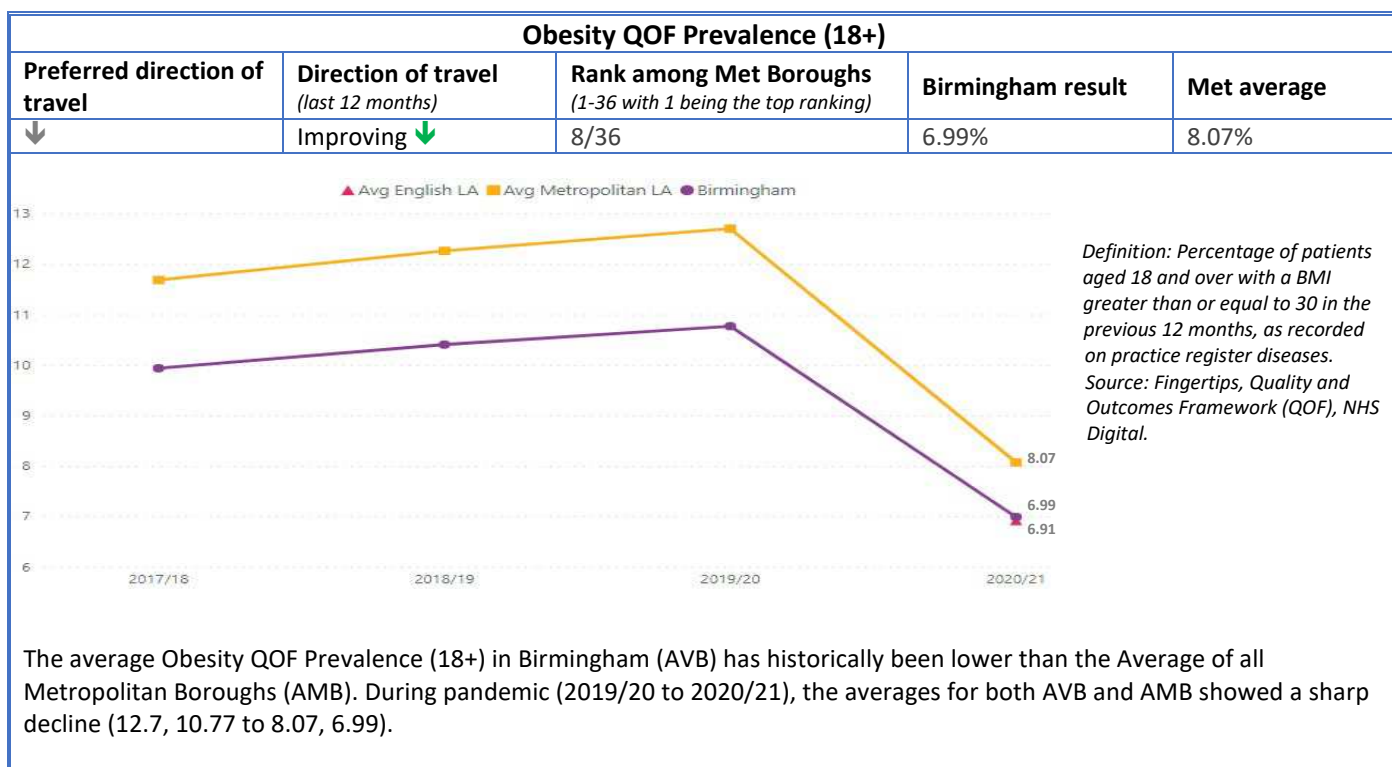
## Inequality of life Expectancy at 65 - Female

Preferred direction of travel	Direction of travel (last 12 months)	Rank among Met Boroughs (1-36 with 1 being the top ranking)	Birmingham result	Met average
↓	Worsening ↑	2/36	4.3 years	6.0 years



Definition: Life expectancy at age 65 is a measure of the average number of years a person would expect to live based on contemporary mortality rates. For a particular area and time period, it is an estimate. Source: Public Health Outcomes Framework, Office for Health Improvement and Disparities (OHID).

The Average Inequality of Life Expectancy at 65 – Female in Birmingham (AVB) has always been lower than the Average of all Metropolitan Boroughs (AMB) and is higher than the Average of all English Local Authorities (AVL), except for the period of 2016/18 to 2017/19. With AVB, the inequality has shown a declining trend during the period of 2013/15 to 2017/19 (4.30 to 3.70), and a sharp increase at 2018/20 (3.70 to 4.30).



## 1C. EXTERNAL ENVIRONMENT

*A summary of key events and changes to the external operating environment that is relevant to the remit of this Committee, including changes in national policy or regulatory frameworks.*

### Health and Social Care Act 2022

- Introduced Integrated Care Boards (ICB) and Systems (ICS) creating opportunities for greater collaboration across health and social care aimed at reducing health inequalities.
- The Hewitt Report<sup>1</sup> was published in April 2023. It reviewed the function and governance of ICSs in England and the NHS targets and priorities for which ICBs are accountable.
- Recommendations included:
  - Requiring 1% of the ICB budget to be allocated to prevention over the next 5 years
  - Developing a nationally accepted definition of prevention
  - Sharing data across the system to understand and intervene effectively
  - Integrating adult social care
- The ICB is being delivered at a different geographical footprint to the previous CCG. The strategic direction of the ICS is developing and the capacity and capability to deliver its ambitions are still in the early stages of implementation, with some areas still under development.
- BCC has a positive relationship with the ICS with the Director of Public Health (DPH) and Director of Adult Social Care (DAS) attending the ICS Board and the Cabinet Member sitting as deputy co-chair for the ICS Partnership. The DPH led the creation of the 10yr ICS strategy and there is strong alignment with the Health and Wellbeing Board strategy.
- The new piece of forthcoming strategy which will be informed by the Hewitt review is the Major Conditions Strategy. By 'Major Conditions' we mean cancers, cardiovascular diseases including stroke and diabetes, chronic respiratory diseases, dementia, mental ill health and musculoskeletal disorders. Indications are that this will be out at the start of 2024.

### Care Quality Commission (CQC) new regulatory powers

- The Act also gives the CQC new regulatory powers to undertake independent assessment of local authorities' delivery of regulated care functions. The new regime is due to commence in April 2023. The assessment framework is grouped into four key themes, each with several quality statements mapped to them: how local authorities work with people; how local authorities provide support; how local authorities ensure safety; leadership. Adult Social Care will be participating in an ADASS Readiness Assessment on 11 and 12 May 23 and in a CQC Assurance pilot site inspection (field work scheduled for w/c 14 August).

### Market Sustainability and Fair Cost of Care Fund

- Birmingham was allocated £3.78m in 2022/23 to help prepare the care markets for the wider social care reforms and support the move towards paying a 'fair cost of care'.
- Adult Social Care's cost of care exercise was completed in August 22 and results were used to develop a draft Market Sustainability Plan.
- Analysis both regionally and nationally confirms that government funding is insufficient to bridge the gap between current care fees and a 'fair cost of care'.
- The Council finalised its Market Sustainability Plan in February 2023, which was approved by Cabinet.
- The wider social care reforms have been now deferred by government and a new Market Sustainability and Improvement Fund has been established nationally.
- Adult Social Care has been awarded £13.1m of Market Sustainability and Improvement Fund grant for 23/24, of which £3.8m must be spent on ongoing fee increases implemented through the Market Sustainability and Fair Cost of Care Fund from 22/23. The remaining £9.3m must be used to make improvements in at least one of the target areas below, with the other 2 areas maintaining performance:
  - Increasing fee rates paid to adult social care providers in local areas
  - Increasing adult social care workforce capacity and retention
  - Reducing adult social care waiting times
- Officers from Adult Social Care are currently engaging with the provider market and wider stakeholders to develop the necessary plans required by the conditions of grant.
- Formal decisions in relation to this grant will be put before Cabinet at the appropriate time.

<sup>1</sup> Hewitt Report: <https://www.gov.uk/government/publications/the-hewitt-review-an-independent-review-of-integrated-care-systems>


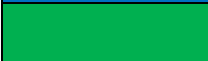



### Public Health Ring Fence Grant






















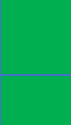






- Nationally there is increasing scrutiny of the Public Health Ring-fenced Grant (PHRFG) and how it is used, this was particularly highlighted in Nottingham City Council by the Commissioners. The PHRFG cannot be used to fund statutory functions of the Council and it must meet the requirements of the grant demonstrating outcomes. The DPH has instigated an internal Memorandum of Understanding process to help prepare for any external audit of grant spend alongside the external procurement requirements for grants and contracts.

## 2. PERFORMANCE AND DELIVERY

### 2A. 2022-23 PERFORMANCE FOR KEY DELIVERY MILESTONES

*An overview of 2022-23 performance for key delivery activity (from the CPDP) that is relevant to this Committee (as reported Cabinet on a quarterly basis). Information is accurate as of 26<sup>th</sup> May and may be subject to change.*

RAG Rating	RAG Definition
	Action has been achieved (and cannot be reversed)
	Action on course to be delivered as originally planned or at revised scope/scale agreed with CLT and Cabinet Member
	Risk of action not being delivered as planned. Root causes of delivery risk have been identified and mitigating actions are in place to resolve
	Risk of action not being achieved as planned. Root causes of delivery risk are not clear and/or mitigating actions are not in place to resolve
	RAG not applicable

			2022-23 BRAG status			
Corporate Plan Theme	Lead Directorate	Delivery Activity/Milestone	Q1	Q2	Q3	Q4
Healthy	Strategy, Equalities and Partnerships	Production of the statutory public health reports to inform the Council and its strategic partners commissioning intentions: publish Joint Strategic Needs Assessment.				
Healthy	Strategy, Equalities and Partnerships	Production of the statutory public health reports to inform the Council and its strategic partners commissioning intentions: publish 2022/23 Annual Director of Public Health Report.				
Healthy	Strategy, Equalities and Partnerships	Review and re-commissioning of mandated and recommended public health services including sexual reproductive health, & drug and alcohol prevention.				
Healthy	Strategy, Equalities and Partnerships	Delivery of the Creating a Bolder Healthier City Strategy: ratify and publish final strategy.				
Healthy	Strategy, Equalities and Partnerships	Publish Food City Strategy.				
Healthy	Strategy, Equalities and Partnerships	Deliver the statutory functions of the Council with regard to public health Protection function including enhanced Public Health response to 2022 Commonwealth Games and support to the Covid Immunisation programme.				
Healthy	Strategy, Equalities and Partnerships	Begin implementing the African and Caribbean Health Inequalities review and if successful establish other reviews for different minority communities.				

			2022-23 BRAG status			
Corporate Plan Theme	Lead Directorate	Delivery Activity/Milestone	Q1	Q2	Q3	Q4
Healthy	Strategy, Equalities and Partnerships	Annual cycle of deep dive needs assessments, community health profiles and the use of the 'seldom heard voices' methodology to deepen understanding of inequalities in specific communities of identity and experience.				
Healthy	City Operations	Launch a new Sport Strategy linking health and wellbeing approaches to a broader sporting agenda, including developing sporting pathways and making best use of assets.				
Healthy	City Operations	Work in partnership with Public Health and other stakeholders to develop and deliver initiatives to support health outcomes, such as Be Active and Be Active Plus.				
Safe	Adult Social Care	Prepare for the Introduction of Statutory CQC Inspection of Adult Social Care Services.				
Healthy	Adult Social Care	Co-produce a review of Day Opportunity Services in the light of the pandemic and any lasting impact. Report to Cabinet with a proposal that will describe how the review will be co-produced and the required timescales for this to happen.				
Healthy	Adult Social Care	Prevention and Neighbourhood Integration - Review of locality and operational model.				
Healthy	Adult Social Care	Prevention and Neighbourhood Integration – Establish organisational development programme for integrated neighbourhood working in the local health and social care system.				
Healthy	Adult Social Care	Prevention and Neighbourhood Integration – Work with new ways of working team to establish shared venues with health and voluntary services across the city.				
Healthy	Adult Social Care	Prevention and Neighbourhood Integration – Implementation of Integrated Community Services.				
Healthy	Adult Social Care	Extend the Neighbourhood Network Schemes offer (including NNS digital) across Birmingham to include support for citizens with physical and sensory impairment, poor mental health, learning disabilities and neurodiverse (autism and ADHD).				
Healthy	Adult Social Care	Deliver key transformation commissioning priorities and work with NHS partners to develop a city-wide system of joined up commissioning and progressive quality monitoring and engagement.				
		a) Deliver Prevention and Communities Grants Programme.				
		b) Refresh Carers Strategy and recommission carers support services.				
		c) Expand NNS to younger adults (18-49) with a long-term disability.				
Healthy	Adult Social Care	Review Shared Lives Strategy to inform future model. (As part of longer-term activity, aim for this year is to develop and commence implementation of action plan).				
Healthy	Adult Social Care	Work with partners to develop a joint Dementia Strategy 2022-2027 and associated action plan.				

			2022-23 BRAG status			
Corporate Plan Theme	Lead Directorate	Delivery Activity/Milestone	Q1	Q2	Q3	Q4
Healthy	Common-wealth Games	Use the Game to further increase the outreach of funded programmes in the city to increase physical activity, including: a) Active Streets (Sep 22)				
		b) Community Games (Sep 22)				
Healthy	City Operations	Use the Game to further increase the outreach of funded programmes in the city to increase physical activity, including: c) Club together (Mar 23)				
		d) Brum Youth Leadership Project (Sep 22)				

## 2B. 2022-23 PERFORMANCE FOR CORPORATE PLAN KPIS

*An overview of 2022-23 performance for Corporate Plan key performance indicators (KPIs) that are relevant to the remit of this Committee (as reported to Cabinet on a quarterly basis). Information is accurate as of 26<sup>th</sup> May and may be subject to change.*

RAG Rating	RAG Definition
	Performance is equal to or better than target
	Performance is lower than target but better or equal to tolerance
	Performance is below tolerance
	RAG not applicable

			2022-23 RAG status			
Corporate Plan Theme	Directorate	KPI	Q1	Q2	Q3	Q4
Healthy	Strategy, Equalities and Partnerships	Percentage of NHS Health Checks offered and received by the total eligible population in the quarter				
Inclusive	Common-wealth Games	Number of people participating in sports/recreational activities through the BCC PA grants programme				Activity ended
Healthy	Adult Social Care	Proportion of ASC clients reviewed, reassessed or assessed within 12 months.				
Healthy	Adult Social Care	Percentage/proportion of clients discharged into Pathway 0 & Pathway 1				
Safe	Adult Social Care	Percentage of concluded ASC safeguarding enquiries where the desired outcomes were met				
Healthy	City Operations	Number of physical activity interventions delivered by The Active Wellbeing Society across various programmes including Active Parks, Active Streets, the Run Project and virtual activities	231	388	1,115	
Healthy	City Operations	Number of children and adults' visits utilising the Be Active free leisure offer across all Birmingham Wellbeing and Leisure Centres	70,991	153,937	221,825	Not yet due
Healthy	Adult Social Care	The percentage of people who receive adult social care in their own home.	71%	71%	71%	71%



**2C. DIRECTORATE PRIORITIES FOR 2023-24**

*An overview of Directorate delivery priorities for 2023-24 that are relevant to the remit of this Committee.*

**STRATEGY, EQUALITIES AND PARTNERSHIPS – PUBLIC HEALTH**

The Public Health Division's work is underpinned by Good Public Health Practice which requires that it:

- Maintains and build our public health knowledge and skills, work within our ethical, legal, and regulatory limits and review and improve our performance
- Ensures that our practice is safe and of a high quality. This includes a duty to safeguard and protect the health and wellbeing of the population, to improve equity and address inequality experienced by vulnerable groups and individuals
- Works in collaboration with organisations, the community, and individuals, sharing meaningful information and respecting individuals' rights to be involved
- Maintains the public trust by working with probity. This requires that we act with integrity, honesty, objectivity, and impartiality

**ADULT SOCIAL CARE****Directorate Vision Statement**

- The goals that Birmingham City Council are seeking to achieve for adults and older people are that they should be resilient, living independently whenever possible and exercising choice and control so that they can live good quality lives and enjoy good health and wellbeing.

**CITY OPERATIONS****Directorate Vision Statement extract**

- City Operations plays a prominent role in promoting health and physical activity through leisure, sports, arts, and cultural opportunities.

**2D. KEY DELIVERY MILESTONES FOR 2023-24**

*An overview of 2023-24 key delivery activity (from the CPDP) that is relevant to the remit of this Committee. Information is accurate as of 26<sup>th</sup> May and may be subject to change.*

Corporate Plan Theme	Lead Directorate	Delivery Activity/Milestone	Delivery Date
Healthy	Strategy, Equalities and Partnerships	Production of public health reports to inform the Council and its strategic partners commissioning intentions - including: a) Joint Strategic Needs Assessment b) The Annual Director of Public Health report c) Community Health profiles d) Health needs assessments linked to priorities of Health and Wellbeing Board	Mar 24
Healthy	Strategy, Equalities and Partnerships	Production and agreement of a multi-agency Physical Activity (PA) Strategy aimed at increasing PA and reducing inactivity of the population in Birmingham	Dec 23
Healthy	Strategy, Equalities	Review and update the suicide prevention action plan by incorporating the BSol 5-year coronial audit and other relevant local intelligence gathered through collaboration with partners	Sep 23

Corporate Plan Theme	Lead Directorate	Delivery Activity/Milestone	Delivery Date
	and Partnerships		
Healthy	Strategy, Equalities and Partnerships	Deliver a city-wide healthy eating campaign targeting food businesses, schools and families	Jun 23
Healthy	Strategy, Equalities and Partnerships	Implement learning from the Birmingham and Lewisham African Health Inequalities Review (BLACHIR): a) produce forward plan of activity b) hold three task and finish groups focused on cultural competency and better data c) share learning and build on success through annual conference	Mar 24
Healthy	Strategy, Equalities and Partnerships	Recommission the uptake of Tier 2 Adult Weight Management Services in targeted disability groups	Dec 23
Healthy	City Operations	Work with Public Health to establish and deliver an updated service specification for Be Active and Be Active + to support the social, physical, emotional, and mental wellbeing of citizens and wider communities through our Wellbeing and Community Centres	Sep 23
Healthy	Adult Social Care	Implement legislative changes arising from the reform of the Mental Health Act: a) Review the current implementation of the Mental Health Team; feedback from staff, citizens. Comparison of response times/waiting lists b) Review the current allocation of statutory work c) Pursue the current recruitment drive d) National Workforce plan for AMHPs	Mar-24
Healthy	Adult Social Care	Work together in the community across social care, community nursing, therapy services, GP practices and mental health services to better manage ongoing and long-term conditions and to reduce the risk of citizens experiencing health and care crises: a) Build on work being completed in proof-of-concept trials for wider roll out in 2023 b) Embed organisational development programme c) Review impact of new model including staff surveys and progress tracking of individuals receiving support	Mar-24
Healthy	Adult Social Care	Implement activity identified from the co-produced review of Day Opportunity Services	Mar 24
Healthy	Adult Social Care	Implement shared lives improvement programme, including: a) implementing a directorate -wide project board b) undertaking an in-depth review to inform and develop proposals for future delivery across the work streams c) develop an action plan for the identified workshops	Mar 24
Healthy	Adult Social Care	Work with partners to implement the joint Dementia Strategy 2022-2027	Mar 24
Healthy	Adult Social Care	Intervene earlier and differently by supporting young people entering adulthood to be physically and emotionally resilient, so once they become an adult, they will have a connective, fulfilling productive life: a) Complete full financial review of expenditure b) Work with BCT to improve data sharing and build forecasting dashboard c) Scoping of existing provision and development of commissioning options	Mar 24



Corporate Plan Theme	Lead Directorate	Delivery Activity/Milestone	Delivery Date
Healthy	Adult Social Care	Drive system wide change and enable more people with a learning disability and/or autistic people to have a home within their community, be able to develop and maintain relationships and get the support they need to live healthy, safe and ordinary lives. Including: a) review to inform person-centred support b) invite people with lived experience of a learning disability/ autism to supportively challenge quality and accessibility of services c) System approval for ten-year Learning Disability and Autism Framework for Change d) Establish Respite Innovation Partnership to shape person-centred support options	Mar 24
Healthy	Adult Social Care	Continue to prepare for Adult Social Care Reform including the development of an implementation plan for the Market Sustainability Plan	Mar 24

### 3. IMPROVEMENT AND CHANGE

#### 3A. TRANSFORMATION PROGRAMMES

*An overview of major change and transformation programmes that are relevant to the remit of this Committee.*

##### CROSS-DIRECTORATE

##### Early Intervention and Prevention

- Cross cutting programme to align and strengthen services that address the root causes of issues that drive citizens into crisis
- Aim to build independence and resilience and shift demand away from statutory services.
- Programme delivered across three core pillars: Overall Early Intervention & Prevention Function, Homes & Money Accelerator, Library Experience Accelerator (now aligning with the EI&P Place Based Approach work).

#### 3B. DIRECTORATE IMPROVEMENT PLANS AND ACTIVITIES

*An overview of improvement plans and activity that are relevant to the remit of this Committee.*

##### ADULT SOCIAL CARE

##### Community Assets - Phase 2

- To implement the Prevention and Community Grant redesign
- To implement the Information, Advice and Guidance Grant redesign

#### Staying Independent at Home (Technology Enabled Care (TEC) programme and SIAH policy)

- To co-produce the Staying Independent at Home Policy
- To develop new service specification and contracts for Adaptation and Service Improvement tender documentation to implement the SIAH policy
- To procure a TEC partner to develop the ASC vision for TEC
- TEC partner to develop business case for TEC programme

### 3C. OVERVIEW AND SCRUTINY RECOMMENDATIONS

*A summary of recent Overview and Scrutiny Committee recommendations that are relevant to the remit of this Committee.*

#### Promoting Health & Wellbeing – a Commonwealth Games Legacy

Recommendations from the Overview and Scrutiny report *Promoting Health & Wellbeing – a Commonwealth Games Legacy* were approved at City Council in April 2023. A Task and Finish Group led this Inquiry comprising Members from both the Commonwealth Games, Culture and Physical Activity O&S Committee and the Health and Social Care O&S Committee.

The key question for this Inquiry was: ‘How will the legacy from the Commonwealth Games improve access to physical activity opportunities (both participating and spectating) for our disabled citizens and communities?’

Thirteen recommendations were made with the desired outcomes being:

- Improve participation levels in sport and physical activity by the disabled community; and,
- Improve the experience for disabled spectators at sporting events.