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SOLIHULL METROPOLITAN BOROUGH COUNCIL

Joint Health Overview and Scrutiny Committee

Wednesday 29 September 2021 at 6.00 pm

Council Chamber - Solihull Civic Suite

Disclosing Pecuniary Interests - What Must You Do?

(a) You must complete a declaration of your disclosable pecuniary interests, including those of your spouse/civil partner (or someone with whom you are living as such) and send it to the Monitoring Officer within 28 days of your election or appointment to the Council.

(b) When you attend a meeting of the Council, Cabinet, Scrutiny Board, Committee, Sub-Committee or Joint Committee etc, and a matter arises in which you have a disclosable pecuniary interest, unless you have been granted a dispensation, **you must:**

- Declare the interest if you have not already registered it
- Not participate in any discussion or vote
- Leave the meeting room until the matter has been dealt with
- Give written notice of any unregistered interest to the Monitoring Officer within 28 days of the meeting

(c) If you are the Leader or a Cabinet Portfolio Holder you may not exercise any of your delegated powers as a single member in relation to a matter in which you have a disclosable pecuniary interest or take any other step except to give written notice of any unregistered interest to the Monitoring Officer within 28 days of your becoming aware of the interest, or arrange for another person or body to deal with the matter.

Disclosable Interest	Description
Employment, office, trade, profession or vocation	Any employment, office, trade, profession or vocation carried on for profit or gain by you or your partner.
Sponsorship	Any payment or provision of any other financial benefit (other than from the Council) made or provided within 12 months of your declaration of interests in respect of any expenses incurred by you in carrying out duties as a member, or towards your election expenses.
Contracts	Any contract between you or your partner (or a firm or body corporate in which you or your partner is a partner or a director, or in the securities of which you or your partner has a beneficial interest)) **and** the Council (a) under which goods or services are to be provided or works are to be executed; **and** (b) which has not been fully discharged.
Land	Any beneficial interest in land which is within the area of the Council and which gives you or your partner a right to occupy the land or receive income.
Licences	Any licence held by you or your partner (alone or jointly with others) to occupy land in the area of the Council for a month or longer.
Corporate tenancies	Any tenancy where (to your knowledge)— (a) the landlord is the Council; **and** (b) the tenant is a body in which you or your partner has a beneficial interest i.e. a firm or body corporate in which you or your partner is a partner or a director, or in the securities of which you or your partner has a beneficial interest.
Securities	Any beneficial interest held by you or your partner in securities of a body where— (a) that body (to your knowledge) has a place of business or land in the area of the Council; **and** (b) either— (i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; **or** (ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you or your partner has a beneficial interest exceeds one hundredth of the total issued share capital of that class. "securities" means shares, debentures, debenture stock, loan stock, bonds, units of a collective investment scheme within the meaning of the Financial Services and Markets Act 2000 and other securities of any description, other than money deposited with a building society.

SOLIHULL METROPOLITAN
BOROUGH COUNCIL

To:
Councillors A Hodgson, D Howell, M McCarthy, D Pinwell, R Sexton, M Brown, P Fowler, R Pocock, P Tilsley and M Idrees

NICK PAGE
CHIEF EXECUTIVE

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Date: 22 September 2021

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE - Wednesday 29 September 2021

AGENDA

1. **APOLOGIES**

2. **DECLARATION OF INTERESTS**

   To receive declarations of interest from Members.

3. **QUESTIONS AND DEPUTATIONS**

   To answer any questions, if any asked by any resident of the Borough pursuant to Standing Orders.

4. **MINUTES** (Pages 5 - 20)

   To receive the minutes of the informal meeting held on 10th June 2021.

5. **ACCESS TO PRIMARY CARE** (Pages 21 - 32)

   To present the work undertaken to ensure local residents are able to access Primary Care in Birmingham and Solihull and an update on NHS 111 First.

6. **BIRMINGHAM AND SOLIHULL ICS FINANCIAL PLANNING 2021/22 UPDATE** (Pages 33 - 38)

   To provide an update on the current performance of BSol ICS and their financial planning for 2021/22.

7. **UPDATE ON POST-COVID SYNDROME ('LONG COVID') REHABILITATION**

(Pages 39 - 40)

For information only. To provide an update on Long COVID which was presented at the previous Joint HOSC meeting.

8. **JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE - TERMS OF REFERENCE** (Pages 41 - 48)

To present updated Terms of Reference for the Committee for approval.

9. **WORK PROGRAMME** (Pages 49 - 50)

For information; the programme of work for the Committee.

BIRMINGHAM CITY COUNCIL

JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE (BIRMINGHAM & SOLIHULL)
10 JUNE 2021

MINUTES OF AN INFORMAL MEETING OF THE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (BIRMINGHAM AND SOLIHULL) HELD ON THURSDAY 10 JUNE 2021 - ONLINE MEETING

PRESENT: - Councillor Robert Pocock in the Chair;

Birmingham: Councillors Peter Fowler, Mohammed Idrees, Saima Suleman and Paul Tilsley.

Solihull: Councillors Andy Hodgson, Diane Howell, Dave Pinwell and Rosemary Sexton.

Attendees:	Jonathan Brotherton	Chief Operating Officer – University Hospitals Birmingham, NHS Foundation Trust (UHB)
	Harvir Lawrence	Director of Planning and Delivery Birmingham and Solihull CCG, (BSol CCG)
	Lesa Kingham	Head of Planning and PMO, BSol CCG
	Paul Athey	Chief Finance Officer, BSol CCG
	Joanne Williams	Chief Executive Officer, The Royal Orthopaedic Hospital (ROH)
	Clare Underwood	Deputy Chief Nurse, BSol CCG
	Rebecca Lloyd	Deputy Director of Strategy, ROH
	Alicia Stanton	Transformation Manager, ROH
	Paul Sherriff	Director of Partnerships in Primary Care
	Michelle Williams	Operational Team Manager
	Gemma Rauer	Assistant Director Communications and Engagement (Birmingham and Solihull CCG)

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NOTICE OF RECORDING/WEBCAST

1. The Chair advised that the meeting would be webcast for live and subsequent

broadcast via the Council's internet site (www.civico.net/birmingham) and that members of the press/public may record and take photographs except where there were confidential or exempt items.

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2. **CHAIRMAN'S WELCOME**

The Chair welcomed all to the meeting. He noted this was the first meeting of the municipal year therefore, he requested elected members from Birmingham and Solihull to introduce themselves. Introductions were made.
In addition, members were informed the committee would be held alternately between Birmingham and Solihull locations.

The Chair notified the Committee, this was an informal meeting as it was held virtually. It was envisaged, the next meeting taking place in Solihull would be in person, where formal decisions could be made.

APOLOGIES

3. Apologies were received from Councillor McCarthy – Solihull.

TERMS OF REFERENCE

The terms of reference were noted however, they would be confirmed at the next formal meeting.

(See document No. 1)

4. **RESOLVED:-**

That the Committee noted the terms of reference and these would be confirmed at the next formal meeting.

The business of the meeting and all discussions in relation to individual reports are available for public inspection via the web-stream.

MINUTES

5. **RESOLVED:-**

That the Minutes of the Joint Health Overview and Scrutiny Committee meeting held on 09 March 2021 were noted as an accurate record of the meeting. These would be confirmed and agreed at the next formal meeting.

MINUTES – MATTERS ARISING

6. Councillor Tilsley raised an addition to item 8 of the minutes, Goodrest Croft Surgery however, as this was indicated on this agenda for discussion, he raised no further points at this stage.

At this juncture, the Chair notified members the order of the agenda would be rearranged.

- Item 10 (Goodrest Croft Surgery) would be brought forward to item 9.
- Item 9 (Post Covid Syndrome ('Long Covid') Rehabilitation, would become item 10.

UHB NHS TRUST'S PERFORMANE DURING THE COVID-19 PANDEMIC AND RECOVERY FOR SERVICES

Jonathan Brotherton, Chief Operating Officer, University Hospitals Birmingham NHS Foundation Trust (UHB), gave a presentation which referred to the paper submitted for this item:-

(See document No. 2)

The Chief Operating Officer provided a summary from the document submitted. These were noted as;

UHB was the most impacted Trust in the country and the report highlighted the key issues that had affected the Trust since the start of the Covid-19 pandemic. UHB had admitted the highest number of Covid-19 patients (i.e. approximately 40% more admissions than the neighbouring Trusts). Areas such as the emergency departments, inpatient areas, cancer, critical area and outpatients had experienced immense pressure. However, remarkable progress had been made in key areas under very challenging circumstances and he acknowledged the momentous effort by staff and the wider health and social care system. He informed members the paper described the ongoing active work to restore and recover services across the Birmingham and Solihull system as well as, highlighting the work streams that were contributing to this.

Impact since March 2020
UHB had treated nearly 14,000 Covid- positive inpatients and 114,000 bed days had been occupied by Covid patients. Other Trusts had admitted UHB patients during this time.

At the worst peak (Jan 2021), UHB provided ITU access for 211 patients, where normally this would be 80 patients. As a Trust, there were 2500 beds available and during this period 1067 were occupied by Covid positive patients. In order to deal with the peak of Covid cases in January 2021, UHB required over 1500 system-wide staff to work within the ITUs, other frontline duties across wards, assessment units and Emergency Departments to meet the demands of patients dealing with Covid-19.

Many staff did not have the experience of working in certain areas however, this was managed very carefully. As a result, this displaced many patient activities, all of which had to be recovered. Resources had to be clinically prioritised in order to deal with the issues of the pandemic.
It was highlighted, prior to Covid-19, the size of the waiting lists and pressure on services was already considerable therefore, adding the Covid-19 impact increased the pressure across UHB.

Over the last 18 months, UHB led on a number regional and local projects i.e. Nightingale Hospital (in 2020), lead partner in conjunction with many health partners in the Covid-19 vaccination programme and accelerated progress on the digital technology transformation.

Recovery
UHB had made considerable progress against their recovery plan in restoring services across Birmingham and Solihull system which had been orginally paused by pooling resources. A decision was taken to formalise this approach in February 2021. This predominantly affected theatres, given the large backlogs of surgical patients, awaiting surgery but also extends to outpatients and diagnostic pathways.

A single waiting list had been compiled with a pooled set of resources across acute providers and community partners in order to target resources to the patients of highest clinical need. This was primarily focused on inpatient waiting lists in which clinical priorities were categorised. These were;

- Priority 1 – Emergency treatment
- Priority 2 – Treatments within 30 days
- Priority 3 – Treatments within 90 days
- Priority 4 – Treatments that could wait longer than 90 days

Patients were treated in order of their clinical priority at the organisation where resources were available.

A similar methodology would be applied to outpatients' referrals, outpatient pathways and diagnostic pathways, referrals. Early indications show that UHB were back to 80% pre-Covid elective activity. In addition, resources were brought online to accelerate the recovery. Two new vanguard theatres were in place in Solihull with the aim of going live in a month.
International recruitment had started to take effect, with the first wave of theatre and ITU staff being offered posts.

Members raised questions around; the current number of nursing staff, medical vacancies available; if there was any data to quantify the impact of the pandemic and support given to staff; UHB admitted more Covid-19 patients than other trusts and if there was any data to highlight the reasons for the disproportionate additional demand for care at UHB i.e. health inequalities particularly in regard to different ethnicities and economic backgrounds; Solihull hospital operating on more patients and if there was enough resources to manage the increased number of patients requiring inpatient care and outpatient/community post operation follow up; developments of new drugs/ treatments and the knock on effect on hospitals following GP surgeries being closed.

In response to Members' comments and questions the following points were captured:

- **Staff vacancies** – The Chief Operating Officer, UHB, informed members there was approximately 450 vacancies for qualified nurses. Recruitment was essential as there was demand on the teams. Details of the number of vacancies for medical staff and allied health professional would be shared with members. Members were assured, the number of vacancies had not increased significantly as several staff had returned to the NHS following absent periods. In some instances, staff who were deployed to areas such as ITU's opted to continue in the deployed area with additional shifts. It was highlighted, though there was staff returning to support services, a number of staff had left the NHS due to the pandemic.

  Data on the impact on staff's wellbeing as a result of pandemic and support provided – The Chief Operating Officer, UHB, notified members data on this was currently not available and he would need to check the data beyond absence rates, retention rates and occupational health referrals. A People's Board had been set up across the health economy consisting of representatives from all organisations. A strategy had been developed and adapted throughout the pandemic which supported staff whilst dealing with the peak of the pandemic i.e. psychological support, general wellbeing and medium to longer term health of staff. UHB had retained many of the health and wellbeing measures which were put in place at the start of the pandemic and secured financial resources from NHS England in order to continue that.

- **Disproportionate effects seen in UHB** – The statistics were primarily driven by the disease prevalence in areas of geography. It was noted, the prevalence was higher in areas of high deprivation and certain ethnic backgrounds so there was a clear correlation between these. As a result, this information was used to tailor the vaccination programme and to reach the communities who were most vulnerable. It was highlighted, though health inequalities emphasised during the pandemic, it had been present before the pandemic. Further work was taking place to understand the effects of patient's outcomes in those communities. He noted as part of the recovery, it was crucial decisions at an operational level factored health inequalities of patients along with their position on waiting lists. This was to ensure health inequalities did not widen further.

- **Resources to support increase number of patients at Solihull Hospital** – In summary, during spring 2020, a decision was made to make Solihull to a Covid free elective centre. This was extremely useful for patients during the second wave (in the autumn) as elective services had been paused in other hospitals whereas Solihull's was maintained. Elective services such as treatment for patients with cancers had been suspended as staff were redeployed to other areas such as ITU's wards. The Chief Operating Officer, UHB highlighted, as there was a backlog and capacity issues, two extra theatres were put into place. UHB had developed an enhanced supportive care unit at Solihull – high dependency recovery area (e.g. care for complex surgery like cancers). In Solihull, over 200 patients are operated on per week, mainly highly complex cases. Solihull was providing a service for the whole

population and UHB's intention was to continue, develop and invest resources. He informed members, outpatients, diagnostics elements were all part of the plan. The outpatient and diagnostic services were open in Solihull. In addition, two endoscopy rooms had been placed into Solihull, bringing the total to four in total.

- **Development of new treatments** – There had been a limited number of new treatments, drugs developed over the last year. UHB was one of the largest contributors to research activities however, there was nothing more effective than what had already been deployed across the health services.

- **Access to GP's which were closed** – Work was taking place with CCG colleagues to find ways to access this service. As a result, there had been an increase in the number of people who went to A&E departments which was notably difficult to manage. GP surgeries were overstretched therefore, options to increase capacity were being explored. The Chair noted this was an issue, therefore requested updates on this area at a future meeting.

The Chair thanked the Chief Operating Officer (UHB) for attending the meeting and presenting updates. He added, the Committee were grateful for all the work undertaken by the teams during difficult times.

RESOLVED:-

7. That the Committee noted the report; and Members requested that the following further information is provided:-

i) Staff vacancies - Details of medical staff and allied health professional vacancies to be shared with members at a future meeting.
ii) Impact on staff's wellbeing – To check if there is any data on staff mental health and wellbeing via the People's Board and to share with members at a future meeting.
iii) Capacity at GP surgeries - increased number of patients in surgeries therefore, options of more capacity were being explored. Update on this to be shared at a future meeting.

BIRMINGHAM AND SOLIHULL SYSTEM OPERATIONAL PLANNING 2021/22

Harvir Lawrence, Director of Planning and Delivery Birmingham and Solihull CCG, (BSol CCG) and Lesa Kingham, Head of Planning and PMO (BSol CCG), gave a presentation which referred to the paper submitted for this item:-

(See document No. 3)

The Director of Planning and Delivery Birmingham and Solihull CCG, (BSol CCG) provided a summary from the document via a presentation. Key points highlighted and noted as;

The document was shared with members as part of the engagement process in developing the Birmingham and Solihull System Operational Plan for

2021/22. A summary of the plan had been circulated as part of the document pack. She informed members this described the annual priorities and objectives for the Birmingham and Solihull population. The plan responded to local challenges and priorities as well as addressing the national planning requirements set by NHS England and Improvement as set out in their planning guidance.

An overview of the work undertaken by the system to develop a 3-5-year high level strategic goals system and priorities was shared with the Committee. The plan had been submitted to NHS England and Improvement (NHS/I) however, this was submitted at a point in time and this was ongoing work that would evolve throughout the engagement process. Eventually, a public facing document would be produced based on the priorities. The challenges and the impacts of Covid-19 were outlined and followed up with an overview of the draft 21/22 Delivery Priorities.

She informed members discussions had taken place via the Integrated Care System (ICS) Board and the priorities were based on four pieces of work. These were noted as; i) Joint Strategic Needs Assessment, ii) Outcomes and Ambitions Framework; iii) Fundamental purposes of the ICS – Quadruple Aim and iv) Health and Wellbeing Strategy. Following the development of the work, four core principles emerged from discussions. These were noted as, early help and support; reducing inequalities; address diversity and culture of Birmingham and Solihull and the benefits of digital technology, research and innovation.

A summary of the 9 key priorities were shared with the Committee.

The Chair reminded the members, this was an important transitional phase as BSol STP Partnership were moving away from the previous Clinical Commissioning Groups (CCGs) to an Integrated Care System (ICS) and the views of the Committee would be helpful.

Members welcomed the updates shared.

Members raised questions around; early help and early intervention; details on tackling health inequalities; data on health inequalities to assist with decision making and prioritisation of work; if there was any data on total triage for primary care networks; primary care – access to face to face appointments and patients preference to be taken into consideration; support for staff mental health and wellbeing and anonymous feedback on support provided; primary care pathways focus on prevention was important however, explore how to facilitate self-management of conditions (which were clinically appropriate); ICS – take a holistic approach to tackle long term conditions – how this could improve management and the need for the strategy to stretch beyond the health and social care system to include partners i.e. leisure, housing etc.

In response to Members' comments and questions the following points were captured:

- **Early help and early intervention priorities, inequalities and data** – The Director of Planning and Delivery Birmingham and Solihull CCG, (BSol CCG)

informed members there were some issues with data, as some areas of coding data was better than others and this was being worked through. There were some gaps in areas such as ethnicity and the waiting lists data was being worked through to understand and address gaps. The data around learning disabilities, sexuality was less strong therefore, further work was required. Within the plan, there was a workstream around improving data quality to ensure informed decision-making took place. This was a long-term strategy and it was the first time nationally in the planning guidance that tackling inequality was central to delivery of objectives. There were several examples of work being undertaken on inequalities which would be shared with members in writing.

- **System of triage in Primary Care** – Data collection had to be improved across the whole system delivering pathways of care including primary care and community.

- **Access to primary care** – A further paper would be shared at a future meeting to the Committee on this area as this was an important area of work and a detailed conversation was required.

The Chair noted the responses given and requested for an informal, deliberative session with the Director of Planning and Delivery Birmingham and Solihull CCG, (BSol CCG) and colleagues on the Operational Plan. (Schedule for the summer/ autumn).

The Director of Planning and Delivery Birmingham and Solihull CCG added not all the questions raised by members were responded to however, a written response would be provided with a further session.

RESOLVED:-

8. That the Committee noted the report and presentation; and Members requested that the following further information is provided:-

i) Inequalities – Examples of current inequalities work to be emailed to members.
ii) Arrange an informal session to further discuss the Operational Plan. To be arranged for summer/ autumn.

BIRMINGHAM AND SOLIHULL ICS FINANCIAL PLANNING 2021/22

Paul Athey, Chief Finance Officer, Birmingham and Solihull CCG gave a presentation which referred to the paper submitted for this item:-

(See document No. 4)

The Chief Finance Officer provided a summary from the document submitted. These were noted as;

October 20 – March 21 – The ICS Financial performance – The BSol system finished the year in surplus of £13.6m, largely as a result of additional funding

realised by NHSE/I in month 12 to cover shortfalls in non-NHS income and the impact of the backlog of annual leave in NHS organisations.
This surplus would be invested back into services in the future.

ICS finance planning 2021 – 22 - Continuing to work with an interim financial framework within NHS. In a normal year, an allocation for the full year would be given however, only half a year allocation had been given up until the end of September 2021. This included non-recurrent funding that the Government had provided to ensure ongoing Covid costs could be covered. In addition to that baseline funding, additional funding could also be accessed from the Elective Recovery Fund. Also, additional funding to meet the requirement of the Mental Health Investment Standard and a range of specific service development funding for priorities within the long-term plan and targeted post Covid–challenges.

ICS Financial Planning April to September 2021 – BSol system submitted a plan to NHSE/I on 6th May showing a deficit of £28m for the H1 2021/22 with a range of potential mitigations that could bring the system into financial balance. Following additional work to identify and firm up additional mitigations, the ICS had verbally committed to targeting a breakeven position for H1. It is expected that a formal resubmission would be made on or around 15th June.

The Chief Finance Officer, Birmingham and Solihull CCG had previously noted areas the Committee members were interested upon. He provided an update on the restoration and recovery of services and efficiency targets.

The Chair commented on the efficiency targets update, which would potentially mean a reduction in the volume or quality of a service. He added this would need to be monitored closely.

Members raised questions around; additional capacity – as decreasing the backlog would mean to get ahead of pre-Covid numbers and if this was recoverable with the funding available; expected to make 0.55% efficiency savings from allocations (Q2) but increases to 1.1% from H2 – concerns around what this means for whole of the health system in Birmingham and Solihull.

In response to Members' comments and questions the following points were captured:

- **Plans for additional restoration** – The Chief Finance Officer, Birmingham and Solihull CCG notified members that to clear the waiting lists built up over the last 12 months, it would take a significant amount of investment and time. At present, finance was not the constraining factor. It was the workforce and space available to deliver services that were the main factors which were focused upon. There was no clarity if the Elective Recovery Fund would continue past the first 6 months and there was hope there would be an equivalent option.

- **Efficiency** – The ICS would be working differently, and opportunities would be identified i.e. the way services were provided across the pathway of care –

primary to secondary care. Exploring ways to improving services in an efficient way e.g. self-care – by supporting the population to manage their health in an effective manner which would relieve some pressure to the system (demand and cost of services). This would be a challenge, however it was an opportunity for the ICS.

The Chair noted a detailed update would be provided at the next meeting in September.

RESOLVED:-

9. That the Committee noted the report and an update would be provided at the next meeting.

GOODREST CROFT SURGERY

Paul Sherriff, Director of Partnerships in Primary Care referred to the presentation submitted for this item:-

(See document No. 5)

The Director of Partnerships in Primary Care provided context to the document submitted.

He highlighted, the Goodrest Croft Surgery had approximately 7000 patients and in October 2019, the partners handed back the contract without notice. As a result, all responsibility for their patients was given to the CCG. The CCG was required by NHS England to identify a temporary interim provider (other GP surgeries), at short notice. As a result, this came with considerable amount of expense and activity to progress. There were periods during the pandemic which added to the pressure of determining the future of the premises and this remained unclear for a year. As a result, this influenced the decision by the CCG to disperse the list in the best interest of patients. Alternative local provision via the CCGs governance arrangements delegated by NHS England took place. He recognised there were 3-4 areas of the key events which could have been dealt with differently.

Patients were made aware of the changes at the surgery through various communications; posters; advice line etc. He acknowledged earlier engagement with elected members should have occurred to ensure they were aware of how things were changing. However, all the patients at Goodrest Croft Surgery had now been re-provided with primary care services. The Director of Partnerships in Primary Care accepted certain actions could have been dealt with differently however, this was the current status.

Councillor Sexton thanked the Director of Partnerships in Primary Care for recognising the problems with the process and the difficulties associated with this situation.

Councillor Tilsley noted the consultation went through the normal process, however, there were concerns around additional capacity in neighbouring surgeries.

Members raised questions around; how the other GP practices within the area were affected – was it a sustainable situation or were they overloaded with patients; inability to access appointments and is there a plan in place to address this provision; placing additional patients in neighbouring surgeries would exacerbate problems; Cllr Adam Higgs had not been informed about the closure of the surgery; Chronology - members were notified of this issue at milestone 10 out of 11 which was not satisfactory. Members should be advised earlier in the process of significant identifiable risks via briefings as email communications were not easy to filter.

In response to Members' comments and questions the following points were captured:

- **Capacity in GP surgeries** – The demand on GP's had been highlighted across England. Surgeries in Birmingham and Solihull had experienced the highest level of activity. In relation to Goodrest Croft Surgery, patients had the choice of where they wanted to be placed. In addition, all the local practices were engaged and confirmed if they had capacity i.e. if they could or could not accommodate additional patients. Conversations took place with the local Medical Committee (LMC).

  The Operational Team Manager added, before the practice was dispersed, a scoping exercise took place with the five closest local practices on more than one occasion. An action plan was requested from the local practices which indicated they had a combined capacity of over 9000 patients. At this time, Goodrest Croft Surgery had 6000 patients left therefore, there was good capacity to support patients. A Solihull practice offered to take 1000 patients; however, they had not progressed with this therefore, had capacity remaining. Engagement took place with Yardley Wood Health Centre. They had increased their capacity for additional patients and they were supported by the CCG.

- **Chronology – Goodrest Croft Surgery** – The Director of Partnerships in Primary Care noted elected Members were informed of this issue at milestone 10 out of 11 which was not satisfactory. He accepted and apologised for this and noted earlier engagement with members of the committee should have taken place. Significant lessons had been learned and would be factored into the process in future to ensure best practise was in place.

  The Chair thanked Director of Partnerships in Primary Care for the update and he wanted to ensure the trust between organisations was strengthened. He requested an advisory note be shared with the committee as to how actions would proceed differently in the future.

10. **RESOLVED:-**

That the Committee noted the content of the presentation; and requested for the following information to be provided: -

i) Advisory note on closures of GP surgeries - An update to be shared with the committee about the learning of the process and actions to proceed differently in the future.

POST COVID SYNDROME ('LONG COVID') REHABILITATION

Joanne Williams, Chief Executive Officer, The Royal Orthopaedic Hospital (ROH) introduced herself and her colleagues to the Committee.

Alicia Stanton, Transformation Manager, ROH and Rebecca Lloyd, Deputy Director of Strategy, ROH referred to the presentation submitted for this item:-.

Key points noted;

(See document No. 6)

Clinicians preferred to use 'post-Covid' to refer to this condition whereas patients felt strongly they were still suffering from the effects of Covid therefore, prefer to refer to this condition as 'long Covid'. The scoping exercise for the programme consisted of all patients who had suffered with Covid including those that remained at home, or in a care setting as well as hospitalised.

A collaborative approach had taken place from BSol ICS. This consisted of ROH, CCG, UHB, BCHC, Birmingham Women's and Children's Hospital and Primary Care where all members were actively contributing to meetings. A reflective session took place from all the groups and lessons learnt were captured. It was highlighted the engagement and commitment from all stakeholders had been excellent.

ROH were currently in the process of writing an entrance for the HSJ awards for partnership collaboration.

An overview of the Birmingham & Solihull Post COVID Syndrome Rehabilitation Pathway was shared with Members.

- Key focus was on self-management - with advice from virtual, online resources.
- Empower patients – directed through Primary Care (GP route) for additional support. Patients go through the GP with the option of self-management for existing services.
- Alternatively, single points of access available (one in Birmingham and another in Solihull) – multidisciplinary team screen and assess patients. Patients are then channelled through 3 different routes.

The adults and paediatric pathways were shared with the committee members.

A national data set must be submitted on a fortnightly basis. The majority of patients presenting for assessment were of working age (16 – 64 years) and

the focus was to support those who were struggling with their symptoms and to get them back to work or have transition arrangements in place.

The waiting times had increased in demand for services. Many of the services were existing services and the funding available did not cover any new pathways. As a result, the Workforce Model had been reviewed to ensure more people had screening assessments to reduce the backlog. There was now a huge improvement to waiting times.

The main symptoms noted by clinical teams were increased anxiety and fatigue. It was highlighted there was a greater proportion of females had been assessed which was not a clear representation of the area. Further work on equality and equity of access was taking place.

Covid-19 had impacted the BAME communities significantly. At present, the assessments had mainly been of people of white background hence further work is happening in phase 2 on this area.

Local and national feedback from the community was shared with the members and patient engagement events would be taking place.

There had been some real successes in phase 1, however there was a movement to a patient and family pathway as Covid had impacted beyond people's health.

In phase 2, the priorities were addressing health inequalities that were evident in the data as well as improving data collection. A business case for the future would need to be developed.

The Birmingham Women's and Children's Trust would be the lead provider for paediatric support for the West Midlands. Leicestershire and Rutland's would lead for East.

Councillor Tilsley commented on long-Covid and Chronic Fatigue Syndrome (CFS). He noted the symptoms were very similar therefore, more research on both areas was required. He noted more funding for long-Covid research and CFS was required by Government. He added long-Covid was largely affecting women.

The Transformation Manager, ROH, noted comments made by Councillor Tilsley and added the outcomes from the assessments indicate fatigue was the predominant symptom. In phase 2, the rehabilitation, specific Fatigue Management Programmes would be explored with the fatigue management experts who run similar programmes for CFS.

Councillor Fowler referred to disproportionate impact on BAME group (inequalities). He questioned if there was any increasing evidence on this area and that he would like to see action plans developed to address the inequality issues.

In response, the Transformation Manager, ROH, mentioned increasing evidence would be found as further developments took place. More co-

production work was taking place and working with the patients. Further engagement was required via leaflets, through places of worship etc.

Clare Underwood, Deputy Chief Nurse, BSol CCG, informed members the patients from the BAME community were from a more demanding health and social care background. Phase 2 would involve a significant piece of work on health inequalities where the needs from a BAME perspective would be captured.

The Chief Executive Officer, The Royal Orthopaedic Hospital assured members the learnings with partnerships had been noted. The Musculoskeletal (MSK) Redesign Programme would be launched across the system and this would be shared at a future committee.

The Chair welcomed the future update on the phase 2 including the MSK redesign programme.

11. **RESOLVED:-**

That the Committee noted the content of the presentation; and requested for the following information to be provided: -

i) An update on phase 2, MSK Redesign Programme and business case to be shared at a future.

DATE OF NEXT MEETING

12. The next meeting to be confirmed (September 2021) at 1800 hours, Civic Suite, Solihull.

OTHER URGENT BUSINESS

Proposed Knee Arthroscopy Guidance - The Chair referred to a discussion at a previous meeting on the next round of Harmonised Clinical Procedures – Phase 4. There were concerns around the proposals on knee surgeries and members would like to look at issues further.

Councillor Sexton added following a discussion at a previous meeting, there were concerns raised at the time around a different set of guidance by neighbouring trust and the potential equality impact. Questions were raised with the CCG, however, she was not reassured with the responses, therefore suggested this to be revisited.

The Individual Funding Request system was mentioned, however, she added this could be a source of health inequalities hence why the question around data was raised. Unfortunately, the data was not being collected therefore, the Committee requested for this information to be collected alongside ethnicity and other key data. The Chief Executive Officer, The Royal Orthopaedic Hospital would share this information with the CCG and UHB and ask for a future update to be provided to the Committee.

13. **RESOLVED:-**

That a draft letter to be produced by officers requesting more information from the CCG on:-

i) the potential gap between the standard guidance and what was proposed.
ii) the IFS system equality impact review of current experience of access to the service and to ensure it was an equitable offer taken up across Birmingham and Solihull groups.

The meeting concluded at 16:14 pm.

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Primary care access

Context and background

- Emerging misconception that general practice has been “closed” during pandemic
- Primary care continues to operate through a telephone triage first approach as per national guidelines and local operating model
- Lack of public understanding around COVID19 GP operating model, including GP Referral Centres (red sites)
- An increase in complaints and concerns regarding access to primary care
- Demand for primary care is at an all time high
- General practice are reporting a marked increase in verbal abuse from patients and the public.

Birmingham and Solihull

Birmingham and Solihull General Practice Operating Model

Green sites:

Many practices are green sites, where consultations are undertaken on the phone or by video with face to face appointments when clinically necessary alongside e-access such as online queries, emails and e-triage. Patients may be required to travel to a different site.

Amber sites:

Urgent or acute medical illness or symptomatic patients, and those who cannot be treated safely treated via a virtual consultation. Patients here will be seen only after triage, ensuring we are prioritising face to face consultations where clinically needed.

Local vaccination centres:

Local Vaccination Sites are delivered by general practice working within their Primary Care Networks offering Covid 19 vaccinations to local people. Patients are either invited to the site by letter, telephone or text message. On occasion, sites will offer a walk in facility for patients to access the vaccine at short notice or provide pop up services via mobile units.

GP referral centres:

GP referral centres available locally to receive GP and NHS 111 referrals for face to face assessments of COVID and non-COVID cases and to support resilience within general practice at a locality level by providing surge capacity.

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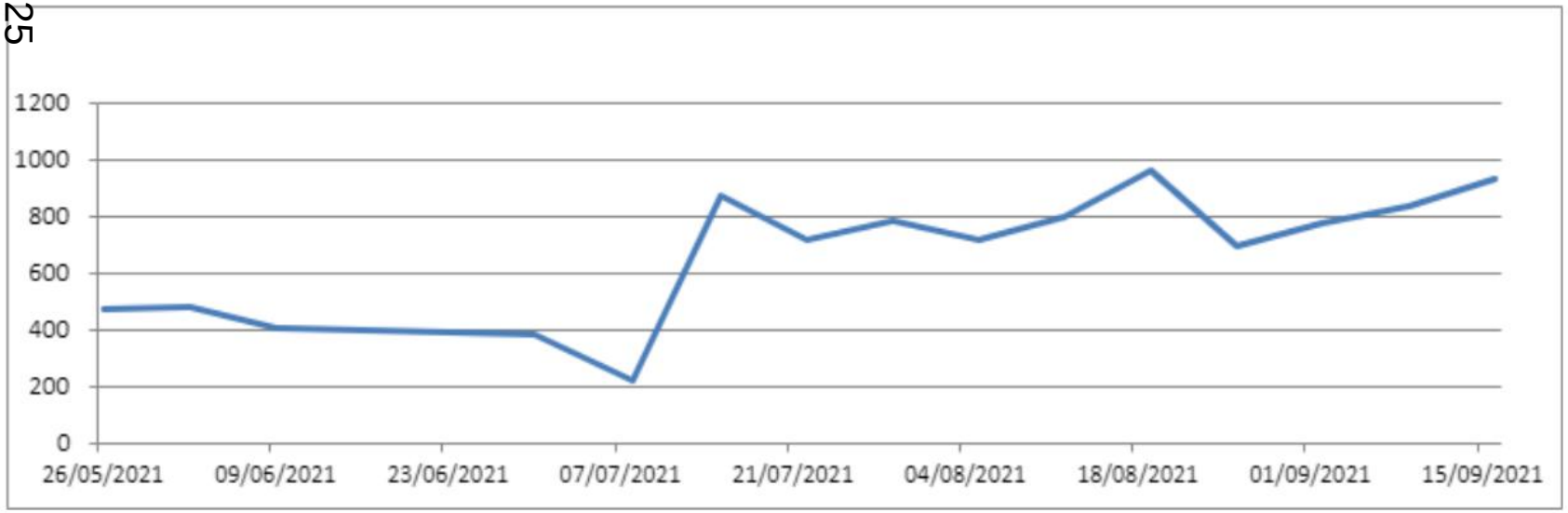
Latest GP access data for BSol

- General Practice is offering 10% more patient appointments from same day and up to 7 days compared to 2019 (2.2million in March-July 2021 compared to 1.9million in March – July 2019)
- A 4% increase in patient appointments on the same day (48% in 2021 compared with 44% in 2019)
- The same number of appointments are being undertaken overall in 2021 compared to 2019 (1.6million March-July)
- In July 2021 approximately 628,000 appointments were made, compared with 624,000 in 2019.
- This activity is as well as delivering a highly successful COVID vaccination programme with no additional resource.

GP referral centres and surge capacity sites

- Many practices/PCNs diverting patients with GP requirements who also have suspected COVID19 to three “red” sites:
  - Hurst Lane Castle Bromwich (managed by Badger)
  - Greet Medical Centre (managed by SmartCare)
  - Erdington Slade Road (managed by Badger)
- Additional “surge” capacity opened at more sites:
  - Washwood Heath Health and Wellbeing Centre (managed by local practices)
  - West Heath Primary Care Centre (managed by SDS MyHealthcare)
- Additional urgent treatment primary care provision at:
  - Hurst Lane Castle Bromwich (managed by Badger)
  - Greet Medical Centre (managed by SmartCare)
- Activity growing again as restrictions ease and new variants identified

Recent GRPC activity data:



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Breadth of work being undertaken by general practice

- Urgent same day primary care access, including referrals and urgent treatment/tests
- Long term condition management, including all the work associated with the Quality and Outcomes Framework and the BSol commissioned Universal Offer
- Leading and supporting restoration and recovery for all aspects of primary care and also with secondary care for elective and non elective backlog
- All annual health checks
- All annual blood tests
- Vaccinations and immunisations for all groups including children's, seasonal Influenza and Covid 19

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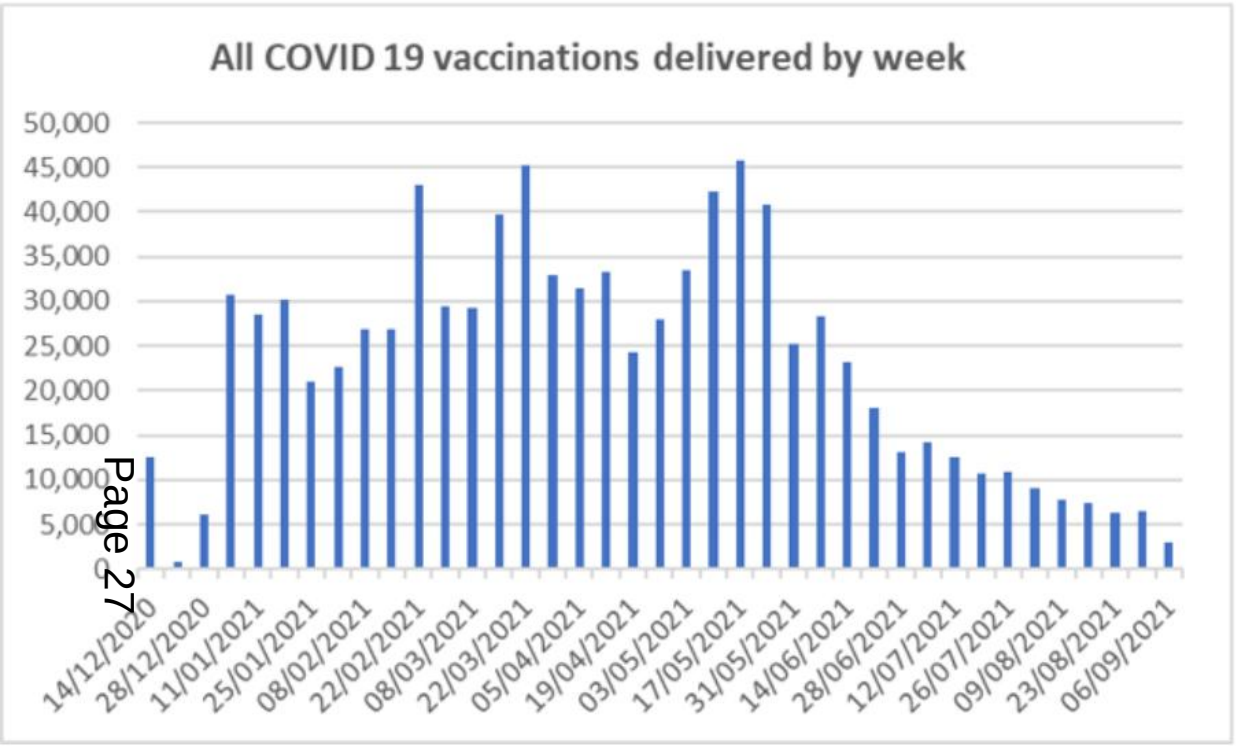
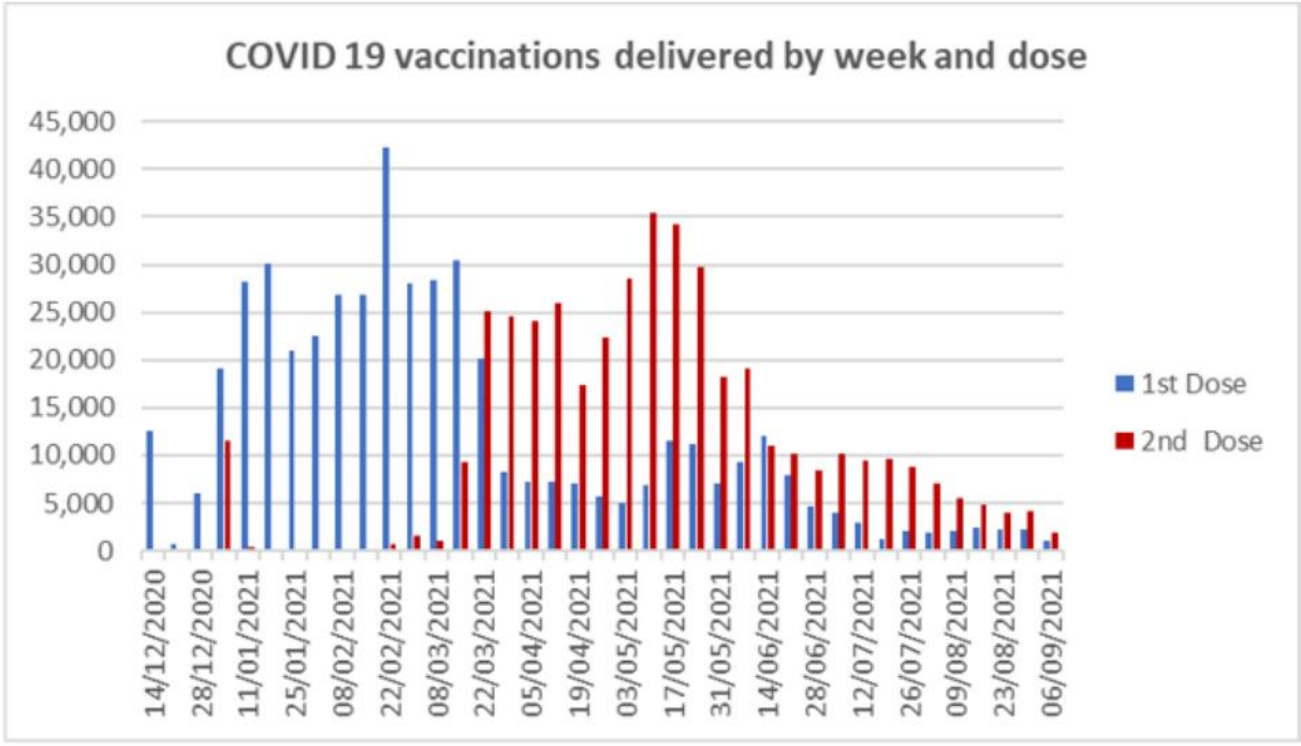
Vaccination activity for BSol





- Across Birmingham and Solihull 1543076 people have been vaccinated by 19 September
- 905068 of these have been delivered by general practice (59% of all vaccinations).

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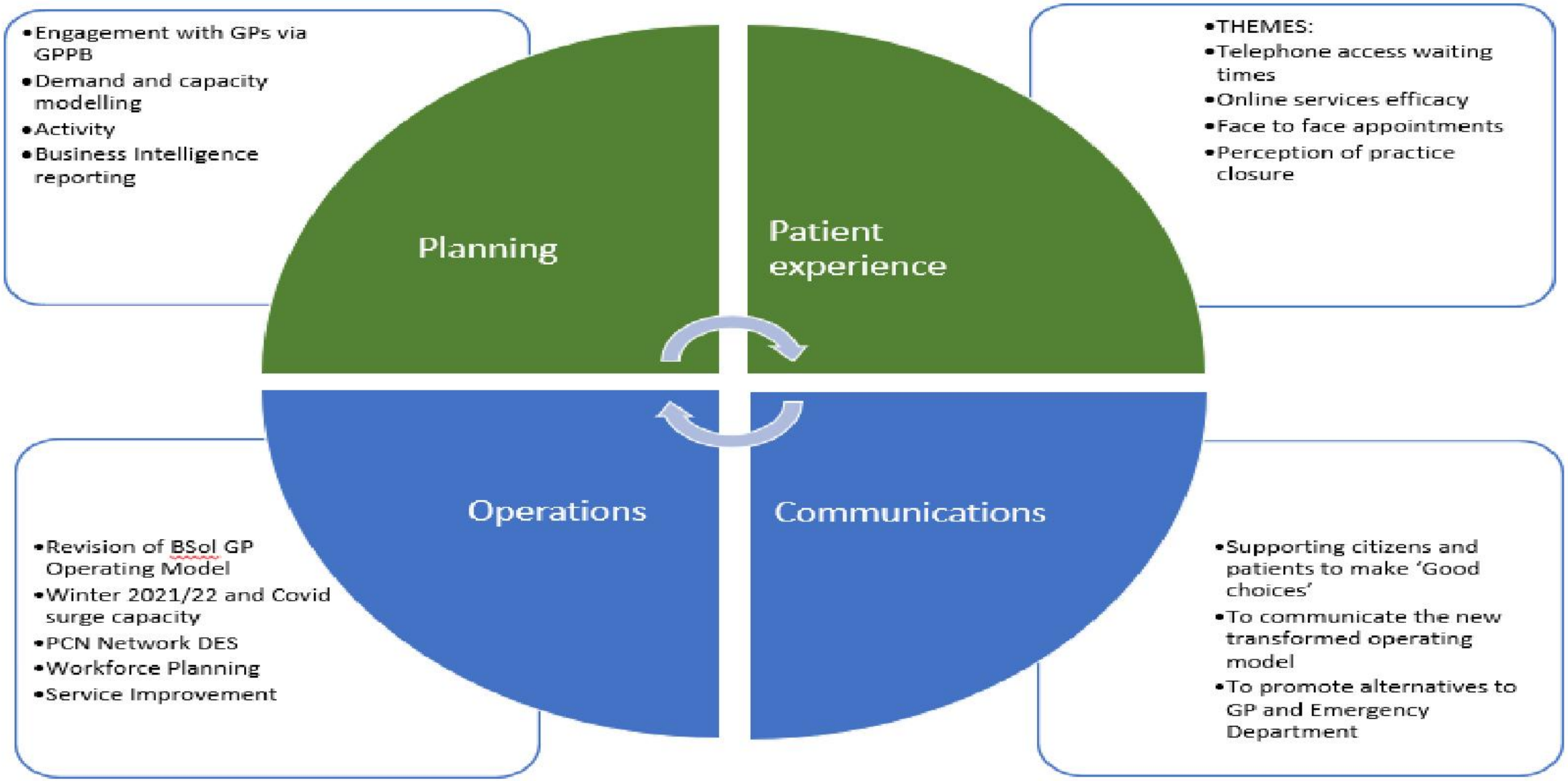
Access improvement programme



NHS 111 First

- Objectives
  - To encourage patients to call NHS 111 first if they need urgent advice or care
  - To ensure that patients are seen in the right place first time
  - To direct patients away from ED to alternative services where appropriate
  - To offer patients a booked appointment where appropriate or available

NHS 111 First

- Implementation
  - Calls to NHS 111 have increased by 30% in the last 12 months (circa 35,000 BSOL calls in June 2021)
  - 20% of patients have an ambulance dispatch or are advised to attend ED.
  - Clinical validation of 70% of calls where the outcome is an ambulance dispatch or patients are advised to attend ED
  - 36% of patients advised to attend ED are given a booked appointment time

NHS 111 First

- Implementation (continued)
  - 63% of patients require primary care service
  - Where possible patients are booked a call back from their registered practice or a UTC clinician
  - 12% of calls closed with advice only
  - 5% signposted to another service.

Thank you.

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Birmingham and Solihull ICS Financial Planning 21/22 – H2 - JHOSC September 2021

Paul Athey, Chief Finance Officer,
NHS Birmingham and Solihull CCG

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Finance: H1 forecast is on plan

Month 5 position = £2.7m surplus

H1 expected outturn = Break-even

Significant Drivers to revenue
YTD slippage on recruitment against investments, expected to be utilised in-year so not impacting on forecast for H1
Lower cost base resulting from reduced elective activity, driven by non-elective pressures at UHB/BWC. Some offsetting increases in the cost of drugs and temporary staffing
Changes to the **Elective Recovery Fund (ERF)** thresholds have reduced the funding that BSOL is able to access to support elective recovery.
Vaccination and Testing costs continue to be fully funded
Continuing Healthcare pressures, with offsetting underspend on Primary Care prescribing and CCG vacancies

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Planning guidance for H2 expected imminently

Timing

- Delay to publication of guidance – expected late w/c 20th September
- Submission due mid-November

National Priorities

- Building on H1 priorities to deliver sustained delivery:
  - Elective restoration and recovery
  - Cancer
  - Urgent and Emergency Care
  - Mental Health Services

Funding expectations

- Additional £5.4bn announced nationally for H2 (although this is less than the additional funding received in H1).
- Funding expected to maintain H1 envelopes except for some reductions in Covid premium and with an additional efficiency ask. Overall, systems are expected to see H1 funding envelopes reduce by around 2%.
- Separate funding for elective recovery remains with additional capital funding being made available to support restoration.
- No hard close for H1 with systems expected to deliver breakeven across 12 months.

Looking to the future – 22/23 & beyond

22/23 funding

- No details published as yet with regards to 22/23 planning
- Expected that funding envelopes will begin to reduce to pre-covid levels, with targeted investment in priority areas funded through the Health and Social Care Levy
- Removing the additional funding received during Covid will leave a significant underlying financial gap in BSOL, requiring a concerted system effort to address.

Development of an ICS financial strategy

- BSOL ICS is looking to develop the following key components of our financial strategy:
  - A **medium-term financial plan** that charts the journey to recurrent financial balance
  - A **system sustainability plan**, setting out system wide initiatives to ensure that services are affordable
  - An **investment schedule** (revenue and capital) for the system that provides clear outcomes
  - A **clear allocation framework** that supports the effective funding of services and addresses health inequalities
  - **System wide financial governance arrangements** that ensures subsidiarity where appropriate

Looking to the future – 22/23 & beyond

Approach to efficiencies

- The development of an ICS sustainability strategy will focus on the following key principles and work programmes:
  - Systematically use data to identify opportunities
  - Workforce is largest asset, our biggest cost and the most significant constraint to recovery of services. We need to ensure that we are using the right people, to do the right things at the right time
  - Cement a system-wide procurement approach to ensure best value in everything we buy
  - Make the best use of our estate, ensuring property is fit for purpose and fully occupied
  - Leverage investment in digital to deliver better value and improve the quality of care and the responsiveness of our services
  - Review clinical services across the whole clinical pathway, ensuring best value in everything that we do

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Progress Report | Update on Post-COVID Syndrome ('Long COVID') Rehabilitation

Executive Lead	Helen Jenkinson Chief Nurse (BSol CCG)	Programme Lead	Claire Underwood Deputy Chief Nurse (Bsol CCG)	Period	June 2021 – September 2021	On Track / RAG	

POSTIVE ASSURANCES TO PROVIDE

- Positive feedback from NHSE/I on 2021-22 funding allocation bid, with full amount received in August 2021
- Fatigue Management pilot successfully completed with first patient group
- Vocational sessions being developed with a focus on return to work
- Linked with ICS Health Inequalities Lead and plans to link in with specific population health focused communications & engagement underway
- GP Education events held for BSol GPs and Black Country GPs
- CCG leading a Training Needs Analysis exercise to determine future training & education needs for primary care colleagues
- Children & Young People's Long Covid pathway launched on 23.08.21, with Birmingham Women's & Children's Trust acting as the lead provider for the Midlands region
- Drop in sessions with Occupational Health & HR underway at UHB to support staff affected by Long Covid

PLANNED ACTIVITIES AND KEY UPCOMING DATES

- Patient & public engagement event planned for Tuesday 28th September 2021 (5.00-6.30) with 136 tickets pre-booked as of 22.09.21
- Proactive messaging re. Covid & Long Covid to link with Commonwealth Games
- Briefing to 800+ Covid Community Champions about Long Covid to be shared in early October 2021
- Singing Medicine pilot taking place in November 2021 – 3 x face to face sessions for up to 15 patients to improve breathing function
- Pilot of clinical student telephone follow up for UHB post-hospital admission patients
- Plan to link with Physician Associate Programme to discuss options for additional/new clinical resource to support Long Covid service
- Roll out of Fatigue Management programme, 3 cohorts of 10 patients follow a 6 week course
- Long Covid 'van' purchased – currently being operationalised to enable clinicians to increase community engagement, and provide specific population health focused communications

KEY RISKS AND ISSUES

- 977 referrals in 2 week period in August 2021 – significant increase in referral demand, outweighing current capacity
- Waiting list numbers
- Retention of staff in the Single Point of Access – recruitment underway
- Increased workforce needed to support ongoing rehab e.g. fatigue management, respiratory care, and vocational programmes
- Lack of Psychology support within the Specialist Long COVID clinic – Psychology input at this stage in the pathway would be beneficial to aid signposting of onward mental health referrals

MATTERS FOR ESCALATION

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Meeting date:	29th September 2021
Report to:	Birmingham and Solihull Joint Health and Overview Committee
Subject/report title:	Birmingham and Solihull Joint Health and Overview Committee Terms of Reference update
Report from:	Deborah Merry, Head of Democratic and Legal Services (SMBC)
Report author/lead contact officer:	Joe Suffield, Democratic Services Officer (SMBC) Gail Sadler, Scrutiny Officer (BCC)

Wards affected:

☒ All Wards | ☐ Bickenhill | ☐ Blythe | ☐ Castle Bromwich | ☐ Chelmsley Wood | ☐ Dorridge/Hockley Heath | ☐ Elmdon | ☐ Kingshurst/Fordbridge | ☐ Knowle | ☐ Lyndon | ☐ Meriden | ☐ Olton | ☐ Shirley East | ☐ Shirley South | ☐ Shirley West | ☐ Silhill | ☐ Smith's Wood | ☐ St Alphege

Public/private report: Public

Exempt by virtue of paragraph:

1. Purpose of Report

1.1 This report invites Members to consider proposed changes to the Joint Health and Overview Scrutiny Committee's Terms of Reference.

2. Decision(s) recommended

2.1 The Committee is invited to approve the revised Terms of Reference as set out in Appendix A

3. Matters for Consideration

3.1 On 11 February 2021 the Department of Health and Social Care published the White Paper Integration and Innovation: working together to improve health and social care for all. This White Paper sets out proposals to increase integration and joint working across the health and care system. Following this, The Health and Care Bill has been published which confirms detail of these reforms.

3.2 The Bill brings forward measures for statutory Integrated Care Systems (ICSs). These will be comprised of an ICS Health and Care Partnership, bringing together the NHS, local government and partners, and an ICS NHS Body.

3.3 The ICS NHS body will be responsible for the day to day running of the ICS, while the ICS Health and Care Partnership will bring together systems to support integration and

develop a plan to address the systems' health, public health, and social care needs.

3.4 A key responsibility for these systems will be to support place-based joint working between the NHS, local government, community health services, and other partners such as the voluntary and community sector.

4. What options have been considered and what is the evidence telling us about them?

4.1 Following the publication of the White Paper by the Department of Health and Social Care and the introduction of ICSs, it has been necessary to review the existing Terms of Reference of the Joint Health Overview and Scrutiny Committee and identify potential changes. These would be updated and presented to the Board as required.

4.2 The main changes to highlight:

(a) 1.2: deletion of “formation/development”

(b) 1.2: inclusion of “as it transitions towards an Integrated Care System”

(c) 5.2 “Solihull is (3:2)”

5. Reasons for recommending preferred option

5.1 Members are invited to consider and endorse the proposed changes to the Committee’s Terms of Reference, to ensure it reflects the changes stemming from the Department of Health and Social Care White Paper and the introduction of statutory ICSs.

6. Implications and Considerations

6.1 State how the proposals in this report contribute to the priorities in the Council Plan:

Priority:	Contribution:
Economy: 1. Revitalising our towns and local centres. 2. UK Central (UKC) and maximising the opportunities of HS2. 3. Increase the supply of housing, especially affordable and social housing.	The Committee will scrutinise topics within the remit of the Terms of Reference, with consideration given to the priorities of the Council Plan for both Birmingham and Solihull.
Environment: 4. Enhance Solihull’s natural environment. 5. Improve Solihull’s air quality. 6. Reduce Solihull’s net carbon emissions.	The Committee will scrutinise topics within the remit of the Terms of Reference, with consideration given to the priorities of the Council Plan for both Birmingham and Solihull.
People and Communities:	The Committee will scrutinise topics within the remit of the Terms of Reference, with

7. Take action to improve life chances in our most disadvantaged communities. 8. Enable communities to thrive. 9. Sustainable, quality, affordable provision for adults & children with complex needs.	consideration given to the priorities of the Council Plan for both Birmingham and Solihull.

6.2 Consultation and Scrutiny:

6.2.1 The Terms of Reference had previously been presented at an informal meeting of the Board

6.3 Financial implications:

6.3.1 None

6.4 Legal implications:

6.4.1 None

6.5 Risk implications:

6.5.1 None

6.6 Equality implications:

The amended Terms of Reference reflects the changes stemming from the Department of Health and Social Care White Paper, which aim to improve outcomes and address inequalities.

7. List of appendices referred to

7.1 Appendix A – Revised Terms of Reference for Joint HOSC

8. Background papers used to compile this report

8.1 Health and Care Bill 2021

9. List of other relevant documents

9.1 None

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Joint Health Overview and Scrutiny Committee (Solihull and Birmingham)

Terms of Reference

June 2021

1 Rationale

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

- The monitoring of related issues, such as quality of care across the former Heart of England NHS Foundation Trust, Birmingham and Solihull Mental Health Trust sites, as necessary.

- The scrutiny of activity particularly with regards to any change to clinical pathways.

- To consider proposals coming forward from Clinical Commissioning Groups (CCGs) that affect Birmingham and Solihull.

1.2 Following the establishment of Birmingham and Solihull Clinical Commissioning Group (BSol CCG); merger of University Hospital Birmingham with the former Heart of England Foundation Trust in 2018 to form a greater University Hospitals Birmingham (UHB) (including the Queen Elizabeth Hospital, Heartlands Hospital, Good Hope Hospital and Solihull Hospital); and the Birmingham and Solihull Sustainability and Transformation Partnership (STP) as it transitions towards an Integrated Care System, a Joint Health Scrutiny Committee needs to continue to exist. It should consider the above, scrutinise and maintain an oversight of health service developments and substantial variations taking place in across Birmingham and Solihull and maintain an overview of key issues such as: -

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

2 General Terms of Reference

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

- Whether as a statutory body, the Joint HOSC has been properly consulted within the consultation process;

- Whether in developing the proposals for service changes, the health body concerned has taken into account the public interest through appropriate patient and public involvement and consultation;

- Whether a proposal for changes is in the interest of the local health service.

2.2 The primary role will be in respect of proposed service changes and quality of care issues affecting the provider bodies such as UHB and Birmingham and Solihull Mental Health Foundation Trust and the BSol CCG over proposed changes to care pathways.

2.3 The JHOSC would also scrutinise and have oversight of joint issues / plans emerging from the BSol STP and Health and Wellbeing Boards across Birmingham and Solihull.

2.4 The Joint HOSC will have regard to the four requirements for lawful consultation in reaching its conclusions on service changes.

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

2.5 The joint response to the consulting Healthcare Body will be agreed by the Joint Health Overview and Scrutiny Committee and signed by both Chairmen.

2.6 No matter to be discussed by the Group shall be considered to be confidential or exempt without the agreement of both Councils and subject to the requirements of Schedule 12A of the Local Government Act 1972.

3 Timescales & Governance

3.1 The Joint Health Overview and Scrutiny Committee will continue whilst proposed services changes that affect both areas are contemplated.

3.2 The responsibility for chairing meetings will alternate between Birmingham and Solihull, the Health Scrutiny Chair of the hosting authority to chair the meeting. The location of meetings is to rotate between the two authorities. In the absence of a meeting Chairman, the Chairman of the other Authority, if present, takes the chair, and in the absence of both Chairmen, a Chairman will be elected from those members present at the meeting.

3.3 Meetings of the Joint HOSC will be conducted under the Standing Orders of the host Local Authority (i.e. the Local Authority chairing the meeting and providing democratic services support)

4 Communication with Media

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

5 Membership

5.1 Membership of the Joint HOSC will be nominated by the Birmingham City Council and Solihull Metropolitan Borough Council.

5.2 Membership of the Joint Scrutiny Committee will reflect the political balance of each local authority. Membership of the Joint Scrutiny Committee will reflect the political balance of each local authority. For a committee of ten members the ratio for Solihull is (3:2) and for Birmingham it is (3:1:1).

5.3 The quorum for meetings will be four members, comprising two members from each authority.

5.4 Healthwatch Birmingham and Solihull should be given an opportunity to contribute to the meetings as and when necessary to do so.

6 Support Arrangements / Resources

6.1 The work of the Joint HOSC will require support in terms of overall co-ordination, setting up and clerking of meetings and underpinning policy support and administrative arrangements.

6.2 Venues for meetings are to be rotated between Solihull MBC and Birmingham City Council with associated administrative costs to be borne by the respective Authority. Responsibility for administrative/ policy support and clerking arrangements is also to be alternated between the two Authorities.

6.3 The support officers for the JHOSC will need to work together to support the development and co-ordination of a JHOSC work programme.

6.4 These terms of reference would have regard to the following statutory guidance: -

Health Scrutiny Guidance (2014)
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/324965/Local_authority_health_scrutiny.pdf

Statutory Overview and Scrutiny Guidance (2019)
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/324965/Local_authority_health_scrutiny.pdf

Approved by:

Councillor
Solihull HOSC Chairman

Councillor
Birmingham HOSC Chairman

On behalf of the Joint Health Overview and Scrutiny Committee

Date approved.

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Joint Birmingham & Solihull Scrutiny Committee Work

Members	Birmingham City Council: Cllrs Mick Brown (Chair), Peter Fowler, Mohammed Idrees, Rob Pocock, Paul Tilsley. Solihull MBC: Cllrs Martin McCarthy (Chair), Dave Pinwell, Diane Howell, Andy Hodgson, Rosemary Sexton.	
Meeting Date	**Key Topics**	**Contacts**
10th June 2021 2.00pm Birmingham Via Microsoft Teams	• JHOSC Terms of Reference • UHB NHS Trust's Performance during the Covid-19 Pandemic and Recovery of Services. • Birmingham and Solihull System Operational Planning 2021/22 • Birmingham and Solihull ICS Financial Planning 21/22 • Post-COVID Syndrome ('Long COVID') Rehabilitation • Goodrest Croft Surgery Closure	Jonathan Brotherton, Chief Operating Officer, UHB Harvir Lawrence; Lesa Kingham. Paul Athey, Chief Finance Officer, BSol CCG; David Melbourne, System Finance Lead Claire Underwood; Joanne Williams. Paul Sherriff; Michelle Williams.
29th September 2021 @ 6.00pm Solihull	• NHS 111 First Update • Birmingham and Solihull ICS Financial Planning 21/22 Update • Access to Primary Care • Update on Post-COVID Syndrome ('Long COVID') Rehabilitation • JHOSC Terms of Reference	Helen Kelly, Associate Director of Integration (Urgent Care/Community), BSol CCG Paul Athey, Chief Finance Officer, BSol CCG; David Melbourne, System Finance Lead Paul Sherriff, BSol CCG; Andy Cave, CEO, Healthwatch Birmingham and Healthwatch Solihull. Jo Williams, CEO, The Royal Orthopaedic Hospital.

December 2021 @ 2.00pm Birmingham	• UHB NHS Foundation Trust – Staff Mental Health and Wellbeing Data • Birmingham and Solihull ICS Financial Planning Update 21/22 – H2 • ICS Update and the Role of Scrutiny	Jonathan Brotherton, Chief Operating Officer, UHB. Paul Athey, Chief Finance Officer, BSol CCG; David Melbourne, System Finance Lead David Melbourne, System Finance Lead
March 2022 @ 6.00pm Solihull	•	