

## **BIRMINGHAM CITY COUNCIL**

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

**TUESDAY, 25 JULY 2023 AT 14:00 HOURS**  
**IN COMMITTEE ROOM 6, COUNCIL HOUSE, VICTORIA SQUARE,**  
**BIRMINGHAM, B1 1BB**

## **A G E N D A**

### **1 NOTICE OF RECORDING/WEBCAST**

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

### **2 DECLARATIONS OF INTERESTS**

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

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

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

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

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

- 3     **APOLOGIES**
- To receive any apologies.
- 5 - 14**     4     **MINUTES OF MEETING - 12TH APRIL 2023**
- To note and approve minutes of the last JHOSC meeting.
- 15 - 16**     5     **MEMBERSHIP OF JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE**
- To note the membership of the Birmingham and Solihull Joint Health Overview and Scrutiny Committee for 2023/24 (14.05-14.10).
- Birmingham:  
Councillors Mick Brown (BCC Chair - Lab), Rob Pocock (Lab), Shabina Bano (Labour), Gareth Moore (Con) and Debbie Harries (LibDem).
- Solihull:  
Councillors G Sleigh (SMBC Chair – Con), Cllr A Mackenzie (Con), Cllr S Gethen (Con), Cllr S Ashraf (Grn), Cllr R Long (LibDem).
- 17 - 22**     6     **JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE TERMS OF REFERENCE**
- To note the Terms of Reference for the Joint Health Overview and Scrutiny Committee (14.10-14.15).
- 23 - 24**     7     **JOINT HEALTH AND OVERVIEW AND SCRUTINY COMMITTEE ACTION TRACKER**
- To review and note the actions from previous Joint Health Overview and Scrutiny Committee meeting. (14.15-14.20)
- 25 - 28**     8     **REPORT ON 3 INDEPENDENT REVIEWS OF UNIVERSITY HOSPITAL BIRMINGHAM NHS FOUNDATION TRUST: (PATIENT SAFETY REVIEW, CULTURE REVIEW, WELL LED REVIEW OF LEADERSHIP AND GOVERNANCE)**
- Report on 3 Independent Reviews of University Hospital Birmingham NHS Foundation Trust (14.20-15.05)  
Report from David Melbourne, Chief Executive, Birmingham and Solihull Integrated Care Board.  
Also in attendance is Jonathan Brotherton, CEO, University Hospital Birmingham, and Professor Mike Bewick from I4Q Consultants who led on the independent Reviews.

- 29 - 30**
- 9 **INTERACTION OF THE ICB AND THE PLACE COMMITTEE FOR BIRMINGHAM AND SOLIHULL**
- David Melbourne to give a brief verbal overview of Place Committees in Birmingham and Solihull and interaction with Integrated Care Board (15.05-15.15)
- 31 - 46**
- 10 **BIRMINGHAM AND SOLIHULL INTEGRATED CARE SERVICES UPDATE ON PERFORMANCE AGAINST FINANCE AND RECOVERY PLANS.**
- To receive a report from Paul Athey, Chief Finance Officer, Birmingham and Solihull ICS on the summary of the key finance and performance deliverables as at the end of May 2023 (15.15-15.40)
- 47 - 56**
- 11 **JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE WORK PROGRAMME.**
- To consider the issues for the Committee's Work Programme for 2023/24 (15.40-15.50).
- 12 **DATE AND TIME OF NEXT MEETING**
- Item Description
- 13 **OTHER URGENT BUSINESS**
- Item Description



# **BIRMINGHAM AND SOLIHULL JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

**12<sup>th</sup> APRIL 2023**

## **MINUTES**

**Present:** Solihull: Councillor's M McCarthy (Chairman), R Long, R Sexton, A Mackenzie

Birmingham: Councillor's M Brown, R Pocock, D Harries

**Witnesses:** Jonathan Brotherton, Chief Operating Officer, UHB  
David Melbourne, Chief Executive Officer, Birmingham and Solihull Integrated Care Board (B&SICB)

**In Attendance:** Fiona Bottrill, Senior Overview and Scrutiny Officer (Birmingham City Council)

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

### **1. APOLOGIES**

Apologies were submitted from Councillor Mrs G Sleight (Solihull Metropolitan Borough Council), Councillor G Moore (Birmingham City Council).and Councillor K Kurt-Elli (Birmingham City Council).

### **2. DECLARATIONS OF PECUNIARY / CONFLICTS OF INTEREST**

There were no declarations of pecuniary or conflicts of interest.

### **3. QUESTIONS AND DEPUTATIONS**

No questions or deputations were received.

### **4. MINUTES**

The Committee considered the draft Minutes arising from the previous meeting held on 13<sup>th</sup> March 2023.

#### **RESOLVED:**

- (i) That the minutes of the Joint Overview and Scrutiny Health Committee meeting held on 13<sup>th</sup> March 2023 be approved as an accurate record of the meeting.

**5. UPDATE TO THE BIRMINGHAM AND SOLIHULL JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE – INDEPENDENT REVIEWS AT UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST (UHB)**

The Chief Executive (B&SICB) presented to the Committee an update to the Birmingham and Solihull Joint Health Overview and Scrutiny Committee addressing the independent reviews at University Hospitals Birmingham NHS Foundation Trust (UHB).

The Chief Executive (B&SICB) noted that the 'Phase 1 Review by IQ4U Clinical Safety Review' had presented a challenging read at times, which had highlighted some practices and behaviors at one of the Trusts major institutions which were not welcomed. The Trust's management did not underestimate the impact on those staff who had come forward to share their experiences of working at UHB during the period in question. However, in coming forward, staff had marked the beginning of the Trust addressing and fixing those issues identified.

Members were advised that it was clear to the Trust that more had to be done to understand the scale of what had happened at UHB to create the right culture. The report was hard hitting and taken extremely seriously by senior leaders within the Trust. Work had commenced within the Trust to address some of the highlighted issues within the report. However, it was also recognized that the report represented a specific point in time, with much work being progressed since the report's publication.

Finally, Members were informed that over 22,000 staff worked at UHB, with the care of thousands of people reliant upon them annually. It was recognized that those UHB staff would be impacted by the findings of the report. The Chief Executive (B&SICB) noted that some of the positives, as well as the negatives, arising through the report should also be recognized.

The Committee was appraised of the background to the review. The review was commissioned in December 2022 addressing patient safety, leadership, culture and governance, following the broadcasting of a Newsnight report in December 2022. Mr. Mike Bewick, an experienced, independent clinician and a former NHS Deputy Medical Director, led the review alongside a dedicated governance professional and clinician. Additionally, the NHS commissioned a Well Led Review of Leadership and Governance in the Trust in conjunction with NHS England. Thirdly, Dame Eve Buckland, Interim Chair UHB, has also commissioned a Culture Review. The review before the JHOSC was the 'Bewick Review', which addressed the allegations made in the Newsnight Programme broadcast in December 2022. Within the Bewick Review, it is stated that there are areas which require further scrutiny via the Well Led Review and the Culture Review respectively. UHB had agreed with Professor Bewick to continue to work together to complete all the reviews and produce a consolidated report by June 2023. The findings and recommendations arising from the Bewick Review would continue to be monitored and actioned during this period.

The Chief Executive (B&SICB) referenced his last attendance at the JHOSC, at which he stressed services at the Trust remained safe, and he reiterated this point. The review's view was that overall the Trust remained a safe place in which to receive care.

The Review Team detailed two concerns and seventeen recommendations, which ranged across clinical safety, governance and leadership. The Chief Executive (B&SICB) highlighted some specific recommendations. Following the Newsnight Programme, Dr. Nickolosis (who had worked in Haematology in the Trust) made a number of allegations about a Quality Review that had been undertaken in the Trust. Consequently, the Bewick Peer Team looked at what Dr Nickolosis had said, leading to a recommendation that an external, independent clinician in the field is appointed to review his assertions to ascertain whether they were relevant or not. The independent clinician would take a view whether there were any lessons to be learned arising from the review and secondly, to determine how the department had been integrated into the Trust since the merger in 2018.

Secondly, it had been determined that the prospective appointments of senior medical and nursing leadership ought to be reviewed. There was a feeling through the Bewick Review that there was not always a feeling of openness and transparency in the past appointments process for senior leaders in the Trust.

Thirdly, considering the tragic suicide of Dr. Kumar, a Junior Doctor at UHB, a review would be undertaken in conjunction with Health Education England of the processes to support those doctors in training who were concerned about their mental health and mental well-being.

Fourthly, the concerns of senior clinicians as expressed by the Medical Staff Committee in January 2023 were to be addressed explicitly as part of the Cultural Review i.e. regarding leadership and how leadership listens.

Fifthly, the Trust will commission a partner to deliver awareness training around identity issues, bullying, coercion and intimidation.

Finally, in the Newsnight programme, the appropriateness of GMC referrals was raised. Contrary to reports, the review found nothing contrary about the numbers, types or eventual outcomes of referrals. A total of seventeen referrals were reviewed.

In respect of a response to the review, the Chief Executive (B&SICB) advised Members that although the ICS commissioned services from the Trust, he was independent of UHB. Since the review had commenced, the Chief Executive (B&SICB) stated that the Trust had been working incredibly hard to address the issues identified. There has been full acceptance from the Trust in the findings and recommendations arising from the Bewick Review and of the need to act. It was also confirmed that the Cross-Party Reference Group would continue to work closely with Professor Bewick until the end of June 2023. All three reviews were scheduled to be brought back together, via a report in totality from Professor Bewick. The NHS was also due to complete its own independent review process i.e. oversight of all the actions undertaken by UHB to date.

In conclusion, the Chief Executive (B&SICB) stated that there was a genuine desire to improve Trust services, leading to a high performing team for which felt part of a good organisation to work.

Having received the report overview from the Chief Executive (B&SICB), the Chief Operating Officer (UHB) addressed the Committee. Members were informed that the Chief Operating Officer (UHB) fully accepted the reports recommendations and findings on behalf of the UHB Trust Board. It was further recognised the need to commit to learn from the reports findings, to identify and implement appropriate recommendations and to develop a new way of working in the organization. As UHB treated 2.2 million patients annually, developing public confidence in the Trust was incredibly important.

The requirement to do more to support UHB staff was fully recognized, as was the acceptance of the reports finding, recommendations, the need to make organisational changes and to maintain those changes.

Having received the report presentation and comment from the Chief Executive (B&SICB), the Chief Operating Officer (UHB), the Chairman invited Members of the Committee to submit questions pertaining to the report. In response to questions from Members, the Committee were informed that:

- Prior to the review commencing, enquiries were made to establish that Professor Bewick had no former ties to UHB before his formal appointment was confirmed.
- In terms of staff feeling that they could not come forward to provide evidence following the Town Hall event, the Town Hall event was arranged by the Reference Group. The reference Group was comprised of Members from Solihull Metropolitan Borough Council, Birmingham City Council, Patient and Clinician representatives. Professor Bewick had made his contact details available should anyone wish to contact him privately.
- Professor Bewick's report states that any whistleblower sources have remained private and kept in confidence.
- The issues the Parliamentary Health Services Ombudsman (PHSO) raised are addressed in the Well Led Report and the Culture Review, both of which were being resolved. The Chief Operating Officer (UHB) had met with the Chief Executive PHSO once, with a further meeting scheduled in April 2023.
- UHB was confident that it was addressing most operational issues raised across the range of reviews currently in progress. However, it was recognised that UHB was the largest health provider in Europe and that it could not be unequivocally stated that there were no other issues yet to be identified across the Trust. However, safety and quality systems were in place and Professor Bewick had stated that overall the review team were confident in the safety at the Trust.
- The NHS was already talking with UHB regarding performance issues, prior to the broadcasting of the Newsnight programme, which included governance and culture. Improvement work was being taken forward as a system and service which had to be considered. The Newsnight report required a response, which led to the appointment of Professor Bewick.



- The report makes clear that the issues detailed within it had occurred over a long period of time. The ICB had been established since 1<sup>st</sup> July 2022 only and within a few months had commissioned the UHB Trust review. Furthermore, the NHS also had systems and processes in place to provide some oversight. Therefore, some thought should be given to how the Trust worked with the Joint Health Overview and Scrutiny Committee (JHOSC) to ensure that it was provided with the assurances required of it. It was important that the review processes were transparent and open to the JHOSC when addressing any future issues which may arise as part of the review process.
- The review report made clear that the ICB Review Committee was reviewing a number of issues identified in advance of the broadcasting of the Newsnight programme. The report also made clear in terms of the Freedom Speak Up Guardian arrangements at UHB and how they may be further strengthened and supported to allow people to come forward to express concerns. A great deal of work has been undertaken by the Trust over the past 4 to 5 months in this area, involving engaging with staff both individually and in groups to have in many cases difficult conversations.
- It was recognized there needed to be a change in culture within the Trust, which would not take place overnight. It also needed to be acknowledged that a culture change would take some time to implement, but the Trust was in a better place than was the case 4 to 5 months ago.
- Following the broadcasting of the Newsnight Programme, the Chief Operating Officer UHB has continued to engage with UHB staff across the organization and intended to continue to do so into the future. Extensive staff feedback and information had been received through the thousands of conversations and engagement undertaken, which has been used to start to address some of the issues that underpin the reasons UHB staff feel as they do about working in the Trust where they have cause to feel unhappy, have concerns, under values, not respected or not listened to.
- The Trust had commenced a Culture Review in April 2023, which had a series of interventions designed to be anonymised /confidential according to the individual's preferences, designed to further increase the scale and pace of engagement with Trust employees. The issues raised were hugely complex and multi-factorial. Feedback had been received from Doctors, Nurses, Clinicians, allied health care professionals, health care scientists, management and secretarial staff, porters, housekeepers and support staff.
- The Trust had adopted three recognised organisational values 12 months ago: 'To be Kind, To be Connected and To be Bold', all of which were in the best interests of patients. The Trust believed this included the recognition of those staff who were performing well and in line with the Trust's values, which would in turn generate more of those desired behaviors. Also in place were staff recognition awards, long service awards and unprompted senior leaders visits to clinical areas, all of which were in place to recognize the excellent award Trust staff were delivering.

- Further follow up work was being progressed specifically against some of the recommendations relating to Oncology Services, 'never events' around blood-based products and the newer surgical service would all be reported on via the oversight arrangements in place with NHS England, the ICB and JHOSC. Any other issues identified or arising through the other reviews will also be subject to oversight arrangements. However, there were other extensive procedures in place to review and address areas such as clinical safety / harm incidents, which involved appropriate prioritization and categorization. These processes also entailed root cause analysis, identifying themes and linking back to quality improvement programmes. The oversight for these areas links back to the UHB Trust Board.
- A new Sub Committee structure was to be implemented supporting the Trust's Board of Directors, which would focus on key areas including the quality and safety agenda and culture review, which would support in the early identification of any new issues going forward.
- From an ICB system perspective, a significant change had been observed in the direction of travel at UHB in the last 4 months, supported by the appointment of Dame Yve Buckland as Chair of UHB and the interim appointment of Jonathan Brotherton as Chief Operating Officer, UHB, leading to greater transparency and openness not previously seen. Early signs of performance improvement in services had also been evidenced, such as for cancer waiting lists and across emergency and urgent care pathways.
- Pressure on the UHB workforce was significant pre, during and post Covid pandemic. Post pandemic vacancy levels had increased, largely due to the experience of working through the pandemic period, as well as the underlying issues identified within the review relating to working in the organization. Those staff unhappy with the organisational culture chose to leave for other Trusts and hospitals in the region, which were also having to manage vacancy levels.
- Qualified, registered nursing vacancies were experiencing the highest vacancy levels at ward level. Vacancy levels were running at 14% during the summer 2022, with the latest vacancy figures for the end of February 2023 running at just under 11%. This equated to an upward trajectory in the appointment of nursing staff across areas such as hospital wards, surgical theatres and ICU. In turn this leads to less stress placed on existing staff, which can lead to reduced staff sickness days and supporting improved patient care. It was also highlighted that the entire NHS was challenged with high vacancy rates. Tackling Trust vacancy rates was a key priority, as was staff retention which was dependent on addressing the organizational cultural issues which had been identified to date. A Director from Public Health Education England had also been appointed to undertake a review of vacancy rates across the entire local health system.
- It was recognised that creating a value-based culture across the

organisation would take time, with their being gaps within the Trust organisation currently in this regard. Work was currently on-going to target resource and efforts to address culture. A new organisational operating model was to be introduced after Board-to-Board discussions held between the UHB Trust, NHS England and the ICB on 30<sup>th</sup> November 2022. The new operating model would provide new, local senior leadership for each of the hospitals, leading to de-centralisation and devolvement. It was viewed that this would provide staff with greater involvement and influence over key decisions about health service provision and patient care.

- Since the Trust's merger, the wider organisation has been working in a very centralised manner, which was validated via the feedback being received from staff through the engagement processes. Although the organization would retain the benefits of being a £2BN organization and the economies of scale that brought, further benefits with the proposed revised operating model were expected to include reducing unwarranted clinical variation and outcomes.
- Improved local ownership and leadership was also required, which the new arrangements would address. For example, there would be hospital based Chief Executives and Leadership Teams, which would form part of a wider Trust based executive team network. It was expected these arrangements would support greater shared corporate responsibility and lead to greater impact on positive organisational culture. It was envisaged that the introduction of the new organizational operating model in hand with the on-going Cultural Review would have a significant positive impact on the feel of the Trust in the coming months.
- It was confirmed that future recruitment would be in accordance and in the spirit of the recommendation made within the report for the senior appointments process.
- The Chair and Chief Executive of Healthwatch were members of the Reference Group and it was reported that they were of the opinion the four ground rules proposed by Healthwatch had been met. Further follow up work had been commissioned through the Reference Group for Professor Bewick to deliver. This also included further meetings and engagement work with Trust staff who had yet to come forward to discuss their experiences and issues arising from working in the organization.
- The Committee highlighted the *Standardised Hospital Mortality Ratio* (SHMR) being detailed as 110 in the report (in statistical terms above 2 standard deviations above the mean), which equated to 10% above other health organisations, and questioned what work had been undertaken to analyse the reasons for that and what evidence was in place to support the analysis. The Committee was informed the ICS commissioned an independent data analyst to review the figures to draw a conclusion whether this was an area which was of special concern. It was concluded that an explanation for the figures was required, but it was not an area of special concern per se. This was due to the other relevant measure being within the standard range of deviations. However, it was noted that

Professor Bewick had stated that this was an issue which should have been reviewed by a Quality Committee at UHB to undertake a detailed deep dive of the underlying causes for the statistics.

- Independently, the ICS had consequently undertaken an analysis of the SHMR figures for the Trust.
- The Committee questioned the standard of findings /benchmark data established for the conclusions arising from the review of the SHMR data, especially where conclusions were drawn against varying amounts of data, some of which was circumstantial evidence, being available for review and analysis. The variation in establishing the standard of proof was questioned by the Committee.
- Members were informed that Professor Bewick was clear in his conclusion within the report that the population should be confident that UHB was a safe place to be treated. He further stated that culture had an impact on outcomes within health care, which in turn has led to the Trust's Culture Review. Although emerging outcomes were not expected overnight, they were expected to emerge over the course of the next 12 months.
- The Committee was advised that UHB had accepted the reports finds and recommendations in their totality, including for any specific references towards patient safety. The Committee was also informed that the Trust had a range of measures in place to measure patient safety, as did the Care Quality Commission (CQC), the ICB and NHS England. The Trust worked with all these regulators and systems in place. The CQC had undertaken some inspection of the organization during December 2022, with a report scheduled for release in April 2023, which was expected to point to a deterioration in safety in certain domains in some departments around patient safety. As such, a range of measures and monitoring systems were already in place to measure the Trust around patient safety outcomes. However, the review by IQ4U was quite clear in its finds and recommendations, which UHB fully accepted and were addressing.
- It was confirmed that in conjunction with other health organisations across the Birmingham and Solihull ICS geography there was a very active, dedicated international recruitment team and programme in place to attract nurses and other health professionals from abroad. UHB had historically recruited qualified nursing staff from overseas, many of whom continued to serve in the organisation for many years. UHB was currently seeking to recruit internationally 200-250 nurses annually and had made concerted efforts to do so over the past 18 months. Benefits arising from the successful recruitment process included the opening of more operating theatres post covid, increased diagnostic services available than was previously the case immediately post covid, increased ITU beds opened and improved staffing ratios in certain specialist nursing areas. Feedback on the internationally recruited nurses had been very positive, both from the nurses themselves and the teams in which they were located.

- It was confirmed that UHB was reviewing its systemic processes to eradicate error leading to improved performance. The Trusts Chief Medical Officer was developing an approach to quality improvement based on proven methodologies across a range of industries and sectors. The attention and focus on reviewing complaints was now directed towards underlying themes rather than the individuals involved in any one incident. It had been established that although the organisation was one with a very high incidence of reporting, it transpired that the proportion of incidents leading to any kind of harm was very low. This gave staff the means to report incidents or 'near misses', whilst giving the organization the opportunity to put solutions in place to prevent them from becoming matters of harm. However, it did also remain the case as detailed in the report and via the Public Trust Board that there remained a lot of incidents of harm, which the Quality Improvement methodology is addressing.
- It was confirmed that the Committee's comments from the meeting would be noted and addressed through the Trusts remaining reviews.
- The Committee was assured that the UHB Trust Executive Leadership and Management Team recognised and understood the difference between robust management and leadership and bullying. Some further developmental work as part of a wider development package was required in the best interests of the organisation to ensure that safe and efficient patient care was delivered without the negative organizational behaviors as explored through the review report. This work would be addressed through a distinct piece of work and via the wider Cultural Review.

Having considered the report, the Committee:

**RESOLVED:**

- (i) To note the report;
- (ii) To receive a copy of the ICS analysis of the UHB Trust's *Standardised Hospital Mortality Ratio* (SHMR);
- (iii) To receive an annual summary of the learning that had taken place over the course of the year across UHB be brought forward and submitted to the JHOSC in future; and,
- (iv) To receive a roadmap for the remaining reviews in terms of how they will report, expected dates/timescales/milestones.

## 6. DATE OF NEXT MEETING

The date of the next meeting was to be confirmed. It would be hosted by

Birmingham City Council.

The Birmingham and Solihull Joint Health Overview and Scrutiny Committee  
(JHOSC) meeting closed at 7:48 p.m.

# Birmingham City Council and Solihull MBC

## Health Overview and Scrutiny Committee

Date 25 July 2023



---

**Subject:** Membership of the Birmingham and Solihull Joint Health Overview and Scrutiny Committee.

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

**Report author:** Adewale Fashade, Interim Overview and Scrutiny Officer.

### 1 Purpose

- 1.1 To consider the membership of the Birmingham and Solihull Joint Health Overview and Scrutiny Committee.

### 2 Recommendations

- 2.1 To note the membership of the Birmingham and Solihull Joint Health Overview and Scrutiny Committee for 2023/24.

### 3 Membership.

- 3.1 The arrangements for the Joint HOSC membership are shown below:
- 3.2 **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.
- 3.3 Membership of the Joint Scrutiny Committee will reflect the political balance of each local authority. For a committee of ten members the ratio for Solihull is 5 members (3:1:1) and for Birmingham it is 5 members (Labour: 3, Conservative:1, Liberal Democrats:1).

### 4 Any Finance Implications

- 4.1 No direct financial implications

### 5 Any Legal Implications

- 5.1 No direct legal implications

## **6 Any Equalities Implications**

- 6.1 The Council has a Public Sector Equality Duty under the Equality Act (2010) to have due regard to the need to:
- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act;
  - Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
  - Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- 5.2 The Committee should ensure that it addresses these duties by considering them during work programme development, the scoping of work, evidence gathering and making recommendations. This should include considering: How policy issues impact on different groups within the community, particularly those that share a relevant protected characteristic; Whether the impact on particular groups is fair and proportionate; Whether there is equality of access to services and fair representation of all groups within Birmingham; Whether any positive opportunities to advance equality of opportunity and/or good relations between people are being realised.

## **7 Appendices**

- 7.1 None



# Birmingham City Council and Solihull MBC

## Joint Health Overview and Scrutiny Committee

Date 25 July 2023



---

**Subject:** Birmingham and Solihull Joint Health and Social Care Committee Terms of Reference.

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

**Report author:** Adewale Fashade, Interim Overview and Scrutiny Officer.

### 1 Purpose

- 1.1 To consider the Birmingham and Solihull Joint Health Overview and Scrutiny Terms of Reference.

### 2 Recommendations

- 2.1 To note the Terms of Reference for the Joint Health Overview and Scrutiny Committee (JHOSC) as set out in 3.2 below.

### 3 Joint Health Overview and Scrutiny Committee Terms of Reference

- 3.1 The scope of the Joint Committee was extended through updates to its Terms of Reference in 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2019, 2022 and 2023 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 changes to clinical pathways
  - To consider proposals coming forward from the Birmingham and Solihull Integrated Care System (ICS) that affect Birmingham and Solihull.
- 3.2 No direct financial implications resulting from this report.

### 4 Membership

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

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

## **5 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 Joint Health Overview and Scrutiny Committee (Solihull and Birmingham) Terms of Reference

# **Joint Health Overview and Scrutiny Committee (Solihull and Birmingham)**

## **Terms of Reference**

**19 January 2023**

### **1 Rationale**

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

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

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

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

### **2 General Terms of Reference**

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

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

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

### **3 Timescales & Governance**

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

### **4 Communication with Media**

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

## 5 **Membership**

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

## 6 **Support Arrangements / Resources**

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

Health Scrutiny Guidance (2014)

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/324965/Local\\_authority\\_health\\_scrutiny.pdf](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](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.



<u>DATE OF MEETING</u>	<u>BIRMINGHAM AND SOLIHULL JHOSC ACTION TRACKER.</u>  UHB Independent Review report	<u>UPDATE</u>
12/4/2023	<ul style="list-style-type: none"> <li>To receive a copy of the ICS analysis of the UHB Trust's Standardised Hospital Mortality Ratio (SHMR).</li> </ul>	This is with UHB for final sign off
	<ul style="list-style-type: none"> <li>For the JHOSC to receive a roadmap for the remaining reviews in terms of how they will report, expected dates/timescales etc</li> </ul>	<p>Paper submitted for 25<sup>th</sup> July JHOSC meeting contains the links to the reports that have been published. As this action was from April, the papers published have superseded the action.</p> <p>David Melbourne will update the committee on the culture review as this is ongoing.</p>





# Birmingham City Council

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

Date: 25<sup>th</sup> July 2023



---

**Subject:** Report on 3 Independent Reviews of University Hospital Birmingham NHS Foundation Trust

**Report of:** David Melbourne, ICB Chief Executive  
NHS Birmingham and Solihull

**Report author:** David Melbourne, ICB Chief Executive  
NHS Birmingham and Solihull

### 1 Purpose

- 1.1 The follow up report into concerns raised about University Hospitals Birmingham NHS Foundation Trust has been [published](#) on the 30<sup>th</sup> June, showing good progress against previous recommendations.

The report comes after a patient safety review, led by Professor Mike Bewick and published in March 2023, set out that services at the Trust were safe but that there were a number of areas of concern, particularly with regards to governance and leadership, culture and staff welfare.

The initial review made a series of recommendations which the Trust has accepted in full and is committed to addressing, having already made good progress in a number of these areas.

- Dame Yve Buckland has been appointed as permanent Chair of the organisation, driving forward a revised approach to Board governance designed to create a culture of continuous improvement as well as resetting the tone of the organisation.
- Additional committees have been established for finance and performance, quality and safety and workforce and organisational development, supported by a clear reporting structure.
- A Board development programme has been implemented, reflecting key findings of NHS England's well-led review and a number of new Non-Executive Directors (NEDs) have been recruited, bringing new skills and a fresh perspective.
- The Trust is also moving towards a new group operating model, which will create local leadership at hospital/site level, enabling each hospital to run services according to local patient need and expertise.

- The Interim Chief Executive has established and embedded a staff engagement programme meeting regularly, online and face-to-face, with hundreds of staff each week.

The follow up report also considers the ongoing work of the culture review, commissioned by the Trust, and NHS England's well-led diagnostic, which has also been published on the 30<sup>th</sup> June. More work still needs to be done to ensure appropriate improvements are made across the Trust and its hospital sites, which the leadership team has fully committed to, supported by the ICB and the wider health and care system.

This follow up report also highlights some further areas for consideration, which will be looked at in more detail through the ongoing culture review.

These areas include:

- Concerns over GMC referrals and the overall processes around this in place at the Trust;
- Concerns over the integrity of data entry in cardiac surgery;
- Concerns over allegations of misogynistic behaviour and sexual harassment.

## **2 Recommendations**

2.1 None. Update for information.

## **3 Any Finance Implications**

3.1 None.

## **4 Any Legal Implications**

4.1 None.

## **5 Any Equalities Implications**

5.1 None.

## 6 Appendices

### [Report](#)

### [Appendix 1](#)

### [Appendix 2](#)

### [Appendix 3](#) – UHB’s Board papers including well-led diagnostic

### [Appendix 4](#)

UHB - [Summary of action and progress taken by UHB from December 2022 to June 2023 \(PDF, 1 MB\)](#)



# Birmingham City Council and Solihull MBC

## Joint Health Overview and Scrutiny Committee.

Date: 25 July 2023.



---

**Subject:** ICB and Birmingham & Solihull Place Committees.  
**Report of:** David Melbourne, CEO, Integrated Care Board (ICB).  
**Report author:** Adewale Fashade, Interim Overview and Scrutiny Officer  
[adewale.fashade@birmingham.gov.uk](mailto:adewale.fashade@birmingham.gov.uk)

### **1 Purpose**

- 1.1 The purpose of this report is to provide a brief verbal update to the Joint Birmingham and Solihull Overview and Scrutiny Committee (JHOSC) on the interactions of the Place Committees for Birmingham and Solihull with the ICB.

### **2 Recommendations**

- 2.1 The JHOSC Committee is recommended to note the verbal update from the ICB Chief Executive Officer.

### **3 Any Finance Implications**

- 3.1 None.

### **4 Any Legal Implications**

- 4.1 None.

### **5 Any Equalities Implications**

- 5.1 One of the key drivers for the Integrated Care Board and the Birmingham and Solihull Place Committees is to address and tackle health inequalities.

### **6 Appendices**

- 6.1 None.



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

Date: 25<sup>th</sup> July 2023



---

**Subject:** Headline Finance & Performance Report – Month 2  
2023/24

**Report of:** Chief Finance Officer, NHS BSOL ICB

**Report author:** Chief Finance Officer, NHS BSOL ICB

**1 Purpose**

This slide pack provides a summary of the key finance and performance deliverables as at the end of May 2023.

**2 Recommendations**

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

**3 Any Finance Implications**

The ICS has a statutory duty to delivery against it's breakeven financial plan. Performance at Month 2 is £6.9m behind plan. Further mitigating actions will be required during the year to address the current shortfall.

**4 Any Legal Implications**

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

**5 Any Equalities Implications**

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

**6 Appendices**

Slide Pack – BSOL ICS Headline Finance & Performance Report – Month 2  
2023/24







Birmingham and Solihull  
Integrated Care System  
Caring about healthier lives

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

Month 2 – 2023/24



**Birmingham and Solihull  
Integrated Care System**  
Caring about healthier lives

# Finance

## Month 2 Financial Performance

### Revenue Position

**Year to date: £8.1m deficit; £6.9m adverse compared to plan**

**Forecast: Breakeven** in line with plan

#### Key Pressures:

- Impact of **efficiency** delays
- Additional costs as a result of **Industrial Action**
- **Temporary staffing pressures**, including the delays in reduction to agency /bank staff use during the period that new substantive staff are recruited/onboarded
- **MH Pressures** including casemix in Out of Area beds

#### Key Mitigations:

- System-wide focus on efficiency programme (Agency and Corporate costs highlighted as particular opportunities)
- Development of further local controls, in line with some of those introduced by NHSE in systems with deficit plans

BSOL Capital	YTD Plan £000s	YTD Actual £000s	YTD Variance £000s	Annual Plan £000s	FOT £000s	FOT Variance £000s
ICB BAU Capital	0	0	0	2,638	0	2,638
Provider BAU Capital	5,115	6,443	-1,327	75,203	75,195	8
<b>Total BAU Capital</b>	<b>5,115</b>	<b>6,443</b>	<b>-1,327</b>	<b>77,841</b>	<b>75,195</b>	<b>2,646</b>
IFRS 16	1,017	0	1,017	44,686	44,686	0
Community Diagnostic Centres	0	0	0	5,980	5,980	0
Diagnostic Digital Capability Programme	0	0	0	760	760	0
Elective Recovery/Targeted Investment Fund	1,500	2,994	-1,494	29,902	29,902	0
Endoscopy - Increasing Capacity	0	0	0	810	810	0
Front Line Digitisation	124	369	-245	15,740	15,740	0
PFI capital charges (e.g. residual interest)	739	738	1	4,430	4,430	0
<b>Provider CDEL</b>	<b>8,495</b>	<b>10,544</b>	<b>-2,048</b>	<b>177,511</b>	<b>177,503</b>	<b>8</b>

### Capital Position

- £2m overspent at M2 due to some schemes being ahead of plan
- Forecast breakeven at year end (ICB Capital budget showing as unallocated due to timing of plan sign-off – this will be resolved in future months.
- Significant targeted investment planned for 23/24, particularly in relation to elective recovery and front line digitisation

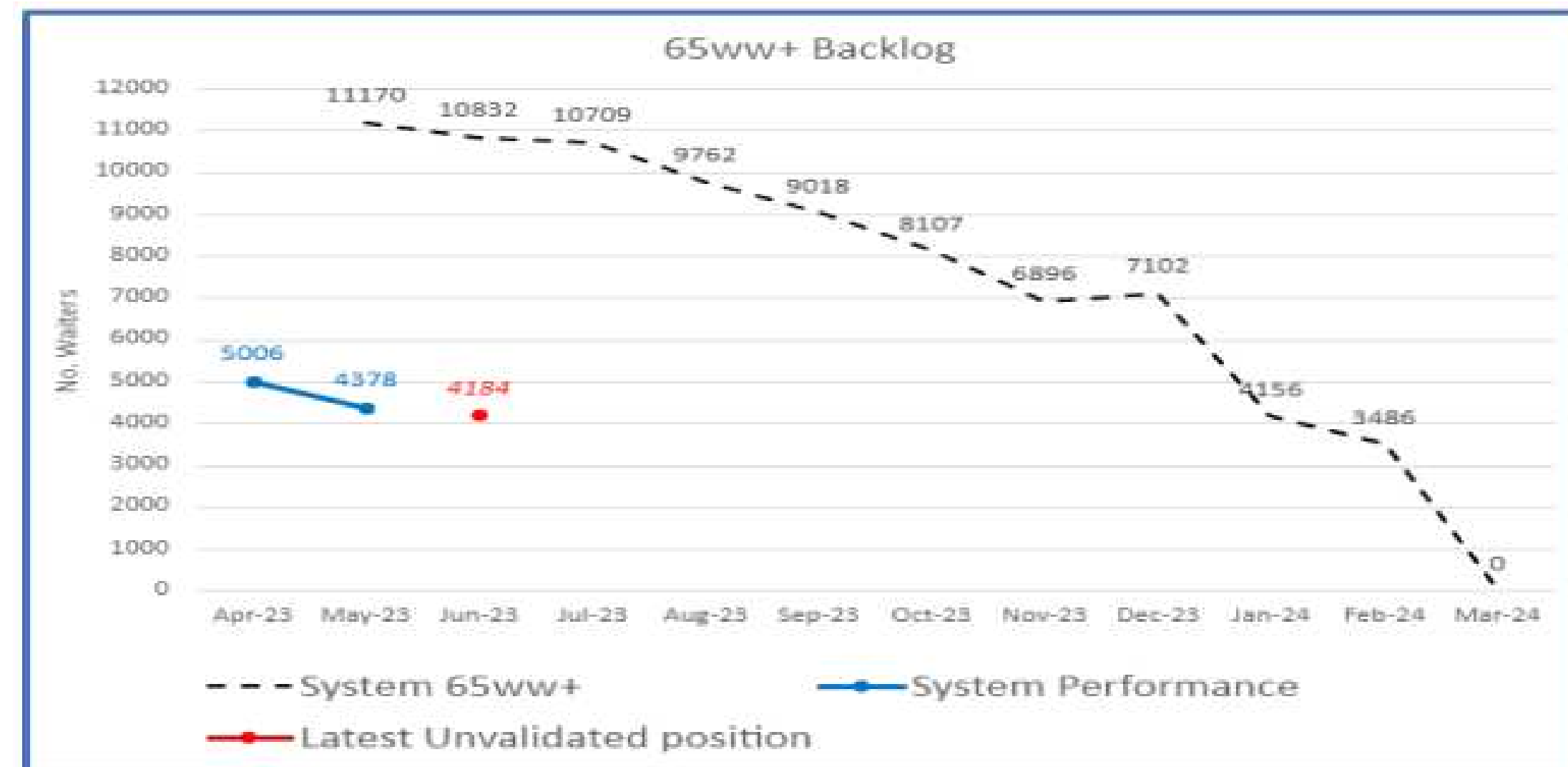
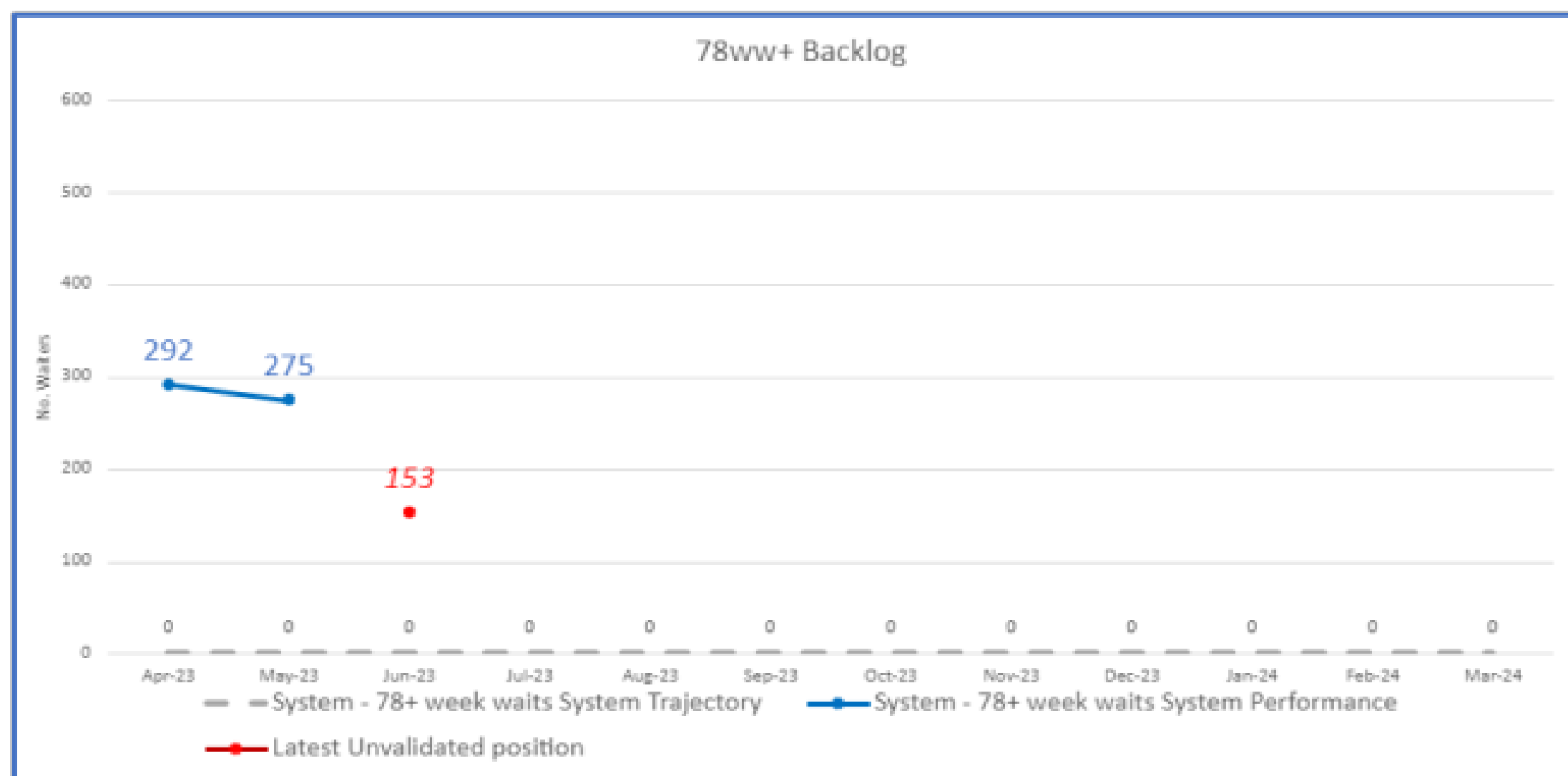




**Birmingham and Solihull  
Integrated Care System**  
Caring about healthier lives

# **Elective recovery**

## System Waiting Time Backlogs



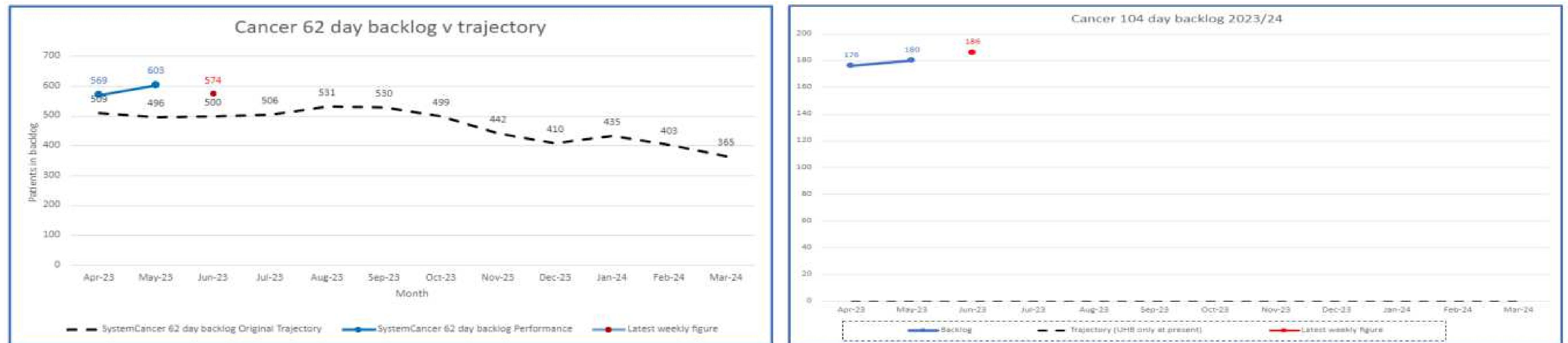
- 78 week wait numbers have reduced from **9,505 in May 2022 to 275 in May 2023**
- As at the completion of Month 2 reports, the unvalidated position during June was 153. **The final figure as at the end of June has reduced to 10 patients waiting over 78 weeks.**
- 65 week waiters are significantly below the system's target trajectory in Quarter 1, and the system is well on track to reduce this figure to 0 by the end of March 2024, in line with national targets
- As at the end of May, 17,209 patients have been waiting over 52 weeks for treatment. This has reduced from a peak of 34,833 in July 2022.



**Birmingham and Solihull  
Integrated Care System**  
Caring about healthier lives

# Cancer

## Cancer treatment backlogs



- Cancer 62 day backlogs have deteriorated slightly during May, however still shows a significant improvement against a peak of 1,524 in July 2022
- Urology, Gynaecology and Head & Neck contribute the majority of the backlog at present
- Cancer 104 day backlogs have also deteriorated slightly during May, however still shows a significant improvement against a peak of 638 in August 2022
- The majority of the 104 day backlogs are on Urology pathways, with action plans in place to reduce these breaches



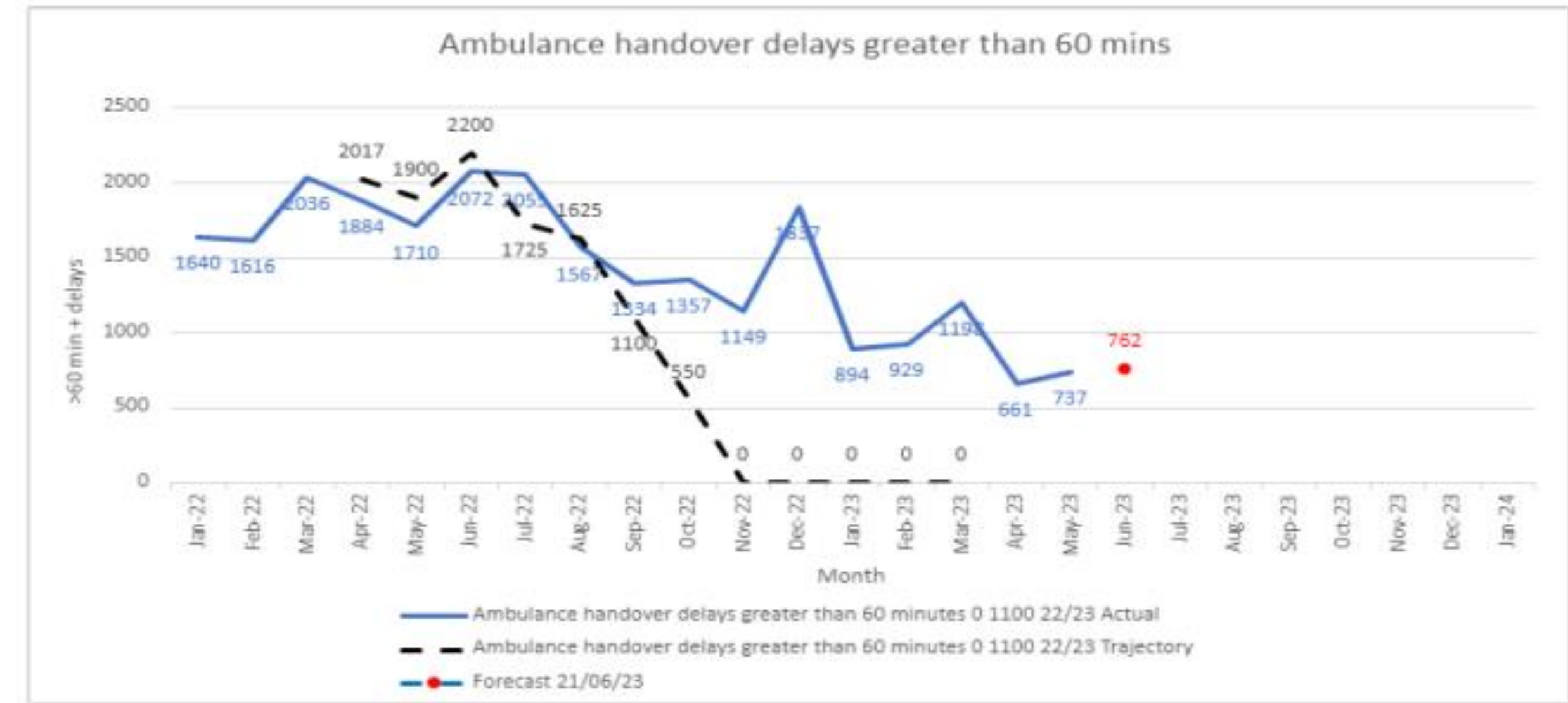
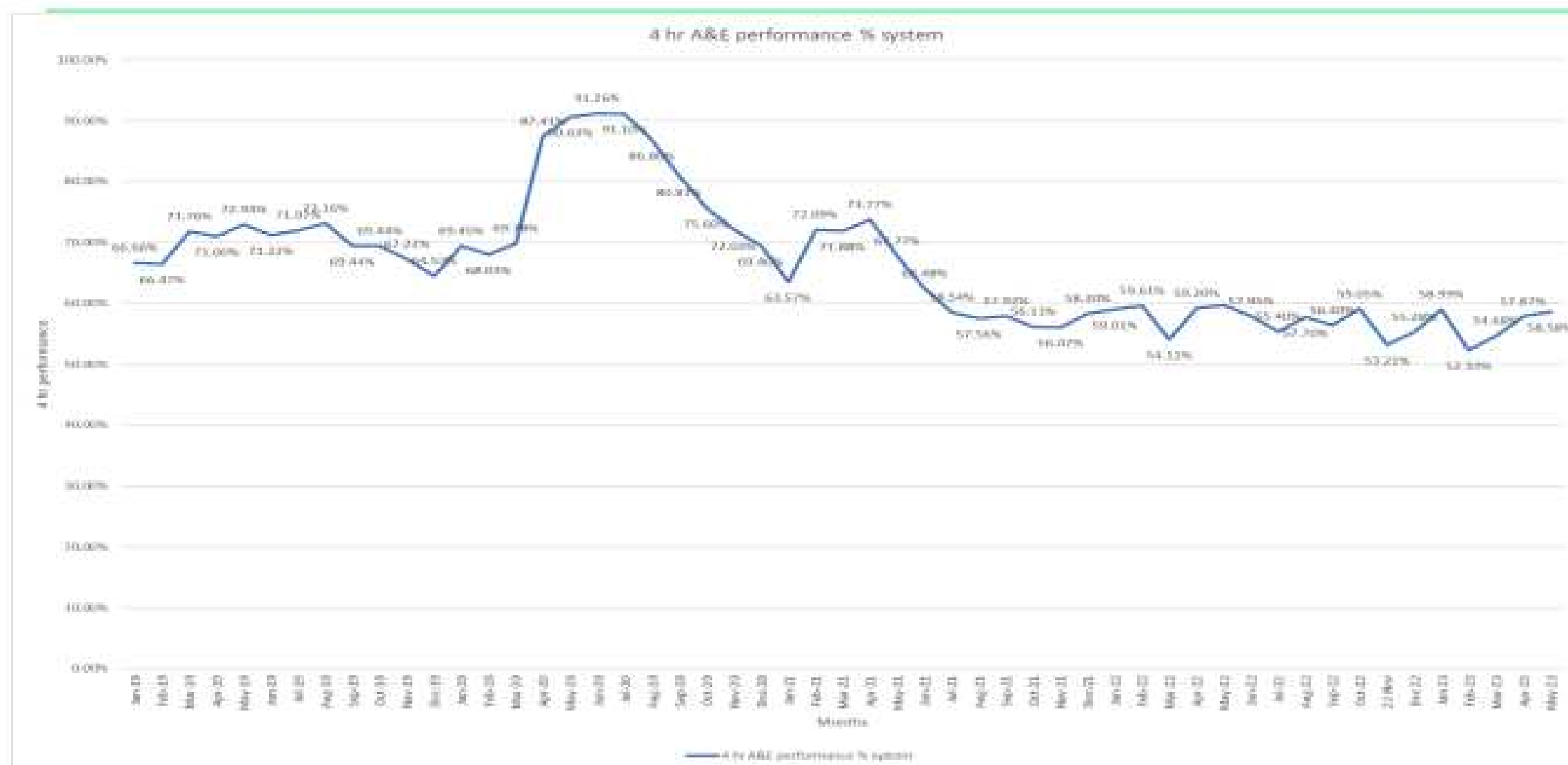


**Birmingham and Solihull  
Integrated Care System**  
Caring about healthier lives

# **Urgent and emergency care**



## Accident & Emergency



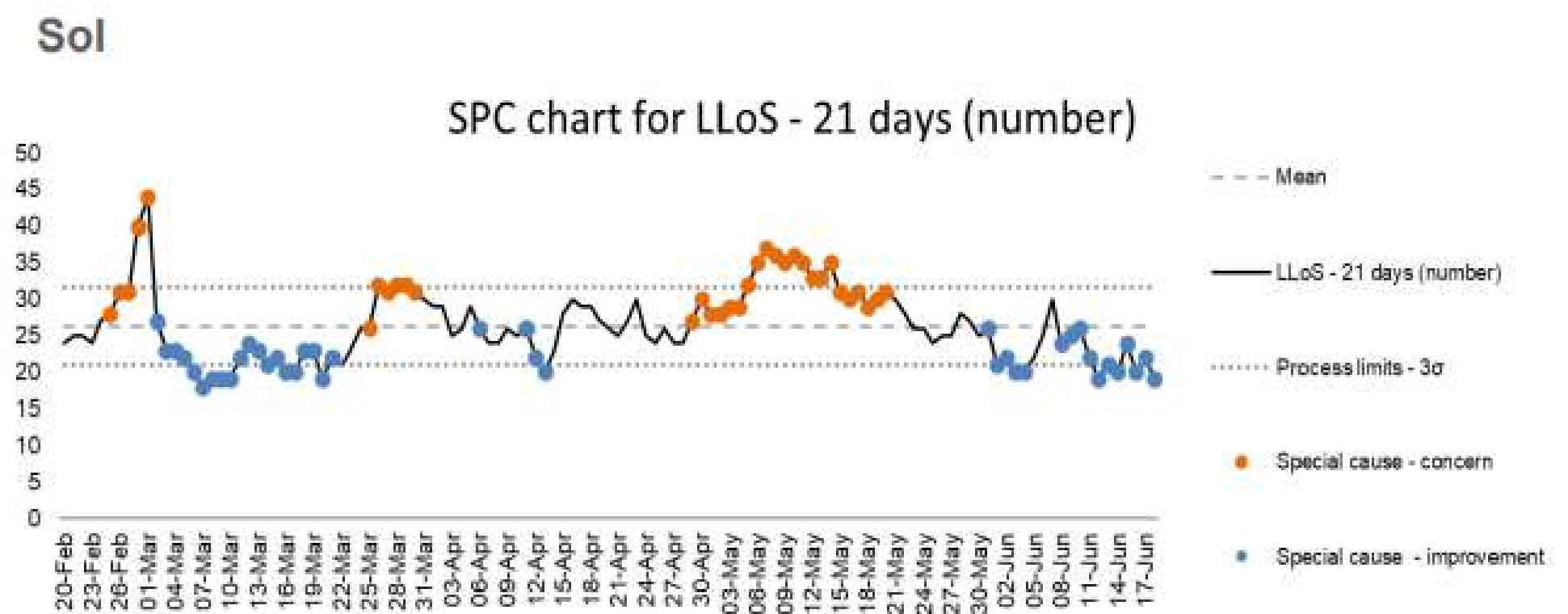
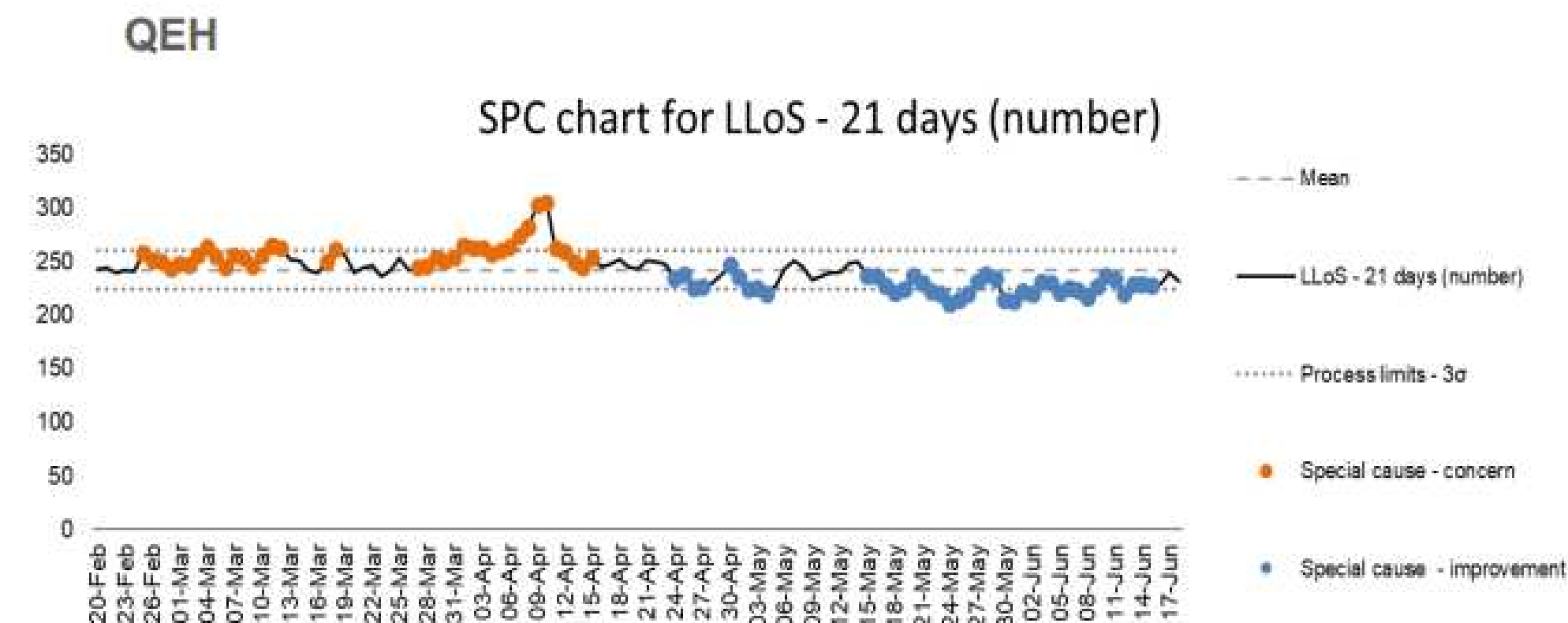
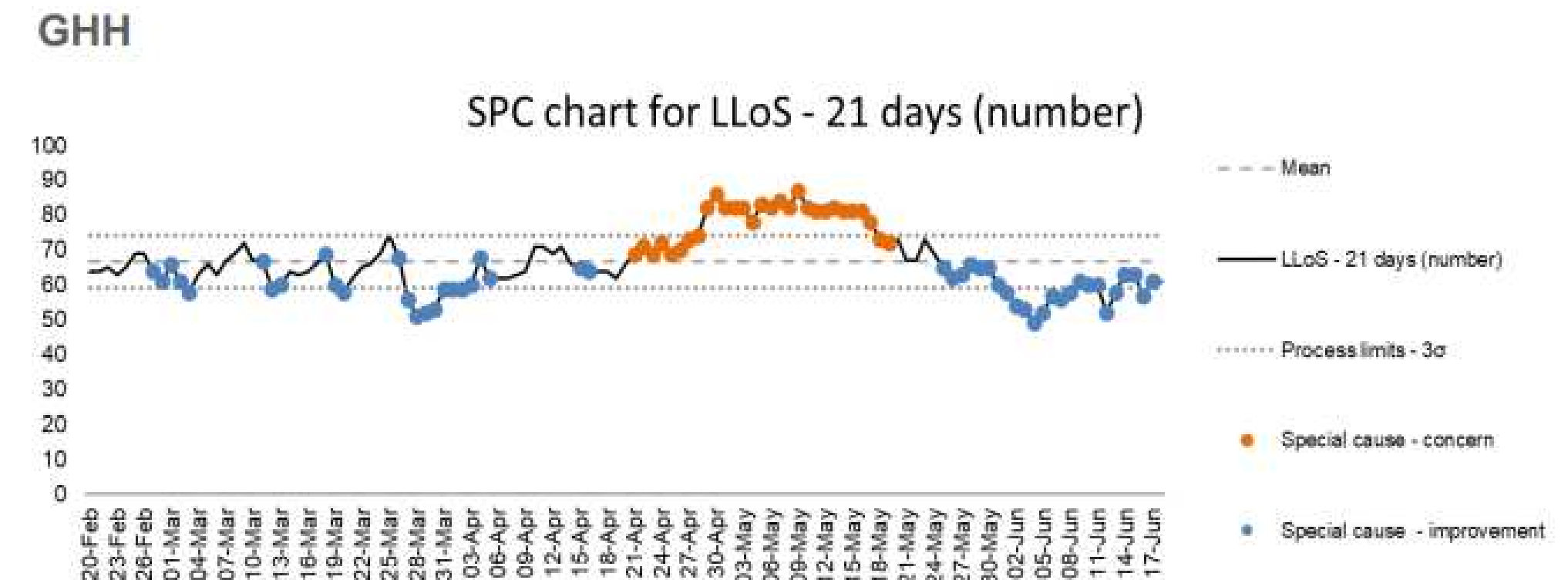
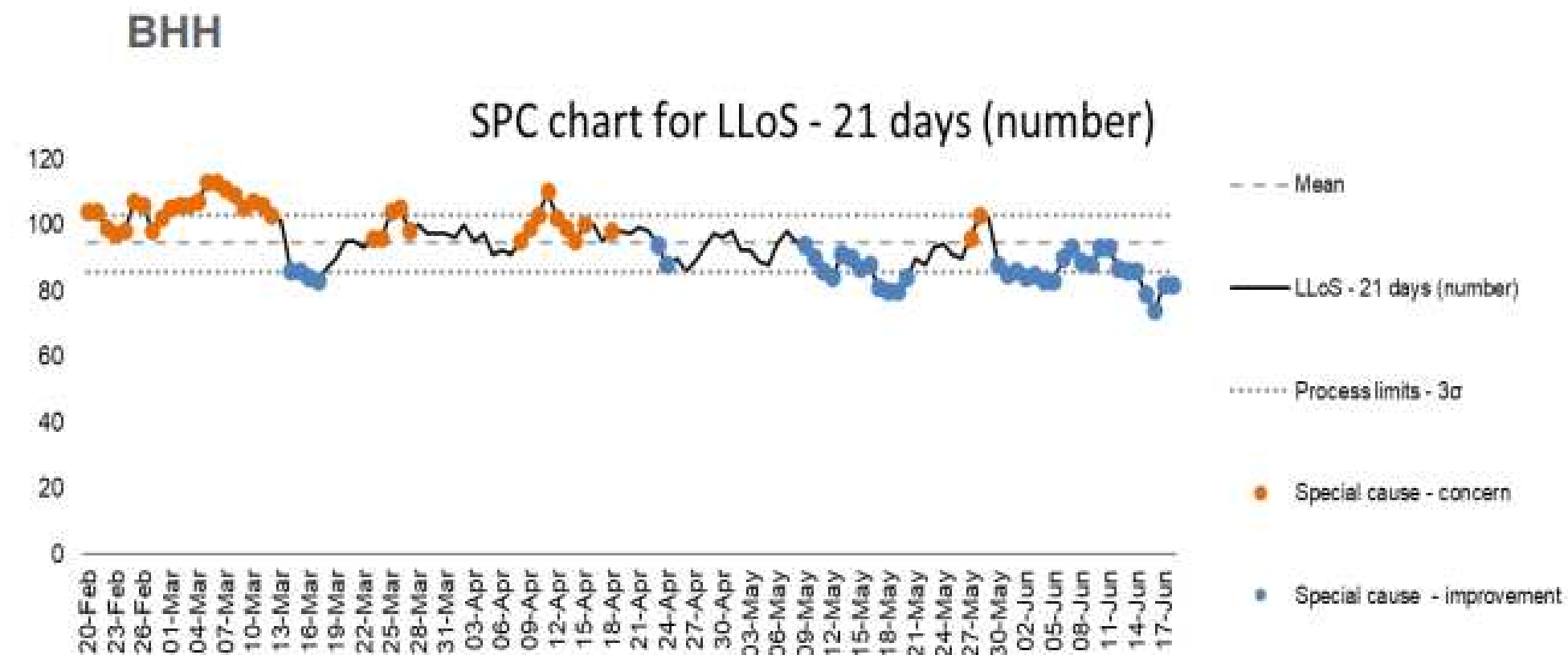
- Performance against the 4 hour A&E performance target has remained stable at just under 60% for the majority of 2022-23 and into 2023-24. Plans are in place to improve this performance to meet the national target of 76% by March 2024.
- Ambulance handover delays over 1 hour have stabilised in Quarter 1 of 2023-24, having reduced consistently during 2022-23



**Birmingham and Solihull  
Integrated Care System**  
Caring about healthier lives

# Discharges

## Length of Stay



- Length of Stay charts show a downward trend at all 4 acute sites over the last 4 months, with the Heartlands showing the most consistent improvement

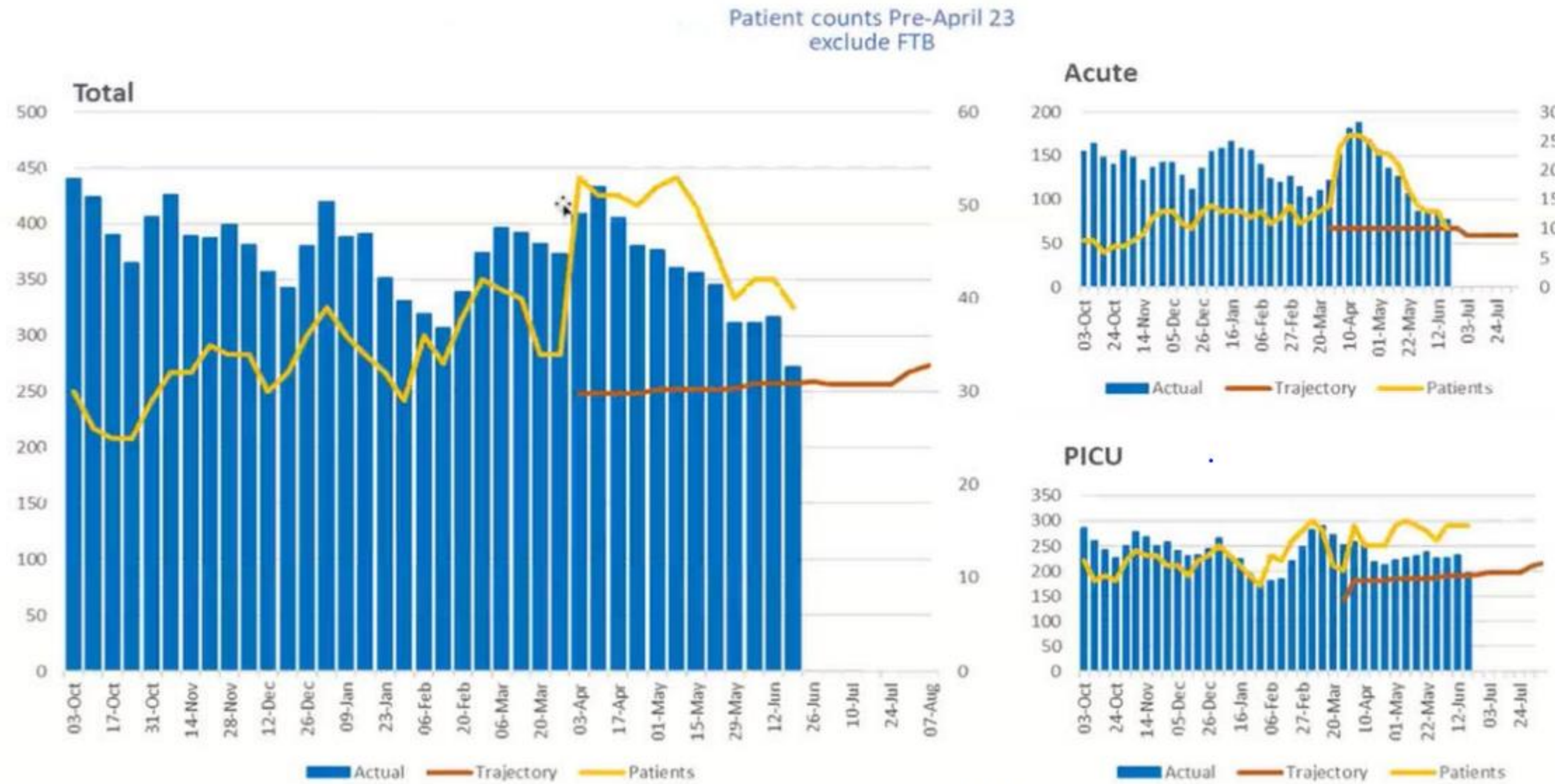


**Birmingham and Solihull  
Integrated Care System**  
Caring about healthier lives

# **Mental Health**



# Mental Health – Out of Area Placements

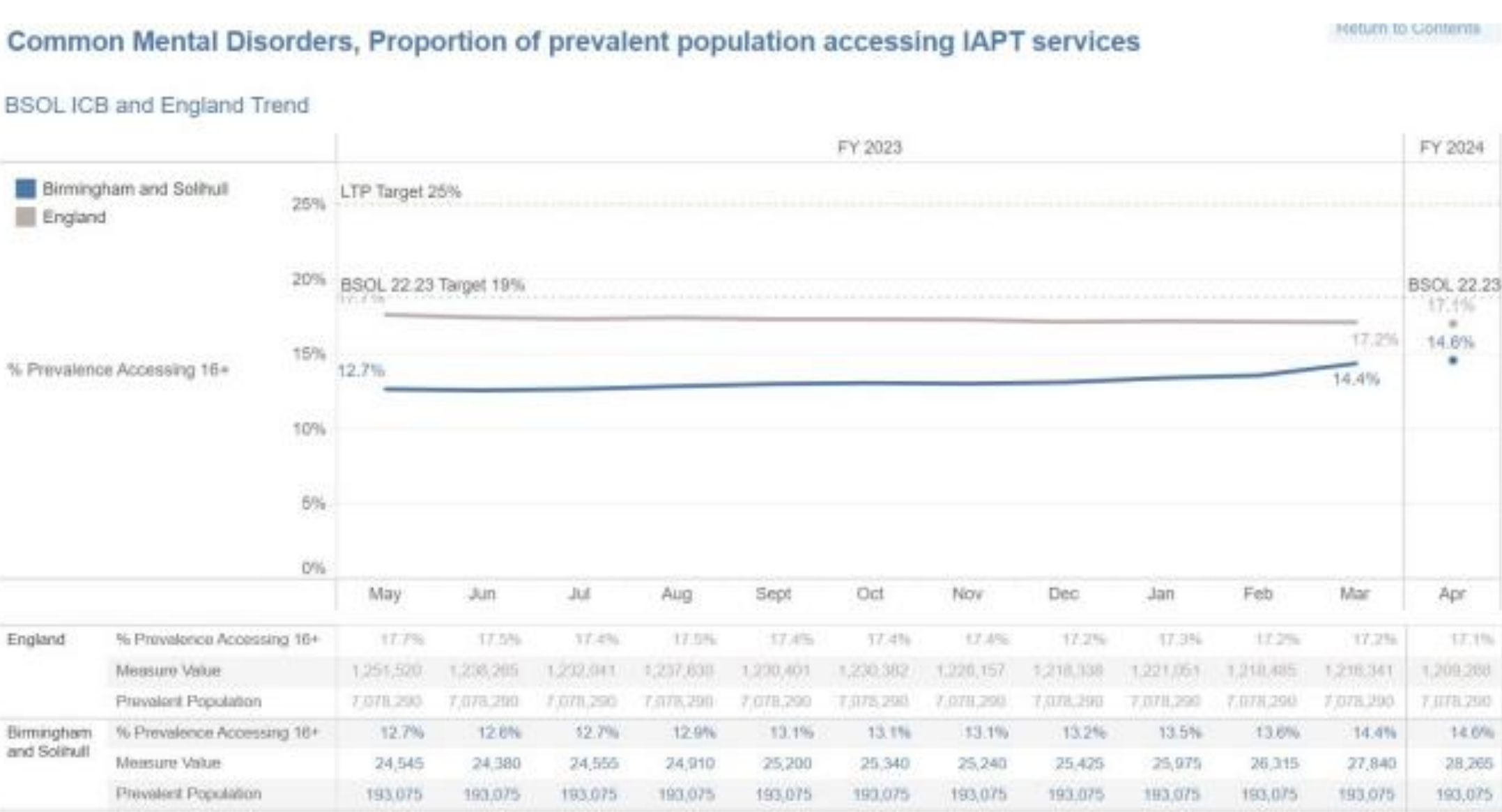
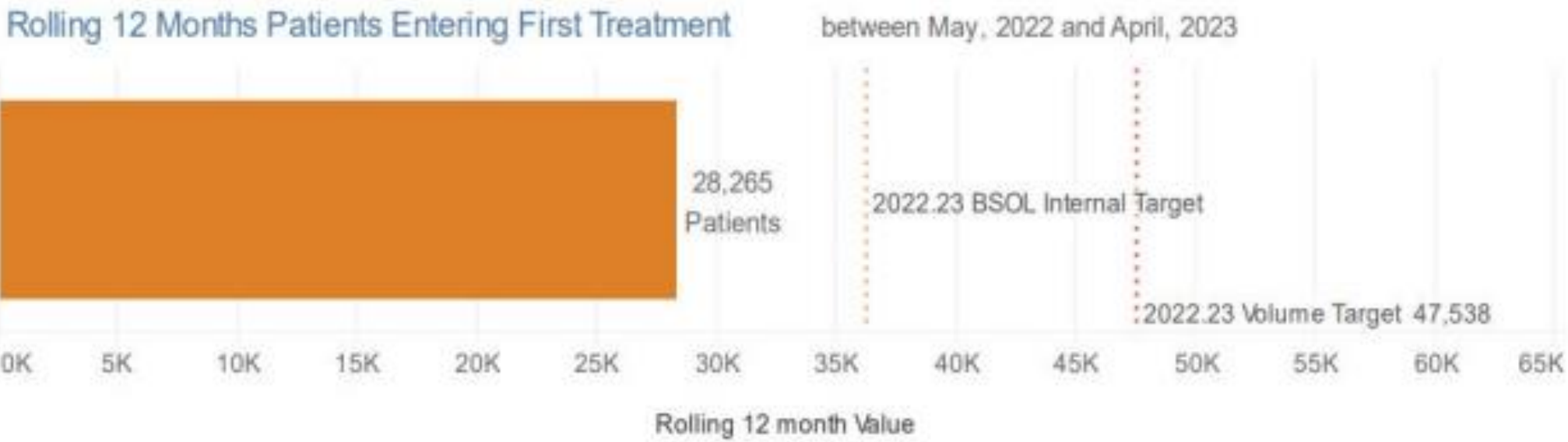


		w/c	Traject	Actual	Var'ce
BSMHFT	Acute	05/06	67	50	-17
		12/06	67	45	-22
		19/06	67	38	-29
	PICU	05/06	141	118	-23
		12/06	141	120	-21
		19/06	141	112	-29
	Total	05/06	208	168	-40
		12/06	208	165	-43
		19/06	208	150	-58
FTB	Acute	05/06	0	36	36
		12/06	0	40	40
		19/06	0	39	39
	PICU	05/06	45	107	62
		12/06	49	112	63
		19/06	49	83	34
	Total	05/06	45	143	98
		12/06	49	152	103
		19/06	49	122	73
Combined	Acute	05/06	67	86	19
		12/06	67	85	18
		19/06	67	77	10
	PICU	05/06	186	225	39
		12/06	190	232	42
		19/06	190	195	5
	Total	05/06	253	311	58
		12/06	257	317	60
		19/06	257	272	15

- Out of Area bed days and overall patients have reduced during May 2023, with continued reductions in June, although overall numbers remain above the system trajectory. The majority of the reduction relates to Acute patients, with PICU patients remaining largely stable



## IAPT Access



- 2,285 patients entered NHS funded treatment with IAPT services in April 2023.
- BSol are targeting a prevalence of 19% across the year, this will be below the LTP target of 25%.

# Birmingham City Council and Solihull MBC

## Joint Health Overview and Scrutiny Committee

25 July 2023



**Subject:** Joint Birmingham and Solihull Health Overview and Scrutiny Committee's Work Programme

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

**Report author:** Adewale Fashade, Interim Overview and Scrutiny Officer  
[adewale.fashade@birmingham.gov.uk](mailto:adewale.fashade@birmingham.gov.uk)

### 1 Purpose

- 1.1 This report sets out the proposed work programme for the Joint Birmingham and Solihull Health Overview and Scrutiny Committee (JHOSC) for 2023-24. Appendix 1 outlines the topics identified, aims and objectives and the preferred method of scrutiny to achieve these objectives.
- 1.2 The report also refers to other topics, which the Committee has identified, for future consideration, and this will be continuously updated during the year.

### 2 Recommendations

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

### 3 Background

- 3.1 The [statutory guidance for local government overview and scrutiny](#) sets out the role it can play in holding an authority's decision makers to account. This makes it fundamentally important to the successful functioning of local democracy.
- 3.2 Effective Overview and Scrutiny should:
- Provide constructive 'critical friend' challenge.
  - Amplify the voices and concerns of the public.
  - Be led by independent people who take responsibility for their role.
  - Drive improvements in public services.
- 3.3 The role and functions of Overview and Scrutiny Committees are outlined in [The City Council's Constitution | Birmingham City Council](#) They will:
- Make reports and/or recommendations to the full Council, the Executive and/or other organisations in connection with the discharge of the functions specified in their terms of reference.
  - Consider any matter covered in their terms of reference that may affect or be likely to have an effect on the citizens of Birmingham and Solihull; relevant to the Birmingham and Solihull Councils' strategic objectives; relevant to major issues faced by officers in managing a function of the Council; and likely to make contribution to moving the Council forward and achieving key performance targets.
- 3.4 Effective scrutiny needs to add value. A well planned and timely work programme enables Overview and Scrutiny Committees to be involved at the right time and in the right way, and ensure their involvement is meaningful and can influence the outcome.
- 3.5 Members often have a number of topics suggested to them and are therefore required to **prioritise** matters for consideration. The Scrutiny Framework sets out the following factors to be considered:
- Public interest: concerns of local people should influence the issues chosen.
  - Ability to change: priority should be given to issues that the Committee can realistically influence.
  - Performance: priority should be given to areas in which the Council and Partners are not performing well.
  - Extent: priority should be given to issues that are relevant to all or a large part of the city.
  - Replication: work programme must take account of what else is happening to avoid duplication.

### ***Looking Ahead***



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

### ***Scrutiny Methods***

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

### ***Joint Health Overview and Scrutiny Committee.***

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

Birmingham:

Councillors Mick Brown (BCC Chair - Lab), Rob Pocock (Lab), Shabina Bano (Labour), Gareth Moore (Con) and Debbie Harries (LibDem).

Solihull:

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

#### **4 Work Programme 2023-24**

- 4.1 Appendix 1 sets out the topics the Committee will consider over the next few months, and also outlines future items for consideration.
- 4.2 The Committee may decide to add further items to the work programme during the course of the year. When considering this, the Committee is advised to consider where it can best add value through scrutiny, and how it can prioritise topics for consideration based on the Scrutiny Framework referred to in 3.5.

#### **5 Any Finance Implications**

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

#### **6 Any Legal Implications**

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

#### **7 Any Equalities Implications**

- 7.1 The Council has a Public Sector Equality Duty under the Equality Act (2010) to have due regard to the need to:
  - eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act.
  - advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
  - foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- 7.2 The protected characteristics and groups outlined in the Equality Act are Age; Disability; Gender Reassignment; Marriage and Civil Partnership; Pregnancy and Maternity; Race; Religion and Belief; Sex, and Sexual Orientation.
- 7.3 The Committee should ensure that it addresses these duties by considering them during work programme development, the scoping of work, evidence gathering and making recommendations. This should include considering how policy issues impact on different groups within the community, particularly those that share a relevant protected characteristic; whether the impact on particular groups is fair and

proportionate; whether there is equality of access to services and fair representation of all groups within Birmingham and Solihull; and whether any positive opportunities to advance equality of opportunity and/or good relations between people are being realised.

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

## **8 Appendices**

- 8.1 Appendix 1: Joint Health Overview and Scrutiny Committee Work Programme 2023-24 – July.



## Birmingham and Solihull Joint Health Overview and Scrutiny Committee

Month	Item/Topic	Aims and Objectives	Scrutiny Method	Cabinet Member/ Lead Officer	Other Witnesses	Additional Information and Outcome*
July 2023	Report on 3 Independent Reviews of University Hospital Birmingham NHS Foundation Trust: Patient Safety Review Culture Review Well Led Review of Leadership and Governance	To provide assurance to the Committee on the outcome of the Well Led and progress on the Culture review and timescales and implementation of the recommendations of the Patient Safety Review.  To consider the Healthwatch ground rules for the 3 Reviews and if these have been met.	Committee Meeting single item: Agenda item at Joint HOSC meeting 25 July 23  Deadline for reports 14 July 23  Venue: Council House, Committee Rooms 3 and 4	David Melbourne, BSOL ICB Chief Executive		Information requested at April 23 Joint HOSC: To receive a copy of the ICS analysis of the UHB Trust's <i>Standardised Hospital Mortality Ratio</i> (SHMR);  To receive an annual summary of the learning that had taken place over the course of the year across UHB be brought forward and submitted to the JHOSC in future;  To receive a roadmap for the remaining reviews in terms of how they will report, expected dates/timescales/milestones.
July 2023	BSol ICS update on performance against finance and recovery plans	To update the members on the ICS financial position and recovery of healthcare services following the impact of the covid pandemic.	Committee Meeting single item: Agenda item at Joint HOSC meeting 25 July 23  Deadline for reports 14 July 23	Paul Athey, BSOL ICS Chief Finance Officer		

			Venue: Council House, Committee Rooms 3 and 4			
	Maternity Services at UHB	To consider the CQC report findings and actions to be taken by the Trust.				
	Birmingham and Solihull ICS Joint Forward Plan					To be published at the end of June 2023
	ICS Work Force Planning					
	Scrutiny and Quality Assurance	To agree a 2-3 year schedule of reports from NHS Trust serving Birmingham and Joint HOSC areas including: CQC report Quality Account Analysis of complaints and how this has driven service improvement Key risks / issues for the Trust.				
	Monitoring of implementation of Recommendations from UHB Reviews	The ICS and UHB to report on the implementation of the recommendations from the UHB reviews.				
	Update on post-covid syndrome / Long covid and rehabilitation	To understand the impact of post covid syndrome / long covid and the services / support that is available.				

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

