

BIRMINGHAM CITY COUNCIL

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

TUESDAY, 21 NOVEMBER 2023 AT 10:00 HOURS
IN COMMITTEE ROOMS 3 & 4, COUNCIL HOUSE, VICTORIA
SQUARE, BIRMINGHAM, B1 1BB

A G E N D A

1 NOTICE OF RECORDING/WEBCAST

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

2 DECLARATIONS OF INTERESTS

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

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

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

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

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

- 3 **APOLOGIES**
- To receive any apologies.
- 5 - 14** 4 **MINUTES OF MEETING - OCTOBER 17 2023**
- To confirm the minutes from the meeting held on 17th October 2023.
- 5 **COMMISSIONER'S REVIEW AND COMMENTS ON AGENDA**
- The Commissioner has reviewed the reports and is content not to comment on the reports for this meeting (10.06-10.08)
- 15 - 22** 6 **SCRUTINY OF DELIVERY OF 23/24 BUDGET SAVINGS AND FINANCIAL RECOVERY PLAN.**
- To receive latest report update on the Budget Savings and Recovery Plans from Finance Officers. (10.08-10.27).
- 23 - 28** 7 **HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE ACTION TRACKER**
- For Committee to note the actions from the previous Health and Social Care Overview and Scrutiny Committee meeting. (10.27-10.30)
- 29 - 40** 8 **URGENT TREATMENT CENTRES (UTC) IN BIRMINGHAM**
- To receive a report on access and availability of UTCs city-wide, including functionality and purpose, and quality of buildings. (10.30-11.15).
- 41 - 50** 9 **QUALITY REPORT FROM INTEGRATED CARE BOARD (ICB)**
- To receive a report on Quality Assurance processes across the ICB systems to enable the Committee to prioritise system-focussed quality reports to future meetings. (11.15-11.53).
- 51 - 74** 10 **HEALTH AND ADULT CARE SCRUTINY COMMITTEE WORK PROGRAMME UPDATE 2023/24**
- To consider the draft work programme and agree updates / amendments. (11.53-11.58)
- 11 **REQUEST(S) FOR CALL IN/COUNCILLOR CALL FOR ACTION/PETITIONS RECEIVED (IF ANY)**
- To consider any request for call in/councillor call for action/petitions (if received).
- 12 **OTHER URGENT BUSINESS**
- To consider any items of business by reason of special circumstances (to be specified) that in the opinion of the Chair are matters of urgency.

13 **AUTHORITY TO CHAIR AND OFFICERS**

Chair to move:-

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

BIRMINGHAM CITY COUNCIL

HEALTH AND ADULT SOCIAL CARE (HASC) OVERVIEW & SCRUTINY COMMITTEE

PUBLIC MEETING

**Tuesday 17th October 2023. Committee Rooms 6,
Council House, Victoria Square**

Minutes.

Present

Councillor Mick Brown (Chair).

Councillors Rob Pocock (Deputy Chair), Gareth Moore, Julian Pritchard, Shabina Bano, Kath Hartley, Amar Khan and Paul Tilsley.

Also Present:

Mohammed Sajid, Interim Head of Financial Strategy.

Samantha Bloomfield, Finance Business Partner, Adult & Social Care.

Ekbal Hussain, Interim Business Cases Business Partner.

Professor Graeme Betts CBE, Director, Adult and Social Care Directorate.

Dr Mary Orhewere, Assistant Director, Public Health, Partnerships, Insight & Prevention.

Lynda Bradford, Interim Service Lead, Physical Activity.

Humera Sultan, Consultant in Public Health.

Dave Wagg, Head of Sport and Physical Activity.

Ibrahim Subdurally-Plon, Service Lead, Physical Activity.

Paul Sherriff, Chief Officer, Partnerships & Integration, Integrated Care Board.

Tracey Harvey, Senior Commissioning Manager.

Rebecca Woods, Head of Primary Care Commissioning, Pharmacy, Optometry & Dental Services.

Sarah Fradgley, Senior Overview and Scrutiny Manager.

Adewale Fashade, Interim Scrutiny Officer.

1. NOTICE OF RECORDING/WEBCAST

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

2. APOLOGIES

None

3. DECLARATIONS OF INTEREST

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

4. MINUTES – 19TH SEPTEMBER 2023.

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

5. COMMISSIONER'S REVIEW AND COMMENTS ON AGENDA

For the committee to note the Commissioner's review and comments. This is a standard item for the committee to note at each meeting.

6. FINANCIAL CHALLENGES – SCRUTINY CONTRIBUTIONS TO BUDGET SAVINGS AND RECOVERY PLANS.

Samantha Bloomfield, Finance Business Partner, Adult & Social Care (ASC) introduced the report with appendices previously circulated to members. Below were key points highlighted:

- No red ratings on Adult and Social Care budgets.
- There are six specific areas of savings in 23/24 totalling £9.708m that fall under the committee portfolio as detailed in appendix 2 of report. Satisfactory progress is being made on delivery of these savings.
- Of the £9.708m total £1.000m has been delivered (blue), £0.700m is green denoting low risk to delivery and the remaining £8.008m is Amber with medium risk to realising the savings in 23/24.
- The amber ratings denote medium risks, and this was partly due to the lack of monitoring information in Oracle and the nature of changes being implemented. However, these are being regularly reviewed and there is confidence that savings target can be achieved by year-end.
- The two green ratings indicated on report anticipated to be delivered by year-end.
- Monitoring work is ongoing on the amber ratings to ensure full savings target are met, with update on these to be provided early in the New Year.

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

- In response to what was being done to get a more informed estimates on Adult and Social Care (ASC), Finance officers stated that while acknowledging issues around Oracle as a source of information, there was access to other sources to help inform the work being done to meet savings targets and monitor budget areas such as payroll/vacancy management. There was confidence currently that savings can be made by year-end on the amber ratings. Fees & Charges are a bit more difficult to forecast, but we are still confident of the monitoring in place to help ensure we meet saving targets by year-end.
- Transformation Fund savings was on course to be delivered, with a couple of areas of savings to work through within the system. A much clearer picture should emerge by Q3.
- In response to concerns about ability to make savings by Q3 especially considering the information tools e.g., Oracle that officers are working with. In response, officers stated that they had other sources of information they can use to get robust information that feed into Oracle e.g., activity data and other sources to help manage vacancies and other spend.
- In response to the Adult Transformation Programme fund and the different components within these, officers said that they will work on providing a clearer picture of the various components within the fund to give the best possible figure in future reports. Prof. Graeme Betts informed the meeting that there was confidence that work is on track to deliver on savings.
- In response to question on which of the amber rated savings could give most concern, officers indicated the vacancy savings is within the grasp of officers. There is also scope to re-prioritise if necessary. For Adult Transformation savings, this was a case of keeping a close eye and maintaining robust monitoring.
- Officers stated that reversal of savings have been removed and lots of manual efforts have been put in data cleansing which is helping with monitoring and budget setting to counter Oracle issues. Also, lots of information on Health and Social Care comes from third party systems, so the team is able to capture some of the data from these
- The Overview and Scrutiny Manager referred the Committee to section 1.3 of the cover report on research the Scrutiny team was doing on the work of authorities who are similar situation as currently experience by BCC. Key themes from engagement with these authorities were; refocusing work programme on budget recovery plans, savings and improvement plans; scrutiny committees playing important roles in the process; and member training was key component to the process.

RESOLVED

That the Committee notes the Quarter 1 2023/24 savings set out in Appendix 1.

That the Committee note the update for Q2 / Q3 attached as Appendix 2 and notes progress on delivery of the 2023/24 savings within the remit of the Committee's terms of reference.

That Finance officers provide a clearer picture of the various components within the Adult Transformation Fund to give the best possible figure in future reports.

That the Committee notes reassurance from the Strategic Director, Adult & Social Care and Finance team that there was confidence that work is on track to deliver on savings by year-end.

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

The Interim Scrutiny Officer updated members that all actions from the Action Tracker from the last meeting was for noting.

In response to question on the recent CQC pilot inspection and when report on this was due, it was stated that November could be the likely date, but this was yet to be confirmed as CQC are likely to publish all pilot reports at same time. Further update on this will be provided as soon as there is confirmation from CQC via the Adult & Social Care Team.

RESOLVED

That the Committee note updates on actions from the previous Health and Social Care Overview and Scrutiny Committee meeting.

8. DEVELOPMENT OF THE CREATION OF AN ACTIVE BIRMINGHAM STRATEGY AND SPORTS STRATEGY.

Officers from the Public Health Physical Activity Team and the Sports and Activity team introduced the report/ presentation. Key points made to the committee are:

- There is a key focus in getting people to be more active at least 30 minutes a day, this level of activity has significant benefits for adults.
- The Creating an Active Birmingham Draft strategy is due to be taken to cabinet and hoping to secure approval on 14th November 2023. There will then be a public consultation commencing from 20th November. This will focus on 5 key priority areas: *Active People, Active Environment, Active Society, Active Systems and Closing the Gap*. Stakeholder engagement has taken place looking at various data to help inform strategy. Also, a citizens panel will be established involving citizens to input into the strategy as it moves into implementation in May 2024.
- Key aims for both the Creating an Active Birmingham Strategy (previously known as the Physical Activity Strategy) and the Sports Strategy were to improve overall physical well-being of citizens as an important part of the Commonwealth Games Legacy. It is critical that the two strategies are aligned.

- Consultants Knight, Kavanagh and Page (KKP) have commenced work on behalf of the Council in April 2023 to support the council in delivering the Sports Strategy. This is currently in the consultation phase, with 30 clubs, sports and community organisations already engaged with. There is a huge piece of work involved in carrying out desktop analysis, such as looking at data available from Sport England.
- There has been engagement with national governing sports bodies such as Sports England on how we can work with them, and with primary and secondary schools' sector. Information from these engagement activities will contribute to the delivery of a key issues paper towards developing strategy by April/May 2024.
- Public Health and Sports Teams are working closely to ensure synergy of milestones, towards implementation of both strategies in May 2024.

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

- The team will be utilising existing infrastructure by collaborating with existing partners and Locality Network leads to connect and engage with people who are likely not to be involved in physical activity. Some money had been used to develop some brochures which will direct people to questionnaires that they can complete.
- In terms of investment in parks, the officers have engaged with the Parks Lead and understand that models of investment are being explored to bring money, such as working with businesses with different funding streams.
- In response to why there are two strategies, this is because physical activity is aimed at those who are inactive and not involved in any activity. Officers from the Public Health Physical Activity Team and the Sports and Activity team introduced the report/ presentation. Key points made to the committee are the Sports strategy will focus more on people who are already active, who could become more active and are likely to become involved in sporting activity. Additionally, the Sports strategy addresses the improvement of sporting assets, and how they are used such as sport-related buildings and sporting fields. There are conversations held with people from separate sectors and we work closely in bringing these together.
- Playing fields strategy is due to be signed off by cabinet soon and this could serve as a template for investment.
- On paying for the Sports Strategy consultancy, this was due to lack of resources and expertise internally in the Sports Team to develop strategy in line with national standards.
- The 'Closing the Gap' priority area in the Creating an Active Birmingham Strategy will help ensure engagement of groups identified as 'inactive' and 'seldom heard' such as women in maternity/post-natal, those living with autism as well as others with an impairment or disability. Accessibility for people with impairment or disability is an important focus and the team is working with the Disability Forum on engagement with Sports strategy.

- The Assistant Director (AD), from Public Health team emphasised the importance of play in the discourse around physical activity, in relation to children, and that this should not be underestimated alongside sporting activity.
- Education settings could do more to support physical activity and will be actively involved in the strategy action plans.
- In terms of wider citizen engagement, there will be a virtual citizens' panel set up as well as opportunities to be involved in various working groups. Public Health also work with communities of interest as well as across localities. The team would be happy to come back to the committee to demonstrate how impairment has been structured into the strategy to ensure inclusion.
- Grassroots sports programme can help bring in 'minority' sports e.g., having better standard basketball courts across the city.
- People living with serious long-term mental health will also be engaged with and involved in physical activity through the Be Active Plus.
- There is the need for the strategy to focus on the 'functional', day-to-day activities people can do as physical activity, such as carrying shopping bags from the car and walking to bus-stops. For people to do this, it will be important to ensure streets and environment are safe. Lifestyle improvement and creating the right environment to encourage people to be more active.
- The state of sports field in the city needs to be addressed as protection of sports assets helps create more access to regular sports and physical activity.
- The Creating an Active Birmingham Draft strategy will be in the public domain on 20th November. To be circulated to committee to disseminate accordingly.

RESOLVED:

- For Committee to note the work being carried out to create both Strategies and the alignment between the two.
- For a further response to the Legacy Report, which will not be ready until implementation plan is launched, officers will come back to Committee in April 2024.

9. ACCESS TO COMMUNITY DENTAL SERVICES IN BIRMINGHAM

Rebecca Woods and Tracey Harvey from Office of the West Midlands Integrated Care Board (ICB) which supports the 6 West Midlands Integrated Care Boards, presented their report on access to community dental services in Birmingham. Also present was Paul Sherriff, Chief Officer, Partnerships and Integration at NHS B/Sol ICB. Rebecca Woods began by giving an overview of key messages from the report and presentation:

- All ICBs across the West Midlands are performing well in terms of Units of Dental Activity (UDA) delivery.
- 4 dental contracts under-performing (Kitt Green, Small Heath, Selly Oaks and Acocks Green). This was due to challenges in areas such as workforce/recruitment issues and ill-health.
- Information for B/Sol and Black Country are combined to extract data for Birmingham (based on 24-month look-back period). Boundary changes came about in October 2022, and since then there has been slow disaggregation of data in helping to provide a more Birmingham-related footprint.
- 168,000 contacts lost since 2020, creating significant patient gap over a 24-month access period. Again, this was due to workforce shortage.
- Prevention work and health improvement programmes being put in place to mitigate access to dental services.
- Current work is on commissioning around contracts, with focus on the most vulnerable such as children. New investment scheme about to be introduced to target patients and improve access to dentistry. The ICB is working closely with Local Dental Network covering Birmingham to continue to identify areas of investment.

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

- The Office of the West Midlands ICB is looking to be more engaged with the work of local ICBs across the midlands. Members would like supplementary briefing note on this new structure, ([Office of West Midlands hips and ICB](#)), to have more of an understanding of its work regionally and locally. It aims to have better collaboration of the 6 ICBs across the West Midlands. Working relationships are being developed to ensure shared understanding across various work areas, including dental health.
- In response to health equity and population health in relation to dentistry, data on this can be provided to the committee, through the Health Equity Audit currently ongoing. The Audit will inform the strategy in the future to ensure more equitable access. The Audit report is due in the New Year.
- The issue of shortage of NHS dentists continues to be a concern impacting on the dental health of the local population. The ICB recognise that the lack of patient registration for dental services is a challenge due to the way contracts are structured. Capacity of dental practices need to be utilised in a different way, hence process of recommissioning of practices locally.
- There is adequate training of NHS dentists. The issue is when they are trained, they move to the private sector. The national workforce plan is proposing a tie-in period so that if trained NHS dentist exit after training, they will pay back training costs. Also, the ICB is currently exploring investment in incentives to help professionals feel part of the NHS to want to stay on.
- The Assistant Director (AD), Public Health, informed the meeting that Public Health has commenced an Oral Needs Assessment covering B/Sol which will

cover all aspects of oral health and not just dental for adults as well as children. There will be a focus on prevention, diet, and lifestyle improvement to oral health. Report should be out by next spring.

- On the process of accepting new patients' and frustrations people are experiencing in trying to access dental care, this has been a major challenge locally and nationally. There is now a contractual requirement for dentists to update their status details and information on the website as this is the access point for people. Dentists are being contacted to remind them of this requirement. There is acceptance within ICB that there are many issues to be looked at in terms of contract structure and how it is currently meeting demand for oral improvement and delivery of dental activity. Work is ongoing at national level on what dental contract activity should look like.
- There is not much that can be currently done locally to make changes to the contract requirements as this is a national contract. However, there are considerations to look at local population need for Birmingham and how we can explore this further to adequately meet local demand.
- ICB in contact with frontline GP dental services to seek views on what the challenges are for them in relation to contract and service delivery, and building a shared understanding of how these can be resolved.
- National dental contract reform still under consideration. The first stage of the reform looked at changes to band 2 payments about a year and a half ago. ICB are awaiting the next stage of the reform to be announced.

RESOLVED

- That the Committee note the report.
- That the Committee be sent a supplementary briefing note of the structure and remit of the Office of the West Midlands Integrated Care Board (ICB).

10. HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE WORK PROGRAMME UPDATE (2023/24).

The Interim Scrutiny Officer provided an update report on the proposed work programme for the Health and Adult Social Care Overview and Scrutiny Committee for 2023-24. Key updates and proposals are:

- For the November meeting, a Birmingham/Solihull (B/Sol) JHOSC members' briefing on UHB Culture Review with Jonathan Brotherton, CEO UHB is scheduled for 10th November.
- Day Opportunities Review item scheduled for November will now be brought to the committee in December. This was due to Spending plans impacting on activities by Red Quadrant limiting what can be updated in November. A fuller report will be provided at the HASC meeting coming up in December on all activities that has taken place and next steps.

- The B/Sol Integrated Care Board (ICB) would like to present a draft report on Urgent Treatment Centres (UTCs), with focus on access/availability, to the committee. This will come to the next committee meeting in November, in place of the Day Opportunities Review item.
- Apart from the standing item on budget plans and financial recovery, the main agenda items for the next meeting in November will be NHS/ICB themed – Urgent Treatment Centres and Quality Report from ICB.
- On the point made about December agenda being potentially busy, officers will keep an eye on this and monitor accordingly.

RESOLVED:

That the Committee:

- Notes the updates and changes to the Work Programme for November – December 2023.
- Agree, subject to further input from the Chair and Deputy Chair, the issues that the Committee will consider in November - December 2023, the proposed aims and objectives and the preferred method of scrutiny.
- Notes, subject to further input from the Chair and Deputy Chair outside of the meeting, its proposed work programme update will be submitted to Co-ordinating O&S Committee, to enable work to be planned and co-ordinated throughout the year.

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

None.

12. OTHER URGENT BUSINESS.

None.

13. AUTHORITY TO CHAIRMAN AND OFFICERS

RESOLVED: -

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

The meeting ended at 12.12 hours.

Birmingham City Council

Health and Adult Social Care

Overview and Scrutiny Committee

Date 21 November 2023



Subject: Scrutiny of Delivery of 2023/24 Budget Savings

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

Report author: Fiona Bottrill, Senior Overview and Scrutiny Manager
Fiona.bottrill@birmingham.gov.uk
07395884487

1 Purpose

- 1.1 It was agreed at Co-ordinating Overview and Scrutiny Committee on 15 September 2023 that all O&S Committees will continue to scrutinise the delivery of existing 2023/24 savings and the September Health and Adult Care OSC received information on the delivery of savings by the end of Q1.
- 1.2 A further update was provided to the Committee on 17 October on the blue, red, amber, green rated savings for 2023/24 by Committee progress on delivery of savings at Quarter 2 attached as Appendix 1.
- 1.3 At the Committee meeting on 17 October members requested that greater detail be provided on the savings on the Adult Social Care Transformation Programme.
- 1.4 The purpose of this report is to enable members to scrutinise the delivery of the Adult Transformation Programme savings and to inform members of:
 - The components of the Adults Transformation Programme
 - Best possible figures on delivery of savings of the different components of the Adults Transformation Programme
- 1.5 Information responding to these points is attached as Appendix 2.
- 1.6 Members are asked to note that a Task and Finish Group to be led by Finance and Resources OSC has been established by Co-ordinating OSC and will look at budget and savings across the council in further detail.

2 Recommendations

That the Committee:

- 2.1 Notes the information set out in the appendices and the updates provided by officers in relation to in year savings including those issues set out in 1.4 above.
- 2.2 Identifies future issues regarding delivery of 2023/24 savings within the remit of the Committee's terms of reference (outlined in the [Council's Constitution, Part B, section 11.5](#)) and agrees any comments.

3 Any Finance Implications

- 3.1 Following the review of the savings, if these are deemed deliverable then this will help reduce the budget gap from 2023/24 onwards. If there are deemed unachievable then alternative saving ideas/options will need to be put forward to reduce the council's budget gap from 2023/24 onwards.

4 Any Legal Implications

- 4.1 There are no legal implications directly arising from this report, however the proposed Task and Finish Group led by Finance and Resources may require legal advice and support on specific issues as its work progresses.

5 Any Equalities Implications

- 5.1 The Council has a Public Sector Equality Duty under the Equality Act (2010) to have due regard to the need to:
 - eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act;
 - advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- 5.2 The 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.
- 5.3 The Committee should ensure that it addresses these duties by considering them during work programme development, the scoping of work, evidence gathering and making recommendations. This should include considering: How policy issues impact on different groups within the community, particularly those that share a relevant protected characteristic; Whether the impact on particular groups is fair and proportionate; Whether there is equality of access to services and fair representation of all groups within Birmingham; Whether any positive opportunities to advance equality of opportunity and/or good relations between people are being realised.
- 5.4 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.

6 Appendices

- 6.1 Appendix 1: Update on Delivery of 2023/24 Savings During Q2 O&S Committee
- 6.2 Appendix 2: 2023-24 HASC Update October 2023

Appendix 2: Health & Adult Social Care Committee - 23/24 Savings Position as at Q2**Summary**

This report updates Health & Adult Social Care OSC on the progress in delivering the 23/24 savings agreed in the MTFS 2023/26 that fall under this committee portfolio.

An extensive review process has been undertaken between Q1 and Q2 and the position reported below is as at Q2 (End of September 23).

Background

There are six specific areas of savings in 23/24 totalling £9.708m that fall under the committee portfolio and these are listed below on page 2.

Each area has been risk rated to indicate the current level of confidence in achieving each savings target either in-year during 23/24 or over the longer term MTFS period 2023/26. Page 3 of this appendix explains the risk rating criteria.

Quarter 2 Position

Of the £9.708m total £1.000m has been delivered (blue), £0.700m is green denoting low risk to delivery and the remaining £8.008m is Amber with medium risk to realising the savings in 23/24.

The Amber items totalling £8.008 relate to vacancy management, additional fees & charges income and savings through the wider Adults Transformation Programme. Currently these savings are rated Amber denoting medium risk partly due to the lack of monitoring information available through Oracle and partly due to the nature of changes being implemented, particularly through the adults transformation programme, which take much longer to realise.

However, work to deliver these savings is progressing and there is some confidence that most if not all of the target will be achieved in year. These Amber areas will need to be managed and monitored carefully throughout the year to ensure the full savings targets are achieved.

List of 23/24 Savings Projects & RAG status as at Q2

Directorate	OSC Portfolio	Summary Description	Delivery Risk In-Year 2023/24 (Saving) £'000	Delivery Risk Over MTFS (Saving) £'000
Adult Social Care	Health and Adult Social Care OSC	Looking at ways to enhance ICS/CCG partnership to harness pooled resources more efficiently eg BCF Inflation	(1,000)	(1,000)
		TOTAL	(1,000)	(1,000)
Adult Social Care	Health and Adult Social Care OSC	Special Impact team (SIT) complex case review accelerated and expanded to cover high cost packages	(500)	(500)
Adult Social Care	Health and Adult Social Care OSC	Case load packages Review	(200)	(200)
		TOTAL	(700)	(700)
Adult Social Care	Health and Adult Social Care OSC	3% Turnover factor (Vacancy management)	(2,850)	(2,850)
Adult Social Care	Health and Adult Social Care OSC	Fees & Charges 5%	(1,458)	(1,458)
Adult Social Care	Health and Adult Social Care OSC	Adults Transformation Programme. Savings from reducing demand for care services through building preventative and community models to provide low level, early interventions to help people live independently with minimal statutory support needed. At the programme's core is a strengths-based approach to adult social care provision, focussing on how individuals can lead fulfilling lives and filling in the gaps with support, rather than providing blanket support which invariably results in loss of independence and fulfilment. There are a range of initiatives included, (eg increased use of home adaptations, reenabling, review of complex care packages focusing on preparation for adulthood etc.), to ensure all levels and types of need, and all age groups, can be supported in this new way.	(3,700)	(3,700)
		TOTAL	(8,008)	(8,008)

Caveats:

- Many targets fit into multiple O&S portfolio, such as Fees & Charges, vacancy factor, thus for simplicity we have allocated to the O&S Committee where most of the target is more likely to fall.
- Some services also fall into more than one O&S portfolio – we have allocated the full target for these to the committee of higher alignment rather than split amounts.
- The total savings that need to be delivered in the 23/24 financial year may increase. Finance is currently working to close the 22/23 financial year accounts – this includes final assessment of savings delivery for the last financial year. Any further undelivered savings in 22/23 will need to be brought forward and found in 23/24 thereby increasing the overall target for 23/24.

Criteria for determining the RAG status of savings

Assessment Criteria	Delivered	Low Risk	Medium Risk	High Risk	Potential Write-Off
Savings RAG	Saving or income realised and evidence provided that costs have been reduced or income increased.	Saving or income detail documented and robust plan in place to deliver agreed targets, showing when and who is responsible. - and / or - Saving / income will be delivered within agreed timeframes.	Saving or income lacks some clarity and / or not detailed at an adequately granular level, or at risk, but agreed plan in place to resolve and being actively managed. - and / or - Some risk of not delivering saving within agreed timeframe, leading to cost of slippage.	Limited confidence in agreed saving / income being delivered - and / or - Saving / income unclear and / or not specified at adequate granular level. - and / or - Inadequate plan / no plan agreed. - and / or - <i>Saving not yet agreed by Directorate / Service Manager</i> - and / or - Major risk of not delivering saving / income within agreed timeframe, leading to cost of slippage.	Agreed saving cannot be delivered. - and / or - Alternative saving options to be identified. - and / or - CLT should consider writing off the agreed saving.
Headcount Example	Officer has departed, budget has been reduced and posts have been deleted from the approved establishment.	Timescales and the specific posts to be vacated / deleted have been agreed.	Budget Manager has confirmed that posts (to agreed value and timing) will be vacated and deleted from budget.	Headcount saving proposed, but no clarity RE timescales/ posts.	Headcount reduction is considered unachievable.

2023-24 HASC Update - October 2023									
Project	Sub-Project	2023/24 Target	Delivered	Low Risk	Medium Risk	High Risk	Mitigation	Balance	Latest Position
ASC001 23+ Adults Transformation Programme.	Independence at Home	£0	£200,000	£0	£0	£0	£0	-£200,000	Whilst there is no step up saving for 2023/24 the Independence at Home programme continues to deliver savings over and above the initial target
	Neighbourhood Networks Scheme - Younger Adults	£1,300,000	£0	£0	£0	£1,300,000		£1,300,000	This is a cost avoidance saving and further work is required to assess the full impact of this scheme. Currently the Younger Adults cohort is showing increases in both numbers and complexity and work to understand this pressure is ongoing.
	Early Intervention Hospital Discharge	£500,000	£400,000	£0	£0	£0	£0	£100,000	Savings are on track to over deliver this fully within 2023/24 and £0.4m has already been delivered.
	Specialist Impact Team Complex Case Review	£200,000	£200,000	£400,000	£0	£0	£0	-£600,000	There is a small step up saving for 2023/24 for the Specialist Impact Team Complex Case Review. The programme of works has been successful in reviewing and reducing care packages and has delivered the 2023/24 target and is on track to further deliver £0.6m of savings above the initial target.
	Preparation for Adulthood	£400,000	£0	£0	£0	£400,000	£0	£400,000	Work in this area continues, and whilst savings are ultimately anticipated to be made, they are not expected within the 2023/24 finance year.
	Case Load Packages Review	£1,300,000	£1,300,000	£1,000,000	£0	£0	£0	-£1,000,000	Savings have been fully delivered within 2023/24 and a further £1.0m of further delivery is anticipated this year which will offset other transformation savings.
	TOTAL	£3,700,000	£2,100,000	£1,400,000	£0	£1,700,000	£0	£0	

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

Date of Meeting	AGENDA ITEM	ACTIONS	Lead Officer	Update
06/06/2023.	Develop the HASC Overview & Scrutiny Work Programme for year 23/24.	<ul style="list-style-type: none"> - To work with City Observatory who will provide information, data, and update in line with the Committee's Work Programme objectives and needs. - CQC approaches and priorities, and timescales for inspections: Performance information on Adult & Social Care services. - Task and Finish work activities will need to be incorporated within the O&S Committee calendar for the year. - Update from the Independent Care home sector to the Committee on Adult and Social Care homes contract performance. - The Chair, Deputy Chair, Scrutiny Team and Officers from the Strategy, Equality and Partnerships (SEP) Directorate will meet to draw up an outline work programme based on discussions on 	<p>Scrutiny Offices/City Observatory officers.</p> <p>Maria Gavin, AD, Adult and Social Care</p>	<p>City Observatory officers attended June meeting to provide update on ASC performance scorecard. To provide regular updates (dates TBC).</p> <p>Maria Gavin, AD, ASC to attend July meeting to provide information. Prof. Betts provided update at the July meeting on her behalf.</p> <p>Scrutiny Officers – Dates for T&F groups agreed. Update in September meeting.</p> <p>As part of the Committee's remit across all Adult Social Care and NHS Services (including the 5 main NHS Trusts), as part of its Health Scrutiny function.</p>

		<p>issues from 6th June meeting and come back with this at the next meeting.</p> <ul style="list-style-type: none"> - HASC OSC Members to consider looking at key priorities not just over the year, but over a two- or three-year period to get a fuller picture of key NHS functions such as Quality Accounts and Complaints procedure to inform service improvement 		<p>Refer to work programme. To incorporate as part of Health Scrutiny function.</p>
04/07/2023	<p>ICB Governance: Place-Based Committees and Decision-making powers.</p>	<p><u>Key recommendations agreed at HASC meeting of 4th July for action.</u></p> <ol style="list-style-type: none"> 1. Place-Based Board: The ICB provides clarity on the decision-making powers at Board, Place, Neighbourhood and Locality levels and the degree to which powers and decisions will be delegated to Neighbourhood and Locality level. The ICB sets out the timescales and milestones to achieve the delegated powers to neighbourhood and locality level. 2. The ICB sets out the timescales and milestones to achieve the delegated powers to neighbourhood and locality level. The Committee recognises that the ICS is an evolving system however, members want to understand: <ul style="list-style-type: none"> • The timescales to establish fully devolved powers and the key milestones to achieve this. 	<p>David Melbourne CEO, ICB.</p>	<p>Feedback received from B/Sol ICB and forwarded to members 6th Sept.</p>

		<ul style="list-style-type: none"> • The resources and infrastructure that will be put in place to enable meaningful engagement and co-ordination at neighbourhood and locality level with local people and existing arrangements e.g. Community Navigators and Community Connectors <p>3. The ICB sets out how elected members will be engaged in the neighbourhood and locality levels. The ICB sets out how elected members will be engaged in the neighbourhood and locality levels. The Committee recommend that the ICB explores how locality Team and Primary Care Networks engage with ward forums. This could initially be tested in the accelerator localities.</p> <p><u>Recommendations to the Director of Adult Social Care to raise with the CQC:</u></p> <p>4. That the CQC takes the opportunity of the pilot inspection of Birmingham City Council to explore how to best apply and adapt an inspection process to super diverse city with very large population. Members we particularly keen to understand how the inspection will engage with service</p>	Maria Gavin, AD ASC.	(Recommendations 4-6: Feedback received from AD ASC, Maria Gavin and sent to HASC Members 6 th Sept).
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		<p>users from different communities to understand the lived experience of the diverse population.</p> <ol style="list-style-type: none"> 5. The ICB sets out the timescales and milestones to achieve the delegated powers to neighbourhood and locality level. The Committee recognises that the ICS is an evolving system however, members want to understand: 6. That the findings and report from the pilot inspection is shared with the Committee to inform the work programme and enable members to add value to the service improvement journey for Adult Social Care. <p><u>Other Actions to come back to HASC:</u></p> <p>CQC Inspection on Adult & Social Care: Findings and report from the pilot inspection is shared with the Committee to inform the work programme and enable members to add value to the service improvement journey for Adult Social Care</p> <p>Community Integrator Model: Share copy of Birmingham Community Healthcare Trust (BCHC) paper from ICB on options for Community Integrator Model.</p>		<p>Pilot inspection held mid-August 2023. Awaiting CQC report.</p> <p>Report received from ICB and shared with HASC members (sent 25.8)</p>
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04/07/2023.	Commissioning Services contracts.	Substance misuse recommissioning process: Committee to have input in proposals to cabinet	Karl Beese, Commissioning Manager, ASC.	HASC feedback sent to Karl Beese to include in commissioning proposals to cabinet on 31/7.
19/09/2023	Scrutiny of delivery of 23/24 budget savings; response to Section 114 update & Financial Recovery plans	Standing item on meeting agenda until further notice. To receive update on progress.	Mohammed Sajid, Head of Financial Strategy	Monthly progress update from Finance Team on budget savings and implications for Adult & Social Care.
19/09/2023	Enabling Primary Care Strategy	Community pharmacies, the Partnership Board and Provider Services in Primary Care are looking closely at improving linkages – work on this to be highlighted in Final Draft of strategy.	Anna Hammond, Director of GP Provider Support, NHS Birmingham/Solihull & Suando Ghosh, Primary Care Medical Services Board Partner Member.	To update committee on final strategy when published.
17/10/2023	Scrutiny Contributions to Budget Savings and Recovery Plans.	That Finance officers provide a clearer picture of the various components within the Adult Transformation Fund to give the best possible figure in future reports	Mohammed Sajid, Interim Head of Financial Strategy. Samantha Bloomfield, Finance Partner, Adult & Social Care	Committee to receive update at the November HASC meeting.

17/10/2023	Development of creation of an Active Birmingham and Sports Strategies	The Creating an Active Birmingham Draft strategy will be in the public domain on 20th November. To be circulated to committee to disseminate accordingly.	Dave Wagg, Head of Sport and Physical Activity. Ibrahim Subdurally-Plon, Service Lead, Physical Activity.	A further response to the Legacy Report, which will not be ready until implementation plan is launched, will be brought to committee in April 2024
17/10/2023	Access to Community Dental Health services in Birmingham.	ICB to provide a supplementary note on the purpose and functions of the Office of the West Midlands to have more of an understanding of its work regionally and locally.	Paul Sherriff, Chief Officer, Partnership & Integration, ICB	

Birmingham City Council

Health, Adult and Social Care Overview and Scrutiny Committee

Date (21/11/2023)



Subject: Warren Farm Urgent Treatment Centre
Report of: Mandy Nagra
Report author: Steve Nicholls

1 Purpose

- 1.1 Outline of issues at Warren Farm Urgent Treatment Centre (UTC), caused by detection of Reinforced Autoclaved Aerated Concrete (RAAC) roof panels on site and need to move the UTC service out of location for patient and staff safety reasons.

2 Recommendations

- 2.1 Relocation of Service, via a two stage process shown below:
 - 2.1.1 The relocation of Erdington UTC from Stockland Green Primary Care Centre (SGPCC) to Bourne Road in Aston. Bourne Road is already used by BADGER for its GP out of hours service and this consolidation of services on 1 site will improve the resilience of the service.
 - 2.1.2 Warren Farm UTC would then move into the accommodation at SGPCC vacated by Erdington UTC. SGPCC is 2.2 miles from current location at Warren Farm Health Centre. This equates to a travel distance of approximately 8 minutes from current location in a car during light traffic or 22 to 23 minutes via public transport.
 - 2.1.3 When Badger move out of Erdington to make space, Erdington is not losing it's UTC, as Warren Farm will move in so it will still be based at Stockland Green (just a different provider), preserving number of UTCs within our system so local residents maintain a valuable local resource
 - 2.1.4 As well as this Aston is gaining a UTC when Badger move out and into Bourne Road. This will allow equity in UTC numbers to remain.
 - 2.1.5 Safer building so no on-going risk to patient safety with no quality or inequality implications identified.

- 2.2 It is recommended that the option of moving into Stockland Green would be the most positive impact in wider service provision balanced against the most minimal change required to ensure patient and staff safety.

3 Any Finance Implications

- 3.1 Above recommendation increases Warren Farm current location costs but would allow for the avoidance of future increased void costs at Warren Farm, and a reduction in Erdington costs allowing for a projected total £104k per annum saving in the long term.

4 Any Legal and Financial Implications

- 4.1 None noted.

5 Any Equalities Implications

- 5.1 A full Equality analysis has been completed and no concerns have been raised for the recommended option of service relocation

6 Appendices

Appendices 1 – 4 Further option appraisal details

Warren Farm Urgent Treatment Centre - November 2023

Background

There are currently six urgent treatment centres (UTC) within the Birmingham and Solihull Integrated Care Board (BSol ICB) territory, five within Birmingham. Appendix 1 shows both a map and location matrix highlighting related distances between both the urgent treatment centres and local emergency departments within the area.

All sites offer similar levels of service and align as closely as possible with the current national UTC standards with the only major exemptions being that:

- Two of the six sites offer walk in appointments (Summerfield and Solihull UTCs) whereas all others accept booked appointments from NHS 111.
- Sites do not currently have access to a full remit of on-site diagnostics, but pathways exist to direct those patients to appropriate provision.

All sites offer a combination of face to face consultations alongside virtual appointments via telephone. Site information is further detailed in Appendix 2.

NHS England UTC standards from October 23 recommends 'Locally, patients should be encouraged to use NHS 111 as the primary route to access an appointment at a UTC; patients should be able to be booked from any care setting, for example, through NHS 111 (including online), the Clinical Assessment Service, from GP practices, ambulance services etc.'

NHS 111 direct patients to the most appropriate service based on the Directory of Services populated in collaboration with the ICB and UTC service provider. This process uses a combination of patient requirement and patient postcode to provide the most suitable service for the patient to attend.

Warren Farm RAAC Issues

Following known collapses of Reinforced Autoclaved Aerated Concrete (RAAC) roof panels, public sector bodies where requested to investigate their estate to determine the presence of RAAC. NHS Property Services (NHS PS) appointed WSP UK Ltd in 2021 to carry out the identification and assessment of RAAC within the BSol estate and to develop remedial and monitoring strategies where RAAC was identified.

RAAC was found within Warren Farm Health Centre and in October 2021 reports were conducted and advice made. Following further review remedial support to roof panels was identified and temporary supports installed which were inspected after installation in July 2022.

In June 2023 WSP attended site to carry out a follow-up inspection of the RAAC panels and temporary support installation to ascertain if there had been a change in the condition of the RAAC panels or the temporary support installation.

This report noted 'generally there was no observed deterioration of the RAAC panels in the building', and 'the previously recorded damaged planks (now propped) similarly did not show signs of further deterioration'.

During the survey, the installed propping was reviewed, and it was noted that the positions of the propping were very slightly changed from what was recorded during the previous visit. It was also noted that two additional props previously advised to be installed had not been. These props were subsequently installed following this recommendation.

In considering the risk assessment the report states:-

RULES FOR GENERAL OPERATION - The following should be put in place as operational procedures:

- Where standing water is present on the roof, introduce robust pumping arrangements to discharge excessive quantities of water.
- Snow build up on the roof should not be allowed to generally exceed 200mm. When removing snow, snow should not be piled in any location to height of greater than 300mm.
- If snow does build up greater than 300mm, all accommodation below should be closed to access until the snow has been clear and panels re-assessed by a structural engineer.
- Maintain robust roof permit system to control access to the roof and to inform personnel of restrictions
- No roof maintenance should exceed the design loadings of 0.6kN/m²

Following further national guidance (NHS E guidance - Pub ref: PRN00777 in September 2023) which provided further clarification around managing risk, another update was taken to BSol ICB Urgent and Emergency Care Improvement and Delivery Board to outline understanding of the need for preparedness of any potential emergency relocation of Warren Farm based on the above and any future development of risk based on NHS PS continued inspection regime.

During this time period since 2021, all other Community services within the building have moved out leaving Warren Farm UTC as the only current occupier of the building. Based on the above, this paper outlines the available options to address these issues.

Summary of options for this Service:

Option 1 – Do nothing and leave service at this location as is:	
Positives	Negatives
No immediate impact to current service provision for local patients	Potential impact of serious weather to close service
Maintains number of UTCs within our system	Impact to patient and staff safety which may occur
	RAAC reduces potential to maintain all aspects of the building
	Current provider has indicated staff feel unsafe on site
	Increased financial Impact due to void costs and maintenance
	Increased costs of at least an additional £224k per annum
	Chance that service may need to shut without notice if emergency issue arises
	Failure of roof could lead to a significant injury
	Not a viable solution due to patient and staff safety concerns and financial issues
Negative Financial Impact: Increase of £224k per annum void costs, plus additional site inspection costs still to be agreed.	

Option 2 - Repair of Roof:	
Positives	Negatives
Would allow service to remain in current location	Cost of repairs have been quoted as from £1.5m, up to £2.5m for installation of a new roof, dependent on
Make service safe to continue to use	One-off decant cost to move out whilst installation occurs (£50k)
Maintains number of UTCs within our system	Requirement to additional rent cost for temporary location
	Would still need to vacate building for an extended period of time (potentially 12 months plus)
	There is no alternative suitable location currently available for a 12 month period
	Level of investment required does not equate to value for money based on patient numbers seen face to face on site
	Service being moved out for 12 months would potentially lead to patients migrating to other provision elsewhere in the long-term
	Majority of patients are seen via virtual appointments (telephone consultation) which can be transferred to any location without impacting patients
	Not a financially viable option – does not give value for money based on patient numbers physically seen on site
Negative Financial Impact: Initial installation costs of up to £2.5m, plus £50k decant costs, plus additional rent costs for duration	

Option 3 - Closure of Service:	
Positives	Negatives
No on-going risk to patient or staff safety	Impact on other local services as patient footfall moves to other providers
Cost saving of up to £264k pa (activity cost not included as would move elsewhere)	Contractual and cost issues related to closure
	Would be a loss of an Urgent Treatment Centre within our system
	Local residents have indicated this would be a loss of a valuable local resource
Positive Financial Impact: Saving of up to c. £264k pa	

Option 4 – Relocation of Service to Stockland Green Primary Care Centre	
Positives	Negatives
Newer facilities than currently available	Does require move of existing Erdington UTC run by Badger Group out of Stockland Green and into their Out of Hours location in Aston (Bourne Road)
Addresses longer term aims to locate UTCs within multi-functional hubs.	
Potential to save £104k pa over increased costs	
Maintains number of UTCs within our system so local residents maintain a valuable local resource	
Relocation is only 2.2m from current location	
Safer building so no on-going risk to patient safety	
Positive Financial Impact: Saving of £104k pa over increased costs	
Full relocation of service detail is shown in detail in Appendix 3.	

Recommendation:

Options		Recommendation
Option 1 - Do nothing and leave service at this location as is.	<ul style="list-style-type: none"> • Not in the best interests of patients and staff attending or working at site due to the safety concerns of not addressing the RAAC roof. • Failure of roof could lead to a significant injury. • Has a longer term negative financial impact due to inspection and maintenance costs and vacated space. 	NOT recommended.
Option 2 - Repair of Roof.	<ul style="list-style-type: none"> • Has the highest negative financial impact on the ICB • Would still require the service to move out of Warren Farm location for at least 12 months • There is no alternative suitable location currently available for a 12 month period. • Service being moved out for 12 months would potentially lead to patients migrating to other provision elsewhere in the long-term • Majority of patients are seen via virtual appointments (telephone consultation) which can be transferred to any location without impacting patients • Not a financially viable option – does not give value for money based on patient numbers physically seen on site 	NOT recommended.
Option 3 - Closure of Service.	<ul style="list-style-type: none"> • Provides a positive financial impact on the ICB does not account for ICB aims of providing our patients with improving services whilst maintaining and wherever possible increasing capacity and resilience within our system where it is required by providing patient services in the safest, most suitable buildings and locations our budget allows 	NOT recommended.
Option 4 - Relocation of Service.	<ul style="list-style-type: none"> • Positive financial impact • Potential to save £104k pa over increased costs • No on-going risk to patient and staff safety • Newer facilities than current site • Only 2.2m away from current location • Closest available location from current service, with good available public travel routes, good parking facilities, and other available services such as Pharmacy on site. • It is recommended that the option of moving into Stockland Green would be the most positive impact in wider service provision balanced against the most minimal available change required to ensure patient and staff safety. • Addresses longer term aims to locate UTCs within multi-functional hubs. • Maintains number of UTCs within our system so local residents maintain a valuable local resource 	Recommended option.

Next Steps:

Due to concerns for both patient and staff safety caused by current RAAC roofing panels located at Warren Farm, it is requested that agreement is reached on progressing the option of relocating the service from it's current location to Stockland Green Primary Care Centre, following the suggested two stage process:

- i. Erdington UTC is relocated from Stockland Green Primary Care Centre (SGPCC) to Bourne Road in Aston and to rename the UTC as Aston UTC. Thus creating space for:
- ii. The relocation of Warren Farm UTC from Warren Farm Health Centre to SGPCC and to rename the UTC as North Birmingham UTC.

This will negate any on-going risk to patient and staff safety, by locating the service at the closest available location from current service, only 2.2m away, in newer facilities, with good available public travel routes, good parking facilities, and other available services such as Pharmacy on site.

This option would be the most positive impact in wider service provision balanced against the most minimal available change required to ensure patient and staff safety, whilst addressing longer term aims to locate UTCs within multi-functional hubs and maintaining number of UTCs within our system so local residents maintain a valuable local resource

If this recommendation is deemed acceptable then the ICB will commence with Stakeholder and Community Engagement and Consultation, noting the balance of risk to safety and service provision versus the justified time needed to consult on change whilst maintaining safety.

Last Autumn, NHS England released updated guidance on community engagement and in response we published our Working with People and Communities' Strategy aligned to our 10-year vision. The strategy outlined an ambition, principles and strategic goals for the way we engage with people and communities.

We've set out our commitment to working together with people and communities when we are considering making a change to existing services that provide health and care to those living in Birmingham and Solihull.

Our new Service Change Policy details the process that will be followed by all those working across the system at times of proposed service change, and includes robust oversight and assurance mechanisms to ensure we are accountable to the people and communities we serve.

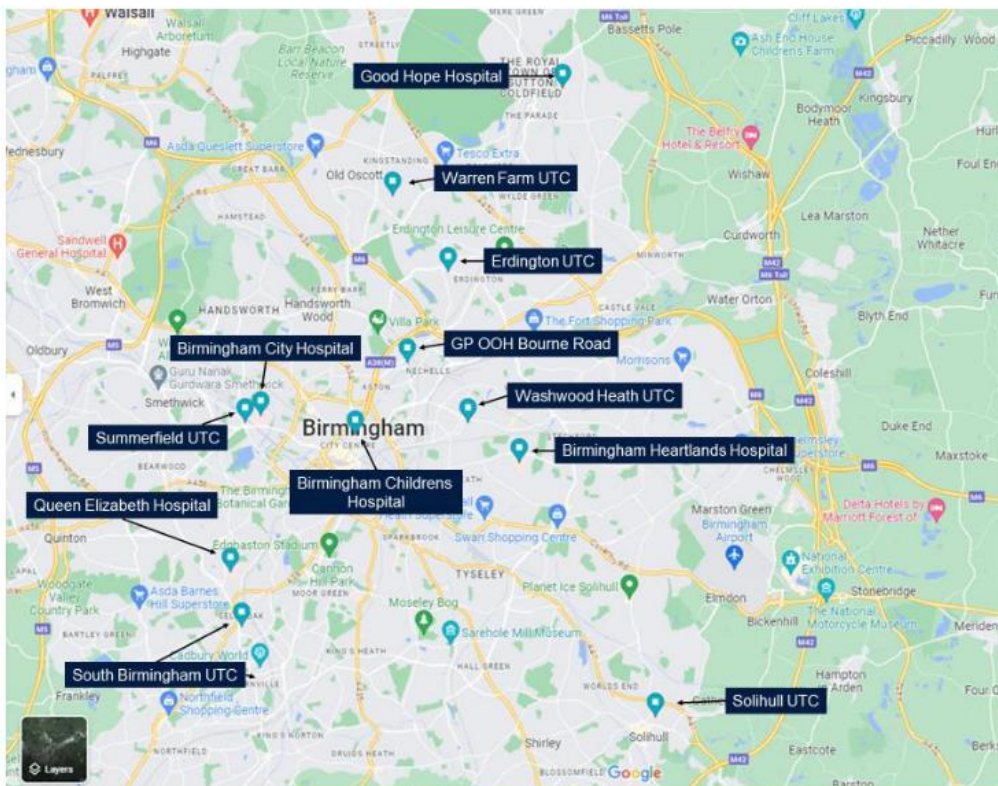
We propose to carry out a programme of consultation and engagement activity over the proposed recommendation with stakeholders and the community serviced by Warren Farm UCC, which will ensure we act fairly, following the 'Gunning Principles'.

Following a successful period of consultation and engagement from the end of November, the ICB would aim to commence relocation of the service as soon as it is possible to do so, but no later than February 2024 with a mobilization plan to move the service within a 10 to 12 week window.



Further option appraisal background details

Appendix 1: Urgent Care Treatment Centres (and Local Hospital Emergency Departments)



Shortest distance via Car (as per Google Maps 21/09/23)	Birmingham Childrens Hospital	Birmingham City Hospital	Birmingham Heartlands Hospital	Erdington UTC	Good Hope Hospital	GP OOH Bourne Rd	Queen Elizabeth Hospital	Solihull UTC	South Birmingham UTC	Summerfield UTC	Warren Farm UTC	Washwood Heath UTC
Birmingham Childrens Hospital	0	2.6	3.7	4.1	7.4	1.6	4.3	8.9	5	2.6	4.8	2.5
Birmingham City Hospital	2.6	0	6	4.9	9	3.4	4	10.9	4.8	0.8	6	4.4
Birmingham Heartlands Hospital	3.7	6	0	4	7.6	3.3	6.4	6.4	6.7	5.7	6.3	1.5
Erdington UTC	4.1	4.9	4	0	4.5	2	8	9.1	8.3	5.1	2.2	3.7
Good Hope Hospital	7.4	9	7.6	4.5	0	5.7	11.3	17.5	12.1	9.5	3.7	7.4
GP OOH Bourne Rd	1.6	3.4	3.3	2	5.7	0	5.5	9.4	6.3	3.6	4.2	1.8
Queen Elizabeth Hospital	4.3	4	6.4	8	11.3	5.5	0	9.3	1.4	3.2	8.4	6.1
Solihull UTC	8.9	10.9	6.4	9.1	17.5	9.4	9.3	0	8.6	10.9	13.2	7
South Birmingham UTC	5	4.8	6.7	8.3	12.1	6.3	1.4	8.6	0	4	9.3	6.5
Summerfield UTC	2.6	0.8	5.7	5.1	9.5	3.6	3.2	10.9	4	0	5.8	4.9
Warren Farm UTC	4.8	6	6.3	2.2	3.7	4.2	8.4	13.2	9.3	5.8	0	5.2
Washwood Heath UTC	2.5	4.4	1.5	3.7	7.4	1.8	6.1	7	6.5	4.9	5.2	0

Appendix 2: Urgent Treatment Centre details

Site	Provider – GP/Nurse Led	Opening Times	Daily Commissioned Apps:
Warren Farm UTC Warren Farm Road Kingstanding Birmingham B44 0PU	HCRG Care Group – Nurse Led	Monday – Sunday 08:00 – 20:00	71 per day
Washwood Heath UTC Clodeshall Road Washwood Heath Birmingham B8 3SN	HCRG Care Group – Nurse Led	Monday – Sunday 08:00 – 20:00	85 per day
Summerfeild UTC First Floor, 134 Heath Street Winson Green Birmingham B18 7AL	HCRG Care Group – Nurse Led	Monday – Sunday 08:00 – 20:00	106 per day
Erdington UTC Stockland Green PCC B23 6DJ	Badger – GP Led	Monday – Sunday 10:30 – 22:00	86 per day
Solihull UTC Lode Lane, Solihull B91 2JL	Badger – GP Led	Monday – Sunday 10:30 – 22:00	99 per day
South Birmingham UTC (Katie Road UTC) 15 Katie Road Selly Oak Birmingham B29 6JG	SDS Myhealthcare – GP Led	Monday – Sunday 08:00 – 20:00	233 per day

Appendix 3: Options Background information**Option 1 – Do nothing and leave service at this location as is.**

Due to the above stated RAAC issues there is significant patient risk on taking this approach, particularly with the noted potential impact of serious weather and its effect on current building integrity leading to any associated patient and staff safety which could then occur.

Current providers (HCRG) have also indicated they feel Warren Farm is an unsafe environment, and remaining there may impact on future staff retention, further impeding the service provision.

Due to restrictions on roof design loads, roof maintenance is restricted, which has lead to air conditioning issues not being able to be rectified, this creates additional issues in warmer weather periods also.

There should also be noted the financial impact of on going costs for both the continued site safety surveys (costs are still to be confirmed) and the cost implications of running the building with only the one service in occupation.

Current annual charges for the site in totality, including currently vacated space has been confirmed as £264k, as areas within the building that are propped will not be suitable for occupation if left 'as is'. This is an increase of £224k from current annual £40k premises costs.

If further damage occurs to the roof this may lead to the need to shut the site in an emergency leading to loss of provision which would take time to readdress.

The above safety and financial issues severely prohibit this as a viable option.

Option 2 - Repair of Roof.

Repair to the roof has been shown to be economically unviable, in relation to overall building age, condition and value:

The initial estimated budget figure is in the order of between £1.5m to £2.5M dependent on any issues found once work commences.

This does not include the additional decant cost for moving out, a further one off costs anticipated to be circa £50k.

There will also need to be the allowance for additional rent costs for temporary location during this period which is estimated as 12 months.

Once a new roof was installed there would still be no guarantee that other areas of the building would be occupied and therefore on going void costs would still need to be paid (an increase of £224k pa)

There would still need to be provision of an alternative site for the duration of the repair as such work cannot be completed whilst the building is still occupied.

There is currently no alternative suitable location available for a time limited 12 month period.

Estimated duration of such works would be 12 months, due to complexity as all the building services attached or suspended from the underside of the roof have to be removed and reinstated also.

The budget is not available within the ICB financial remit to address this option.

Option 3 – Closure of Service

Through engagement with MPs and councilors, including a meeting with Paulette Hamilton MP on 27 September 2023, and another with Cllrs Barbara Dring, Rick Payne, and Darius Sandhu, as well as Khalid Mahmood MP, at Warren Farm on 6 October 2023, elected representatives have indicated that they believe the service provides a valuable community location used by residents.

The ICB has reviewed monthly activity and this data shows the following activity (based on last 3 months of July, August and September):

Month	Face to Face	Virtual / Telephone	Commissioned Capacity	Utilisation of commissioned capacity
July (31days)	600	1097	2604	65%
August (31 days)	603	1094	2604	65%
September (30 days)	634	1124	2130	83%

NOTE: Commissioned Capacity was reduced from 84 appointments per day to 71 appointments per day on the 1st September (combination of face to face and virtual) hence the percentage increase in utilisation. However this is still below numbers commissioned.

Due to financial restraints UTC activity Caps were instigated by the ICB on 01/09/23 for all UTCs.

- Warren Farm activity cap was set at 15,123 patient consultations for the remainder of the year (from 1st September 23 to 31st March 24) which equates to a commissioned capacity of 71 patients per day (previously 84 per day).
- Warren Farm UTC monthly activity is consistently below commissioned activity, and was only 65% in both July and August 2023.
- Even with cap reduction from 84 to 71 in place, Warren Farm have only reached 83% utilization for the whole of September

Above monthly numbers equate to a daily average of:

- 43 per day Monday to Friday (15 face to face plus 28 virtual)
- 89 per day Saturday and Sunday (33 face to face plus 56 virtual)

Warren Farm Activity and impact on local system:

- The highest proportion of activity takes place virtually
 - These telephone consultations can be undertaken remotely (subject to IT access) and do not have to be undertaken by staff based at the current UTC location.
- They saw less than 20 patients face to face in more than half the days in every month from April to August.
 - Peaking in August when they saw less than 20 patients face to face on 20 separate days in the available 31
 - In April there were 4 days when they saw less than 10 patients face to face
 - In July there were 5 days when they saw less than 10 patients face to face
- Daily averages are low, except at weekends when they currently exceed expected daily capacity consistently on a Saturday or Sunday.- assumptions are that this indicates local Practices are working well and not directing inappropriately towards Warren Farm when they are open.
- Saturday and Sunday does follow weekday pattern of virtual consultations continuing to be much higher than face to face alternative.
- Face to Face appointments are much lower than our other UTCs:
 - Face to Face Daily average per month is between 19 to 23 per day
- Worth noting that UTCs are accessed via NHS111 so patients will be directed to the nearest UTC and so from their perspective patients will see no process change to their access pathway.
- Proposed current move to Stockland Green is 2.2m away, in a far newer building with improved facilities

Average weekday Face to Face (in person) activity from Warren Farm, creating footfall within the location is low compared to other Urgent Treatment Centres.

For comparison see below for next nearest UTC (Erdington UTC at Stockland Green) for the same time period:

Month	Face to Face	Virtual / Telephone	Commissioned Capacity	Utilisation of commissioned capacity
July (31 days)	2237	728	2263	131%
August (31 days)	2157	681	2263	125%
September (30 days)	2058	763	2580	109%

However, any closure would lead to other sites absorbing the activity currently seen at Warren Farm.

- Nearest sites to Warren Farm that may take footfall if Warren Farm was not available:
 - 2.2m - Stockland Green (current site of Erdington UTC)
 - 3.1m - Erdington/North Locality Hub (at Erdington Medical Centre)
 - 3.7m - Good Hope Hospital Emergency Department/Urgent Primary Care Streaming
 - Data is not available to show patient location and/or propensity to move to anyone of the above alternatives by default
 - As noted above, patients do not 'walk-in' and any 111 re-direction would offer alternative UTC site initially.
 - It should be noted that virtual activity would be redirected to another service but does not create further

As noted above, any closure would lead to footfall from the current patient numbers being subsumed into another existing service, and there would be contractual issues with any immediate closure as current service providers have a 6 month notice period which would have to be financially honoured, alongside further decanting/decommissioning costs to be taken into account.

The above would not be recommended, not only for above issues but as it would also lead to the loss of an Urgent Treatment Centre within our system, which would impact on other supporting services.

Option 4 – Relocation of Service:

Relocation of the service would be the most straightforward solution to the issue as long as it can be shown that impact to local residents can be minimized, whilst improving overall provision to patients available within the area.

When the ICB understood first there was need to have preparatory plans in place in case an alternative location was required for the service, an exhaustive property search was undertaken to find alternative location possibilities including multiple health sites and GP practices across the local area that could accommodate the service requirements.

Option Appraisal Criteria

The criteria used in this appraisal of options are set out below:

- 1) Accessibility - public transport links / distance to be travelled for patients across North Birmingham.
- 2) Functional space to meet the UTC requirements – car parking, reception, waiting room, toilets, number of clinical rooms, access for the disabled, patient flow, storage, etc.
- 3) Availability of premises – immediately available and able to meet the requirement for the UTC to be operational 7 days a week from 8am – 8pm.
- 4) IT infrastructure – suitable HSCN connection / server capacity / telephone system / IT hardware etc.
- 5) Accommodation costs – rental costs / soft FM costs.
- 6) Fit with the development of locality-based services.

Accommodation requirements

Like for like, the UTC requires the following accommodation:

- 3 clinical rooms
- 1 admin office
- 1 space on reception
- Storage space
- Share of waiting area/pt facilities/staff facilities/pt car parking
- Car parking space for 5 or 6 staff
- Share of server for the IT system and HSCN link

Model of Service

The Warren Farm UTC model of service would continue to be based on the booked appointment only model of service for the foreseeable future:

- Patients access the UTC by calling NHS111.

- There are no walk-in consultations (except red-flag symptoms)
- All Birmingham & Solihull UTCs are accessed via NHS 111 and patients are directed to the UTC that is nearest / most convenient for them.

Of the sites reviewed only two locations were initially available and deemed to meet the above criteria:

1. Erdington Health & Well-Being Centre - 196 High Street, Birmingham B23 6SJ

Located 3m away from Warren Farm.

- Travel Distance is approximately 11 minutes from current location in a car during light traffic
- Public Transport is approximately 23 minutes from current location via a short walk and No. 96 Bus route
- Site is located in busy shopping area, with limited parking which is pay and display
- 2nd closest of the alternatives
- High Street location easily accessed
- Busy High street location next door to licensed premises may raise patient safety concerns if attending in the evening
- Parking may also be an issue during busy shopping periods

However, on further review it has been found that this site has been previously deemed not fit for purpose due infection and prevention control concerns due to layout and facilities available.

2. Stockland Green Primary Care Centre (SGPCC)

Closest available current UTC site to Warren Farm is Stockland Green Primary Care Centre at 2.2m away

- Travel Distance is approximately 8 minutes from current location in a car during light traffic.
- Public Transport is approximately 23 minutes from current location via a walk and No. 28 Bus route or 22 minutes via No. 28 then No. 65 Bus routes.
- Site has its own car park for both patients and staff to use.
- Newer building than Warren Farm.
- Already being used as a UTC location.
- Other Health services on-site including Pharmacy
- This is the geographically closest alternative, with a newer building than Warren Farm

The relocation of Warren Farm UTC to SGPCC would require a 2-stage process.

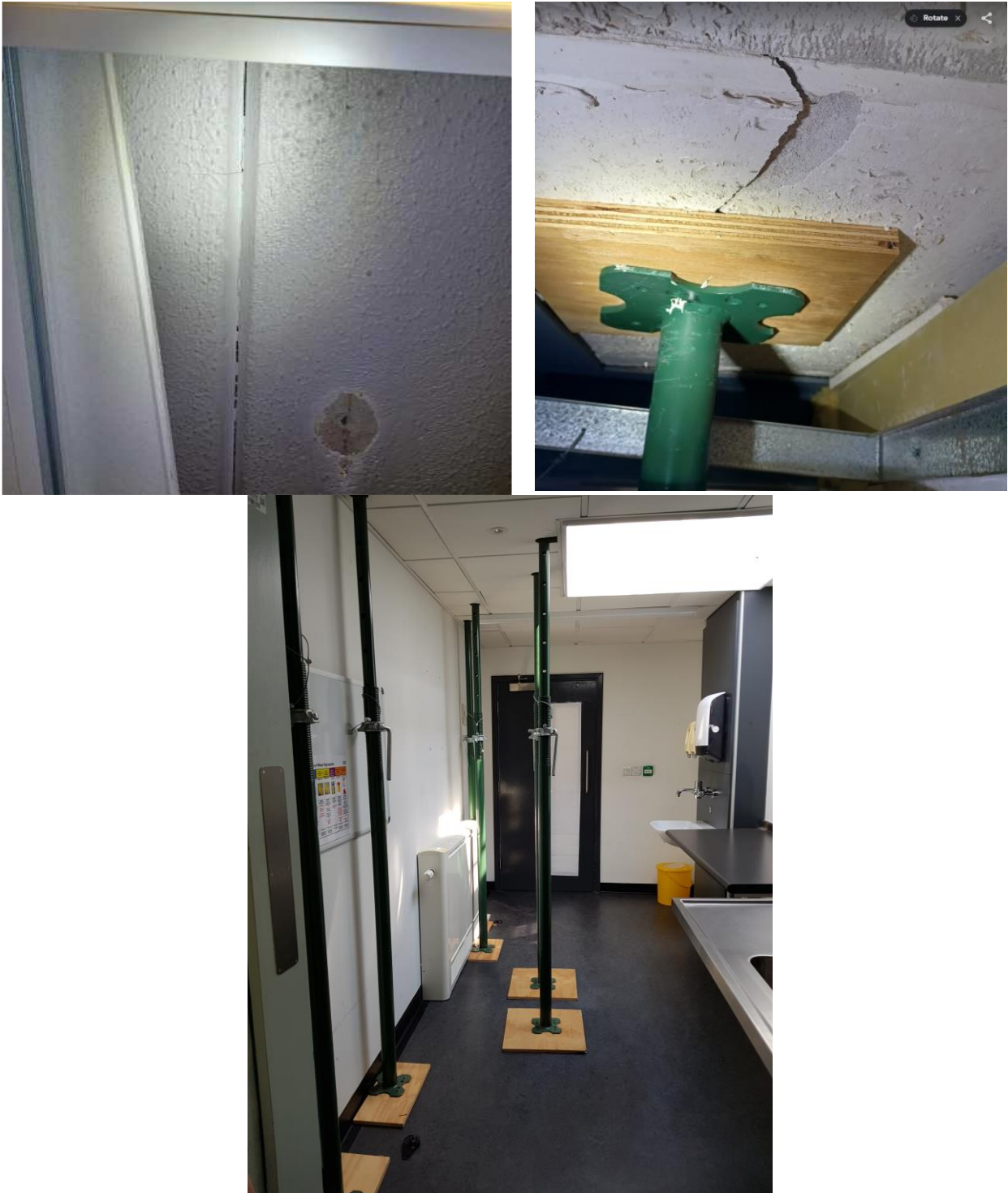
- i. The relocation of Erdington UTC from SGPCC to Bourne Road in Aston (2.3 miles). Bourne Road is already used by BADGER for its GP out of hours service and this consolidation of services on 1 site will improve the resilience of the service.
 - ii. Warren Farm UTC would then move into the accommodation at SGPCC vacated by Erdington UTC. SGPCC is 2.2 miles from Warren Farm Health Centre.
- When Badger move out of Erdington to make space, Erdington is not losing it's UTC, as Warren Farm will move in so it will still be based at Stockland Green (just a different provider).
 - As well as this Aston is gaining a UTC when Badger move out and into Bourne Road.

Financial assessment of move:

- Activity Cost £873k per annum (85% MIG), plus £40k premises pa currently.
- Proposed move to Stockland Green (current Badger location), will replace annual £40k premises cost with £182K cost (an increase of £142k)
- Badger will move from Stockland to Bourne Road and cost has been stated as £160k, dropping from £182k (a decrease of £22k)
- Therefore potential increase to overall UTC premises budget would be £120k based on previous cost.
- However as noted in option 1, the projected future costs of Warren Farm remaining as the only occupant will increase annual premises costs from £40k to £264k pa (a potential increase of £224k pa) and is unlikely to change if left as is.
- Therefore if moves takes place the proposed increase to £182k pa for premises would be a saving over increased future void costs: (£264k-£182k plus £22k from decreased Badger cost) = £104k pa saving longer term.
- Further one off costs would be the anticipated relocation costs set at £50k
- There will be some works required in Stockland Green for reception area to be vacated by current CCTV set up, but talks are ongoing with Property Services on how this cost will be covered within existing budgets

The above option would also address longer term aims to locate UTCs within multi-functional hubs that can allow for smoother patient referral pathways and provide patients with multiple care support options in one location.

Appendix 4 - Photographic detail of current propping of roof at Warren Farm



Birmingham City Council

Health, Adult and Social Care Overview and Scrutiny Committee

21st November 2023



Subject: Birmingham and Solihull ICS Quality Framework

Report of: Lisa Stalley-Green, Deputy Chief Executive and Chief Nursing Officer

Report author: Lisa Stalley-Green, Deputy Chief Executive and Chief Nursing Officer

1 Purpose

- To describe the framework for quality oversight and assurance for Birmingham and Solihull Integrated Care System (ICS).
- To enable the Birmingham City Council Health, Adult and Social Care Overview and Scrutiny Committee to prioritise system focussed quality reports to future meetings.

2 Recommendations

To receive the report for assurance of the quality assurance processes across the Birmingham and Solihull ICS systems and enable the Committee to prioritise system focussed quality reports to future meetings.

3 Any Finance Implications

None

4 Any Legal and Financial Implications

This Quality framework sets out how Birmingham and Solihull Integrated Care Board (ICB) will approach their statutory regulation for quality assurance and governance.

5 Any Equalities Implications

Equity a key component of quality. Birmingham and Solihull ICS strive for equity of access, outcomes and experience

6 Appendices

Appendix 1 - Birmingham and Solihull Integrated Care System Quality Approach



Birmingham and Solihull
Integrated Care System
Caring about healthier lives

Birmingham and Solihull Integrated Care System Quality Approach

1st November 2023

Birmingham and Solihull Integrated Care System (ICS) Quality Framework

Background

The Birmingham and Solihull ICS Quality Framework was approved by Quality Committee on the 15th February 2023. This framework constituted of the following five elements is intended to support the improvement of outcomes for our population:

- Safety
- Effectiveness
- Equity
- Patient Experience
- Value

Quality Framework Purpose

The ICB has overall accountability for ensuring provision of quality care across the ICS. This has two components:

- Ensuring that individual providers and, in time, provider collaboratives or service integrators are providing care of appropriate quality in their own organisations, within frameworks of suitable quality governance. Providers retain statutory responsibility for the quality of such care.
- Ensuring that the ICS is working together as a whole to provide care of appropriate quality for its entirety. This will need collaboration between providers and may on occasion, across a whole system pathway, need an individual provider to change how it delivers care due to significant risks experienced by another provider.

This Framework:

- Ensures that the ICB is sighted on major system quality risk, concerns, their mitigations, and controls.
- Assures NHS England (NHSE) of quality governance within the ICS.
- Provides the foundation for system working around quality – based on collaboration, trust, transparency, and ongoing learning.
- Champions the need to ensure that quality is a shared goal that requires us all to commit and act whilst respecting organisational needs.

The Quality Framework does not change the statutory responsibilities of individual organisations, nor undermine their independence, but highlights the strategic importance of working together to measure, champion and drive improvements in quality.

Birmingham and Solihull Integrated Care System (ICS) Quality Framework Governance Design

The following groups form part of the Birmingham and Solihull ICS Quality Framework:

Quality Committee (QC)

A committee of the ICB with delegated authority for quality oversight. The Committee exists to scrutinise the robustness of, and gain and provide assurance to the ICB, that there are effective systems of quality governance and risk management, both at provider and system levels, to support it to effectively deliver its strategic objectives and provide sustainable, high-quality care. Members are: Non-executive Director (chair), ICB Chief Nursing Officer, ICB Chief Medical Officer, and representation from acute, primary care, mental health, community services, local authorities and children and young people. This meeting is monthly. Partner organisations must ensure attendance with deputies attending if needed.

System Quality Group (SQG)

A strategic, multi-stakeholder, system forum to share quality insight and intelligence, identify opportunities for improvement, and, on escalation, provide structured review and oversight of quality concerns. Levels of risk and concern, using a RAG rating approach (Slide 5), will drive topic discussion, frequency of review and stakeholders present; escalation and de-escalation mechanisms are established to guide proportionate oversight. Members are: ICB Executive Quality Lead (chair), ICS partners, regional NHS England teams, CQC, Health Education England, Public Health and Healthwatch. This meeting is weekly. The System Quality Group will report directly to both the NHSE Regional Quality Group (monthly) and to the BSOL ICB Quality Committee. The outputs and conclusions of this group will also be reported to the BSOL ICB Board

ICB Quality Improvement and Assurance Group

An internal ICB group, co-chaired by the ICB Chief Medical Officer and ICB Director of Nursing for Quality Improvement. This group has two functions:

- To ensure quality oversight of ICB provided services e.g., Continuing Health Care.
- To act as an escalation filter for ICB Quality Committee sub-committees and provider quality meetings by reviewing the outputs, holding, and maintaining the ICB quality risk register.

Quality and Risk Groups are sub-committees of the Quality Committee.

System groups responsible for overseeing quality assurance and improvement linked to care programmes as defined by the ICS Operating Model. These groups are responsible for:

- Defining and recording risk associated with the care programme
- Defining appropriate measures of quality and their monitoring.
- Structured reporting and escalation to the Quality Committee.
- Identifying opportunities for improvement.

Birmingham and Solihull Integrated Care System (ICS) Quality Framework Governance Design - continued

Statutory sub-committees of the ICB Quality Committee

These groups will meet as per their Terms of Reference and report in a structured manner into the Quality Committee. These include:

- Heath Safeguarding Board holds the Statutory responsibility.
- Medicines Management and Optimisation Group.
- Infection, Prevention and Control Committee.

Chairing will be via a distributed leadership model with attendance as per the Terms of Reference.

Other Quality sub-committees

These include Learning from Deaths, Patient Experience (to be established), and system CQC (to be established). These will be focussed on system wide learning and improvement.

Provider Collaboratives/Service Integrators

From April 1st, 2023, a Mental Health Provider Collaborative was formed with the Lead Provider as Birmingham and Solihull Mental Health Foundation Trust. Quality oversight remains with the ICB Quality Committee with arrangements for collaborative oversight as felt appropriate to risk. Attendance at all system meetings will remain. A similar process will occur on formal delegation to further collaboratives.

Quality Framework - RAG Rating Approach

RAG Rating	Focus	Attendance	Considerations	Interventions
Red - targeted	Significant and serious concerns Significant Quality Concerns – consider need to act rapidly to protect patients or staff.	Provider, ICB, CQC, NHSE, WTE, GMC, NMC & Healthwatch	Contractual, regulatory/ enforcement action and/or provide improvement support and performance management. <i>(including actions at amber and green)</i>	Consideration of embedded external support to provide direct improvement support, wider stakeholder visits for insight and assurance.
Amber – enhanced	Quality concerns identified. Ensure action is taken to mitigate / resolve issues and drive improvement in quality.	Provider, ICB, NHSE & Healthwatch	Do we need to do more to address concerns, or collect more information? Provide improvement support <i>(building on green)</i>	ICB visit to agree practice standards with agreed audit. Clear agreed actions. Hold quality or practice summits.
Green – routine	Review quality of services; any concerns or risks to quality, ensure action is taken to mitigate resolve issues locally and drive improvement in quality.	Provider & ICB – ‘ <i>business as usual approach</i> ’	Triangulation of information and intelligence	Routine quality assurance, visits and audit.
<u>Quality Improvement Support:</u> Quality Improvement Summit for deep dive into areas and tiered to levels of escalation. i.e. flow and discharge, mental health beds, workforce. Once quality concerns have been addressed return providers to a ‘routine’ level of surveillance.				

Quality Improvement (QI) Approach

- The Patient Safety Incident Response Framework (PSIRF) sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety. PSIRF replaces the Serious Incident Framework (SIF) (2015) and makes no distinction between 'patient safety incidents' and 'Serious Incidents'. As such it removes the 'Serious Incidents' classification and the threshold for it. Instead, the PSIRF promotes a proportionate approach to responding to patient safety incidents by ensuring resources allocated to learning are balanced with those needed to deliver improvement.
- Formalised Quality Improvement (QI) is a key component of our quality framework. A stocktake of capacity and capability across the ICS was conducted in 2022. Each large provider has its own methodology with varying degrees of integration into internal operating models. This will be further developed with the introduction of NHS IMPACT.
- Our QI approach, underpinned using Quality, Service Improvement and Redesign (QSIR) methodology, will be linked to the development of person-centred system linked Practice Standards where agreed metrics will be developed across pathways of care. Audit against these standards will facilitate benchmarking of performance and identify areas for further QI. There will be a focus on improving services and sharing of learning to enable assurance and empowerment across the system.

Current Areas of Focused Quality Improvement

Weekly, ICB-chaired, multi-stakeholder, System Quality Group meetings now streamline regulatory and external stakeholder oversight. Red-rated items from these meetings are documented alongside progress of improvement

Areas of key concern are reported to the Quality Committee, and Actions and oversight arrangements are identified. Any remaining red rated items are reported to the ICB Board.

The following key quality concerns are highlighted below enable the Birmingham City Council Health, Adult and Social Care Overview and Scrutiny Committee to prioritise system focussed quality reports to future meetings:

- Learning Disability and Autism Quality Improvement Programme
- Children with special educational needs and disabilities (SEND) Wait Lists
- Mental Health Crisis Pathways
- Maternity and Neonatal Improvement Plans
- Urgent & Emergency Care Pathways
- Safer Staffing / Workforce

Birmingham City Council

Health and Adult Social Care Overview and Scrutiny Committee

Date: 21 November 2023



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

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

Report author: Fiona Bottrill, Senior Overview and Scrutiny Manager
fiona.bottrill@birmingham.gov.uk
 07395884487

1 Purpose.

- 1.1 This report sets out the proposed work programme for the Health and Adult Social Care Overview and Scrutiny Committee for 2023-24, based on the Committee's meeting in October. Appendix 1 outlines the topics identified, aims and objectives and the preferred method of scrutiny to achieve these objectives. At Co-ordinating Committee Overview and Scrutiny Committee on 13 October 2023 it was acknowledged that Overview and Scrutiny work programmes will need to refocus, giving priority on issues around the Section 114 Notice, the Council's financial situation and recovery. The report also refers to other topics, which the Committee has identified, for future consideration, and 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 during 2023/24.
 - Agrees, subject to further input from the Chair and Deputy Chair, the issues that the Committee will consider during December 23–January 24, the proposed aims and objectives and the preferred method of scrutiny.
 - Identifies, subject to further input from the Chair and Deputy Chair, the issues that the Committee will consider in February 2024, the proposed aims and objectives and the preferred method of scrutiny.

- Notes, subject to further input from the Chair and Deputy Chair outside of the meeting, its proposed work programme will be submitted to Co-ordinating O&S to enable work to be planned and co-ordinated throughout the year.

3 Background.

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

3.2 Effective Overview and Scrutiny should:

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

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

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

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

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

- *Public interest*: concerns of local people should influence the issues chosen.
- *Ability to change*: priority should be given to issues that the Committee can realistically influence.
- *Performance*: priority should be given to areas in which the Council and Partners are not performing well.
- *Extent*: priority should be given to issues that are relevant to all or a large part of the city.

- *Replication*: work programme must take account of what else is happening to avoid duplication.

Looking Ahead.

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

Scrutiny Methods.

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

Health and Adult Social Care Overview and Scrutiny Committee.

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

- The exercise of the power to make referrals of contested service reconfigurations to the Secretary of State as previously delegated to the Health and Social Care Overview and Scrutiny Committee by the Council.

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

4 Work Programme 2023-24

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

ID Number	Title	Proposed Date of Decision
012031/2023	Grant Funding: Acceptance of Grant Funding from National Institute for Health and Care Research for Health Determinants Research Collaborative	14/11/23
012030/2023	Permission to Consult - Draft Birmingham Physical Activity Strategy - Creating an Active Birmingham	14/11/23

- 4.4 Overview and Scrutiny Chairs are advised to maintain regular engagement with Cabinet Members to enable flexibility to be built into the Overview and Scrutiny work programme, in order to respond to the Council's policy priorities in a timely way.
- 4.5 The work programme attached as Appendix 1 also cross references the work of the Scrutiny Committee with the Council's Corporate Priorities 2022-26. During the June 2023 – January 2024 the work of the Health and Adult Care Overview and Scrutiny Committee will contribute to 8 Corporate Priorities.
- 4.6 The work of the Children and Young People's Mental Health Task and Finish Group has progressed and will report to City Council on 9 January 2024.

5 Any Finance Implications

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

6 Any Legal Implications

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

7 Any Equalities Implications

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

8 Appendices

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

9 Background Papers

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

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

Month	Item/Topic Link with Corporate Priorities	Aims and Objectives	Scrutiny Method	Cabinet Member/ Lead Officer	Other Witnesses	Additional Information and Outcome*
July 2023	CQC Pilot Inspection Corporate Priority: 16	<p>To update the Scrutiny Committee on the pilot CQC Inspection of Adult Social Care Services including Adult Social Care performance.</p> <p>To enable the Committee to provide assurance / recommendations to inform the preparation for the pilot inspection.</p> <p>To understand how the performance of adult social care will be overseen in future and how the role of the HASC relates to the work of the CQC to inform the Committee's work programme</p>	<p>Committee Meeting single item: Agenda item for OSC meeting on 4 July 2023. 10.00am</p> <p>Deadline for reports: 23 June</p> <p>Venue: Council House, Committee Rooms 3 and 4</p>	Professor Graeme Betts CBE Strategic Director Adult Social Care	Andy Cave, Chief Executive, Healthwatch Birmingham	<p>Outcomes: 3 recommendations were made to Strategic Director Adult Social Care following discussion at Committee.</p> <p>The recommendations are captured in the Committee Action Tracker</p> <p>HASC Chair contributed to CQC pilot inspection</p>
July 2023	Integrated Care System Governance: Place Committee and decision-making powers. Corporate Priority: 16	To inform the Committee of the Governance arrangements of the ICS and the role and responsibilities of the Birmingham Place Board.	Committee Meeting single item: Agenda item for OSC meeting on 4 July 2023. 10.00am	Professor Graeme Betts CBE Strategic Director Adult Social Care	Andy Cave, Chief Executive, Healthwatch Birmingham	<p>Outcomes: 3 recommendations were made by the Chief Executive of the ICS following discussion at Committee.</p>

		<p>This will include how the principle of subsidiarity will be implemented in practice, the governance arrangements and how this links with Primary Care Networks and Local Authority locality working.</p> <p>The Committee to agree any comments / recommendations.</p>	<p>Deadline for reports: 23 June</p> <p>Venue: Council House, Committee Rooms 3 and 4</p>			<p>The recommendations are captured in the Committee Action Tracker.</p> <p>Response to recommendation has been circulated to Committee members.</p>
July 2023	<p>Scrutiny Work Programme</p> <p>Statutory Health Scrutiny Function</p>	<p>To review the Committee's work programme, agree work to be undertaken during August – November and issues for future consideration.</p> <p>To consider the Council's Corporate Risk Register to inform the Committee's work programme.</p>	<p>Committee Meeting single item: Agenda item for OSC meeting on 4 July 2023. 10.00am</p> <p>Deadline for reports: 23 June</p> <p>Venue: Council House, Committee Rooms 3 and 4</p>	Fiona Bottrill Senior Overview and Scrutiny Manager		<p>Outcome:</p> <p>Comments submitted to inform commissioning of sexual health services based on report and discussion at HASC meeting February 23.</p>
July 2023	<p>Inquiry: Children and young people's mental health</p> <p>Corporate Priority: 15</p>	<p>Review evidence and develop draft recommendations</p>	<p>Task and Finish Group meeting w/c 18 July</p>	Fiona Bottrill, Senior Overview and Scrutiny Manager	Task & Finish Group members.	<p>Outcome:</p> <p>Draft recommendations agreed</p>

July 2023	Inquiry: Children and young people's mental health Corporate Priority: 15	Meeting with key partners to discuss draft recommendations	Task and Finish Group meeting 26 July	Fiona Bottrill, Senior Overview and Scrutiny Manager	Task & Finish Group members.	Outcome: Draft recommendations discussed.
September 2023	Inquiry: Children and young people's mental health Corporate Priority: 15	Sign off draft Inquiry report	Task and Finish Group meeting 6 September	Fiona Bottrill, Senior Overview and Scrutiny Manager	Task & Finish Group members.	Outcome: Draft report agreed
September 2023	Primary Care Enabling Strategy Corporate Priorities: 8, 13, 16	To receive a report on the NHS/ICB Primary Care Enabling Strategy setting out how primary care will be prioritised in the delivery of health and social care in Birmingham	Committee Meeting single item: Agenda item for OSC meeting on 19 September 10.00am Deadline for reports: 8 th September Venue: Council House, Committee Rooms 3 and 4	Anna Hammond, Director of GP Provider Support and Dr Sunando Ghosh, Primary Care Medical Services Board Partner Member		Outcome: Issues identified by Committee to be considered by ICB in further development of the strategy. Requested by ICB to come to future Committee Meeting
September 2023	Scrutiny Contribution to the Budget Savings and Recovery Plan Corporate Priorities: 10, 16	To consider the implications of Equal Pay and the Medium-Term Financial Plan for the Committee's work programme including agreed savings for 2023/24.	Committee Meeting single item: Agenda item for OSC meeting on 19 September 10.00am.	Cllr. Khan, Cabinet Member, Adult Social Care Professor Graeme Betts CBE Strategic Director Adult Social Care	TBC	Outcome: Recommendation to Finance and Resources OSC regarding council income and invoicing on Oracle finance system.

			<p>Deadline for reports: 8 September.</p> <p>Venue: Council House, Committee Rooms 3 and 4.</p>			<p>It was agreed at Co-ordinating in July that all Scrutiny Committees would consider the implications of Equal Pay and the Medium Term Financial Plan at the September Committee Meetings.</p>
September 2023	<p>Work Programme report to include Health and Adult Social Care OSC and Joint Health Overview and Scrutiny Committee role in NHS quality assurance.</p> <p>Statutory Health Scrutiny Function</p>	<p>To agree a 2-3 year schedule of reports from NHS Trust based in / serving Birmingham and Joint HOSC areas including:</p> <p>CQC report Quality Account Analysis of complaints and how this has driven service improvement. Key risks / issues for the Trust and plans to address these.</p> <p>The Committee to agree any comments / recommendations.</p>	<p>Agenda at HASC OSC Committee Meeting 19 September 10.00am</p> <p>Deadline for reports: 8 September.</p> <p>Venue: Council House, Committee Rooms 3 and 4.</p>	Fiona Bottrill, Senior Overview and Scrutiny Manager		<p>Outcome: Committee agreed approach to scrutiny of healthcare systems to be reported to the HASC.</p> <p>NHS Trusts based in / serving Birmingham: UHB BWCT NHS FT Sandwell and West Birmingham Birmingham CHT BSMHFT Royal Orthopaedic NHS FT WMAS</p>
October 2023	<p>Inquiry: Children and young people's mental health</p> <p>Corporate Priorities: 15</p>	<p>Task and Finish Group to agree consider comments received on draft report</p>	<p>Task and Finish Group meeting on 4th October.</p>	Fiona Bottrill, Senior Overview and Scrutiny Manager		<p>All Members of the Committee will be invited to this meeting to be informed of issues and recommendations.</p>

October 2023	<p>Scrutiny Contribution to the Budget Savings and Recovery Plan</p> <p>Corporate Priorities: 10, 16</p>	<p>To consider the implications of Equal Pay and the Medium-Term Financial Plan for the Committee's work programme including agreed savings for 2023/24.</p>	<p>Committee Meeting single item: Agenda item for OSC meeting on 17th October 10.00am.</p> <p>Deadline for reports: 5th October.</p> <p>Venue: Council House, Committee Rooms 3 and 4.</p>	<p>S.151 Officer or senior member from Finance Dept (Mohammed Sajid TBC)</p> <p>Cabinet Member TBC</p> <p>Adult Social Care- Prof. Graeme Betts or Senior member of ASC team (TBC).</p>	TBC	<p>It was agreed at Co-ordinating in July that all Scrutiny Committees would have this item on agenda for all meetings until further notice. To be a standing agenda item all HASC meetings going forward.</p>
October 2023	<p>Monitoring implementation recommendation R01 from Scrutiny Inquiry on Legacy of Commonwealth Games</p> <p>Corporate Priorities: 4 & 14</p>	<p>To update on the development of the inclusive Sports Strategy and Activity City Strategy.</p> <p>The Committee to agree any comments / recommendations.</p>	<p>Committee Meeting single item: Agenda at HASC OSC Committee Meeting 17 October, 10.00am.</p> <p>Deadline for reports: 5th October.</p> <p>Venue: Council House, Committee Rooms 3 and 4, 10am.</p>	<p>Lynda Bradford, Interim Service Lead, Physical Activity, and Dave Wagg, Head of Sport & Physical Activity.</p>		<p>Inquiry report available from: Document.ashx (cmis.uk.com)</p> <p>Recommendations to be completed by October 2024 R01: b) Provide an outline of how the insight and experience of disabled citizens will inform the new Sport and Physical Activity strategies.</p> <p>d) Continue to build upon the new partnerships developed through the CWG, and work with the Birmingham Disability Sports Forum to maximise</p>

						<p>the impact of the strategy and understanding the range of activity on-going in the city</p> <p>Corporate Performance and Delivery Plan milestones City Operations Sport Strategy to be concluded by Mar 24. Public Health Physical Activity milestone delivery date of Dec 23.</p> <p>Active Birmingham Draft Strategy to cabinet 14th Nov. Public consultation from 20th November till January 2024. Implementation scheduled for May 2024.</p>
October 2023	<p>Access to community dental services.</p> <p>Corporate Priorities: 13, 14</p>	<p>To receive a report from the ICS to understand the issues relating to access to dental services in Birmingham and the impact this has on oral health. Based on this information the Committee may decide to undertake</p>	<p>Committee Meeting single item: Agenda at HASC OSC Committee Meeting 17 October, 10.00am</p>	<p>Paul Sherriff, Chief Officer, Partnerships & Integration, B/Sol ICB and Alastair McIntyre, Managing Director, Office of the West Midlands.</p>	<p>Andy Cave, Healthwatch (TBC)</p>	<p>This is regional service and timescale dependent on ongoing work at BSOL and regional level.</p> <p>Link to Healthwatch report on accessing dentistry services: Impact report: Changes to accessing NHS dentistry in Birmingham</p>

		further work through a Task and Finish Group. The Committee to agree any comments / recommendations.	Deadline for reports: 5 th October. Venue: Council House, Committee Rooms 3 and 4.			and Solihull - Healthwatch Birmingham Following this report the Committee may wish to undertake further work through a Task and Finish Group.
November 2023	Scrutiny of delivery of 23/24 Budget Savings & Financial Recovery plans. Corporate Priorities 10, 16	To update HASC Committee on the progress in delivering the 23/24 savings agreed in the MTFS 2023-26 that fall under this committee's portfolio.	Committee meeting single item: Agenda at HASC OSC Committee 21st November 2023, 10.00am Deadline for report: 6 th November	TBA	Prof. Graeme Betts, Strategic Director, Adult & Social Care.	At the Committee meeting on 17 October members requested that greater detail be provided on the savings on the Adult Social Care Transformation Programme. A Task and Finish Group to be led by Finance and Resources OSC has been established by Co-ordinating OSC and will look at budget and savings across the council in further detail
November 2023	Urgent Treatment Centres (UTC) in Birmingham Corporate Priority 13	Report to Committee on access and availability of UTCs city-wide, including functionality and purpose, and quality of buildings.	Committee meeting single item: Agenda at HASC OSC Committee 21st November 2023, 10.00am Deadline for report 6 th November	Lisa Stalley-Green, Deputy Chief Exec & Chief Nursing Officer, ICB B/Sol.		

November 2023	<p>Quality Report from ICB</p> <p>Corporate Priorities: 13,15,16</p>	To inform the Committee of the Quality Assurance processes across the ICB systems and enable the Committee to prioritise system focussed quality reports to future meetings.	<p>Committee Meeting single item: Agenda at HASC OSC.</p> <p>Committee 21st November 2023 10.00am</p> <p>Deadline for reports: 6th Nov</p> <p>Venue: Council House, Committee Rooms 3 and 4</p>	Paul Sherriff, Director of Partnerships and Integration, NHS Birmingham and Solihull.	David Melbourne, ICB CEO.	
December 2023	<p>Day Review Opportunities update.</p> <p>Corporate Priorities: 6 & 16</p>	To provide Committee with report on update on all activity that has taken place, and recommendations from findings.	<p>Committee Meeting single item: Agenda at HASC OSC</p> <p>Committee 19th December 2023 10.00am</p> <p>Deadline for reports: 7th Dec.</p> <p>Venue: Council House, Committee Rooms 3 and 4</p>	Temitope Ademosu, AD (Community Services & EDI) Adult & Social Care.	Empowering People Team.	
December 2023.	Adult & Social Care Q2 Performance Monitoring	Report on red rated performance indicators; 5 performance indicators	Committee Meeting single item: Agenda at	Maria Gavin, AD, ASC		

	Corporate Priority: 16	chosen by HOSC for in-depth examination and the complete set of Adult Social Care performance indicators	HASC OSC Committee 19th December 2023 10.00am Deadline for reports: 7th Dec. Venue: Council House, Committee Rooms 3 and 4			
December 2023	Scrutiny Inquiry on Children and Young People's Mental Health Corporate Priority: 15	To approve the report and agree the recommendations of the Children's and Young People's Scrutiny Inquiry and note any recommendations to go to City Council in January '24	Committee Meeting single item: Agenda at HASC OSC Committee 19th December 2023 10.00am Deadline for reports: 7th Dec. Venue: Council House, Committee Rooms 3 and 4	Cllr. Mick Brown, Chair of Inquiry Task and Finish Group	Fiona Bottrill, Senior Overview and Scrutiny Committee Manager.	The Health and Adult Care OSC has the delegated Health Scrutiny power to make recommendations to NHS organisations.
Jan 2024.	Birmingham Safeguarding Adult Board (BSAB) Annual Report 2022/23 Corporate Priority: 10, 16	To update the Committee on the children's safeguarding arrangements in the city.	Committee meeting single item: 24 January 2024. Presentation/Paper	Dr Carolyn Kus, BSAB Chair www.bsab.org		Birmingham Safeguarding Adult Board (SAB) Annual Report 2022/23 Recommendation from Co-ordinating OSC that all OSCs

			<p>Deadline: 11th January 2024</p> <p>Venue: Council House, Committee Rooms 3 and 4 at 10am</p>			<p>consider relevant aspects of Domestic Abuse in the work programme. To consider Adult Safeguarding Issues related to Domestic Abuse.</p> <p>The Neighbourhoods OSC work programme includes informing the development of the new Domestic Abuse Prevention Strategy</p>
January 2024.	<p>Birmingham and Lewisham African and Caribbean Health Inequalities Review (BLACHIR)</p> <p>Corporate Priority: 13</p>	To report on impact of implementation activity and actions within the ICS and BCC.	<p>Committee meeting single item: 24 January 2024.</p> <p>Presentation/Paper Deadline: 11th Jan 2024</p> <p>Venue: Council House, Committee Rooms 3 and 4 at 10am</p>	Nonso Nwaiwu Senior Public Health Officer (BLACHIR).	Justin Varney, Director of Public Health	

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

Birmingham and Sandwell Joint Health Overview and Scrutiny Committee

Month	Item/Topic	Aims and Objectives	Scrutiny Method	Cabinet Member/ Lead Officer	Other Witnesses	Additional Information and Outcome*
Sept 2023	Midland Metropolitan Hospital update Statutory Health Scrutiny Function	To receive an update on the development of the Midland Metropolitan University Hospital (MMUH)	Committee meeting single item: 27th Sept. Venue: Council House, Sandwell Council, Oldbury.		Jayne Ilic Director of Communication and Engagement, MMUH Programme Company.	
Sept 2023	Update on Changes to Day Surgery at Sandwell and West Birmingham Hospitals NHS Trust.	To provide an update to the Committee on the ongoing work to implement the changes from the formal conversation to Changes to Day Surgery held between March 2022 and April 2022.	Committee meeting single item: 27th Sept. Venue: Council House, Sandwell Council, Oldbury.	Jayne Salter-Scott, Head of Public and Community Engagement, Sandwell and West Birmingham Hospitals NHS Trust.		
Sept 23	Patient Experience at Sandwell and West Birmingham Hospitals NHS Trust.	To update the Committee about Sandwell and West Birmingham Hospitals NHS Trust's (SWB) approach to patient experience	Committee meeting single item: 27th Sept. Venue: Council House, Sandwell Council, Oldbury.	Jamie Emery, Patient Insight, and Involvement		
October 2023	An informal briefing for JHOSC Chairs with MMUH Delivery Director and our Group Director of Operations Primary Care, Communities	To talk through our rationale and approach to the decoupling of Stroke services to deliver high quality, safe rehabilitation outside the acute hospital	MS TEAMS JHOSC Chairs briefing. 31 st October 2023 1.30pm	Jayne Salter-Scott, Head of Communities and Engagement, Sandwell and West		

		environment and seek their opinion and advise on our direction of travel.		Birmingham NHS Trust.		
TBC	Scrutiny and Quality Assurance. Statutory Health Scrutiny Function.	To agree a 2–3-year schedule of reports on services within the Joint HOSC area including: CQC report Quality Account Analysis of complaints and how this has driven service improvement. Key risks / issues for the Trust.	TBC			

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

Birmingham and Solihull Joint Health Overview and Scrutiny Committee

Month	Item/Topic	Aims and Objectives	Scrutiny Method	Cabinet Member/ Lead Officer	Other Witnesses	Additional Information and Outcome*
July 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.	Committee Meeting single item: Agenda item at Joint HOSC meeting 25th July 23	David Melbourne, BSOL ICB Chief Executive.	Prof. Mike Bewick, IQ4U Consultants Jonathan Brotherton, CEO UHB.	Information requested on 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

	Statutory Health Scrutiny Function	To consider the Healthwatch ground rules for the 3 Reviews and if these have been met.	<p>Deadline for reports 14th July 23</p> <p>Venue: Council House, Committee Rooms 3 and 4</p>		<p>Andy Cave, Healthwatch Birmingham.</p>	<p>had taken place over the course of the year across UHB be brought forward and submitted to the JHOSC in future;</p> <p>To receive a roadmap for the remaining reviews in terms of how they will report, expected dates/timescales/milestones.</p> <p>Outcomes:</p> <p>Update provided on reviews</p> <p>Public Engagement / Citizen voice: Engagement between patients families and UHB following deputation at meeting</p> <p>Assurance provided regarding Healthwatch ground rules.</p>
July 2023	<p>BSol ICS update on performance against finance and recovery plans</p> <p>Corporate Priority 8, 13 & 16</p>	To update the members on the ICS financial position and recovery of healthcare services following the impact of the covid pandemic.	<p>Committee Meeting single item: Agenda item at Joint HOSC meeting 25 July 23</p>	Paul Athey, BSOL ICS Chief Finance Officer		<p>Outcomes:</p> <p>Update provided on ICS financial position and recovery of healthcare services.</p>

			<p>Deadline for reports 14 July 23</p> <p>Venue: Council House, Committee Rooms 3 and 4</p>			
October 2023	<p>Maternity Services at Heartlands Hospital</p> <p>Corporate Priority 13</p>	To consider the CQC report findings and actions to be taken by the Trust.	<p>Committee Meeting: Agenda item at Joint HOSC meeting 5th October '23.</p> <p>Venue: Council House, Solihull</p>	<p>Lisa Stanley-Green; ICB Chief Nurse/Deputy CEO.</p> <p>Angela Hughes: BSOL ICB Senior Quality Lead Maternity</p>	,	
October 2023.	<p>Birmingham and Solihull ICS Performance on Finance & Recovery plans.</p> <p>Corporate Priorities 8, 13 & 16</p>	To provide a summary of key performance and deliverables (as at end of July).	<p>Committee Meeting: Standard agenda item at Joint HOSC meetings. 5th October '23.</p> <p>Venue: Council House, Solihull</p>	Paul Athey, Chief Finance Officer		
Oct. 2023	<p>West Midlands Ambulance Service Delivery</p> <p>Corporate Priorities 8, 13 & 16</p>	To consider the West Midlands Ambulance Service activities such as conveyance to hospitals, lost hours to handover delays, response time by call category, profile	<p>Committee Meeting: Agenda item at Joint HOSC meeting 5th October '23.</p>	Vivek Khashu: Strategy and Engagement Director, West Midlands Ambulance Service		

		of Serious Incidents, actions taken by WMAS, high impact actions to make a difference, outcomes from a WMAS perspective	Venue: Council House, Solihull			
Oct. 2023	Winter Pressure Update Corporate Priorities 8, 13 & 16	To discuss the wider topic of winter pressures as part of A&E pressures and ambulance issues to be considered by Committee. A&E pressures were a perennial problem in winter. To discuss at October meeting ahead of winter.	Committee Meeting : Agenda item at Joint HOSC meeting 5th October '23. Venue: Council House, Solihull	Mandy Nagra, Integrated Care Board/ ICS Executive Chief Delivery Officer, BSol ICB. Alan Butler, Associate Director of Delivery, Improvement and UEC, BSol ICB.		
November 2023	JHSOC member briefing on UHB Culture Review Report with Jonathan Brotherton, CEO, UHB	To provide committee members with update on actions and recommendations from the recently published Culture Review independent report.	Briefing with CEO of UHB scheduled for 10th November 9.00am on TEAMs.	Jonathan Brotherton, CEO UHB.	David Melbourne, CEO, ICB.	To receive a roadmap for the remaining reviews in terms of how they will report, expected dates/timescales/milestones.
Jan.2024	ICS Work Force Planning. Statutory Health Scrutiny Function.	Update on ICS workforce planning in health and care sectors.	Committee Meeting: Agenda item at JHOSC meeting in January (Date TBC). Venue: BCC Council Offices.	Senior ICB/ICS rep (TBC)		

Jan. 2024.	Scrutiny and Quality Assurance. Statutory Health Scrutiny Function.	To agree a 2–3-year schedule of reports on services within the Joint HOSC area including CQC report. Quality Account. Analysis of complaints and how this has driven service improvement. Key risks / issues for the Trust.	Committee Meeting: Agenda item at JHOSC meeting in January (Date TBC). Venue: BCC Council Offices.			
Jan 2024	Monitoring of implementation of Recommendations from UHB Reviews. Statutory Health Scrutiny Function.	The ICS and UHB to report on the implementation of the recommendations from the UHB reviews.	Committee Meeting: Agenda item at JHOSC meeting in January (Date TBC). Venue: BCC Council Offices.			
TBC	Update on post-covid syndrome / Long covid and rehabilitation. Corporate Priorities 13 & 16	To understand the impact of post covid syndrome / long covid and the services / support that is available.	TBC			
TBC	CQC report Birmingham & Solihull Mental Health Trust (BSMHST) Corporate Priorities 8 & 16.	To update the Scrutiny Committee on the CQC Inspection of BSMHST performance, including any progress on recommendations for action.	TBC			

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

Menu of Issues for Consideration

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

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

Item/ Topic	Proposed Aims and Objectives	Proposed Scrutiny Method	Additional Information
Immunisation and vaccinations. Corporate Priorities 13 & 16	Immunisations and vaccinations for children under 5 Implications of covid immunisations rates for health and care staff	Task and Finish Group	This work could commence following the completion of the CYP mental health Inquiry.
Primary Care Access Corporate Priorities 13 & 14	To report back on Final Draft of the Enabling Primary Care strategy	HASC.	Follow-up from presentation of draft strategy at September HASC meeting. Link to National GP recovery plan Suggested timescales to update on plan TBC.
ICS 10-year strategy. Corporate Priorities 8, 13 & 16	Highlights vision for the future and the conditions we need for change, so that people who live, work and receive care in Birmingham and Solihull can live longer, happier and healthier lives by 2033.	HASC/JHOSC.	Annual review of key strategic priorities. Suggested timescale April 24
CQC Pilot Inspection update Corporate Priorities: 10, 16	To update members on outcomes of CQC pilot inspection.	HASC	Pilot inspection carried out in August 2023. Awaiting report from CQC.
Birmingham City Council Commissioned Services: <ul style="list-style-type: none"> Birmingham Sexual Health Services 	Report to come to Health and Adult Care OSC prior to recommissioning of the service to enable the Committee to inform Cabinet decisions.	HASC.	Comments submitted to Commissioners to inform tendering of Sexual Health Services during Autumn. Contract to start service in January 23.

<ul style="list-style-type: none"> • Birmingham Substance Misuse Services • Forward Thinking Birmingham <p>Corporate Priorities 8, 13, & 15</p>			Contract for Substance Misuse Service to end March 2025. Health and Adult Social Care OSC to engage in process July 2024 to inform commissioning of service.
<p>Birmingham Safeguarding Adults Board Annual report and priorities.</p> <p>Corporate Priorities 10, 13, 16</p>	<p>To update the Committee on the work of the Birmingham SAB such as:</p> <p><i>Implementation of Strategic Priorities.</i></p> <p><i>Adult Safeguarding Data.</i></p> <p><i>Learning from Safeguarding Adult Reviews.</i></p> <p><i>Adult Safeguarding Issues related to Domestic Abuse.</i></p>	BASB to attend the Jan 23, 2024 HASC meeting.	<p>Recommendation from Co-ordinating OSC that OSCs consider relevant aspects of Domestic Abuse in the work programme.</p> <p>The Neighbourhoods OSC work programme includes: Informing the development of the new Domestic Abuse Prevention Strategy</p>
<p>Engaging with Third Sector providers of Adult Social Care</p> <p>Corporate Priorities 16</p>	TBC	TBC	
<p>Obesity and Food Strategy</p> <p>Corporate Priorities 8, 14 & 16</p>	<p>What actions have been implemented as part of the Food Strategy and what impact have these had?</p> <p>How will the medium and long terms impact be demonstrated?</p> <p>How has the strategy helped to reduce inequalities and food poverty?</p>	TBC	<p>Link to Food Strategy:</p> <p>Birmingham Food System Strategy Birmingham City Council</p>
<p>Population health and inequalities</p> <p>Corporate Priority 13</p>		Task and Finish Group	<p>How health has changed in your area - Office for National Statistics (ons.gov.uk)</p>

Scrutiny Method Options:

Committee meeting - single item

Committee meeting - single theme

Task and Finish Group (outline number of meetings)

On location

Other - (describe)

Corporate Priorities, Performance and Outcomes

Corporate Priorities 2022 – 26:

- | | |
|--|---|
| 1 Support inclusive economic growth | 11 Increase affordable, safe, green housing |
| 2 Tackle unemployment | 12 Tackle homelessness |
| 3 Attract inward investment and infrastructure | 13 Tackle health inequalities |
| 4 Maximise the benefits of the Commonwealth Games | 14 Encourage and enable physical activity and healthy living |
| 5 Tackle poverty and inequalities | 15 Champion mental health |
| 6 Empower citizens and enable citizen voice | 16 Improve outcomes for adults with disabilities and older people |
| 7 Promote and champion diversity, civic pride and culture | 17 Improve street cleanliness |
| 8 Support and enable all children and young people to thrive | 18 Improve air quality |
| 9 Make the city safer | 19 Continue on the Route to Zero |
| 10 Protect and safeguard vulnerable citizens | 20 Be a City of Nature |
| | 21 Delivering a Bold Best in Class Council |

Information on the Corporate Priorities, Performance and City Outcomes was reported to the Health and Adult Social Care OSC in June 23: [Document.ashx \(cmis.uk.com\)](https://cmis.uk.com)