

BIRMINGHAM CITY COUNCIL

HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

TUESDAY, 20 SEPTEMBER 2022 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 meeting You Tube site (www.youtube.com/channel/UCT2kT7ZRPFCXq6_5dnVnYlw) and that members of the press/public may record and take photographs except where there are confidential or exempt items.

2 ELECTION OF DEPUTY CHAIR

To elect a Deputy Chair to substitute for the Chair if absent.

3 APOLOGIES

To receive any apologies.

4 DECLARATIONS OF INTERESTS

Members are reminded that they must declare all relevant pecuniary and non pecuniary interests arising from any business to be discussed at this meeting. If a disclosable pecuniary interest is declared a Member must not speak or take part in that agenda item. Any declarations will be recorded in the minutes of the meeting.

5 ACTION NOTES/MATTERS ARISING

To approve the action notes of the meeting held on 29th March 2022.
To note the action notes of the informal meeting held on 19th July 2022.
(1005-1015hrs)

- 15 - 34**
- 6 **REPORT OF THE CABINET MEMBER FOR HEALTH AND SOCIAL CARE**
- Councillor Mariam Khan
(1015-1100hrs)
- 35 - 44**
- 7 **TACKLING PERIOD POVERTY AND RAISING PERIOD AWARENESS TRACKING REPORT**
- Monika Rozanski, Service Lead (Inequalities), Public Health; Rokneddin Shariat, Policy and Governance Manager, Finance and Governance.
(1100-1130hrs)
- 8 **CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH INQUIRY - TERMS OF REFERENCE**
- For discussion.
(1130-1150hrs)
- 45 - 60**
- 9 **WORK PROGRAMME - SEPTEMBER 2022**
- For discussion.
(1150-1200hrs)
- 10 **DATE AND TIME OF NEXT MEETING**
- To note that the next meeting is scheduled for Tuesday 18 October 2022 at 10:00am.
- 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 SOCIAL CARE O&S COMMITTEE
PUBLIC MEETING

Tuesday 29 March 2022. Council House Extension, Margaret Street

Action Notes

Present:

Councillor Mick Brown (Chair)

Councillors: Debbie Clancy, Peter Fowler, Rob Pocock and Paul Tilsley

Also Present:

Maria Gavin, Assistant Director, Adult Social Care

Councillor Paulette Hamilton, Cabinet Member for Health and Social Care

Kalvinder Kohli, Programme Director Prevention and Early Intervention

Suman McCartney, Cabinet Support Officer

Emil Prysak, Commissioning Manager Prevention and Communities

Ceri Saunders, Acting Group Overview and Scrutiny Manager

Dr Justin Varney, Director of Public Health

Benita Wishart, Support and Development Manager, BVSC

Sarah Fradgley, Scrutiny Officer

1. NOTICE OF RECORDING

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2. APOLOGIES

Cllrs Idrees and Islam submitted apologies.

3. DECLARATIONS OF INTEREST

None.

4. ACTION NOTES/MATTERS ARISING

(See document No.1)

Further to Actions 4.2 February 2022 and 6.2 December 2021, it was noted that information requested on the geographical alignment between Primary Care Networks, clusters of GPs and localities was outstanding. The O&S Group Manager undertook to chase and circulate to Members.

RESOLVED:

That the action notes for the meeting held on 15 February 2022 be agreed.

5. PUBLIC HEALTH UPDATE

(See document No.2)

Dr Justin Varney, Director of Public Health and Councillor Paulette Hamilton, Cabinet Member, attended the meeting for this item. Dr Varney presented the regular update report on significant pieces of work by the public health division. The Panel was also asked to consider 3 key reports:

- The Health and Wellbeing Board Strategy – Creating a Bolder Healthier City 2022-2030
- Director of Public Health Annual Report 2020-21
- Birmingham and Lewisham African and Caribbean Health Inequalities Review

Covid Update

- Case rates continued to rise across the City. For the unvaccinated Covid remained a very serious illness.
- The Council continued to support the NHS vaccination programme. Community engagement and awareness raising continued with focus on wards with the lowest vaccine uptake. Currently, between 30 - 180 first doses were dispensed a day in Birmingham.
- The NHS had launched a fourth vaccination dose for the elderly and those in clinically extremely vulnerable groups.
- Testing rates remained at a stable level. However, national guidance was awaited on who would be eligible for free tests when free testing ended on 1 April 2022.
- Members expressed concern at the local rising case rates, the impact of national changes to testing eligibility.
- Responding to concerns about the impact of recent outbreaks in China and Hong Kong, Dr Varney advised that vaccination take-up in China and Hong Kong was poor (below 60% full coverage in the elderly population), compared to Birmingham where over 83% of over 85s were fully vaccinated. However, there was risk of new variants developing when large outbreaks in poorly unvaccinated populations.

- Dr Varney assured the meeting that the council's public health approach and resources had been profiled up to September 2022 so the city could rapidly step up a full response to covid should it be required.

The Health and Wellbeing Board Strategy – Creating a Bolder Healthier City 2022-2030

- The Strategy set out the Health and Wellbeing Board's ambitions for the next eight years. The Strategy was a live document and would form a framework for the next Cabinet Member to build on.
- A range of consultation methods had been used to extend engagement with citizens and partner organisations to inform the strategy.
- Reflecting on the Health Impact Assessment comment that the Strategy aims were unachievable, and its criticism of the use of jargon in the document, it was explained that the ambitions reflected the wide-ranging feedback during the consultation. Delivery frameworks sat below the overarching strategy. In addition, the language in the document had been amended to produce an accessible document.

Public Consultations

- The Cabinet Member asked the Committee to support and promote the Joint *Sexual and Reproductive Health Strategy* consultation (launched 28th March 2022, closing 26th April 2022), and the *Creating a Healthier Food City Strategy* consultation (to be launched 11th April 2022, closing 19th August 2022).
- Public health had focused on strengthening community organisations in contact with communities they struggled to engage with and overcome public mistrust. The success in rebalancing relationships with faith leaders during the Covid pandemic was noted and Dr Varney undertook to provide the Committee with the recently published Faith Setting Toolkits.
- Suggestions from Members to expand engagement were welcomed and the Public Health Team was keen to restart ward forum presentations.
- Public health was working in partnership with NHS and the Police to identify engagement gaps and work smarter and collaboratively in this field.

Birmingham and Lewisham African and Caribbean Health Inequalities Review

- The Cabinet Member spoke of the ground-breaking work of the review, highlighting the 39 solution-focused recommendations developed with citizens and academics.
- The Committee was urged to keep challenging the Executive on the implementation of the recommendations and use the document to hold public health and the wider health system to account.

Cabinet Member for Health and Social Care

Noting this was her last meeting, the Cabinet Member thanked the Committee for its support and challenge during her term of office. She further thanked Dr Varney for the achievements of the service.

Committee Members also recorded their gratitude to the Cabinet Member and Director of Public Health for the political and professional leadership through the Covid pandemic, and the Chair thanked them both for their valuable contributions to health scrutiny.

RESOLVED:

- Progress with the Covid response be noted;
- The Creating a Healthier Food City Strategy and Sexual and Reproductive Health Strategy consultations be noted;
- The recommendations of the Birmingham and Lewisham African and Caribbean Health Inequalities Review be noted, and further consideration be given to how the committee holds the Executive and wider health services to account on implementation;
- The Birmingham Health and Wellbeing Board Strategy – Creating a Bolder Healthier City 2022-2030 be noted;
- The Annual Report of the Director of Public Health 2020/21 be received and noted; and
- Dr Varney be requested to forward copies of the Public Health Faith Setting Toolkits to the Committee.

6. NEIGHBOURHOOD NETWORK SCHEMES

Kalvinder Kohli (Programme Director Prevention and Early Intervention), Emil Prysak, (Commissioning Manager Prevention and Communities), and Benita Wishart, (Support and Development Manager, BVSC) attended for this item and responded to question from Committee members. The main points of the discussion included:

- The Birmingham Neighbourhood Network Scheme (NNS) sought to build resilient and connected communities through the development of prevention-focused public services. The Birmingham NNS was a shortlisted finalist for a 2022 LGC Award.
- Ten NNS operated on a constituency basis managed by BCC and other third sector organisations. Each had a steering group comprising of community social workers, other professionals, and active citizens to identify and develop community assets, activities, and support for citizens based on the needs, interests, and aspirations of citizens.
- The '10 building blocks of the NNS model' were outlined. These included mapping community assets, partnering with local social workers, arranging networking events, providing capacity building training for assets, and managing a grant fund to offer grants and micro grants.
- The NNS funding history was explained, and it was noted that NNS would receive £3.57m per annum between 2022 – 2027. NNS had to date commissioned 460 grants worth £2.8m.

- BVSC was commissioned to provide a coordination role across the 10 NNS to share information, learning and to identify common patterns or trends which require a coordinated response.
- It was noted that the NNS infrastructure had enabled the mobilization of the local response to the Covid pandemic within 48 hours. NNS continued to fund community assets to support citizens during lockdown, with grants totalling £1.7m awarded between 2020-2021.
- NNS current focus was over 50s. However, NNS were to expand to younger adults 18-49 with learning disabilities, autism, mental health, physical disabilities and sensory impairment or loss. Future plans also included developing a Citywide NNS connected communities project to support communities thinly spread across the city, Digital NSS to facilitate online assets and Compassionate Communities programme.
- The meeting heard several cases studies of activities to illustrate their positive impact, ranging from tackling isolation, building self-confidence, improving physical health and wellbeing, addressing unemployment and financial advice, and developing digital skills.
- Positive feedback received from social workers highlighted that partnership with NNS Teams enhanced delivery of their role. Feedback from assets noted that they found the application process straightforward and NNS staff supportive.
- A copy of the NNS video presentation that could not be played due to technical issues would be circulated to committee members.

RESOLVED:

- That the information presented on the Birmingham Neighbourhood Network Scheme be noted; and
- The Overview and Scrutiny Manager forward a copy of the NNS video presentation to Committee members.
- That a briefing note on the Community Network Support Officers (CNSO) service and what it does is supplied to Members.

7. Q4 ADULT SOCIAL CARE PERFORMANCE MONITORING

Maria Gavin (Assistant Director, Adult Social Care) attended for this item to report on the red rated performance indicators; the 5 performance indicators chosen by this committee for more in-depth examination and the complete set of Adult Social Care performance indicators.

RESOLVED:

That the report be noted.

8. WORK PROGRAMME

Members suggested the following potential agenda items for an informal meeting on 19 April 2022:

- Update on the University Hospital Birmingham capital investment programme.
- Examining whether constitutional changes relating to scrutiny, including the early day questions facility at city council meetings, were working, with the view to referring the issue to Co-ordinating O&S Committee.

Members also discussed work programme priorities for the next Municipal Year and referred to the list of items on the work programme report. It was noted that the new committee would have the opportunity to set its priorities.

Ockendon report into Maternity Services at Telford and Shrewsbury

Weight Management

Access to Primary Care

Day care opportunities

Feedback from care homes

Health inequalities in Birmingham

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

None.

10. OTHER URGENT BUSINESS

None.

11. AUTHORITY TO CHAIRMAN AND OFFICERS

RESOLVED: -

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

The meeting ended at 1213 hours.

BIRMINGHAM CITY COUNCIL

HEALTH AND SOCIAL CARE O&S COMMITTEE

INFORMAL MEETING

1000 hours on Tuesday, 19 July 2022, online meeting

Action Notes

Present:

Councillor Mick Brown (Chair)

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

Also Present:

Fiona Bottrill, Senior Overview and Scrutiny Manager.

Andy Cave, CEO, Healthwatch Birmingham.

Maria Gavin, Assistant Director, Quality & Improvement, Adult Social Care.

Andrew Marsh, Head of Service (Operations and Partnerships), Strategic Lead for Hospitals, Discharge to Assess Pathways and Integrated Hub, Adult Social Care.

Gail Sadler, Scrutiny Officer.

1. NOTICE OF RECORDING/WEBCAST

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The whole of the meeting would be filmed except where there were confidential or exempt items.

2. APPOINTMENT OF COMMITTEE AND CHAIR

The resolution of City Council appointing the Committee was noted.

3. ELECTION OF DEPUTY CHAIR

To be appointed at the next formal meeting on 20th September 2022.

4. APOLOGIES

Apologies were submitted on behalf of Councillor Paul Tilsley.

5. DECLARATIONS OF INTEREST.

None.

6. TERMS OF REFERENCE

Noted.

7. JOINT HEALTH SCRUTINY COMMITTEES WITH SANDWELL AND SOLIHULLSANDWELL

Councillors: Mick Brown
Kath Hartley
Mumtaz Hussain
Jane Jones
Gareth Moore

SOLIHULL

Councillors: Mick Brown
Deborah Harries
Kirsten Kurt-Elli
Gareth Moore
Rob Pocock

As this meeting is informal, membership of the Joint HOSCs can be agreed by the Chair under Chair's authority to act with relevant Chief Officer, as agreed at the Committee meeting on the 29th March 2022, to ensure that arrangements for the autumn Joint HOSC meetings can be made.

8. ACTION NOTES/MATTERS ARISING

Approval of the action notes from the meeting held on 29th March 2022 is deferred to the next formal meeting on 20th September 2022.

Outstanding action from 21 December meeting:BSol Integrated Care System: Update on Place and West Birmingham:

- Maps are circulated to the committee to show the alignment between PCNs, clusters of GPs and localities.

Concern was raised about the length of time being taken to receive this information. Scrutiny Officer(s) were asked to request that the information is circulated to members before the 20th September meeting or, if unavailable, to ask for an explanation as to why it is proving so problematic.

Actions from 29th March meeting:Cabinet Member Update

- Progress against actions in the Birmingham and Lewisham African Health Inequalities Review (BLACHIR) will be reported at the 20th December meeting.
- Dr Varney be requested to forward copies of the Public Health Faith Setting Toolkits to the Committee. This information was emailed to members on 7/7/22.

Neighbourhood Network Schemes

Members were sent the following items on 21/4/22:-

- A copy of the NNS video presentation.

- A briefing on the Community Network Support Officers (CNSO). Scrutiny Officer(s) were asked to re-send the information for the benefit of new members on the committee.

9. Q4 ADULT SOCIAL CARE PERFORMANCE MONITORING 2021-2022

Maria Gavin (Assistant Director, Quality & Improvement, Adult Social Care) and Andrew Marsh (Head of Service, Operations and Partnerships, Strategic Lead for Hospitals, Discharge to Assess Pathways and Integrated Hub, Adult Social Care) attended for this item. Andrew Marsh presented an update on the new model of Early Intervention and the Discharge to Assess pathways. Maria Gavin reported on the red rated performance indicators; the 5 performance indicators chosen by this committee for more in-depth examination and the complete set of Adult Social Care performance indicators for 2021-2022.

In discussion, and in response to Members' questions, the following were among the main points raised:

- The Hospital Discharge Service Requirements which was introduced nationally in March 2020 does not override the Care Act 2012 because they are discharge to assess pathways. Therefore, the Care Act legislation still applies because the patient has not been discharged from those pathways.
- The pathway 0 target of 50% of discharges home with now new or additional support is a national target.
- Now the Delayed Transfer of Care measure has been paused there needs to be a new indicator which measures the length of time from when someone is discharged to assess from hospital and the wait before a care package is in place.
- If more than the maximum 1% target of discharges required pathway 3 this would be provided.
- In determining which pathway someone would be discharged into, it is by the home first principle. The principles of home first is that everyone should be able to return home with support if needed and only those citizens that require a bedded unit would go down that route and there are clinical criteria that are taken into consideration to determine that. But it is not a Care Act assessment at that stage.
- Before discharge to assess was introduced a person would have had a Care Act assessment in hospital and a care package commissioned before being discharged. The entire process could take anywhere between 8-2 days. Now a person can be discharged home the same day and receive care from the Early Intervention Community Team (EICT).
- When a person no longer meets the criteria to reside in hospital a referral would be made to the EICT. They would receive confirmation that the person is ready to be discharged, the time the discharge would take place and care and support would be put in place. EICT is a multi-disciplinary team across Birmingham Community Healthcare NHS Foundation Trust and BCC.

- There is sufficient capacity currently within the EICT service. Work jointly with partners as a system to deliver the service.
- In response to concern raised about the lack of information regarding safeguarding, Members were assured that detailed information is collected and reported to the Service Lead and Directorate Management Team.
- Commissioned care providers are allocated a named Commissioner who reviews their performance and quality. Should there be a concern about performance a comprehensive improvement plan would be put in place to address those concerns. If the provider does not meet the required standard within a given period, there is provision in the contract to give clients the option to move to a higher quality provider.
- The number of clients reviewed within 12 months has been an issue of concern for an extended period. This was an area that was de-prioritised during repeated waves of Covid-19 as it was felt that this was an area where there was least risk to clients. Targeted as an area for improvement. Currently, running a recruitment campaign.
- The 140 target for shared lives, at the moment, is an unachievable target.
- Annually the committee should be presented with a detailed breakdown of performance data at a local level.

RESOLVED: -

- Andrew Marsh agreed to try to obtain the information for a suggested new indicator which measures the length of time from when someone is discharged to assess from hospital and the wait before a care package is in place and would let Scrutiny Officer(s) know how this was being progressed.
- Maria Gavin to confirm when a detailed report containing constituency level data could be presented to the committee on an annual basis.
- Maria Gavin to invite a Safeguarding Lead to attend the 20th September meeting.

10. HEALTHWATCH BIRMINGHAM ANNUAL REPORT 2021-2022

Andy Cave (Chief Executive Officer, Healthwatch Birmingham) attended the meeting to give a presentation which summarised the key highlights of the annual report and focussed on two investigations that had been undertaken on 'Access to GPs' and 'Day Services'. The findings of the latter investigation would be used to shape and develop the new proposed 'Day Opportunities Strategy' which is due to be presented to Cabinet on 6th September 2022.

In discussion, and in response to Members' questions, the following were among the main points raised:

- The Day Opportunities report will provide crucial evidence when discussing the proposed new strategy at a forthcoming informal briefing.
- Independent dental practitioners may be reluctant to deliver NHS care because the NHS dentistry contract is very outdated and under-resourced and has not been improved or received increased funding for a long term.

Healthwatch England have called upon NHS England the Department of Health and Social Care to change the dentistry contract.

- In April 2023 commissioning of dental services will be passed to the Birmingham and Solihull Integrated Care System. Currently, there are 11 ICSs nationally that are piloting having that commissioning duty for dentistry to see how it can be improved.
- When commissioning dentistry services passes to the ICS, there will be a national contract, but there will be opportunities to put in 'add-ons' to that contract to meet local needs.
- There is a perception from the public that NHS dentists are no longer available. Challenging those perceptions is an issue. There is a lack of awareness that there are dentists accepting NHS patients, but it may take several telephone calls to practices to find a dentist which may not be local.
- Healthwatch Birmingham have information on their website about how to find a local dentist.
- In terms of the Covid Booster Programme there was a huge variation about where people preferred to be vaccinated. Whether it was a GP, pharmacy, mass vaccination centre or mobile van people chose the easiest option for them.
- During the early stages of the pandemic carers who normally access day centre services felt communication from BCC was poor. This was raised as an issue and thereafter increased telephone communication took place with carers to make sure their needs were being met as well as the service user. During the pandemic alternative solutions were put in place to day services.

RESOLVED: -

- The Day Opportunities report which is due to be published by end of July be forwarded to members before the informal briefing on 16th August.
- Circulate the Healthwatch England report dentistry.

11. WORK PROGRAMME – JULY 2022

A consultation on the proposed Dementia Strategy 2022-2027 is taking place. As it was too late to include on this agenda, it was circulated to members for comment with responses needed by Monday 25th July. This committee may want to request a report to a future meeting on the outcome of the consultation and the final strategy and action plan.

Task and Finish Inquiries

Of the 3 proposed inquiries put forward by this committee, the Coordinating O&S Committee have agreed that 2 should be taken forward:-

Children and Young Peoples Mental Health will be led by this committee and carried out jointly with members from the Education and Children's Social Care O&S Committee.

Commonwealth Games Health and Wellbeing Legacy will be led by the Commonwealth Games, Cultural and Physical Activity O&S Committee but members of this committee will have the opportunity to be involved with that work.

Expressions of interest are sought to be a member of either/both Task and Finish Groups and should be submitted to the Chair and Scrutiny Officers by 5pm on Thursday 21st July.

In principle it was agreed that the Task and Finish Groups could be politically proportionate, but the underlying principle is that they will be inclusive, and no political group will be excluded.

The work programme was noted.

RESOLVED: -

A copy of the 'Living life to the full with dementia' scrutiny report which was presented to City Council in November 2014 be circulated to Members to see if concerns raised at that time are reflected in the strategy.

12. PROPOSED DATES OF MEETINGS 2022-2023

Agreed.

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

None.

14. OTHER URGENT BUSINESS

None.

15. AUTHORITY TO CHAIR AND OFFICERS

RESOLVED: -

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

The meeting ended at 1150 hours.

Health and Social Care Overview and Scrutiny Committee – 20 September 2022

Cabinet Member for Health and Social Care, Councillor Mariam Khan - Cabinet Member Priorities and Update

Introduction

As Cabinet Member for Health and Social Care, my portfolio falls predominantly under the scrutiny of this Committee, with elements of wellbeing and sport falling under the Commonwealth Games, Culture and Physical Activity O&S Committee. The two main service areas within my responsibility are Adult Social Care and Public Health, operating out of two separate directorates.

For newer members of the council or committee, my responsibilities, as set out in the Constitution, fall into three key areas:

- Development of the Health and Wellbeing Board and relationships with the NHS and private providers. Strategic leadership of social care services and safeguarding for adults. Development of an integrated health and social care economy in Birmingham and neighbouring local authorities around the relevant sustainability and transformation plan.
- Leadership on public health services, working with the Health and Wellbeing Board to reduce health inequalities.
- Championing healthy living through sport and leisure services and influencing resident choices through proactive behaviour change initiatives.

In addition, our statutory duties as a local authority under the Care Act 2014 broadly include promoting wellbeing, preventing, reducing or delaying needs, providing information and advice, shaping the market and commissioning of adult care and support, and managing provider failure and other service interruptions. This is done across both service areas, and in partnership with external bodies such as the NHS and the voluntary sector.

It is important for me to ensure the members of committee understand both the breadth and remit of the portfolio and are equipped with the knowledge and background of the key main areas of work that directorates are undertaking. The national picture is changing in terms of system delivery, assessment and accountability, and we will have to adapt how we operate accordingly. Changes on the horizon for the next 18 months include social care reform and fairer cost of funding, as well as the recent introduction of the Integrated Care System, which is referenced under 4.1 in this report.

My key priorities for the year are as follows:

- **Tackling Health Inequalities** - through the Health and Wellbeing Strategy: Creating a Bolder, Healthier City, setting out our clear and bold ambitions over the next eight years based on a series of core themes across the life course. For example, building on the groundbreaking work of the BLACHIR report by implementing the findings alongside the recently released community health profiles, working with key communities within the city to improve health where inequalities exist; and driving forward major programmes as part of our food agenda to tackle issues such as childhood obesity, addressing food justice and food poverty; developing a food strategy to address healthy lifestyles.
- **Post Pandemic Situation** - following the past two and a half years of being in the centre of a pandemic, being alert to winter pressures and strong signals of covid and flu waves and winter excess deaths.
- **Cost of Living Crisis** - compounding the winter pressures further as people find themselves forced to make the difficult choice to eat or heat, most often those who are already the most vulnerable in society, such as the elderly or infirm, or families with children. In addition, we will need to monitor access to services which are still struggling to get back to pre-covid levels, such as dental and primary care, and how this crisis will impact on challenges around ensuring people eat healthily.
- **Maternal health** – as a mother of three young children, I am especially passionate about families and the health of mothers throughout pregnancy and beyond, as well as the rights of children to have access to good quality basic healthcare and support to live healthy, happy lives.
- **Mental health** - By championing and advocating the importance of mental health and work with partners to empower and support citizens, including young people, to be healthy, and improve the approach to mental health by improving access to mental health support working in partnership with the NHS, and support around suicide prevention. I am committed to supporting HOSC with the inquiry into mental health and young people where I am able to.
- **Integrated Care Partnership** – As lead representative for the Council on this partnership, I am committed to ensuring an integrated care strategy on how to meet the health and wellbeing needs of the population in the ICS area is produced.

Another intrinsic role for me is making sure we nurture our partnerships. It is my responsibility to ensure all of our partners are linked in, included and that we are working together to achieve our shared goals of providing the best outcomes for the people of Birmingham.

The Commonwealth Games were a catalyst for us to springboard into a golden decade for the city - and that includes legacies we can develop around an uptake in sports and activity across the city, aided by the proliferation of new community sports equipment and facilities, the

improvements made to existing sports facilities in the city, increased awareness of healthy eating and pursuing our smoking cessation agenda.

I am indebted to the knowledge and expertise of Graeme Betts and Justin Varney and their teams and their support in the four months since I took up post and I want to put on record my personal thanks to them.

I look forward to working with this committee over the coming months and years and to you holding me to account for the priorities I am outlining and am confident our relationship will be one of mutual respect and constructive criticism, such as that I know you afforded to my predecessor, Paulette Hamilton.

Part A - Adult Social Care

1. Context

The context within which Adult Social Care is operating has never been more pressurised. The rising cost of living combined with the most fundamental reforms in our lifetime, mean the sector is facing one of the most challenging periods in decades. The fact that this is taking place against a background of political instability and sharply increasing demands and expectations, means the health and care sector is anticipating an exceptionally tough winter and to be operating in 'crisis mode' for much of this time.

1.1 Cost of Living Crisis

People needing or working in care and support are already significantly affected by the impacts of austerity and the pandemic; and have now been further hit by the cost-of-living crisis. The rising costs of fuel, food and other essentials places many citizens supported by Adult Social Care, at great risk of both immediate hardship and reduced opportunity and wellbeing. The spiralling costs of inflation is impacting social care through multiple routes:

- **For citizens** the rapid increases in the cost-of-living impacts people's ability to sustain healthy behaviours and lifestyles. Maintaining a warm house and a balanced diet is increasingly financially difficult particularly for people with disabilities or older adults who spend most of their time in their homes. Many service users and their carers live in low-income households who spend a larger share of their income on energy and food. Citizens who are afraid to heat their home, risks deterioration in their health which ultimately adds further pressures on social care. Anxieties about inflation and the rising costs of living also has a serious impact on mental health and citizens ability to cope on a day-to-day basis.
- **For the Social Care Workforce:** In Birmingham in 2021 there were an estimated 37,000 jobs in adult social care. Over a third of the workforce are on zero-hour contracts and inflation further impacts the wellbeing and morale of the workforce which impacts retention. The cost of rising fuel makes community-based jobs providing care to individuals in their own homes less attractive than other roles due to the increasing costs to employees. This puts further pressure on the ability of care services to meet the exceptionally high demands being experienced across the system.
- **For Public Service and Care Market Providers:** The cost of providing Services is also rising. For the market it is expected that Social Care pay pressures will be significant this year, in what is already a tight, competitive labour market. Wage offers in competing occupations, such as retail, are already more attractive than care work. There is a serious risk that Care providers will not have scope to fully absorb higher costs themselves, particularly at current fee rates. This heightens service continuity concerns and increases the risk of providers handing back care packages to Council as they are unable to deliver support. Care providers have previously increased fees for self-funded users in response to cost pressures (private fees are already 40% higher than for LA funded users within the same

care home), however the 'fair cost of care' and Adult Social Care funding reforms mean that this approach may not be sustainable. As businesses are under increasing pressures, there are greater risks to the level of activity, performance and quality of care.

1.2 Covid Recovery and Rising Demand

The Covid pandemic required an unprecedented response from Adult Social Care to rise to the crisis which engulfed the Country. The coronavirus (COVID-19) pandemic has had a profound impact on people receiving social care. Service Users experience higher death rates and increased restrictions due to the numbers of individuals who were identified as Clinically Extremely Vulnerable and were required to shield. In order to protect service users many community services stopped and some of those such as Day Care, are still operating at reduced capacity due to the ongoing impacts of Covid.

The increased adverse impact of Covid on some of the most vulnerable citizens, combined with delays in health care treatment across the population is driving peak levels of demands on health and social care providers. At a time of year when services are usually more stable, and better able to meet needs; the system finds itself constantly operating in a crisis response mode which is usually only seen during the depths of winter. High levels of vacancies, exhausted staff and unprecedented numbers of people on waiting lists or presenting for support continue to drive high levels of demand. It is likely the situation will deteriorate further this winter and so the BSOL System, like all areas is preparing as best it can for an extremely difficult period ahead.

1.3 Reform & Political Change

The Government has set out several planned changes to the way that Adult Social Care is funded, paid for by individuals, works with the NHS, how its workforce is developed, how mental health and Liberty Protection works and pilots for different models of care. These plans for 'reform' are starting, or are planned to start, over the next two years. They are taking place in a backdrop of extremely challenging circumstances in relation to increased needs, more people waiting and reducing staff.

The Directorate has considerable staff time and resources invested in preparing for this program of major reform but imminent change in political leadership means there is uncertainty as to whether they will continue. If 'Reforms' do continue there are serious questions about the extent to which the changes will be funded and the increasing pressure this could add to the Council and its workforce.

2. Charging Reform & Fair Cost of Care

2.1 Charging Reform

In September 2021 Government published Build Back Better: Our Plan for Health and Social Care which set out its plan for Adult Social Care reform in England. This included a lifetime cap on the amount anyone in England will need to spend on their care of £86k, alongside a more generous means-test for Council financial support. Further clarity and guidance will be provided by the Department of Health and Social Care in the near future, the first stage the Council has focused on is working with providers to scope the fair cost of care modelling.

2.2 Fair Cost of Care

In December 2021 the government announced the Market Sustainability and Fair Cost of care Fund, which is part of a wider suite of social care reforms, which include plans for older people to get the best possible care, without fear of catastrophic social care costs. The primary purpose of the fund is to help Local Authorities help prepare their care markets for the wider social care reforms and support Local Authorities to move towards paying a 'fair cost of care'. Birmingham has been allocated £3.78m in 2022/23, and the government is set to announce further increased amounts in 2023/24 and 2024/25. The DHSC have set out that they expect Council's to move towards paying a fair cost of care over a number of years, and that the funding is to be used to genuinely increase care fees.

The scope of the grant funding is limited and includes older adult (65yrs+) residential and nursing care and home care and extra care for 18yrs+ adults. Not in scope of the funding but potentially affected and impacted is young adult care homes and supported living provision.

Requirements

In order to receive the funding, the Council is required to do the following by 14 October 2022:

- Carry out cost of care exercises with 18yrs+ home care providers and 65yrs+ care homes and determine a 'fair cost of care' (defined by the DHSC as the median of costs submitted by care providers).
- Develop and submit a cost of care report.
- Develop and submit a draft Market Sustainability Plan – assessing sufficiency of supply, diversity and quality of provision, its ability to attract and maintain a high-quality workforce and to determine the key impacts of the social care reforms on the market and identify the biggest risks to provision in the next 3 years.
- Develop and submit a spend report determining how the grant funding will be spent.
- Finalise the Market Sustainability plan by February 2023.

Progress

- External support has been engaged to carry out the analysis and develop the reports.
- The cost of care exercise was completed on 3 August. 62 care home returns, 43 home care returns, and 10 extra care returns are currently being analysed.
- Market Sustainability plan analysis underway.
- 2 care provider groups have been set up to engage with provider representatives, share findings and gain input into final report and the Council's plans.

Impacts

- Initial analysis both regionally and nationally suggests that proposed government funding will not be sufficient to bridge the gap between current care fees and a 'fair cost of care'.
- The fair cost of care is a local authority decision, which does not need to be based on the open book exercise, but the methodology of setting it will need to be justified.
- The timescale of meeting the cost of care can be flexed, this decision needs to be made in line with funding decisions from government, if the timing of announcements allows this.

3. Care Quality Commission Assurance

As part of the suite of reforms, the government launched proposals to include a new duty for the Care Quality Commission (CQC) to assess councils' delivery of their adult social care duties under the Care Act (2014). Under the Care Act (2014), local authorities have duties to make sure that people who live in their areas:

- Receive services that prevent their care needs from becoming more serious or delay the impact of their needs.
- Can get the information and advice they need to make good decisions about care and support.
- Have a range of high quality, appropriate services to choose from.

The intention was also to include powers for the Secretary of State (SoS) to intervene where, following assessment under the new CQC duty, it is considered that a council is failing to meet their duties. These high-level proposals were formalised earlier this year in the Health and Care Act 2022. As part of the CQC assurance process it is expected that councils will receive a judgement on their performance.

As part of the development of their approach, CQC has consulted nationally on how they intend to assess Adult Social Care provision as well as a separate duty and process to also assess the newly established Integrated Care Systems. BCC has played a full and active role in this consultation process though as yet there is no published final position on the approach. At present it appears the assessment process will be a combination of regular submissions of data

to CQC as well as traditional assessments which includes assessment of evidence gathered from Directorate performance data; citizens feedback on their experience of our services and how effectively we work with them to co-produce these; feedback from staff and leaders (including relevant Cabinet Members); feedback from partners; direct observation and reviews of our processes and outcomes.

The emerging scope from CQC suggests that their assessment of Adult Social Care Services will focus on four areas:

- Working with people - assessing needs (including unpaid carers), supporting people to live healthier lives, prevention, well-being, information and advice.
- Providing support - markets (including commissioning), workforce equality, integration and partnership working.
- Ensuring safety - safeguarding, safe systems and continuity of care.
- Leadership and workforce - capable and compassionate leaders, learning, improvement, innovation.

To prepare for this large-scale assessment of services, the Directorate has established a project group to:

- articulate our journey of improvement to date
- assess how well the Council is currently performing against each of these areas
- to develop plans to improve performance against each of these key lines of enquiry.

A small but dedicated team of staff is being recruited to support the Directorate to prepare for Inspection and to evidence the strong work to date in developing the City's Adult Social Care Services.

4. Integrated Care Systems & Place Committee

4.1 Birmingham & Solihull Integrated Care System (BSOL ICS)

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

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

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

The objectives of the ICS are to:

- Improve health of our population.
- Tackle unequal outcomes and access.
- Enhance productivity and value.
- Support the broader social and economic development of Birmingham and Solihull.

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

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

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

- Integrated Care Partnership.
- Integrated Care Board.
- Place Committee.

4.2 Integrated Care Partnership

The Integrated Care Partnership is a statutory committee jointly formed between the NHS Integrated Care Board and the two local authorities that fall within the Integrated Care System (ICS) area. The Cabinet Member is the lead representative for the Council on this partnership. The ICP is responsible for producing an integrated care strategy on how to meet the health and wellbeing needs of the population in the ICS area. Birmingham's Director of Public Health is leading on the preparation of this strategy.

As part of the Birmingham and Solihull ICS Transition Plan, there has been extensive local engagement with key stakeholders and partners about the role, function and representation of the ICP. The ICP will:

- Agree the strategic intent for the health and social care system including the development of the Integrated Care Strategy, while encouraging places and localities to set their own strategy and decision making within this framework.

- Work together to unblock obstacles to success that emerge in local place alliances and to hear the voices of citizens and frontline staff to inform strategic thinking and planning.
- Act in the best interest of people, patients, and the system as a whole rather than representing individual interests of any one constituent partner.
- Encourage innovation and signpost ways to develop and spread that innovation.
- Harness the capability and innovation of the whole system.
- Support and encourage decision making at locality and place level and create the environment across the ICS for collaboration locally and, where appropriate, at system level.
- Actively role model and promote the values and leadership standards of the ICS.

4.3 Integrated Care Board

The Integrated Care Board (NHS Birmingham and Solihull) is the statutory NHS body that leads the health element of the ICS. As such it is accountable for the use and allocation of NHS resources.

Dame Yve Buckland is Chair of NHS Birmingham, and a core Executive Team has been appointed for the ICB which will provide leadership for the organisation, working with leaders in partner organisations to create the conditions for further integration.

The ICB takes on all of the functions of the former Clinical Commissioning Group, which has now ceased exist. BSol ICB also now has a responsibility for the parts of West Birmingham that were previously aligned to Sandwell and West Birmingham CCG, ensuring that there are now co-terminus ICB and LA boundaries.

4.4 Birmingham Place Committee

Place-based working and the principle of subsidiarity; taking decisions as locally as possible; is one of the principles for the ICS.

The Place Committee is a sub-committee of the ICB with responsibility for driving collaboration and integrated delivery at the Birmingham Place level. The Place Committee has been established to drive forward the partners shared ambitions for neighbourhood working, earlier intervention and prevention and for joined-up commissioning strategies to help us achieve better outcomes for citizens. The first meeting of the Place Committee took place on 29th July; with a focus on agreeing the scope and purpose of the committee. This has put in place the essential foundations to unlock exciting collaboration opportunities between the local authority, NHS providers and commissioners and the voluntary and community sector.

5. Recruitment & Retention of Registered Social Workers & Occupational Therapists, Approved Mental Health Professionals

The Directorate currently has starting salaries for their Social Work staff that are well below the current market position which is affecting the recruitment and retention of these staff and is therefore impacting on services provided to our most vulnerable citizens.

Work has been underway for some time within Adult Social Care to seek to address these issues for our registered Social Work and Occupational Therapy staff who carry out statutory and regulated services for our most vulnerable citizens.

As part of this work, the data collected showed that BCC starting Social Work salaries are significantly lower than other Local Authority employers across the majority of Social Work roles, considering additional allowances paid by other Local Authorities. Evidence gathered showed that some of our neighbouring Local Authorities are also paying on-going retention payments upon appointment. This continues to make BCC ASC unattractive and has led to retention issues, whereby our Social Work staff opt to move to other neighbouring authorities, and this needed to be addressed urgently.

A business case was produced which recommended monetary incentives be implemented in the form of a 'Golden Hello' payment and a Recruitment & Retention payment to staff in qualified Social Work and Occupational Therapy roles. To support this, the following work has been carried out; research to obtain comparative salary levels of our local competitors/other Local Authorities, review of staff turnover, vacancy levels, information obtained from exit interviews on reason for leaving and information on caseloads and backlogs of work. We worked closely with our corporate colleagues and with Legal Services to consider all possible options to resolve these issues so that we can ensure that we retain our talent and also provide the best service possible to our citizens.

The Adult Social Care business case was presented to the Employment Governance Steering Board chaired by Rebecca Hellard with support from HR and Legal Services who considered this carefully, taking full account of all of the evidence presented and considering any legal and business risks.

All options were considered, and approval was provided to pay the following allowance with effect from 1st June 2022:

- Golden Hello payment - £1k (upon appointment)
- Recruitment & Retention Payment - £5k (paid monthly over a 12month period, pro rata for part time staff)

HR and Adult Social Care have engaged a recruitment specialist to support the process of recruiting staff to Adult Social Care, including social media, video chats with staff and targeted advertisement of roles, with a simplified application process that commenced in June 2022. By the end of August 2022 over 200 individuals had applied to join Adult Social care in Birmingham and more than 100 of those have progressed to the next steps of recruitment. So far 55 staff having been hired subject to the necessary checks and 18 further interviews are planned which highlights the success of this innovative and essential recruitment drive for the Directorate.

6. Recommissioning of Birmingham Carers Hub Service

Birmingham Carers Hub (Hub) Service provided by Forward Carers is jointly commissioned by Birmingham City Council Adult Social Care and Birmingham and Solihull Integrated Care Board and funded by Adult Social Care budget and Better Care Fund. The service follows a pathway approach linking to young carer and mental health carers services and their commissioners building on the collaborative approach as an integrated care system. In addition, the service will work in partnership with other organisations bringing additionality and added value throughout the service delivered.

The Hub delivers a range of services to enable carers to continue in their role, feel supported and manage and prevent the likelihood of crisis with early interventions which include; statutory assessments as required by the Care Act, wellbeing assessments and payments, an emergency service, a health liaison project, Partners in Care cards issued in hospitals so that the carer is recognised and actively involved in the person they care for plans and discharge process, group sessions and one to one support. There are over 17,500 carers registered with the service. The Hub will be expected to take a place-based approach having locations across the city to deliver support on a locality basis and link and work with Neighbourhood Networks Services.

The current contract for the Hub ends on 31st March 2023 and recommissioning is currently taking place. Additional funding has been secured to develop a wellbeing break/sitting service for carers to provide much needed breaks to support their mental and physical wellbeing and to expand the health liaison project to support the carer when the person cared for returns home following discharge from hospital.

Co-production will commence on the refresh and review of Birmingham Carers Strategy with the consultation opened at a launch event for the new contract in May 2023. The strategy will seek Cabinet approval and be launched in 2024 allowing time for full consultation and co-production with carers, providers, partners and key stakeholders.

Part B - Public Health

1. Updates

1.1 Covid-19

The Public Health division is now transitioning the dedicated Covid public health specialist capacity into the 'business as usual' health protection specialist response. Additional capacity has been maintained within the Public Health division Health Protection team until the end of the financial year, funded from the Covid Outbreak Management Fund (COMF) reserves, to give support for winter pressures of flu outbreaks and an expected further wave of Covid-19. Of the 60 staff, 16 fixed term contract staff currently have not secured employment for the end of their contract in September.

There has been intensive career support and learning and development for the Covid staff in addition to the normal support for priority movers.

The regular councillors and MP briefing on Covid data has been stood down and officers are working to create a monthly Health Protection update for Members and MPs building on the learning from this briefing.

The Covid Comms and Engagement function has supported the NHS Covid Vaccine programme, and this has included hyper-local vaccine campaign and vaccine delivery programmes, the vaccine-immune community engagement programme, updated vaccine toolkit and community immunology training, and a smoking cessation campaign. This work will be completed by the end of September 2022 and residual resources transferred to the NHS.

The Covid Champions are being migrated into the new Bolder Healthier Champion programme which will re-launch in September.

DHSC have said that there will be an audit of spend of the Covid funding in 2022/23 and the team has prepared for this scrutiny.

1.2 Commonwealth Games

The Public Health division maintained an on-call response function for the duration of the Commonwealth Games (CWG), building on six months of work with the UK Health Security Agency (UKHSA) and the CWG Medical Officer team to agree health protection protocols. The team managed a series of incidents and outbreaks during the CWG period successfully including complex TB cases, care home outbreaks and a regional lead poisoning incident. These were all managed well and efficiently.

Public Health projects linked to the CWG include:

- Cook the Commonwealth campaign promoting over 200 recipes on the WHISK platform, reflecting heritage and culture from different Commonwealth countries. This was amplified through ten community cooking demonstrations at events across the city. The WHISK app had over 20K visits in the initial week of launch and there were several recipes donated by local restaurants and chefs which has also promoted local business.

- Seven Commonwealth Country Community Health Profiles were published ahead of the Games to increase understanding of communities of Commonwealth heritage in Birmingham. These will be further amplified through a series of community webinars in late September.
- A suite of Sport and Health posters, identifying the evidence base for health impact of different Commonwealth sports were published and launched at a breakfast event hosted by Public Health during the Games. The posters were drawn from a rapid evidence review which is now being written up for publication and the posters have been disseminated locally and nationally to sport and leisure organisations.
- Public Health co-hosted the Commonwealth Food Futures summit held on 28 - 29 September as part of the UK House Business Hub event around the CWG. The event was attended by over 150 delegates from around the world including representatives from India, South Africa, Namibia and Malawi as well as several significant national and international policy leads. The Council re-launched the Global Cities Pledge on Food Justice at a reception as part of the event and over 30 organisations and partners signed the pledge, including the Mayor of Johannesburg.
- Due to delivery partner issues, the programme of work on Health Literacy training was not ready in time for the CWG volunteer programmes and so is being reworked to align into the Bolder Healthier Champion training.
- Public Health has been developing the Project 2022 Intergenerational Cohort Study and engaging potential funders. This is likely to launch in 2023 as part of the year of the child.

1.3 Public Consultations

Recent consultations include one on Creating a Healthier Food City Strategy which will close in mid-September.

The consultations on the Triple Zero Strategy and Sexual and Reproductive Health Strategies have closed and will be presented to Cabinet and the Health and Wellbeing Board alongside the final strategy documents for ratification.

2. Sub-Divisional Updates

2.1 Wider Determinants Teams

2.1.1 Food Team

The consultation on the food strategy continues and there have been several targeted engagement events, including three school events, a community event with over 70 attendees and engagement at each of the ten community Cook the Commonwealth activities. Work on the culturally relevant Healthy Eating guides is on track for publication in January 2023.

The team will present at the national Sustainable Food Places conference in late September on the work in the city on food and our work to tackle food poverty.

Birmingham has also submitted three projects for the Milan Urban Food Policy Pact Awards, with the winners announced in November 2022 in Rio at the global summit. Birmingham holds one of two European secretariat seats for MUFPP and leads on food justice and food cultural diversity for the Pact network.

2.1.2 Inequalities Team

The BLACHIR (Birmingham and Lewisham African Caribbean Health Inequalities) report was published in June 2022 and there is now significant work going into the implementation phase. The implementation board is being established to launch in October 2022. Engagement partners have been commissioned through an open tender process to support community engagement during the implementation phase for African, Caribbean communities and for young men and women from the community, these are now into the contract agreement phase. The NHS ICS has established a specific working group to focus on the opportunities for action relating specifically to NHS provision and there is a GP lead, working to the Director of Public Health on moving this forward. A parliamentary event co-hosted between MPs for Birmingham and Lewisham is planned in October 2022 as part of the continued work to highlight the review and its recommendations, and the NHSEI National Director of Inequalities has committed to using BLACHIR to challenge every NHS regional inequalities board to respond to the report and its findings over this year. A fixed term dedicated team is being recruited currently to support implementation.

The Poverty Truth Commission was launched on the 19 May 2022 and ten community commissioners, and eight civic commissioners have been recruited and have started meeting. The commissioners have agreed three priority areas of focus: housing, food and health. The community commissioners also contributed to the food poverty work of the food team.

The team are working on a response to the national 10-year Women's Health Strategy which was recently published and a fixed term post to develop work on gender inequality has been appointed to.

2.1.3 Communities Team

The content of the faith toolkits for the 6 dominant faiths in Birmingham is now agreed and published. The contracting for partners to facilitate the next phase of engagement with faith organisations to further develop the toolkits is underway with preferred parties now identified. Muslim, Christian, Sikh and Hindu engagement partners have been confirmed.

The latest community health profiles, focusing on Commonwealth countries with links to Birmingham have been published. The next phase is to publicise the profiles with a series of webinars scheduled for late September, as mentioned above. Sight loss, lesbian, trans, Muslim and Somali Community Health Profiles are due for publication in the next few weeks and the next set of profiles are currently in the planning stages. Initial feedback has been very positive about the utility of these resources. Community engagement partners are being commissioned to disseminate the report amongst communities and allocate funding to tackle the main health inequalities identified within the profiles through community co-produced solutions.

The programme of work on Arts and Health continues to evolve with the creation of a joint post with Birmingham Museum and Art Trust. The Jamaican Arts and Health project has

delivered workshops and events within the topics: musculoskeletal disease, cardiovascular disease, diabetes, mental health and pregnancy. These events have been tied to the Jamaican 60th Year of Independence programme. Final evaluation reports are due at the end of October.

An arts and dying well project has been advertised for arts organisations; delivery of workshops to remove taboos and stereotypes and improve conversations around ageing and dying well. This fulfils a requirement for Birmingham to become a Compassionate City and is being supported by the Older People's Team.

2.1.4 People Team

The Suicide Prevention Partnership continues to oversee the suicide prevention plan. We are currently exploring a pilot of the Orange Button Scheme. The scheme gives those trained in the appropriate suicide prevention awareness training a signifier of an orange button to show they are trained and are comfortable having conversations around suicide. It has been successfully implemented in several other local authorities.

The People Team is in the process of appointing a joint Community Engagement Officer with a community partner to support Central and Eastern European Communities around mental health and wellbeing. This group has poorer mental health than their peers and access fewer services overall and later in the progress of their illness than others despite increased availability of interpreters. This post will facilitate engagement to assist in the design of acceptable and effective approaches to aid access to services when they are needed.

Those working in the construction industry have elevated risks and are overrepresented in poor mental health and suicide statistics. The Kier Group has expressed an interest in prototyping a series of workshops to see if this approach assists their workers with managing mental health and wellbeing. A structured evaluation and case study will capture the project outcomes and learning. Work is currently underway to appoint the providers of the workshops.

We continue to support development of real time surveillance for attempted and completed suicide in collaboration with Solihull. This approach has been successful in adapting and targeting suicide prevention interventions in other areas.

Seven Better Mental Health Fund projects have now been completed and the remaining projects are ongoing at this point to ensure maximum impact from the use of funds. Three projects have been highlighted in the national OHID video on impact of funding and two projects were given presentation space at the national conference on the Fund impacts.

2.2 Populations Sub-Division

2.2.1 Children and Families Team

Work continues on infant mortality, where some of the key highlights include work on developing cultural compassion practice in Birmingham maternity workforce led by the Midwifery EDI. The economic cost of genetic conditions report has been completed by University of East Anglia and is being taken forward through NHSEI as part of a funded programme to support culturally competent genetic services for underserved groups in Birmingham through the Local Maternity Network. The community researcher element of the

work is continuing to evolve in partnership with the University of Birmingham and the Community sector partners and a UKRI funding bid has been submitted which we should hear back from in mid-autumn to further accelerate this.

Work continues on the option appraisal for the recommissioning of the Healthy Child Programme and a paper will come to Cabinet later in the autumn. There are clear signs that the quality improvement activity with the provider partnership is delivering results and there has been significant quarterly improvement in key performance indicators.

The team have been collaborating with the NHS ICS on a programme of work in West Birmingham Schools focusing on reducing childhood asthma admissions. The approach works with schools to develop an asthma policy and register alongside training for teachers, children and families. This sits alongside the wider programme of work with Faith Action working with faith settings to deliver a health literacy programme in the ten wards of the city with the highest levels of childhood asthma and low levels of English in households.

2.2.2 Adults Team

The NHS health check (HC) programme is a mandated programme for people between the ages of 40 to 74 to prevent or detect early chronic diseases. Currently, all 168 of Birmingham's GP practices are commissioned to deliver HC and they provide these to eligible patients every 5 years. Current contracts with GPs for NHS Health Checks services expire in May 2023. In July 2022, Cabinet approved the planned procurement request that recommended a dynamic purchasing system (DPS) be used to issue new contracts for May 2023 - April 2027.

The proposal is to set up the system to enable continuation of the current service model for 4 years with payment by results. Consultation with various local public health services has identified several possible modes for NHS HC delivery that could improve quality and access in Birmingham, and the Adults team will be engaging with GP practices, through meetings and an online survey, to gain their feedback on recommissioning the services to include some of these modes. A business case for developing a GP/Pharmacy automated activity and payments portal, which will increase the efficiency of contract management has been approved by the IT Governance Board.

The majority of Smoking Cessation services are delivered by 113 GPs Practices and 119 pharmacies and is supplemented by a digital App (Quit with Bella App). The contracts for all these services will expire in May 2023. Cabinet approval has been obtained for the planned procurement of new services to use a dynamic purchasing system (DPS), and contracts will be issued for the period May 2023 - April 2027. As above, the Adults team will be engaging with GP practices and pharmacies, through meetings and an online survey, to gain their feedback on a proposed new model for service delivery. The team has also continued to support:

- Local Maternity Service BUMP- nicotine replacement therapy (NRT) vouchers
- BSol CCG inpatient tobacco programme
- Lung Health Steering Group (BSol CCG)

The Council received ring-fenced non-recurrent funding for Adult Weight Management (AWM) services through a OHID grant which finished in June 2022. Through this funding 11 contracts were commissioned. Two providers (Beezee Bodies and Momenta Health) had their contracts

extended to March 2023 funded by public health grant funds that were carried forward from 21/22 financial year to 22/23 and supplemented by 22/23 FY funds.

Beezee Bodies provides AWM services for those with physical and learning difficulties, visual impairment, hearing impairment and Momenta Health caters for clients aged 55+. Both had achieved delivery and were demonstrating outcomes. Other providers who had yet to deliver their agreed volume of clients had their contracts extended without additional funding to enable them to meet their delivery targets within the financial year.

The generic weight management App “Shape up 4 Life” has also been continued as it has demonstrated a successful reach to all the diverse communities which constitute Birmingham with positive results. A full evaluation of the outcomes of all the AWM services is ongoing in order to inform any future commissioning.

Currently, Birmingham’s Sexual Health Service is delivered by University Hospitals Birmingham NHS Foundation Trust (UHB) under a joint contract with Solihull, which commenced on 1st March 2015 and expires on 31 March 2023. Consequently, work has progressed to extend the contract, gain stakeholders’ approval (through a consultation process) of a Sexual Health Strategy for 2023-2030, and commence implementation of a procurement plan for a new service. The proposal to extend the contract will shortly go to Cabinet alongside the findings from the consultation on the Strategy which is now ready for ratification.

Fast Tract Cities (FTC+) is a global network of cities and municipalities that are committed to achieving Sustainable Development Goal 3.3, ending the epidemics of HIV and tuberculosis (TB) – and the World Health Organisation (WHO) goal of eliminating Hepatitis B and Hepatitis C by 2030. Birmingham will formally sign the partnership declaration at an event planned for 5th October 2022. Birmingham’s FTC+ is being informed by the findings of an engagement and needs assessment completed in April 2022. Working with stakeholders in the steering group, work has continued to finalise an action plan for the initiative and explore data monitoring methods.

2.2.3 Older Adults Team

The Older Adults team have supported the NHS consultation on the Birmingham and Solihull Dementia Strategy and continued to progress the engagement work to shape a Healthy Ageing Strategy. The team has faced some significant health-related absence which has limited capacity.

2.2.4 Knowledge, Evidence and Governance Sub-Division

Knowledge

The Knowledge team is working towards the publication of the JSNA in the early autumn. Publication will be the three life course segments starting with children and young people and will be the first step towards a digitized joint strategic needs assessment.

Evidence

The Evidence team is continuing to work on the deep dive report programme. In train currently are reports into learning disabilities, dual diagnosis, domestic abuse and mobility impairment. These will be published over Q3 and Q4 through the Health and Wellbeing Board.

Governance

The Governance team has been developing the dashboard of indicators to track impact of the Creating a Bolder Healthier City Strategy. This should be published in the autumn and will allow the public and Board members to see progress against the key indicators and benchmarks against regional and national comparators.

Population Health Management

The PHM team continues to work with the wider KEG team and NHS informatics teams to develop the approach to PHM. The team has undertaken specific work on NHS health checks variation in uptake analysis that is now informing a quality improvement initiative and completed the work on multiple risk factor analysis for infant mortality and low birth weight babies which is feeding into the infant mortality task force and Local Maternity and Neonatal System (LMNS).

2.2.5 Health Protection and Environmental Public Health Sub-Division

The Health Protection team has continued to provide specialist support and advice in relation to outbreaks of infectious disease and non-infectious public health hazards. This has included responding to complex TB cases as part of the multi-disciplinary team and collaborating with teams across the West Midlands around a lead poisoning incident.

The Birmingham and Solihull Tobacco Control Alliance has had its first meeting and is developing a joint delivery plan.

Work continues towards the recommissioning of the drug and alcohol misuse treatment services and working to mobilise the additional funding from DHSC. The Council has agreed an MOU with Staffordshire County Council to implement the additional funding from OHID for residential treatment and support, this is part of a WM regional collaboration to maximise the benefit through joint commissioning and reporting whilst retaining the pro-rata access allocated for Birmingham.

The Place team is evolving, and additional capacity is being created to cover extended sickness absence in the team to help accelerate the work on physical activity. The work on culturally competent approaches to promote physical activity in ethnic communities has been commissioned and will shortly be published in four south Asian languages. The team successfully launched the Sport and Health posters during the Commonwealth Games. The Health in All Policies team and Built Environment Team are currently being appointed to as substantive teams.

Report of:	Cabinet Member for Health and Social Care
To:	Health and Social Care Overview and Scrutiny Committee
Date:	20th September 2022

Progress Report on Implementation: Tackling Period Poverty and Raising Period Awareness

Review Information

Date approved at City Council:	5 th November 2019
Member who led the original review:	Councillor Rob Pocock
Lead Officer for the review:	Rose Kiely
Date progress last tracked:	N/A

Introduction

'Period poverty' refers to having a lack of access to sanitary products for menstrual hygiene management, (MHM) due to financial constraints. WHO/UNICEF (2012) defined MHM as:

- Women and adolescent girls being able to use clean materials to absorb or collect menstrual blood, and to change them in privacy as often as necessary throughout their menstrual period.
- Being able to use soap and water for washing the body as required and having access to safe and convenient facilities to dispose of used menstrual management materials.
- Women and girls having access to basic information about the menstrual cycle, and how to manage it, with dignity without discomfort or fear.

Period poverty is a harsh reflection of poverty and inequality.

The report of the Health and Social Care Overview and Scrutiny Committee into Period Poverty is welcomed. Action against the recommendations to date is detailed below. Progress against a number of these actions was initially deferred as Public Health resources were diverted to respond to the Coronavirus pandemic.

1. In approving this Review the City Council asked me, as the appropriate Cabinet Member for Health and Social Care, to report on progress towards these recommendations to this Overview and Scrutiny Committee.
2. Details of progress with the remaining recommendations are shown in Appendix 2.
3. Members are therefore asked to consider progress against the recommendations and give their view as to how progress is categorized for each.

Appendices

1	Scrutiny Office guidance on the tracking process
2	Recommendations you are tracking today
3	Recommendations tracked previously and concluded

For more information about this report, please contact

Contact Officer:	Monika Rozanski
Title:	Service Lead - Inequalities
Telephone:	07742405225
E-Mail:	Monika.rozanski@birmingham.gov.uk

Appendix ①: The Tracking Process

In making its assessment, the Committee may wish to consider:

- What progress/ key actions have been made against each recommendation?
- Are these actions pertinent to the measures required in the recommendation?
- Have the actions been undertaken within the time scale allocated?
- Are there any matters in the recommendation where progress is outstanding?
- Is the Committee satisfied that sufficient progress has been made and that the recommendation has been achieved?

Category	Criteria
1: Achieved (Fully)	The evidence provided shows that the recommendation has been fully implemented within the timescale specified.
2: Achieved (Late)	The evidence provided shows that the recommendation has been fully implemented but not within the timescale specified.
3: Not Achieved (Progress Made)	The evidence provided shows that the recommendation has not been fully achieved, but there has been significant progress made towards full achievement. An anticipated date by which the recommendation is expected to become achieved must be advised.
4: Not Achieved (Obstacle)	The evidence provided shows that the recommendation has not been fully achieved, but all possible action has been taken. Outstanding actions are prevented by obstacles beyond the control of the Council (such as passage of enabling legislation).
5: Not Achieved (Insufficient Progress)	The evidence provided shows that the recommendation has not been fully achieved and there has been insufficient progress made towards full achievement. An anticipated date by which the recommendation is expected to become achieved must be advised.
6: In Progress	It is not appropriate to monitor achievement of the recommendation at this time because the timescale specified has not yet expired.

Appendix 2 : Progress with Recommendations

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R03	That the feasibility of commissioning a research programme aimed at establishing the nature and extent of period poverty in Birmingham be explored. A further focus of this review should be on the impact of cultural attitudes and ways of widening 'period awareness' within a super-diverse city.	Cabinet Member for Health & Social Care	September 2020	2

Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')

R03 has been completed. As previously reported, it was not feasible to undertake research with school children on the topic of period poverty. This was due to logistical challenges, challenges with obtaining funding and the requirements for ethics compliance which would make the work disproportionately time consuming and protracted. Instead we conducted a focussed piece of exploration with West Birmingham Schools and have used findings from other local research carried out by Spring Housing (see page 6 for more detail).

Our initial assumption was that girls from more deprived backgrounds would not have sufficient access to period products. School visits to test this assumption revealed a different story. Benson school was visited and they reported that access to period products was not the primary issue. They said, "We have enough period products to paper the walls of our office." The girls have no difficulty and can obtain products in a discrete manner. "The problem we face is that girls do not come to school during their periods. This is far more of an issue and causes them to frequently miss school and therefore not succeed to the extent that they are capable of." The school nurse at George Dixon Academy also confirmed that this was also an issue in their school.

An event was planned at George Dixon Academy to explore these issues. This was undertaken as a collaboration between Birmingham City Council Public Health Team, Ladywood and Perry Bar Locality Partnership and George Dixon Academy.

- Together with the school nurse and staff at George Dixon Academy, we sought the support of a local GP, Dr Susheel Randahwa who has an interest in menstruation health.
- A session was held with young women to discuss the issues and share information with the aim of empowering them to attend school and take part in activities during their periods.

The table below summarises the findings which are being used to develop a learning package to be used specifically in education settings. It will provide added value to the already completed HOSC recommendation R01.

Along with the research and insight gained from work relating to R04, it is apparent that the supply and availability of products in settings is adequate and that work needs to continue to increase awareness of available support and understanding to reduce stigma about periods.

Feedback and Learning Points

A few of the young women felt that it was important for the boys, younger students and the school as a whole to also be taught what they had learnt that day with some writing:

'Have the boys in the assembly aswell so they know'
'I think primary (year 5 and 6) students should learn about it as well as boys.'
'need to normalise/support period within school'

Learning Points

- With 19.1% of the girls still not being sure of the difference between what's normal and what's not when it comes to their period, this suggests that in next sessions, it will be important that we have a system in place to check that those in attendance have understood the content such as hand up quizzes during the session.

40%

Of the young women in attendance had at one point stayed off school because of their period.

23.3%

Still didn't think they would come to school if they were on their period after the talk.

40%

After the session, over of them now felt confident they could recognise period symptoms that would need them to see a GP.

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R04	That ways of establishing a more collaborative approach to providing co-ordination and support to third sector organisations working to alleviate period poverty across the city be developed, with particular reference to accessing marginalised communities. This should include examining whether: (1) a programme to provide free period products to the full spectrum of homeless people and those in temporary or supported accommodation can be developed through the relevant support agencies; and (2) a central location in Birmingham for the storage of donated products by third sector organisations can be provided.	Cabinet Member for Social Inclusion, Community Safety & Equalities Cabinet Member for Homes and Neighbourhoods	September 2020	2

Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')

R04 has been completed. Following a review of period product supply and research into the needs of homeless and vulnerable women, it has been identified that the supply of period products is sufficient and distribution across the third sector is being improved further.

Regular corporate bulk donations of sanitary and other products from Beauty Bank have been secured with centralised delivery to storage facilities at Incredible Surplus, Winson Green B18 4QF. Further corporates have been contacted for additional donations to supplement supply.

Incredible Surplus is a Food Justice Network community collection point and is accessed by 62 organisations that support marginalised groups on a weekly basis, and approximately 1000 individuals.

Larger donations will also be delivered direct to third sector organisations where appropriate.

The distribution chain will include exempt providers undergoing the SEAQS (Supported Exempt Accommodation Quality Standards) where there are gaps identified.

Mapping of places where women can access shower and wash facilities has been carried out by a multi-agency working group, all these places will have a supply of sanitary products and clean underwear. These locations will be incorporated into the Street Support Handbook and the BVSC website.

In addition to the above further distribution and storage sites are being explored to allow greater and easier reach for third sector organisations as well as direct access for marginalised communities and individuals. Sites will be categorised as follows.

Tier 1: Large storage able to accept pallet load donations and organisations to collect a medium/large amount of stock

Tier 2: Medium storage - organisations able to collect a smaller amount of stock

Tier 3 – Localised access points for third sector groups and individual members of community to have access to free sanitary products

Tier 3 City Centre locations will also allow outreach services to have daily ready access to sanitary products to support their clients with direct access also available at some facilities.

The Active Wellbeing Society will maintain oversight of all sites and will share information on collection points but will not directly coordinate collection and distribution from all sites.

Research carried out by Thea Raisbeck into women and rough sleeping in Birmingham highlighted that education and awareness around both period poverty and menstruation itself was low to non-existent in the homelessness sector, and there were concerns that (usually male) staff members were not comfortable talking about menstruation or had not received enough information to enable them to empathise and assist menstruating clients. A training proposal, including a toolkit for homeless settings, to address this is also being developed by Spring Housing in collaboration with the homelessness services and public health. It will enhance further the support around period poverty for homeless women.

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R05	That where a service is commissioned by the City Council the possibility of including a clause about alleviating period poverty and raising period awareness be considered for inclusion in future contracts wherever appropriate.	Cabinet Member for Finance and Resources	September 2020	2

Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')

FURTHER EVIDENCE & UPDATE:

R05 has been completed as far as possible within legal obligations. The social value guidance document was amended to include the following:

When planning your social value offer, within every measure and activity, consider how you can target the benefit to:

- *Children, particularly those in care and care leavers*
- *Elderly people in poor health and in need of support*
- *Homeless and those at risk of becoming homeless*
- *Young unemployed people from deprived wards of the city*

- Disabled people in need of support
- People suffering from fuel poverty, food poverty, **period poverty** and digital poverty
- People experiencing modern slavery or at risk of exploitation

Targeting the activity on groups most in need will increase the impact of the social value activity. Which groups you focus your activity on should be relevant to the subject of the contract. Targeted groups need to be relevant to the activity and could include children in care, care leavers, homeless, elderly, those experiencing fuel poverty and/or on low income, Black and Minority Ethnic communities, those with a disability, LGBTQ+, etc...

'Period poverty' (or menstrual hygiene management, MHM) refers to having a lack of access to sanitary products due to financial constraints. It is a harsh reflection of poverty and inequality which is often suffered in silence. Consider donating products to food banks and working with schools to provide free products to those who need it. The Active Wellbeing Society (theaws.co.uk) can provide more information and provide ways that you can donate locally.

This amendment was incorporated in the December '21 update of the social value documents together with other amendments as approved by the cabinet in October '21.

The HOSC held on 15/02/2022 recommended that

1. Once the procurement process is complete, they want to see a clause of 'alleviating period poverty' included as a condition of contracts.
2. They would like period poverty to be included in the weighting of the scoring when the social value of a bidder is being considered. That it's not just in the ITT stage but is also included in the assessment stage.

Procurement response:

- 1- Contract clauses **must be** relevant to the specific contract as stated in the Social Value Act (2021) and the Public Contracts Regulation 2015. Alleviating period poverty is not relevant to every contract. The Council's standard terms and conditions are published and available to all bidders. If the terms are deemed to be not relevant, then the Council is open to legal challenge and would likely lose on this issue.
- 2- Only items that are specified in the tender can be assessed and scored. Period poverty can be specified under the social value element of the scoring. However, as stated in the Social Value Act (2012), "... only matters that are relevant to what is proposed to be procured and, in doing so, must consider the extent to which it is proportionate ...", only matters that are relevant and proportionate can be considered. For example, period poverty may be relevant to a school maintenance contract but not necessarily to an IT software maintenance contract.

The Council's social value mechanism is used to contribute to many causes and campaigns. The Social Value Policy sets out the Council's priorities as stated in the corporate plan. It can be downloaded here: [The Charter and policies | Birmingham City Council](#)

The Birmingham Charter for Social Responsibility transposes these priorities into 6 Themes that can be delivered against via specific measures. The Charter guidance document provides further insight to the type of activity that the Council is looking for. Each tender document specifies what is particularly relevant to each procurement or commissioning exercise. If a specific issue such as period poverty is relevant to a particular commissioning or procurement exercise, then it should be referred to in the social value questions. The bidders' responses can be assessed and scored according to the questions set out in the tender. Aspects that are not specified in the tender cannot be scored, otherwise there is a great risk of legal challenge.

The social value resources from contractors are limited. Therefore, target groups, causes and campaigns need to be prioritised against each other so that these limited resources can be targeted appropriately,

while the Council remains compliant with the “relevant and proportionate” requirements of the Social Value Act.

Further steps to be taken:

- 1- It is suggested that a communication is sent to contract managers of relevant contracts to ask that their contractors contribute to this agenda as part of their current social value delivery. A list of appropriate contracts can be produced by the CPS (Corporate Procurement Service). This list could include, for example, school maintenance, food and supplies contracts to schools, hygiene product suppliers, housing repairs and maintenance.
- 2- Procurers and commissioners are reminded to include this agenda in the social value questions where relevant.
- 3- A written article produced by the Public Health Division and supported by CPS is published through existing internal communications on the importance of the agenda and how contractors can contribute.
- 4- Public Health and CPS colleagues to work with relevant local charities and food banks to post projects on the Match My Project portal [Match my project](#) to make products and advice available to those most in need.

Conclusion:

The legal obligations placed on the Council do not permit pursuing the committee’s recommendations of 15/02/22. However, there are some actions that have been or will be taken to progress the aims of alleviating period poverty.

Appendix ③: Concluded Recommendations

These recommendations have been tracked previously and concluded. They are presented here for information only.

concluded

No.	Recommendation	Responsibility	Date Concluded by Overview and Scrutiny Committee	Tracking Assessment
R0 1	That a plan be developed, aimed at supporting schools and teachers in educating and informing students about period poverty and period awareness. This plan should, in particular, deal with stigma and provide information about the range of products, including reusable products available and their use and disposal.	Cabinet Member for Education, Skills & Culture	November 2020	1
R0 2	That the City Council should: (1) declare its support for the pledge promoted by Girlguiding Birmingham to prevent stigma around periods; and (2) initiate a programme to tackle stigma around periods in the workplace centred on the City Council workforce and that ways of developing a wider programme for partner organisations and Small and Medium Enterprises, with special reference to sectors employing significant numbers of female employees in low pay sectors, be pursued.	Cabinet Member for Health & Social Care	September 2020	2
R0 6	That an assessment of progress against the recommendations in this report be presented to the Health & Social Care Overview & Scrutiny Committee.	Cabinet Member for Health & Social Care	November 2020	1



Health and Social Care O&S Committee: Work Programme 2022/23

Chair:	Cllr Mick Brown
Deputy Chair:	Cllr Rob Pocock (elect)
Committee Members:	Cllrs: Kath Hartley, Jane Jones, Kirsten Kurt-Elli, Gareth Moore, Julian Pritchard and Paul Tilsley.
Officer Support:	Senior Overview and Scrutiny Manager: Fiona Bottrill (07395 884487) Scrutiny Officer: Gail Sadler (303 1901) Committee Manager: Sofia Mirza (675 0216)

1 Introduction

- 1.1 The Health and Social Care Overview and Scrutiny Committee's remit is to fulfil the functions of an Overview and Scrutiny Committee as they relate to any policies, services and activities concerning adult safeguarding, social care and public health; and to discharge 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; and 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.
- 1.2 This report provides details of the proposed scrutiny work programme for 2022/23.

2 Recommendation

- 2.1 That the Committee considers its work programme, attached at Appendix 1, and agrees any amendments required.
- 2.2 Notes the membership for the two Inquiries the Committee is involved with:

Inquiry	Committee Involved	Members
Children and Young People's Mental Health	Members from: Health and Social Care O&S Committee*	Cllrs: Mick Brown (Chair), Kath Hartley, Gareth Moore, Julian Pritchard and Paul Tilsley (Deputy Chair).



	Education and Children's Education and Social Care O&S Committee	Cllrs: Jilly Bermingham and Simon Morrall.
Commonwealth Games Health & Wellbeing Legacy	Members from: Health and Social Care O&S Committee.	Cllrs: Mick Brown and Gareth Moore (Deputy Chair).
	Members from: CWG, Culture & Physical Activity O&S Committee*	Cllrs: Jack Deakin (Chair), Morriam Jan and Rinkal Shergill.

*Indicates the Lead Committee where the Task and Finish Group includes Members from more than one Overview and Scrutiny Committee.

3 Background

- 3.1 *"Scrutiny is based on the principle that someone who makes a decision...should not be the only one to review or challenge it. Overview is founded on the belief that an open, inclusive, member-led approach to policy review...results in better policies in the long run."* (Jessica Crowe, former Executive Director, Centre for Governance and Scrutiny).
- 3.2 Developing an effective work programme is the bedrock of an effective scrutiny function. Done well, it can help lay the foundations for targeted, inclusive and timely work on issues of local importance, where scrutiny can add value. Done poorly, scrutiny can end up wasting time and resources on issues where the impact of any scrutiny work done is likely to be minimal.
- 3.3 As a result, the careful selection and prioritisation of work is essential if the scrutiny function is to be successful, add value and retain credibility.

4 Work Programme

- 4.1 Appendix 1 sets out the future work programme for this Committee. This provides information on the aims and objectives, together with lead officers and witnesses, for each item. The attached work programme also includes items to be programmed where dates are still to be confirmed, and any outstanding items including the tracking of previous recommendations.

5 Other Meetings

- 5.1 There are no other meetings scheduled at this time.



Call in Meetings:

None scheduled

Petitions

None scheduled

Councillor Call for Action requests

None scheduled

The Committee approved Tuesday at 10.00am as a suitable day and time each week for any additional meetings required to consider 'requests for call in' which may be lodged in respect of Executive decisions

6 Forward Plan for Cabinet Decisions

- 6.1 Since the implementation of the Local Government Act and the introduction of the Forward Plan, scrutiny members have found the Plan to be a useful tool in identifying potential agenda items.
- 6.2 The following decisions, extracted from the CMIS Forward Plan of Decisions, are likely to be relevant to the Health and Social Care O&S Committee's remit. The Panel may wish to consider whether any of these issues require further investigation or monitoring via scrutiny. The Forward Plan can be viewed in full via Forward Plans (cmis.uk.com).

ID Number	Title	Proposed Date of Decision
005730/2018	Sport and Leisure Transformation – Wellbeing Service	11 October 2022
010450/2022	Birmingham Carers Hub: Commissioning Plans and Procurement Strategy for Adult Carer Services	06 September 2022
010454/2022	Sexual Health Services Commissioning and Procurement Plan	11 October 2022

7 Legal Implications

- 7.1 There are no immediate legal implications arising from this report.

8 Financial Implications

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



9 Public Sector Equality Duty

- 9.1 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.
- 9.2 The Committee should ensure that it addresses these duties by considering them during work programme development, the scoping of work, evidence gathering and making recommendations. This should include considering: How policy issues impact on different groups within the community, particularly those that share a relevant protected characteristic; Whether the impact on particular groups is fair and proportionate; Whether there is equality of access to services and fair representation of all groups within Birmingham; Whether any positive opportunities to advance equality of opportunity and/or good relations between people are being realised.
- 9.3 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.

10 Use of Appendices

- 10.1 Appendix 1 – Work Programme for 2022/2023

APPENDIX 1

HEALTH & SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE 2022-23 WORK PROGRAMME

Date of Meeting: 19th July 2022

Item/ Topic	Type of Scrutiny	Aims and Objectives	Lead Officer	Witnesses	Visits	Additional Information (Including joint working / links with other O&S Committees)
<i>Q4 Adult Social Care Performance Monitoring</i>	<i>Agenda item</i>	<i>Report on red rated performance indicators; 5 performance indicators chosen by HOSC for in-depth examination and the complete set of Adult Social Care performance indicators.</i>	<i>Maria Gavin</i>	<i>N/A</i>	<i>None identified</i>	<i>Maria to include any performance information on Delayed Transfers of Care.</i>
<i>Healthwatch Birmingham Annual Report 2021/22</i>	<i>Agenda item</i>	<i>Reporting on investigations completed in the previous year.</i>	<i>Andy Cave, CEO, Healthwatch Birmingham</i>	<i>N/A</i>	<i>None identified</i>	<ul style="list-style-type: none"> • <i>Access to NHS Dentistry</i> • <i>Investigation about people's experiences of Day Services</i> • <i>Access to GP Services</i>

Final Deadline: Thursday 7th July 2022

Publication: Monday 11th July 2022

Date of Meeting: Tuesday 20th September 2022

Item/ Topic	Type	Aims and Objectives	Lead Officer	Witnesses	Visits	Additional Information
<i>Election of Deputy Chair</i>	<i>Agenda item</i>	<i>To elect a Deputy Chair. Deferred from 19th July informal meeting.</i>				
<i>Action Notes/ Matters Arising</i>	<i>Agenda item</i>	<i>To approve the action notes of the meeting held on 29th March 2022. To note the action notes of the informal meeting held on 19th July 2022.</i>				
<i>Report of the Cabinet Member for Health and Social Care</i>	<i>Agenda Item</i>	<i>To set out the Cabinet Member's priorities for the coming year.</i>	<i>Ceri Saunders</i>	<i>N/A</i>	<i>None identified</i>	<i>Councillor Mariam Khan</i>
<i>Period Poverty and Raising Period Awareness</i>	<i>Tracking Recommendations</i>	<i>To track progress against implementation of recommendations.</i>	<i>Monika Rozanski Rokneddin Shariat</i>	<i>N/A</i>	<i>None identified</i>	
<i>Children and Young People's Mental Health Inquiry</i>	<i>Agenda item</i>	<i>Terms of Reference</i>	<i>Fiona Bottrill</i>	<i>N/A</i>	<i>None identified</i>	

Final Deadline: Thursday 8th September 2022

Publication: Monday 12th September 2022

Health and Social Care O&S Committee, September 2022

Date of Meeting: Tuesday 18th October 2022

Item/ Topic	Type	Aims and Objectives	Lead Officer	Witnesses	Visits	Additional Information
<i>Forward Thinking Birmingham</i>	<i>Agenda item</i>	<i>Annual report on performance against public health contract.</i>	<i>Fiona Reynolds Chief Medical Officer Birmingham Women's and Children's NHS Foundation Trust (FTB)</i>	<i>N/A</i>	<i>None identified</i>	<i>Presentation to include Impact of COVID on Young People and evidence for the Children and Young People's Mental Health Scrutiny Inquiry.</i>
<i>Infant Mortality – Tracking Report</i>	<i>Tracking Recommendations</i>	<i>To track progress against implementation of recommendations.</i>	<i>Dr Marion Gibbon</i>	<i>N/A</i>	<i>None identified</i>	
<i>Q1 Adult Social Care Performance Monitoring</i>	<i>Agenda item</i>	<i>Report on red rated performance indicators; 5 performance indicators chosen by HOSC for in-depth examination and the complete set of Adult Social Care performance indicators.</i>	<i>Maria Gavin</i>	<i>N/A</i>	<i>None identified</i>	<i>A Safeguarding Lead also invited to attend.</i>

Final Deadline: Thursday 6th October 2022

Publication: Monday 10th October 2022

Date of Meeting: Tuesday 22nd November 2022

Item/ Topic	Type	Aims and Objectives	Lead Officer	Witnesses	Visits	Additional Information
<i>Birmingham Substance Misuse Recovery System (CGL)</i>	<i>Agenda item</i>	<i>Annual report on performance against public health contract.</i>	<i>Karl Beese</i>	<i>N/A</i>	<i>None identified</i>	
<i>ICS Master Plan</i>	<i>Agenda item</i>	<i>Report setting out the plan for health and care services for Birmingham and Solihull</i>	<i>David Melbourne, Designate Chief Executive, ICS</i>	<i>N/A</i>	<i>None identified</i>	<i>Dr Justin Varney to confirm that the report will be available for this meeting.</i>

Final Deadline: Thursday 10th November 2022

Publication: Monday 14th November 2022

Date of Meeting: Tuesday 20th December 2022

Item/ Topic	Type	Aims and Objectives	Lead Officer	Witnesses	Visits	Additional Information
<i>Birmingham Safeguarding Adults Board Annual Report</i>	<i>Agenda item</i>	<i>Reporting on outcomes against priorities in the previous year.</i>	<i>Asif Manzoor</i>	<i>N/A</i>	<i>None identified</i>	
<i>Birmingham and Lewisham African Health Inequalities Review (BLACHIR)</i>	<i>Agenda item</i>	<i>Reporting on progress against actions in the report</i>	<i>Dr Justin Varney; Marcia Wynter; Ceri Saunders</i>	<i>N/A</i>	<i>None identified</i>	<i>Councillor John Cotton, Cabinet Member for Social Justice, Community Safety and Equalities Councillor Mariam Khan, Cabinet Member for Health and Social Care. Report to include lessons learnt from COVID deaths.</i>
<i>Q2 Adult Social Care Performance Monitoring</i>	<i>Agenda item</i>	<i>Report on red rated performance indicators; 5 performance indicators chosen by HOSC for in-depth examination and the complete set of Adult Social Care performance indicators.</i>	<i>Maria Gavin</i>	<i>N/A</i>	<i>None identified</i>	

Final Deadline: Thursday 8th December 2022

Publication: Monday 12th December 2022

Health and Social Care O&S Committee, September 2022

Date of Meeting: Tuesday 24th January 2023

Item/ Topic	Type	Aims and Objectives	Lead Officer	Witnesses	Visits	Additional Information
<i>Day Opportunities Co-Production Review</i>	<i>Agenda item</i>	<i>Findings of the independent co-produced review of day opportunity services.</i>	<i>John Williams / Saba Rai / John Freeman</i>	<i>N/A</i>	<i>None identified</i>	

Final Deadline: Thursday 12th January 2023

Publication: Monday 16th January 2023

Date of Meeting: Tuesday 21st February 2023

Item/ Topic	Type	Aims and Objectives	Lead Officer	Witnesses	Visits	Additional Information
<i>Birmingham Sexual Health Services – Umbrella (UHB)</i>	<i>Agenda item</i>	<i>Annual report on performance against public health contract.</i>	<i>Karl Beese</i>	<i>N/A</i>	<i>None identified</i>	
<i>Immunisation</i>	<i>Agenda item</i>	<i>Report to set out the challenges with the take up of immunisations.</i>	<i>Mary Orhewere</i>	<i>N/A</i>	<i>None identified</i>	<i>Report to be presented as a scoping paper for a possible future inquiry based on previous scoping paper for Infant Mortality.</i>

Final Deadline: Thursday 9th February 2023

Publication: Monday 13th February 2023

Date of Meeting: Tuesday 14th March 2023

Item/ Topic	Type	Aims and Objectives	Lead Officer	Witnesses	Visits	Additional Information
<i>Cabinet Member Update Report</i>	<i>Agenda item</i>	<i>Cabinet Member to report progress against portfolio priorities</i>	<i>Ceri Saunders</i>	<i>N/A</i>	<i>None identified</i>	<i>Councillor Mariam Khan, Cabinet Member for Health and Social Care.</i>
<i>Q3 Adult Social Care Performance Monitoring</i>	<i>Agenda item</i>	<i>Report on red rated performance indicators; 5 performance indicators chosen by HOSC for in-depth examination and the complete set of Adult Social Care performance indicators.</i>	<i>Maria Gavin</i>	<i>N/A</i>	<i>None identified</i>	

Final Deadline: Thursday 2nd March 2023

Publication: Monday 6th March 2023

Date of Meeting: Tuesday 18th April 2022

Item/ Topic	Type	Aims and Objectives	Lead Officer	Witnesses	Visits	Additional Information

Final Deadline: Thursday 6th April 2023

Publication: Monday 10th April 2023

INFORMAL BRIEFINGS (TO BE ARRANGED)
<i>ICS - new structure, plans moving forward and neighbourhood working. (Carol Herity, Associate Director of Partnership, NHS BSol ICS).</i>
<i>Engaging with third sector providers of Adult Social Care (Louise Collett)</i>
<i>City Observatory Data (Richard Brooks)</i>

TO BE SCHEDULED:

1. Public Health Horizon Scanning / JSNA
2. Primary Care Networks
3. Access to GPs
4. Mental Health and Wellbeing Post-COVID
5. Joint inquiry with Education and Children's Social Care O&S Committee: Children and Young People's Mental Health
6. Dementia Strategy and Action Plan.
7. Visit to UHB NHS Foundation Trust Hospital sites.

BIRMINGHAM/SANDWELL JOINT HEALTH SCRUTINY COMMITTEE

Date of Meeting: TBC

Venue: Sandwell

Item/ Topic	Type	Aims and Objectives	Lead Officer	Witnesses	Visits	Additional Information
<i>Transition of West Birmingham</i>	<i>Agenda item</i>	<i>To report on the transition of West Birmingham into the Birmingham/Solihull ICS footprint.</i>	<i>Pip Mayo, CCG Managing Director for West Birmingham; Phil Lydon, Programme Manager, Engagement Black Country & West Birmingham CCG</i>	<i>N/A</i>	<i>None identified</i>	

TO BE SCHEDULED:-

1. Day Surgery Update
2. Acute Care Model

Final Deadline:

Publication:

Visit: Midland Metropolitan University Hospital

BIRMINGHAM/SOLIHULL JOINT HEALTH SCRUTINY COMMITTEE**Date of Meeting:** 13th October – 1800-2000 hrs – Solihull Civic Suite**Venue:** Solihull

Item/ Topic	Type	Aims and Objectives	Lead Officer	Witnesses	Visits	Additional Information
<i>Birmingham and Solihull Strategic Vision for Autism</i>	<i>Agenda item</i>		<i>TBC</i>	<i>N/A</i>	<i>None identified</i>	
<i>Birmingham and Solihull ICS Financial Planning Update</i>	<i>Agenda item</i>	<i>To report on the financial plan for the ICS.</i>	<i>Paul Athey, ICS Finance Lead</i>	<i>N/A</i>	<i>None identified</i>	
<i>UHB Restoration and Recovery of Services Update and Preparation for Winter Pressures</i>	<i>Agenda item</i>	<i>To report on the current status of services and waiting lists.</i>	<i>Jonathan Brotherton, Chief Operating Officer, UHB</i>	<i>N/A</i>	<i>None identified</i>	

Final Deadline:**Publication:** 5th October 2022

TO BE SCHEDULED

Item/ Topic	Type	Aims and Objectives	Lead Officer	Witnesses	Visits	Additional Information
<i>ICS Joint Forward Plan</i>	<i>Agenda item</i>	<i>Report on health planning for the system including commissioning intentions.</i>	<i>Carol Herity to confirm Lead Officer</i>	<i>N/A</i>	<i>None identified</i>	
<i>ICS Quality Assurance Update</i>	<i>Agenda item</i>	<i>Update on Quality Assurance to every JHOSC</i>	<i>Carol Herity to confirm Lead Officer</i>	<i>N/A</i>	<i>None identified</i>	
<i>Remodelling of the Primary Care Service</i>	<i>Agenda item</i>	<i>Update report on the current position regarding Primary Care</i>	<i>Paul Sherriff, Executive Director at NHS Birmingham and Solihull ICB.</i>	<i>NA</i>	<i>None identified</i>	<i>Report to include information on commissioned primary care services.</i>
<i>Update on Post-COVID Syndrome ('Long COVID') Rehabilitation</i>	<i>Agenda item</i>	<i>Update on previous report presented to JHOSC on 29th September 2021</i>	<i>Ben Richards, Chief Operating Officer, Birmingham Community Healthcare NHS Foundation Trust</i>	<i>N/A</i>	<i>None identified</i>	<i>Report to include Long COVID implications on health and long-term employment.</i>
<i>Phase 2, Musculoskeletal Redesign Programme</i>	<i>Agenda item</i>	<i>To report on the current status of the programme</i>	<i>Marie Peplow, Chief Operating Officer, The ROH</i>	<i>N/A</i>	<i>None identified</i>	