

# Birmingham and Solihull Integrated Care System: pilot assessment report

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## Introduction and overview

[Find out more about integrated care systems](#)

Find out more about [how we assess integrated care systems](#) and the [quality statements used in this assessment](#)

CQC assessed 2 integrated care systems (ICSs) that volunteered to take part in our pilot programme. We will continue to develop the assessment process based on learning from these pilots.

Our ICS assessment team included specialist advisors and executive reviewers to contribute professional expertise. The team tested how we work with partners and stakeholders, gather evidence and work efficiently to adapt pre-existing processes to find an effective approach for assessing systems.

Using 17 quality statements from the new assessment framework as the basis for assessment, the team looked at how leadership works, how systems are integrated, progress towards reducing inequalities, and how quality and safety is managed across local services.

Birmingham and Solihull ICS engaged in this process, and we know that the system encourages its staff to see assessment as a positive opportunity to shape an emerging policy area, as seen through a series of briefings and advanced materials. We saw evidence of this throughout our assessment.

The system is working to recover from a large elective care backlog following the COVID-19 pandemic, as well as tackling significant ambulance handover delays and cancer treatment waiting times. We were also made aware in several discussions of high-profile concerns about a poor culture focusing on one provider, and the system's response to those issues.

## Finance

The ICS has published information about expenditure. However, at the time of our assessment, final accounts had not been published and we have not seen them.

The integrated care board (ICB) has reported an in-year deficit for 2023/24, but there is a commitment to a break-even financial position by the end of the financial year. We heard that break-even was achieved in 2022/23.

At the time of the assessment, we were also aware of particular challenges in Birmingham City Council following the declaration of a Section 114 notice as part of its plans to meet the council's financial liabilities relating to equal pay claims, and an in-year financial gap. Concerns remained after our assessment and the local authority has published draft plans outlining £300m in budget cuts over 2 years. It is not yet clear what impact this is going to have on patients or what plans are in place to mitigate against that.

## Local context

View local context from [NHS Birmingham and Solihull Integrated Care Board](#).

## Local demographics

Birmingham and Solihull Integrated Care System (ICS) is located in the West Midlands and comprises 2 places: Birmingham, and Solihull. Each place is a unitary authority and includes urban, suburban, and rural areas, with significant disparities in levels of deprivation and health inequalities across the ICS. Birmingham is the second largest city in England while Solihull includes a town centre, suburban and rural areas.

The ICS has a total population of 1,359,160 according to the ONS 2021 census.

Birmingham and Solihull's populations and demography differ significantly:

- In Birmingham, the population size has increased by 6.7%, from around 1,073,000 in 2011 to 1,144,900 in 2021, which is higher than the England average.
- In Solihull, the population size has increased by 4.6%, from around 206,700 in 2011 to 216,200 in 2021, which is lower than the England average (ONS Census 2021).

Within the ICS, 40% of the population is from an ethnic minority background. In Birmingham 51% of the population is from an ethnic minority background, while this number drops to 18% in Solihull (ONS Census 2021).

Life expectancy at birth is considerably better in Solihull than Birmingham. In Solihull, the average life expectancy is better than the national average for both women (83.9 years) and men (79.6 years) while the average life expectancy in Birmingham is worse than the national average for both women (80.8 years) and men (75.9 years) (Local Authority Health Profiles -Data -OHID).

Notably, when compared with all other integrated care systems, more people in both Birmingham and Solihull reported that their general (age standardised) health was very bad or bad (ONS Census 2021; General Health).

Around 40% of households in Birmingham are not deprived in any dimension, which is below the average across all ICSs. In Solihull, a little over 50% of households are not deprived in any dimension, which is above average. The dimensions of deprivation used to classify households are indicators based on education, employment, health, and housing, which can have an impact on healthcare outcomes (ONS Census 2021; Household Deprivation).