Board Meeting

Date of Meeting: Tuesday 20th June, 2023

Healthwatch Birmingham Board Meeting
Time: 4 pm – 6.30 pm

Venue: Hybrid meeting

Attendees

Board Members in attendance		
Richard Burden (RB) - Chair	Andy Cave (AC)	John James (JJ)
Ranjeet Bhupla (RBh)	Peter Rookes (PR)	Janet Bailey (JB)
Dennis Wilkes (DW)	Jane Upton (JU)	Jasbir Rai (JR)
Di Hickey (DH) - minutes	Georgina Best (GB)	
Public in Attendance		
There were 3 members of the public in attendance to observe.		

Apologies

Ruby Dillon (RD)	Marcus Parsons (MP	

Public Session

1	**Welcome & Introductions - Noting any members of the public in attendance and Apologies**	For Noting
	RB welcomed everyone to the meeting and gave a warm welcome to members of the public, including two of our volunteers - Jenny from Healthwatch Solihull and Gillian from Healthwatch Birmingham, who have both expressed an interest in becoming a board representative.	
	Declarations of Conflict of Interest	For Noting
	There were no conflicts of interest declared.	
2	**Minutes of previous meeting (1st March, 2023)**	For Approval
	The minutes of the previous meeting were agreed as a true record. There were no matters arising.	
3	**Actions Arising – All** **Action log**	For Action For Noting
	AC updated as follows:	

	December 2022	
	Action 1 – Schedule informal Board sessions for key topic discussions. Third Tuesday of month selected for future meetings – ongoing.	
	<u>March 2023</u>	
	All actions closed except:	
	Action 4 – Board Workplan Updates – Primary Care Transformation to be scheduled for future informal meeting – Ongoing.	

Operational Performance		
4	**Volunteer Stories**	Video
	AC presented a video showing two volunteer stories.	
	Both volunteers are students and fairly new to Healthwatch, they didn't have a script and talked from the heart about how they feel about volunteering with us (GB).	
	The value of volunteering for Healthwatch is good for everyone (RB)	

5	**Performance Update**
	     o **Feedback Heard**
	     o **Community Engagement**
	     o **Information and Signposting**
	     o **Investigation and Consultations**
		For info
		
		 For Noting

	As a result of feedback from non-executives in their 1-2-1s this section of the meeting will now be presented differently. The two separate Solihull and Birmingham reports will be presented together but staggered to cover service areas with room for questions and discussion after each area. (RB).	
	AC presented the performance update and reported as follows:	
	Feedback heard:	
	We are coming to the end of contractual years, with Healthwatch Solihull ending at end of June and Healthwatch Birmingham at end of July. We have developed a dashboard where, on a weekly basis, our performance is mapped against targets using the burn down charts, which were presented to the Board. The blue line being the gradual target decreasing throughout the year and the orange line shows where our performance is at. With two weeks to go, we are ahead of target in Solihull and will finish the year on target. Birmingham is very much on track with where we need to be, with six weeks to go, we need to gather approximately one thousand pieces of feedback and we are on track to end the year on target.	
	This is an important area to focus on for Birmingham as it is our payment by results KPI, where achievement releases 10% of our contract value.	
	We are now able to identify early where we are and can intervene where needed. In Solihull we identified that a few weeks ago we were behind target and through a whole team approach, were able to recover and finish over target ahead of time.	
	Feedback and information and signposting performance is important and relevant to our KPIs, board members also wanted to see some qualitative	

information and what happened as a result. Those comments haven't been lost and we will talk about how we can improve more when we get to the away day in October (RB).

Community Engagement

We are specifically looking across all engagement routes when we look at KPIs, not just face-to-face community engagement but also online and through other routes as well. With reach in particular, we overachieved against our targets in both Birmingham and Solihull. Interestingly in Solihull, with a population of around 250k, we have reached nearly 250k people in this twelve-month period which is really good.

For Birmingham at this point in the year we have reached just over half a million contacts who have seen our posts. The majority of this comes from our online platforms.

One thing to look at is the conversion rate between reach, engagement and feedback heard across different routes. When we look at this the conversion rate, online is not very high at all, we have to reach an awful lot of people to make a difference when it comes to feedback and engagement. Face-to-face community engagement is where we really see the conversion from reach to engagement and feedback heard making the biggest difference.

The large engagement figures for both Solihull and Birmingham are above target and over half of the people engaged with us through face-to-face engagement, which is a huge shift from where we were last year and really demonstrates the amount of work that we are putting in.

This face-to-face engagement is so important because this is how we target those groups of individuals that we are not hearing from, who we need to build trust with, build relationships with to hear their feedback. In Solihull we have reported a few times on men being a gap from who we hear from, so Solihull have been out and done a couple of engagement events at Solihull Moors Football Club on game days and we featured in their programme. Another area which we have increased recently, due to a gap in data, is with young people. We have done several engagement events at Solihull College where we have engaged with health and social care students, and part of that is raising awareness of Healthwatch and getting feedback directly from them. This was also an opportunity to recruit volunteers with keen students who have an interest in health and social care and want to build their experience.

Similarly in Birmingham we have done work with colleges and have had the same outcomes. We have gone out to a number of Job Centres in different areas, in particular Handsworth and been to foodbanks to engage with individuals, and making sure we hear from people we need to. We also attended a number of different community events that pop up. For example, we went to Shard End for a big street party for the Coronation weekend and got engagement from there.

We have seen a positive shift in the quality of feedback coming through. Where we are having those direct conversations with people in communities, we are able to direct the conversations and make sure we are capturing detailed experiences. We are developing the way that with every contact there could be multiple pieces of feedback capturing the pathway between services.

The overall figures look very impressive, are we able to differentiate between people who we may have engaged several times? Is it number of engagements or number of people, so could it be people who engage several times? If go out to

a big group, in terms of disaggregating it, how do we get demographic data from that (PR).

Engagement could count the same individual more than once if they see us at multiple events, or engagement with our socials more than once. We are unable to differentiate between these contacts. For feedback captured we have got all the demographics from those who want to share with us. We have also started to capture individuals who pop to stalls for a quick chat and we can tally that up. However, we don't like to make assumptions about people's demographics, so it is not necessarily something we use as a strict reporting mechanism, and it is difficult to really get the demographics. However, we do have a log of all the community engagement events and have an understanding of population groups who are likely to be there and can marry that up with the gaps in our demographic reports and think who we are not hearing from and make sure we target in those particular areas. That could be on a geographical footprint, or it could be due to people's identity or experience (AC).

How do we know that we are reaching those who are seldom heard (PR).

The real measure is that we are not just engaging but are gathering feedback from those groups. Through the data we capture we can evidence hearing feedback from all demographics (AC).

Are there any particular plans for engaging with men in Birmingham (JJ).

We have previously engaged with Aston Villa and attended a few of their community activities. We have also had conversations with Birmingham City. (AC).

Moseley Rugby Club would be of similar size to Solihull Moors (JJ)

Thirty six percent of our feedback in Birmingham is from men, which is higher than previous reports, so it is increasing all the time. (JU).

If you target groups that are seldom heard how might that skew the data for demographics of an area because you are hearing from a larger proportion of particular groups? (JB)

This is an interesting question and is a conflict within our KPIs, on one hand we need to increase the feedback heard from those most likely to experience inequality, but also demonstrate that we are hearing proportionately to the demographics of our areas. Our focus is to target key groups even if that skews the proportionality of data, and we see this as a positive thing. Using methods that reach whole populations online combined with targeted face-to-face engagement we can make sure we are reaching those who we need to (AC).

RB thanked everyone for their questions.

Information and Signposting

We have developed the routes into our organisation for people to get information and signposting support. Our traditional routes are via the telephone, which then increased contacts online through the pandemic. We are now doing face-to-face signposting when we are out in communities. Every contact that we have is an opportunity to provide information and signposting support to individuals.

We are exceeding the targets for Solihull and continue to see the benefits of this mixed approach.

For both contracts year-on-year targets increase by thirty percent and thirty percent of a smaller number is a smaller increase. With much higher targets in Birmingham this is becoming a bigger increase year-on-year within the same capacity of delivery. This has been a particular challenge for Birmingham this year and despite helping more people than ever before with information and signposting we are behind target. Increasing our capacity for information and signposting through different routes will help this moving forward.

Do we know why the figures are low, is it a language barrier, is it post-covid and people's reluctance to engage, do we have any top three/four reasons why we feel it has been harder this year (RBh).

We are performing above where we were last year, so the capacity that we are putting in is still there, the challenge is the large increase in target. There are two underlying factors that are important to raise your awareness to, the first one is that we have done a lot of work to promote the website for individuals to self-help with information, this drive to the website means less people contact us. The second is that the team feel that individuals are getting really frustrated with the level of access and issues within health and social care and giving up. The lack of support for individuals in the system is having a knock-on effect to our numbers. Comments like 'why bother' or 'it won't make a difference' is common. One frustration the team are facing is with signposting to PALs as they are not dealing with people very well and they are not getting a response, and therefore not getting the service that they want which is causing anger towards the system that the team is picking up. (AC).

This raises another issue on where signposting ends and where advocacy starts because we are not funded to provide an advocacy service and we haven't got capacity to do it anyway. The danger is that we have got to be seen as part of the system rather than the patients voice over the system and I would like us to be exploring to what the possibilities may be to expand our role into an advocacy role. We couldn't do it on the funding that we get. It might be worth at least flagging up whilst we think we are doing a good job, the figures demonstrate that we could do a lot more if we had extra funding (RB).

It may not be that we are not meeting the target, it could be the target is unrealistic in the first place, it seems to me that a 30% increase in the target is a huge jump. Secondly, it may not be our role to advocate but on the other hand it is our role to identify deficiencies in the service, and if we are giving signposting that is proving to be inadequate how are we raising those deficiencies in the service? How many times will people complain before they say what's the point no one is listening to me (PR)?

The biggest PALs network in Birmingham and Solihull is at University Hospitals Birmingham, and it has been a regular issue that we have raised with them that their PALs service is not fit for purpose. We could probably do a bit more in terms of engagement with other trusts and services and we do raise in a collective way. I feel that the way that we raise that may be richer if we can provide some case studies showing what actually happened (RB).

We aim to provide a quality information and signposting service and therefore if we are aware of issues at organisations we signpost to we do like to raise them. We have previously carried out a PALs investigation across all Trusts, and those recommendations and actions are still valid now. With a previous advocacy provider, we worked with the commissioner at the local authority and provided evidence that people were not getting the service that was commissioned. It is important to remember that, where we are hearing feedback around those

services that we signpost to, it is counted as feedback around health and social care and goes into our system (AC).

When we raise an issue such as PALs, do we have a recognised way of escalating it (JJ).

One of the challenges that we need to think through is that there are so many areas of concern for us to look at, how we keep track of what questions we are asking where and which ones we focus on is something that we need to develop. Some things rightly result in an investigation and a piece of work and we have a system around it, some things go to a meeting we attend and it is raised at that meeting we need to get better at tracking and holding to account. HWE have launched a new impact tracker which might be a solution and if it is any good will bring it to a future meeting (AC).

Investigations and consultations.

In terms of investigations this quarter, Birmingham has been rated red and Solihull amber. That is mainly to flag with you that we are behind, but we have actions in place to mitigate it. Birmingham is targeted for four investigations per year, one has been published and three are ongoing so at the end of July we will finish the year on four investigations. Solihull are targeted for two per year and have published one.

We have really tightened up our project management system around investigations and we are utilizing Prince 2 Agile approaches to project management. This will make sure we have a whole team approach to investigations.

One thing we have built into that is regular touch points to make sure we know where the project is at, what the hold-ups are and make clear decisions for progression to ensure we achieve on time.   Having four things come out at the end of the year is not good and they need to be staggered across the year, to demonstrate our impact, achievement and value. We are behind schedule but on target to finish the year where we need to be.

The three areas of work that are ongoing are:

Birmingham – Patient transport investigation with Birmingham Women's and Childrens' Hospital Trust (BWCHT), where there has been a survey out for quite a long time and we are working closely with BWCHT which has caused challenges and delays as we have been accessing their patient groups, so we have had to work through GDPR compliant solutions which has caused delays. It is currently being written up and will be published at the end of July.

Birmingham and Solihull - Cost-of-living Survey. Over the winter we had a cost-of-living survey out where we heard from a few hundred people from Birmingham and Solihull around the impact of their access to health and social care services or their access to prescriptions and over the counter medication due to the cost. This is currently being written up to cover what we have heard, what we did and any actions that were taken by the system. This is a new style report using Power Bi. This will be counted towards both Birmingham and Solihull Targets.

Birmingham and Solihull - Prostate Cancer Investigation. This report is being done in a more traditional way and is currently out looking at the whole pathway from screening to after care, and closes at the end of the week. We are on track to hear enough pieces of feedback with some good stories from men in Birmingham and Solihull and we have got good support from voluntary

	partners within that world as well. The report will be written up and reported at the end of July. This will be the 4th investigation for birmingham and count as the first investigation for 23-24 in Solihull. I did some work with Orchid on prostate cancer, when we get results of survey what will we do with them (PR). We are working with NHS Birmingham and Solihull and University Hospitals Birmingham. The report will include their responses (AC).	
6	• **Investors in Volunteers Award – Feedback Report** • **Volunteer Impact** • **Volunteer Rep Recruitment Update**	For Noting
	GB reported as follows: Investors in Volunteers (IIV) Award – Feedback Report We have been through the IIV process and achieved the award. We had really good input from the staff team, volunteers, and also had a board member to help us with the process, so overall was a good team effort. Everyone has now seen the report which included very positive feedback for us but also some improvement too. These improvement areas are part of our continuous improvement plan. Volunteer Impact The IIV Improvement plan, which is a working document, shows how we track and communicate volunteer impact. It's a really good document for us to work from to capture the different ways that our volunteers have impact and how this has contributed to the success of the organization. This will be used to continually capture and celebrate our volunteer success stories and the contribution they bring to local people. Recruitment Update - Volunteer Representative on the Board - We are currently in the middle of the process to recruit new Volunteer Board representatives for Birmingham and Solihull and that's why we have two volunteers joining us here to come and see what the meeting involves. By the next meeting in September, we will have two volunteer representatives on the Board. One of the areas that we really want to develop with the volunteer representative role is that link between the volunteer impact log and those stories. The role of volunteer representatives is to bring some of those real stories to life around the impact volunteers bring to us as an organisation and really developing that process between discussing it at volunteer meetings, understanding what that means and to bring to the board for future discussion. Hopefully that will bring some of the human story element the Board have requested. (AC). RB expressed his thanks to all the volunteers and confirmed that they all bring a lot of value to the organisation.	

7	**Annual Reports**
	
	    o Healthwatch Solihull
	    o Healthwatch Birmingham
		For Approval

	JU reported as follows:	

	Healthwatch Solihull/Healthwatch Birmingham	
	Our annual reports need to be published by the end of June including being received by our key stakeholders. The copy sent to the board has continued to be developed and we ask Board members to make any comments or suggested changes at the meeting. Any small changes can be sent after the meeting. **Action – Board to email DH with any small changes or any areas they wish to discuss with Jane.** The Board is asked to approve the content of the annual reports for publication, subject to minor changes and finance details being added. I'd like to thank everyone for their work on the annual reports. They do provide a good picture of our activities over the year and we need to maximise our communications around the report to promote what we do and to increase our engagement (RB). We have to publish by the end of June which means it has to be on our website and Healthwatch England, CQC, ICB and our commissioners have it. In July there will be a whole raft of communications work around it, and it will go out to our widest stakeholder pool including the public. (AC). The board approved the Birmingham and Solihull Annual Reports.	
8	**Annual Accounts & Audit Report**	For Approval
	JR reported as follows: The audit went well, there are a few very low risks items that need to tidy up that we haven't picked up from last year and will talk to AC and get those resolved. We are part way through contractual years so any surplus will be used in the contractual year. Going through the audit reporting it does seem positive, and thanks to JR and the team for the work that they put into that (RB) Board approved the accounts and authorised RB to sign them off. **Action: AC and JR to meet to follow up actions from the Audit report.** JR left the meeting.	
	Sharing Information	
9	**University Hospitals Birmingham – Reviews**	For info
	RB reported as follows: At the last board meeting, the report that was prepared by Professor Mike Bewick, had just came out and was damning. The conclusions showed that there was a lot more yet to do as part of the review. He is aiming to publish his next report in July 2023. The are two other reviews still ongoing regarding University Hospitals Birmingham. Those are: 1. Well led review carried out by NHS England 2. Cultural Review – Commissioned by UHB	

	We have continued to stay in contact with the review process meeting with NHS Birmingham and Solihull, Mike Bewick and Dame Yve Buckland, Interim Chair of UHB. We have also met with Roger Kline who has been appointed the Independent Chair of the UHB Cultural Review Committee. We also remain a member of the Cross-Party Reference Group chaired by Preet Gill MP, which enables us to have a close eye over the reviews and our voices heard for local patients. How active are the Health and Wellbeing Board (HWBB) in the processes? (JJ). The HWBB Chairs for Birmingham and Solihull are linked into the process through the cross party reference group. The joint Health and Overview Scrutiny Committee (HOSC) have had us on their agenda since their January meeting and they have been supportive of us, and they endorsed our ground rules and they had things to say when the Bewick report came out (RB). **Action – to continue to keep board updated of any further developments.**	
	Governance Updates	
10	**Board Workplan Updates** ○ **Strategy Updates** AC presented an overview of our strategy which was agreed by the Board a year ago. This is an opportunity for us to refresh ourselves with the content of the strategy and introduce the content to new NEDs. We have four strategic aims: Strategic Aim 1 - is the underpinning enabler of the other three and the outcome of that strategic aim is that citizens understand that sharing their experience leads to real change. That citizens are able to influence service change through their involvement and through the use of their insight and experiences. Strategic Aim 2 - to empower citizens to speak up and share their experiences and be involved in making a difference so that leaders have a greater, more granular understanding of their customer base and react to changes to minimize inequality. Outcome – leaders react to changes to minimize inequality. Strategic Aim 3 – To increase the value of citizen insight and experience through changing hearts and minds at leadership level so that leaders regularly fund surgeries through citizens engagement and listen to insight before considering service changes. The system challenges leaders who do not. Outcome – Leaders listen to citizens insight before considering service change. Strategic Aim 4 – Build resilience and self-efficacy for citizens to take control of their own health and wellbeing so that citizens make proposals to leaders for improvements to services and effectiveness. This is about shifting the dial so decisions are publicly led rather than service led. Outcome – Citizens make proposals to leaders for improvement to service effectiveness. Since the approval of the strategy, we have continued to have successes which are progressing towards our strategic aims. These successes which were presented at the meeting will be captured and further action plans developed to be brought back at a future Board meeting, and the Away Day.	For Noting

	Board Workplan AC presented the Board Workplan and reported as follows: **Board meeting Dates** - We decided at the last meeting to try and find a day of the month that we can all do. After sending out a doodle poll the preferred option was the third Tuesday of the month. This will be for both formal and informal board meetings. **Organisational name and changes to articles** – Work needs to happen with JR to map out what needs to be done and the process involved. This will come back to a future board meeting. **Informal board meetings** - These are opportunities to arrange guest speakers to update the board (and staff team) on key areas of health and social care. The areas that I've highlighted to get booked in are provider collaboratives, in particular mental health collaboratives, Midland Met hospital and the changes going on there, to get an update from the CQC with their State of Care reports and Marmot around health inequalities. Now we have set dates for meetings we will begin to book these sessions in. Board Away Day – A number of items were brought up in NED 1-2-1s which align themselves to deeper discussions as part of a Board Away Day. We will aim for a whole day session, which may involve the staff team but ensure time for Board only discussions. **Action – DH to circulate a Doodle Poll to book in October Away Day**	
11	**Any Other Business**	
	Invited to Solihull Urgent treatment centre opening from 4.30 pm – 6 pm on the 27th June, 2023 and open to board members. **Action – AC to send Solihull Urgent Treatment Centre opening email to board members.** There was no other business to discuss. The meeting closed at 18:15 Date of next meeting: 4 pm on Tuesday 26th September, 2023.	