



Healthwatch Birmingham

Annual Report

2013/2014



Directors	C A Farquharson MBE, (appointed 20 April 2013), Acting Chair from 13 November 2013 to 10 April 2014, Chair from 11 April 2014 C Burt (appointed 20 April 2013) P S Ghag (appointed 20 April 2013) P A Goodwin, (appointed 20 April 2013 and resigned 8 January 2014) Chair to 8 January 2014 V P Hjärdeng MBE (appointed 20 April 2013) N W Howell MBE (appointed 20 April 2013) M P Hughes (appointed 20 April 2013 & resigned 28 February 2014) M A Lewinson (appointed 20 April 2013) L A Pattenson (appointed 20 April 2013) J K Rai (appointed 12 March 2013 & resigned 7 June 2013) J W Rider (appointed 20 April 2013) S D Turner (appointed 20 April 2013)
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Chair's Foreword

Providing a voice as Consumer Champion for Birmingham

Our Annual Report tells the story of the start of Healthwatch Birmingham and activities carried out in our first period. It explains how we have built momentum to ensure we have established Healthwatch Birmingham as the consumer champion for the citizens of Birmingham.

There is evidence of significant success, but in a city as large and diverse as Birmingham there are areas of work that require further development.

Healthwatch Birmingham's Board of Directors has been united in fulfilling and working towards a clear goal, to ensure that the general public is heard and their voices make a difference, helping give the people of Birmingham the best possible health and social care services.

In Birmingham, we currently face some significant challenges and opportunities; The Care Act, work to better integrate health and social care (including through the Better Care Fund plans), some major service reviews including in Urgent Care, and the Personalisation of care agenda, to name just a few.

We strive to ensure that patients, people who use services, their carers, and potential users of services have a seamless experience with local services, focusing on three aspects of our role: by using the process of check, challenge and champion.

We check providers are doing what they say they are; we challenge poor services, and we champion best practice. This analysis of what is working well feeds directly into how we shape health and social care for the future.

Healthwatch Birmingham has adopted a formal and rigorous evaluation of its governance. It has followed best practice and included an externally facilitated evaluation of performance and effectiveness. The process included assessments of the Board, its committees, individual Directors and the Chief Executive Officer.

There has been a lot of goodwill and hard work demonstrated by Healthwatch Birmingham's volunteers, staff and the Board of Directors and I would like to take this opportunity to say a big thank you to them all.

We would also like to thank our previous Chair, Polly Goodwin, for her leadership and input, and Michael Hughes for his contribution as a Director to the vision, mission and governance of Healthwatch Birmingham.

Clenton Farquharson MBE
Chair

23rd June 2014

Chief Executive Officer's overview

I am delighted to support the Board of Healthwatch Birmingham's first Annual Report.

It has been important for us to carry out our functions and gather and represent the views and experiences of local people, whilst also building a sustainable organisation. I believe that we have, by and large, done this well, though I am ambitious for the year ahead.

I want to thank the volunteers and staff who have worked hard to build an organisation from scratch in a period that has brought so much challenge to health and social care. This has been particularly evident in Birmingham where the scale of change has been extensive.

I want to thank the Board of Directors for their leadership, including those Directors who stepped down during the period. This Annual Report reflects the hard work of Directors in their formal meetings and in their involvement in engagement activities and other interactions with the public and people who use services.

Many people outside Healthwatch Birmingham have contributed to our work with ideas, encouragement and challenge. It is good that we are recognised by those providing services, by commissioners, and by the public.

Finally, I want to pay tribute to the people of Birmingham who are touched by health and social care. The complex network of services in the city would not exist without local people who, as paid staff and as volunteers, work hard to provide the best they can, including through our many charities and community groups. And I want to thank the people who use health and social care services and take the time to tell us about their experiences. By trusting us with their stories, they give us the evidence to *Check, Challenge, and Champion* commissioners and providers to deliver the very best for Birmingham.

Paul Devlin
Chief Executive Officer

23rd June 2014

1. Introduction

This Annual Report reflects the first period of activity of Healthwatch Birmingham since it was formed in April 2013. It is a narrative report together with a summary financial statement including the Income and Expenditure Account and Balance Sheet based on the full audited financial statements for the period ended 31st March 2014, which received an unqualified audit opinion from Dains LLP. The full Directors' Report and Financial Statements can be found on our website and a printed copy can be supplied on request from our office.

The full Directors' Report and Financial Statements were approved by the Board on 13th May 2014.

This Annual Report summarises:

- Work done to build Healthwatch Birmingham
- What we have done
- Our plans for 2014-15
- Information derived from our externally audited annual accounts

The Annual Report is available in hard copy and electronically (via our website, www.healthwatchbirmingham.co.uk). In accordance with requirements, it has been sent to Healthwatch England; the Care Quality Commission; NHS England; Birmingham CrossCity Clinical Commissioning Group (CCG), Birmingham South Central CCG, Sandwell & West Birmingham CCG; Birmingham City Council's Health and Social Care Overview and Scrutiny Committee; Birmingham City Council; Birmingham's Health and Wellbeing Board; and many other organisations.

The health and social care system in Birmingham has continued to face significant challenge, particularly in the context of the financial savings required from the NHS and another year of cuts to local authority funding. As such measures continue year on year, we know that the impact is felt by more and more people in the city, particularly the vulnerable and marginalised. The importance of Healthwatch Birmingham as a community champion has been strongly underlined this year, as consultations on many major changes to services and care pathways have begun.

Like other local Healthwatch, the organisation we have become after a year's experience of operation, has developed from the vision for us in early 2013. This is a good thing: it demonstrates we are an organisation that learns from experience, and that is not afraid to change and respond to feedback. We have increasingly focused our *Check, Challenge, Champion* approach on ourselves, as well as on the organisations that we scrutinise, and this will help us continue to adapt how we function to best carry out our responsibilities.

Many people outside Healthwatch Birmingham have contributed to our work with ideas, encouragement and challenge. It is good that we are recognised by those providing services, commissioners and the public.

2. Work done to build Healthwatch Birmingham

Local Healthwatch and Healthwatch England were established in the Health and Social Care Act 2012. The new organisations replaced the previous patient and public involvement organisations, Local Involvement Networks (LINKs), though with a stronger role reflecting concerns raised by the Francis Inquiry into Mid Staffordshire NHS Foundation Trust.

Healthwatch Birmingham was set up as a new company limited by guarantee on 12th March 2013.

The local LINK legacy was important in establishing Healthwatch Birmingham. Birmingham LINK had been in existence for five years and, whilst Healthwatch Birmingham is a new organisation, we made sure we learned from the LINK. We have particularly continued legacy work begun by LINK, including work on maternity care for women with learning disabilities and on tuberculosis.

Three members of staff were transferred from Birmingham LINK and were joined by a fourth at the start of Healthwatch Birmingham. The Board and staff spent time in the early months of the period establishing the

organisation and building relationships with health and social care commissioners (the organisations that 'buy' services on behalf of the public, such as Birmingham City Council, the local CCGs, and NHS England) and providers (the organisations that deliver services, such as care homes, hospitals, and GPs). Many of these had also gone through significant change or were new organisations, so relationship building was important.

As the local Healthwatch serving the largest local population, Healthwatch Birmingham works within a particularly complex health and social care structure. There are three CCGs and eight Foundation Trusts, some of which have boundaries that extend beyond Birmingham, requiring us to work closely with a number of our neighbouring local Healthwatch. Birmingham is fortunate to have a vibrant Third Sector and extensive network of charities and community groups that work with, support and represent local people, including many of those regarded as "seldom heard" in health and social care decision-making. We have worked hard to build our relationships and partnerships with a wide variety of Third Sector groups, as an important way of reaching the people of Birmingham, whilst also building direct links with the public ourselves.

Healthwatch Birmingham has built a solid infra-structure through the period, increasing our staff to enable us to do what is expected of us. We have built structures and procedures to shape the organisation, including recruiting and training a volunteer team, some of whom have undergone specific additional training to become Enter & View Authorised Representatives.

An important part of our first period was to secure fit-for-purpose premises of our own from where our staff, volunteers and Board could work, moving on from our temporary accommodation at Birmingham Voluntary Service Council (BVSC). We moved into new premises just after the end of the financial period.

During the period our Board refined our Mission:

Our Mission is to be recognised as a trusted and responsible organisation which is passionate about ensuring that the people of Birmingham have access to the best health and social care services possible. In doing so, we will remain independent, representative and accountable to engage commissioners and providers, to *check* they are doing what they say they are, to *challenge* poor services, and to *champion* best practice.

Check, Challenge, and Champion has become a useful shorthand for all we do.

3. What we have done

3.1 Finding out what people who use services think

A key way in which we gather the views and experiences of people who use services is through engagement events. These include our own events such as roadshows in the community (e.g. a stall in a shopping centre or at a local festival), and us participating in others' events.

Throughout the period we have taken part in over **120** events, reaching over **3,200** people.

Seven of these were specifically targeted at children and young people (under the age of 21), and **five** at older people (over 65). **18** events were targeted to gather the views of seldom heard individuals, groups and communities, including people with learning disabilities; Asian women; lesbian, gay, bisexual, transgender people; people with a range of disabilities; and carers.

Case Study

Disability Resource Centre

Over a six month period, the Engagement Team and volunteers ran six weekly Health and Care listening surgeries with people at the Birmingham Disability Resource Centre. Using their weekly coffee morning slot,

we developed a platform to enable people using their services to be listened to and to express their views and experiences in accessing health and social care, including any barriers and challenges encountered. It helped us understand consumers' needs first hand and identify ways to improve service delivery and bring about positive change.

As part of the surgeries we coordinated guest speakers to give an overview of the work and how they can support people who use the Centre.

The sessions improved public awareness and understanding of Healthwatch Birmingham, consumer rights, and signposted to other organisations that can support and address consumers' health and social care needs.

The surgeries have highlighted good practice in promoting equality and addressing health inequalities where they are encountered, as well as identifying some areas for improvement. We have helped people find alternative dentists and GPs, and advised on forthcoming changes which may affect them such as changes to Birmingham's Ring and Ride, and the introduction of Personal Independence Payments.

Case Study

Young mystery shoppers

We worked in partnership with St Basils, an organisation supporting homeless young people, to develop a group of young mystery shoppers.

Through a short training programme ten young people now know what mystery shopping is, how and when they can take part, understand our service standards, and have had the opportunity to practice mystery shopping skills.

As a result, the young people have planned, jointly with Healthwatch Birmingham and St Basils, their first phase of mystery shopping in a number of social care settings.

One of the young people commented *"We understand it; you can't be biased and just look for bad this, but you have to go in there."*

Whilst Healthwatch Birmingham does not hold the contract for NHS advocacy in the city, we do receive and deal with enquiries from members of the public. These can be anything from someone looking for information about services through to more serious examples where individuals have received poor services or have a complaint. During the period we dealt with 138 individual enquiries.

When dealing with individual situations, we compare the complaint matter with other sources of information, including our engagement activity, CQC inspection reports, and feedback to our website, to check whether or not there may be a pattern that means others are also being poorly served.

Case Study

Resolving an individual enquiry

We were contacted via the website by a resident on behalf of her mother-in-law, who is profoundly deaf, uses British Sign Language (BSL), and relies almost entirely on sign language for communication. Her mother-in-law had received an appointment letter to discuss the results of a recent breast scan. She would normally take her son or a friend with her, but due to the nature of the appointment went alone and got there with sufficient time before the appointment to request an interpreter. The receptionist wrote a note to her saying it wasn't possible as there was no funding for this. The patient had no choice but to leave the surgery without the appointment and the results of her scan.

Under the Equality Act 2010 there is a legal duty for such services to ensure reasonable adjustments are made to make services accessible; provision of interpreters for deaf people is included in this obligation.

We ensured that details of BSL interpreters were sent to the enquirer. And we asked NHS England, as the commissioner of GP services, to look at the issue of interpreter access to ensure that GP surgeries deliver on

the obligation to make their services accessible, such as through advising patients when appointments are made on how they can request interpreters.

In June 2013 our website went live, drawing on a standard web design rolled out to all local Healthwatch. However, research with the public led us to believe we could make better use of a website platform to engage with a significantly larger section of the public.

Working with Birmingham-based web developer, Social Media Partnership, we designed and built a new website which was launched in mid-December 2013. The site features attractive visuals and calls to action to prompt the public to give their views and to help us build a picture of what the people of Birmingham say. The design has proved very popular, with a number of other local Healthwatch adopting the same model.

Along with giving comprehensive information on health and social care, our website includes a cutting edge 'Feedback Centre'. Through the Feedback Centre, people who use services can give feedback about any health and social care service in the city, including Care homes, Community services, Dentists, Emergency services, GP practices, Hospitals, Opticians, Pharmacies, and others. The "star rating" function is familiar to internet users, and the ability to give feedback on specific things that matter (such as the quality of the explanation given, the wait time, and the attitude of staff) and to describe their experience to an independent organisation is proving very popular. The Feedback Centre can be used on smartphones and tablets as well as via computers, and through our website or via our Facebook page, making it easy for people to give feedback when they are still in a service.

During the first three months we gathered over **200** pieces of feedback, without significant marketing of the tool.

An important aspect of the Feedback Centre is that it does not solely encourage complaints and negative feedback, but gives people the chance to report their positive experience of health and social care services. This gives a much more balanced reflection on services than is sometimes seen. If the user does want to raise an official complaint, we will direct them to the best people to help resolve it.

Another feature of our website is our use of 'BrowseAloud' software to increase access to the information we present. This software means that information on the screen can be adapted for different visual access needs for the 20% of the population that requires reading support, including some forms of dyslexia, learning difficulties and mild visual impairments. All text can be translated on screen into over **75** languages and can be read aloud in over **54** languages. This means all information on our website, including information from providers, can be accessed by many people with English as a second or third language in their primary language, and by people with visual impairments. The read aloud text can also be saved to mp3 files.

During the year our website received over **16,000** visits.

For many people, access to information comes through a range of social media as well as more traditional tools. During the period we built up a Twitter following of over **2,100** people to our @HWBrum and @HWBrum_CEO Twitter accounts, with a monthly Twitter reach to over **140,000** people.

We don't rely solely on internet access. We produce a quarterly newsletter that is circulated to our supporters and partners, and we use our engagement events as opportunities to capture feedback from the public through face to face conversations. And we receive call directly to our office Freephone number (0800 652 5278).

3.2 Making people's views known

An important part of our role is to help commissioners and providers hear about the views and experiences of people who use services, so their voices can have a positive impact, for example, on the way in which a

service is being designed or changed.

During the period we have publicised and contributed to **21** local formal consultations on proposals affecting health and social care in Birmingham. Some have been specific, such as proposals to change the commissioning of HIV support services in the city; others were more broad and far-reaching, such as the Birmingham City Council proposals for budget cuts in 2014-15 and their potential impact on adult social care.

By publicising consultations, we encourage members of the public to take part in them, increasing response rates. For a number of consultations, we gathered the views of specific groups of people to present a more formal Healthwatch Birmingham view.

Case Study

Adult Social Care consultations

In December 2013 Birmingham City Council began a consultation on a proposed budget for 2014-15 that included significant planned savings in adult social care through some radical changes to care and support in the city. The scope of the proposals and the budgets involved were significant for residents in the city, especially those who are currently supported through the Adult Social Care Directorate which includes older people, the frail elderly, people with learning disabilities, adults with mental health needs requiring social support, and expectant mothers who would benefit from focused pregnancy support.

Timescales were extremely tight and we carried out a listening exercise across the city in a three-week period in January 2014. As well as gathering the views of service users and community groups, we attended a number of sessions without identifying ourselves (mystery shopping) to experience the session as a resident would. We fed back our experience to the Directorate team and challenged them to advertise events more widely and to reduce the use of jargon and terminology. We also recommended that they introduce a clearer way for people to give their feedback.

As a result of our challenge, Birmingham City Council's Engagement teams have asked us to work with them to ensure a wider and more comprehensive dialogue with those residents who may be affected by changes.

Birmingham city is divided into ten districts, and during the period we have carried out engagement activity in all ten.

Case Study

District engagement

In 2013 Northfield District piloted the roll out of a District level Health and Wellbeing plan. Healthwatch Birmingham was invited from the very start of the process, alongside Housing, Police and the voluntary and community sector, to feed into the plans and to ensure that gaps were highlighted and good practice identified to avoid duplication. We took questions from the Local Authority and partners to the discussions to allow for a more informed and connected plan. In particular questions related to local leads for mental health services and city wide connections for Children and Young People's Wellbeing.

A strong community structure in Northfield and good engagement from Birmingham South Central CCG meant that we were quickly signposted to community level organisations to increase awareness levels of Healthwatch Birmingham services. We attended the District Convention as part of our engagement. Consulting with community professionals about how we might support the local Health and Wellbeing plan, we identified a gap in the understanding of the experiences of young people and their life experiences on their mental wellbeing. We are now working closely with a community organisation and our volunteers to deliver a significant listening exercise over the summer of 2014, ensuring these marginalised young people have their voice heard.

We also met with, and took part in, many health and social care decision-making forums including:

- Health and Wellbeing Board
- Healthy Villages Programme Board
- Gateway to Birmingham Advice Services Strategic Oversight Group
- Older People Programme Board

- Quality Surveillance Group

We have held quarterly meetings with the NHS England Local Area Team and other local Healthwatch, and have built good relationships with a wide range of providers and commissioners through which we exercise our *Check, Challenge, and Champion* role.

Attending these meetings is an important way for us to keep up to date with developments in the city, and to ensure the voices of the public are not forgotten.

We have given comments on the Quality Accounts of the nine NHS Trusts operating within our area, using this as an opportunity to *Check, Challenge, and Champion* in relation to their reported activity.

3.3 Supporting the involvement of people in local decisions

Much of the activity reported above focused on helping people influence and scrutinise the commissioning and provision of health and social care services.

Most commissioners and providers have their own forums for public engagement. It has been important for us to make good links with those existing groups, rather than trying to replicate them. During the period we have engaged with many, including

- **Birmingham and Solihull Mental Health NHS Foundation Trust Mental Health Carers Group**
- **Birmingham South Central CCG Big Conversation**
- **Birmingham Children’s Hospital Patient Experience Forum**
- **Birmingham City Council Quality Boards**
- **Councils of Governors of a number of NHS Foundation Trusts**
- **Gypsies/ Roma Traveller Task & Finish Group**
- **Patient Information Advisory Group**
- **Public Health England Substance and Alcohol Misuse Carers and Users Forums**
- **Urgent Care Residents Group**

The charities and local community groups that make up the Third Sector in Birmingham are a crucial part of the provision of health and social care services in Birmingham, and provide a rich range of support to people who use services and those who care and support them. We have engaged with many of the Third Sector support and infra-structure bodies, including the Third Sector Assembly and the Children & Young People’s Third Sector Assembly.

Case Study

Headstart Big Lottery project

Headstart is a Big Lottery Fund intended to help equip young people to better deal with difficult circumstances in their lives with a focus on improving their resilience, as a way of reducing later mental ill health. The focus was identified by young people themselves through a consultation.

It is a multi-agency, cross-city project focusing on a child’s experiences at school, their ability to access appropriate community services, their home life and home relationships, and their interaction with digital technology.

Healthwatch Birmingham has offered constructive challenge to ensure that a diverse population of young people was involved, particularly in decision-making and project planning. This included challenging commissioners to ensure that seldom heard groups and schools that are less advantaged were able to actively participate. As a result of our challenges the schools involved were amended, and we have engaged with some community groups to support the roll-out and improve involvement.

3.4 Working with Healthwatch England and bodies that oversee and regulate services

Healthwatch Birmingham has worked hard to build strong, positive links with Healthwatch England and the

network of local Healthwatch, particularly in the West Midlands.

We regularly take part in national and regional events organised by Healthwatch England to share our experience and learn from others. This has included conferences and focus group events, and participating in Chair and Chief Officer web-based meetings on specific topics.

We are part of the West Midlands network of 14 local Healthwatch and seek to work constructively and, at times, in partnership. This has helped us ensure we make best use of our shared resources, particularly when working with shared providers and commissioners. We have actively developed the principle of a “lead” local Healthwatch in relation to shared commissioners and providers and have used this approach constructively as both the lead and secondary partner.

Case Study

Mental health homicides inquiry

Following national news coverage of mental health related homicides in Birmingham we carried out a joint inquiry with Healthwatch Solihull to better understand homicide data and lessons learned by the Birmingham and Solihull Mental Health NHS Foundation Trust.

We led the inquiry with a formal letter to the Trust which resulted in a formal written response, a meeting with the Chair and Chief Executive and Board members of the Trust, and a subsequent presentation from the Trust to the Healthwatch Birmingham Board.

This is a good example of us carrying out our scrutiny and checking role of a major provider in the city.

If we make recommendations to local services and they are not listened to, we can pass them to other organisations, including Healthwatch England and the Care Quality Commission (CQC). During the period we have not sent any specific recommendations for investigation or special review of services to Healthwatch England, as, to date, our recommendations have been heard locally and acted on, making escalation unnecessary. We did highlight two safeguarding issues with the CQC and through the local safeguarding reporting mechanisms. In both cases we followed up to ensure the issues had been addressed.

We have worked hard to build a constructive, trusted relationship with the CQC’s West Midlands Inspection Team. We hold regular meetings with the Adult Social Care Team Leader where intelligence is shared from the CQC’s inspection activity and from our own work. We met with the full Inspection Team to update on Healthwatch Birmingham, and build relationships.

We receive, and respond to, requests for intelligence on providers relating to the CQC’s inspection programme, and have regularly contributed feedback from people who use services and patients, drawing on information from our engagement events, targeted focus groups, helpline calls, Enter & View visits, and feedback left in our on-line Feedback Centre. This data is used by the CQC to inform their inspections, and provides a further way for them to check and compare the views of people who use services as reported by providers with the independent data we collect.

Our Enter & View final reports are shared with the CQC, and we use them to highlight where practice may need to be challenged and where practice should be championed as being particularly good. This is one way in which we seek to improve services in Birmingham.

Case Study

Working with the Care Quality Commission (CQC)

Before an unannounced CQC inspection of the West Midlands Ambulance Service (WMAS) Healthwatch Birmingham was asked for feedback from people who had used its services.

We reported views captured at three engagement events that highlighted some positive experiences, particularly of people feeling valued in emergency call out situations. We also highlighted delays in some patient transfers between NHS facilities.

Our feedback contributed to WMAS being given a "minor failure" linked to delays in patient transport response times and expectations that they would improve their performance.

3.5 Providing advice and information (signposting) about services

Health and social care in Birmingham is complex, and it is vital that potential service users are able to find accurate, timely information to support their decisions on which services to use, so they can find out as much as they need about the services on offer.

We do a lot of our signposting through dealing with telephone enquiries (reported above) and through public engagement events. This work has been complemented by the development of our website, with its contact information on a comprehensive set of health and social care providers, and an "A to Z" of key organisations and sources of support. Following research during the period, a hard copy directory of services will soon be available in all GP surgeries and other provider facilities.

Our Feedback Centre brings the added value of providing the person looking for information with feedback from other people, rather than solely having to rely on what the provider itself is saying.

3.6 Representing individuals' complaints (advocacy)

Healthwatch Birmingham does not hold the contract for providing advocacy services relating to public services in Birmingham, so we do not directly represent individuals with complaints. We built a robust relationship with the advocacy provider, POhWER, and, as part of our signposting and advice activity, we referred people to POhWER for formal advocacy support. We also meet directly with providers and commissioners as a result of calls to our helpline, if we think we can have a useful positive impact either in relation to an individual or a group of people who use services.

4. **Influencing commissioners**

The commissioning context for Healthwatch Birmingham is complex. Birmingham City Council commissions social care; three CCGs commission secondary health care from eight Foundation Trusts and other organisations; and NHS England commissions local primary care (including GPs, dentists, and pharmacies) and some specialised services.

We have built good relationships with commissioners to enable us to carry out our *Check, Challenge, and Champion* activities.

Given that our funding for the period came from central government as part of the local government settlement and has been administered through a Birmingham City Council grant, it has been particularly important for us to demonstrate our independence from the local authority. The Chair of the Birmingham Health & Wellbeing Board, Councillor Steve Bedser, has used that meeting to publicly restate the Council's expectation that Healthwatch Birmingham will - and does - hold them to account as robustly as we would any other commissioner, and we have done so a number of times during the period.

We have built relationships with the three CCGs in Birmingham, including with senior strategic leaders and between our Engagement Team and the Engagement Leads within the CCGs.

We regularly meet with NHS England, including a quarterly Birmingham and the Black Country local Healthwatch-NHS England meeting and the regional Quality Surveillance Group where information on the quality of services being provided is scrutinised. We represented local Healthwatch in the assessment of regional applications by NHS England to select a nomination to the Prime Minister's Challenge Fund and were pleased that the Health United proposal put forward has secured an additional £1,000,000 to expand patient access to primary care in our area.

As well as engaging with the NHS Trusts in Birmingham, we have met with other providers including residential and domiciliary care providers, community pharmacies, GP networks, and a wide range of Third Sector and community providers, including carers groups.

5. Our formal Enter & View and Community Champions activity

Local Healthwatch have a formal 'Enter & View' power. This means that trained volunteers - our Authorised Representatives - are able to visit health and social care providers to find out the experiences of the people using the services and of staff working in the service and to observe the facility and the way in which it operates.

Healthwatch Birmingham was required to use the Healthwatch England Enter & View Authorised Representatives training modules that were not developed until the second half of the period. The training included safeguarding, equalities, data protection, and bespoke Enter & View training, and all the volunteers are DBS checked (the disclosure and barring service that helps ensure unsuitable people are not able to work with vulnerable people). This meant our first cohort of 14 Authorised Representatives only began to carry out Enter & View visits at the end of the financial period, visiting three wards at Birmingham and Solihull Mental Health NHS Foundation Trust. Reports of these visits are available on our website, www.healthwatchbirmingham.co.uk.

We plan to significantly increase the scale of our Enter & View activity in 2014-15 and already have plans for visits, including some care homes. This will be achieved in part through the recruitment and training of a second group of Authorised Representatives to complement the first set.

We also trained six Community Champion Volunteers who engaged with the general public and championed their health and social care needs at a local level. We recently recruited a further eight volunteers who will receive their mandatory training early in 2014/15. Our Community Champion Volunteers are pivotal in helping Healthwatch Birmingham understand real life issues faced by people, first hand. They support the Engagement team at events and surgeries, and provide an empathetic ear to seldom-heard groups, helping ensure that their voice is counted as well as signposting them where appropriate.

All our volunteers are inspirational in the way they respond to the needs of their local communities and help empower people dealing with challenging health and social care issues.

Why do I volunteer for Healthwatch Birmingham?

Having worked in the Third Sector for over 15 years it was important that when I decided to volunteer it would ultimately make a difference to people's everyday life. That's why I chose Healthwatch Birmingham. I feel they can make such a difference to the lives of people in Birmingham, enabling them to have a voice that will allow them to influence both social care and health service provision that affect their everyday lives.

On a purely personal level from day one I have felt part of the Healthwatch Team but most of all I have felt *valued*. One of the key rewards of Volunteering is feeling valued and this ethos of valuing people is at the core of the Healthwatch Birmingham Team. That is why it is so easy for me to say "Yes I can volunteer to do that for you".

Jane Reynolds

Authorised Enter & View representative

6. The Birmingham Health and Wellbeing Board

The Health and Social Care Act gave local Healthwatch a seat on their local Health and Wellbeing Board. Healthwatch Birmingham has actively participated in the Birmingham Health and Wellbeing Board throughout the period. We attended every meeting of the Board, contributing to decision-making and using our membership as a way to check, challenge and champion strategic decision-makers, and took part in

the Board's annual review away day.

We gave an update on Healthwatch Birmingham at the January 2014 meeting of the Board, discussing our activity, progress and plans. The live webcast of the meeting can be viewed at http://www.birmingham.public-i.tv/core/portal/webcast_interactive/125203.

We are also part of a group of senior staff from the organisations represented at the Board that helps ensure that the work of the Board is carried out.

7. Our plans for 2014-15

2014-15 will be an exciting year for Healthwatch Birmingham. We are already significantly increasing our profile through a major marketing and publicity drive, and have plans in place for increasing our engagement activities.

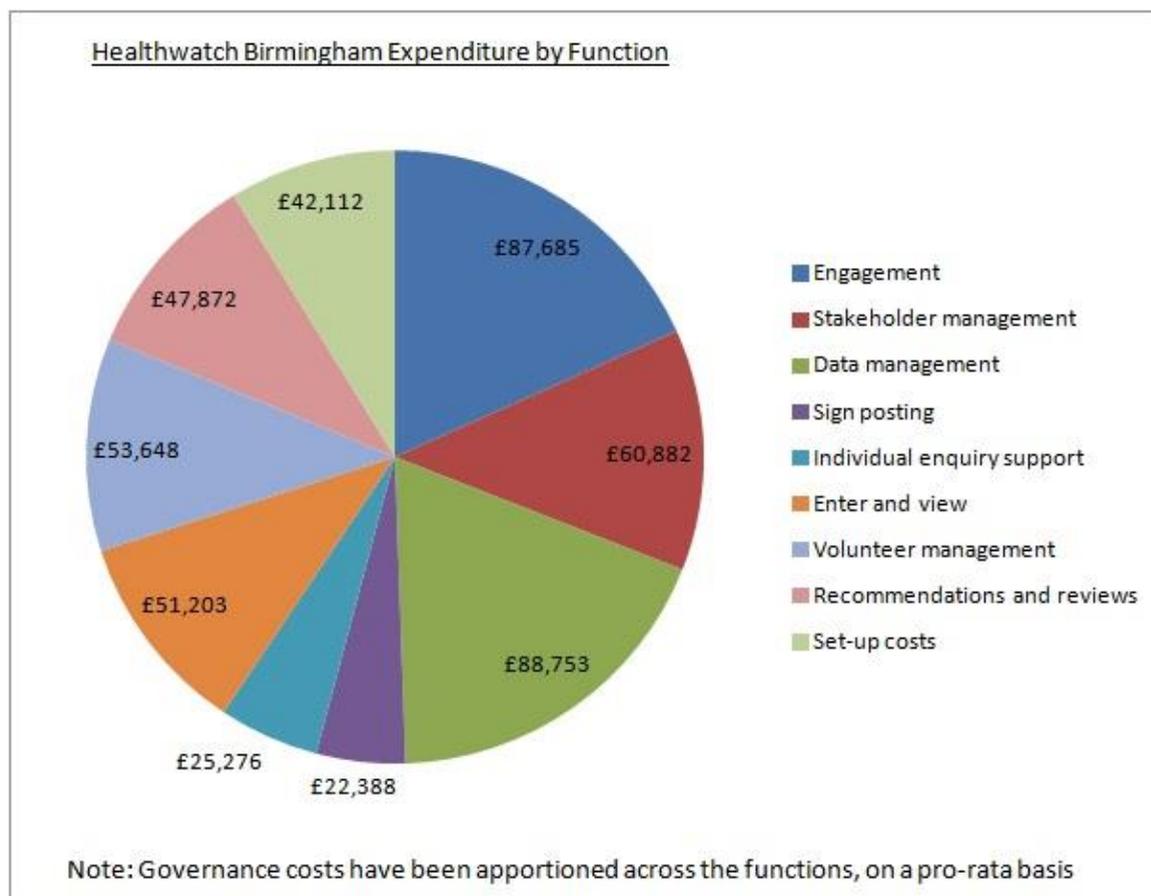
In particular, we will carry out:

- A programme of public engagement activity across the city
- A programme of Enter & View visits
- Community research in all districts of Birmingham
- Our *Check, Challenge, and Champion* function with commissioners in relation to their planning and decision-making
- Our *Check, Challenge, and Champion* function with providers in their delivery of services.

8. Summary financial statement for the period ended 31st March 2014

Expenditure by Function

For the period ended 31 March 2014, the company's expenditure, analysed by function, was as follows:



Income and Expenditure Account
For the period ended 31 March 2014

	£
Income	566,381
Expenditure	<u>(479,820)</u>
Operating surplus	86,561
Interest receivable and similar income	<u>200</u>
Surplus on ordinary activities before taxation	86,761
Tax on surplus on ordinary activities	<u>(2,100)</u>
Surplus for the financial period	<u><u>84,661</u></u>



Registered number: 08440757

Balance Sheet
As at 31 March 2014

	£	2014 £
Fixed assets		
Tangible assets		68,747
Current assets		
Debtors	14,666	
Cash at bank and in hand	<u>95,488</u>	
	110,154	
Creditors: amounts falling due within one year		<u>(92,640)</u>
Net current assets		<u>17,514</u>
Total assets less current liabilities		86,261
Provisions for liabilities		
Deferred tax		<u>(1,600)</u>
Net assets		<u><u>84,661</u></u>
Reserves		
Income and expenditure account		<u>84,661</u>
		<u><u>84,661</u></u>

The financial statements were approved and authorised for issue by the Board on 13th May 2014.

C A Farquharson
Chair

S D Turner
Chair of Audit Committee

