

F

Healthwatch Birmingham
Annual Report 2017/18

Contents

Message from our Chair	4
Message from our CEO.....	6
Highlights from our year	8
Who We Are	8
Our Vision	9
Our Statutory Functions	9
Our Team.....	10
Your views on health and social care	10
Feedback.....	10
Feedback Themes	10
Online Feedback Centre	11
Widget	11
Information and Signposting Line	13
Community engagement.....	14
Community events	15
Our Community Offer.....	18
Raising Awareness of Our Work.....	19
Videos.....	21
Meet Simon.....	23
Communicating with in-patients	23
Helping you find the answers	24
Our Information and Signposting Line	24
Our Information Route	26
Making a difference together	27
Investigations and reports.....	27

Consultations	34
Escalation	37
Raising the quality of public and patient involvement	38
Working in partnership	38
Our Quality Standard in practice.....	40
Working within the Healthwatch Network.....	43
Sharing and learning with colleagues	44
Raising awareness of our work with Healthwatch England.....	45
Healthwatch England National Conference	45
Working with the Care Quality Commission.....	47
Working with stakeholders	49
How we work with the system.....	49
Relationships with regulatory bodies	50
Our role at meetings	51
Quality Accounts.....	53
Responses from providers.....	56
Our plans for next year	57
Reaching out through engagement.....	57
Growing social value.....	57
Increasing high-quality feedback	58
Achieving impact and change for the citizens of Birmingham	58
Our people	59
Healthwatch Birmingham Board	59
Our Board in 2016–17	60
Our volunteers	61
Volunteers from diverse backgrounds	63

Training and developing volunteers	64
Authorised Enter and View Representatives (2017-18)	66
Our finances	67
Healthwatch Birmingham Financial Report 2017-2018.....	67
Total Expenditure 2017-18 by Function	67
Contact Us	68

Message from our Chair

I am delighted to present our annual report for 2017-18, demonstrating the impact we have had on improving health and social care services for the citizens of Birmingham.

Health and social care in the City continues to be a shifting, complex system with many changes and challenges to face. In a city that is undergoing such a fundamental transformation, it is more important than ever for Healthwatch Birmingham to fulfil its duty to ensure that patients and the public are at the heart of change.

This year has seen us become a stronger, more strategic partner in our City, ensuring that we are able to influence health and social care developments and plan our work at the right time, and in the right place. With a merger taking place to create Birmingham and Solihull Clinical Commissioning Group (BSOL CCG), and the merger of Heart of England NHS Foundation Trust and University Hospitals Birmingham NHS Foundation Trust, we now have both the biggest CCG and Hospital Trust in England, matching the size and scale of the City. Positioning ourselves as a trusted partner in 2018-19 will be an important condition for our success. We have made positive inroads with the local Sustainability and Transformation Partnerships (STPs), which we will

fully exploit to enable greater collaboration to flourish, while staying resolute to our mission and focus.

In December 2017, the Care Quality Commission (CQC) conducted a review of Birmingham's provision for people aged over 65. Healthwatch Birmingham, as part of the local scrutiny and regulatory system, and as a member of the multi-agency working group, had an important role to play in sharing intelligence. We were delighted to see our work highlighted in the CQC's review report, with particular reference to our report into access to urgent primary care appointments and our work with our Quality Standard to improve the use of patients' insights, experience and involvement. We have already started to support partners to respond to the recommendations made by the CQC and are committed in 2018-19 to ensuring that these responses are acted on to improve the experiences of people aged over 65 in our City.

In my first year as Chair, I have continued the work of Brian Carr to improve the governance of Healthwatch Birmingham in order to strengthen leadership and support our staff and volunteer team to achieve their best. I was delighted to welcome three new non-executive directors to the Board in April 2017 and to build on this with a new round of recruitment to start the new financial year in 2018. I take this opportunity to thank every member of the Board for their expertise and leadership, with a particular mention to Mike Hughes who left the Board in February 2018.

On behalf of the Board, I would also like to acknowledge the hard work and dedication of our staff and volunteer team, which have resulted in all the achievements highlighted in this report. Thank you for everything you have achieved for the citizens of Birmingham. I look forward with great enthusiasm to everything we will achieve together in 2018-19."

Danielle Oum

Chair, Healthwatch Birmingham

Message from our CEO

This report demonstrates our achievements in 2017-18, which have led to more improvements in health and social care in the City of Birmingham. Our new business plan ensured we were focused and resolute about achieving real impact for the City's citizens.

Our theme for this year was quality and building on our growth as an organisation. For Healthwatch Birmingham, 'quality' means we are hearing the right experience stories, from the right people at the right time. We have a unique position in the City, with the ability to record the whole story of an individual's journey through health and social care, and capturing not only their feedback about the services they receive, but also understanding the transition points between services. The importance of these transition points was highlighted by the CQC review of Birmingham in Winter 2017.

By focusing on gathering high-quality data from service users, we developed our ability to listen more. Developments with our Information and Signposting Line have ensured that we take the time to fully understand each person's story. We have also built the skills and capacity of our Community Engagement Volunteers so that they can gather the information we need at the point of contact. Our work has resulted in valued relationships with the voluntary and community sector, giving us timely access to the right people.

We are committed to increasing our social impact in the City, so this year we developed ways to support citizens and the voluntary and community sector through our Community Offer. This way of working is helping us to support individual community assets by building volunteers' skills and opportunities to be involved. This has made it possible for us to focus even more keenly on hearing the voices of the most vulnerable people who wouldn't normally share their stories.

We are delighted to have supported our health and social care partners through our investigation reports, which have resulted in systems of

continuous improvement based on patients' and citizen's experience. This is demonstrated by our work with Birmingham City Council (BCC) on their Adult Social Care Commissioning Strategy – now, care recipients' feedback is included as one of the indicators of quality. We have also worked with our local clinical commissioning groups (CCGs) to develop feedback mechanisms regarding the quality of their complaints systems, leading to improved experiences for people who take the time to share their encounters with CCG-commissioned services.

Our work to improve the quality and effectiveness of local patient and public involvement (PPI) systems has resulted in clear developments of our Quality Standard to create a benchmarking tool for health and social care organisations. We have worked with University Hospitals Birmingham NHS Foundation Trust to test our new tools for providers and worked with colleagues at Healthwatch Solihull to use our Quality Standard to review the PPI practices at the three Birmingham and Solihull CCGs that are in the process of merging. The year ahead will see us working with more organisations to develop a unified approach to the use of patients' and public insights, experience and involvement.

I would like to take this opportunity to thank everyone for their involvement with Healthwatch Birmingham this year. Thank you to everyone who took their time to share their stories with us, which resulted in a 56% increase in the number of experiences we heard compared with last year.

Thank you also to our dedicated Board members, staff and volunteers for all their hard work, which is leading to real impact for patients and the public.

I also extend thanks to Birmingham's voluntary and community sector, Healthwatch colleagues and our partners in the health and social care sector for their support, without whom we would be unable to achieve so much for Birmingham.

Andy Cave

Chief Executive Officer,

Healthwatch Birmingham

Highlights from our year

56% increase in feedback

All 10 Birmingham districts heard from

7,800 people engaged through social media

316 people received Information and Signposting

97,509 webpage views

4,000 views of our videos

Who We Are

Healthwatch Birmingham is the independent champion for health and social care services. We exist to ensure people are at the heart of care. We provide patients and the public with ways to feed back and have a stronger say about the services they use.

We listen to what people like about services, and what could be improved. This could be about general practices, hospitals, dentists, opticians, pharmacists, nursing and residential homes, or care received in the community.

We have the power to ensure that the organisations that design, run or regulate health and social care listen to people's views and act on them. People's experiences prompt and lead our activities and investigations, with our reports focusing on improving services for everyone. We also encourage services to involve patients and the public in decisions that affect them.

Through our Information and Signposting Line, Healthwatch Birmingham also helps people find out the information they need about services in their area.

When people share their experiences, it can make a big difference. Our aim is to help make health and care services better for patients, their families and their community.

Our Vision

Patients, the public, carers and service users are at the heart of every change made in the name of service improvement in health and social care in the City of Birmingham.

Our Statutory Functions

++ Promoting and supporting the involvement of local people in the commissioning, provision and scrutiny of local care services.

++Enabling local people to monitor the standard of provision of local care services, and how they could and ought to be improved.

++Gathering the views of local people regarding their need for, and experiences of, local care services and, importantly, to make these views known.

++Making reports and recommendations about how local care services could or ought to be improved. These are directed to commissioners and providers of care services and people responsible for managing or scrutinising local care services. We also share our reports with Healthwatch England.

++Providing information and signposting about access to local support services so people can make informed choices about their care.

++Making recommendations to Healthwatch England to advise the Care Quality Commission (CQC) to conduct special reviews or investigations, or, where the circumstances justify doing so, making such recommendations direct to the CQC.

++Providing Healthwatch England with the intelligence and insight it needs to perform effectively as a national advocate for the issues local Healthwatch raise on behalf of the public.

Our Team

Hanna Nadershahi (Volunteer and Community Officer), Claire Reynolds (Marketing and Events Officer), Jackie Spencer (Head of Patient and Public Involvement), Andy Cave (Chief Executive Officer), Chipiliro Kalebe-Nyamongo (Policy Officer), Jane Upton (Head of Research) and Gary Rogers (Information and Signposting Officer) Insets: Di Hickey (PA to the CEO and Secretary to the Board) and Sarah Walmsley (Project Officer).

Past staff: Barbara Hagger (Researcher).

Thank you to all staff members, past and present, who have supported us over the last year.

Your views on health and social care

Feedback

We collect views on health and social care through several routes: our online Feedback Centre, our Information and Signposting Line, and through community engagement and our investigations

Information and Signposting line 35% (n=316)

Feedback Centre 37% (n=338)

Community Engagement 28% (n=255)

2017-18 saw a 56% increase in feedback received via all routes. We received 909 separate pieces of feedback during this period.

Feedback Themes

Quality of treatment, Quality of care, Service delivery, organisation & staffing, Staff attitudes, Communication between staff & patients, Continuity of care, Quality of appointment, Complaints procedure, Quality of staffing, Engagement, Cost of services, Other Health & safety, Patient records, Cleanliness, hygiene & infection control, Consent to care & treatment, Holistic support, Building/facilities, Quality of regulation, Food/nutrition, Quality of

catering, Health inequalities, Public involvement, Health protection, Lifestyle & wellbeing, Quality of patient transport.

Online Feedback Centre

Healthwatch Birmingham's online Feedback Centre is an effective tool for gathering people's experiences of local services. In the last year, 338 patients and service users reviewed a service via this route. It allowed them to share their views about what is good about the service and where improvements could be made. People can submit their experiences anonymously. We do not share the personal details of reviewers without their permission.

Our online Feedback Centre provides a real-time data source, which is beneficial to those purchasing, providing or inspecting services because it helps them understand what people are experiencing. The Feedback Centre also provides an easy platform for people to read about the experiences of others in using local health and social care services in Birmingham. As Birmingham is a diverse city, our Feedback Centre translates into over 100 languages, which strengthens our capacity to listen to more people.

We also offer service providers the right to respond to feedback (see case study below). This allows them to acknowledge good reviews and provide solutions to any issues raised by patients.

Our Feedback Centre translates into over 100 languages, which strengthens our capacity to listen to more people.

Widget

We are very excited about the continued roll-out of our website Widget in the coming year. The Widget is a facility that is set up on a provider's website that links feedback left there to our online Feedback Centre. This means that the views of service users who leave feedback directly on a provider's website will be shared with Healthwatch Birmingham, thus increasing the range and amount of feedback that we gather.

Healthwatch Birmingham provides the Widget free to all providers in Birmingham, and we will continue to encourage more service providers to demonstrate the value of patient feedback by adopting it. By placing the free Widget on their website, providers will gain a better understanding of how people are using their services and improve their engagement with patients and members of the public. Feedback gathered via the Widget can also provide intelligence to influence decision-making and help to focus resources on areas of need. More information about the Widget can be found on Healthwatch Birmingham's website.

We were happy to welcome the following providers to the Widget this year:

- + Birmingham CrossCity CCG
- + Aman Care
- + Digby Manor
- + M&N Healthcare
- + NDH Care Ltd
- + Future Health and Social Care
- + Care Never Sleeps
- + Routes Healthcare (West Midlands) Ltd
- + Liberty House Care Homes Limited.

Case Study: Collecting Feedback Using the Widget

Routes Healthcare (West Midlands) Ltd provides at-home care and support for people who are elderly, disabled and vulnerable. It adopted Healthwatch Birmingham's Feedback Centre Widget on its website in order to hear the views of clients and understand better their experience of the quality of care and treatment it provides. The feedback will be displayed on both the Routes Healthcare website and on the Healthwatch Birmingham website.

"We have worked really hard over recent months to promote our Widget and it is great to see providers receiving the benefits of this tool. Our Widget

empowers patients to have their views heard and contributes greatly to influencing changes within health and social care services.” Jackie Spencer, Head of Patient and Public Involvement, Healthwatch Birmingham

Information and Signposting Line

Our Information and Signposting Line provides members of the public with policy information, signposts them to appropriate organisations, and hears their feedback about local health and social care services. This year, we heard the views of 316 people via this route.

In the case of Mrs P in the Case Study below, her call to our Information and Signposting Line led to the Healthwatch Birmingham team exploring several different avenues in order to help her to resolve a problem she was facing with the care of her son.

Case study: Rights under the Mental Health Act

Mrs P rang the Information and Signposting Line to ask whether a hospital had the right to force feed her son, who has anorexia and was an in-patient in a specialist unit. Her son had been refusing solid food at the hospital and was losing weight. Mrs P had heard that some hospitals use force-feeding when children fall below a certain weight, although she had been informed that this was not the policy of her son’s current unit. Mrs P contacted Healthwatch Birmingham to get clarity on legal guidelines and to understand her rights and those of her son.

Healthwatch Birmingham’s policy team researched her rights by consulting the NICE Guidelines, the NHS Choices website, the Royal College of Psychiatrists and the Mental Health Act to offer Mrs P information that would allow her to make an informed decision about her situation, and in particular for her to consider the best treatment for her son and to allow her some control over his care. Using the information she was given, Mrs P felt confident to raise a complaint with the Care Quality Commission regarding her son’s treatment.

Community engagement

We are a visible and accessible presence in local communities, enabling people to easily share their experiences of health and social care. In 2017-18, we heard 255 pieces of feedback through raising awareness among different communities and participating in community events. We value everyone who takes the time to share their experiences — community engagement events are vital in building a picture of where health and social care services are working well and where improvement is needed.

In 2017-18, we heard 255 pieces of feedback through our engagement in a variety of community events, from focus groups for refugees, to workshops for carers of people living with dementia.

By participating in community engagement events, we can reach specific groups to talk about what we do and listen to their experiences. We participated in a variety of events and community activities across the 10 districts of Birmingham this year, hearing feedback from a diverse range of people, including:

- + young people
- + people experiencing mental health problems
- + young families
- + people with learning disabilities
- + people with visual impairment
- + older people
- + refugees
- + Caribbean communities
- + carers.

Community events

One of the best things about community engagement is that our volunteers have the opportunity to attend local events ‘on the ground’ and really get to know people’s views in a comfortable and familiar setting. Examples of this work in 2017-18 include: taking part in the Health and Wellbeing Week, CoCoMAD Festival in Cotteridge, Quinborne Community Day, Caribbean Cultural Day, Carers’ Week, Birmingham & Solihull Mental Health NHS Foundation Trust Community Fun Day, and events at Quinton Library. The following case studies represent a selection of our activities at community events, and demonstrate that working alongside communities is an important part of gaining trust and gathering views. Healthwatch Birmingham provides a very important bridge in gathering these views and ensuring that they are heard within the health and social care system. All feedback was entered into our process for selecting issues to investigate, and reported to commissioners and regulators.

Case Study: The Refugee Experience of Health and Social Care

In July, we held a focus group with the Birmingham Iranian Society. Iranian refugees told us about some problems they had with prescription charges and a lack of accessible information about eligibility for free prescriptions and support. Some people were having to make serious choices about whether they could afford the medication they needed. They also raised questions about the availability of interpretation services, particularly when visiting their GP. We shared relevant feedback in our response to Sandwell and West Birmingham’s consultation regarding prescriptions.

Case Study: Drop-in Event for Mental Health and Wellbeing

Birmingham Mind’s Beechcroft Recovery and Wellbeing Centre in Erdington offers support to improve people’s emotional and mental wellbeing. In October 2017, we attended one of Beechcroft’s drop-in community events, where we engaged with over 40 individuals.

We raised awareness of Healthwatch Birmingham and encouraged participants to share with us their experiences of using health and social care

services in Birmingham. This was a great opportunity to engage with people who have experienced mental health difficulties, and listen to their stories, in a space where they felt safe and comfortable. We heard about the problems people face when they have to wait a long time to receive appropriate talking therapy, and a lack of access to mental health crisis services.

Many people were happy with the staff that treat them, but they felt there was never enough time to talk about their issues, or enough staff to help deal with a mental health crisis. Not being able to get an appointment when in crisis had often sadly caused many people's mental health to deteriorate. Being able to meet other people in similar situations and taking part in social activities, such as those provided at Birmingham Mind's Beechcroft Centre, were seen as a lifeline by many of the people who shared their stories.

'Many of the young people we spoke to felt they were not always taken seriously because of their youth.'

Case Study: Community Jobs Fair

In November 2017, we attended a community jobs fair in Kitts Green, which was co-hosted by Birmingham Settlement and The Pump, which is a hub for local youth work and social activities in the area.

We engaged with over 50 people, including many young people who were looking for work and their parents. We raised awareness of our services and listened to young people's experiences of using local health and social care services.

One of the young people we spoke with told us about the difficulties she had experienced in using services related to her autistic spectrum disorder. She was seen by several different professionals, so there was little continuity of care, and she had to wait in a busy waiting room full of people, which often caused her additional anxiety and stress.

Many of the young people we spoke to felt that their views were not always listened to by professionals, and they felt they were not always taken seriously because of their youth. They said they often felt let down by the way

they were spoken to during their first point of contact with the service. The feedback we heard was consistent with some of the findings from our 2016 report: Young People's Experiences of Patient-Centred Primary Care in Birmingham.

By attending meetings of three Dementia Information and Support for Carers (DISC) groups, we were able to engage with over 60 carers who are looking after people with dementia.

Case Study: Carers' Group Meeting

We attended three Dementia Information and Support for Carers (DISC) groups in Harborne, Sutton Coldfield and Yardley, engaging with over 60 carers in total. During the meetings, we invited members of the group to tell us about their role as a carer and about their awareness of the support available to them. We listened to their experiences of local health and social care services, and the experiences of the person they care for in living with dementia.

We also held feedback focus groups, which enabled carers to speak one-to-one with Healthwatch Birmingham staff and volunteers. Carers shared both positive and negative feedback about a range of services, including that from general practice, hospitals, care homes and adult social care.

We heard mixed experiences about access to social worker support. Some carers told us there was a lack of joined-up services between social care, their GPs and hospitals, and some had experienced delays in receiving community-based care. There was also a lack of information: "How am I supposed to know what I want if I am not being told about it?" said one carer.

Some carers said they had no difficulty in booking appointments and that the quality of their treatment was excellent. Others, however, had experienced long waiting times, or had been obliged to relate the difficulties they were having to several different GPs and healthcare professionals. Problems in obtaining a diagnosis were also cited.

Most carers didn't know about their rights under the Care Act 2014, or what support is available for them, including access to respite and support for their own mental health needs. We heard that DISC was an invaluable resource for carers. Healthwatch Birmingham has since supported a number of carers from DISC to access the information they need about their rights and local support services.

Our Community Offer

In order to bring positive change for the communities we work with, it is essential to work in strong partnership. One of our priorities this year was our Community Offer, which continues to build sound working relationships with voluntary, community and social enterprise organisations in a way that will bring mutual benefits to service users, partner organisations and Healthwatch Birmingham itself.

We want to hear proportionately from people across the 10 districts of Birmingham, as well as cover all nine protected characteristics of the Equality Act 2010. In addition to this, we want to engage with and give a powerful voice to seldom-heard groups, such as people affected by mental health difficulties, carers, homeless people, refugees and asylum seekers, people living in poverty and people who are long-term unemployed. Their experiences matter.

Successful engagement with these diverse communities requires a lot of time, effort and understanding of particular issues or barriers that individuals face in engaging with different services and sharing their stories with us. We need to engage with people in a way that suits their needs and in a place that feels safe and comfortable. Often, this is achieved with the help of key partner organisations that already have access to these groups, and that have spent a lot of time developing trusting relationships with the people they support.

Between December 2017 and March 2018, we approached 18 partner organisations and held individual meetings with each to discuss sustainable ways of working together. It was clear that there is a need for us all to work

together to maximise the positive impact of health and social care services for these communities.

As a result, we developed the Healthwatch Birmingham Community Offer. This aims to improve our access to the most vulnerable and seldom-heard groups in Birmingham, increase capacity in the third sector and build transferable skills within the communities we serve. Organisations we work with could choose to participate in several different ways and support us by facilitating access to service users who are willing to share their stories.

One of the ways our partners can take part, for example, is by encouraging their current volunteers or service users to become the link between the partner organisation and Healthwatch Birmingham, using their first-hand understanding and knowledge of their local community. These volunteers are offered Healthwatch Birmingham Community Engagement Volunteer training, which enables them to listen confidently to their local community's healthcare needs. Volunteers benefit from using their transferable skills, which they can use to competently support independent consultation on behalf of Healthwatch Birmingham and our partner organisations. Many professionals we spoke to felt that taking part in different types of volunteering in familiar settings would reduce the barriers faced by service users and help them to try new things and become more confident and independent.

Organisations taking part also benefit from joint promotional work that aims to raise awareness of our partnership work, partner organisations and the benefits of this work for local people. As a result of the informal conversations we had in late 2017, Healthwatch Birmingham is building on these foundations to pilot the Community Offer with key partner organisations in 2018-19.

Raising Awareness of Our Work

#ItStartsWithYou was Healthwatch England's national campaign for 2017, which shared the good news that people's feedback can make a difference to

local health and social care services. We also released a new video series this year, with a particular focus on engaging young people.

#ItStartsWithYou

Getting involved in a national campaign provided Healthwatch Birmingham with a louder voice. It meant we could widen our reach, enabling more people to find out how they can talk to us, and raise awareness of the impact our work has for patients, service users and carers.

#ItStartsWithYou saw social media engagement, particularly on Twitter, grow by 16%, and website visits by 25%.

#ItStartsWithYou celebrated the patients who have shared their views about health and social care with their local Healthwatch. We published four patients' stories as part of the campaign; all great examples of local people speaking up about their experiences, and the support we were able to provide as a result. Patients talked to us about issues such as obtaining an emergency GP appointment, the quality of care, and waiting times. We talked about how we support patients by signposting them to advocacy organisations and providing information that can help them challenge services where they are not getting the help they need. Other stories showed how we use patients' experience as part of our wider investigations into services. As a result, patients reported improvements in the quality of their care and access to treatment. These stories were shared widely through direct marketing promotions, social media and our regular community engagement activities.

Campaigns such as #ItStartsWithYou highlight the importance of hearing from as wide a range of people as possible. Patients' feedback helps us to understand what people want from their care in the future and whether current services are meeting their needs. Feedback is also the main source of evidence we use when working to improve health and social care services for patients and the public.

You can read some of the stories on our website.

The national Thunderclap for #ItStartsWithYou on social media reached more than 1 million people.

Case Study: #ItStartsWithYou

A patient told us that they had to change GPs after being discharged from hospital, in order to get the care they needed: “I could not get reception to understand that I had been sent out of hospital with one week of tablets and needed more. They could not offer me an appointment before the tablets would run out. I kept being told to try tomorrow, until I was so fed up I registered at another GP.”

This feedback was one of several stories that highlighted wide variations in the management of emergency GP appointments. Healthwatch Birmingham is now working with commissioners and providers to encourage the sharing of best practice to improve access and treatment for this service across Birmingham.

Videos

We needed a fresh and engaging way to introduce people to our work, so in Autumn 2017 we launched a new online video series to encourage more people to share their experiences of health and social care with us.

In developing the video content, we felt we would reach people from diverse backgrounds by presenting a universal and accessible way to understand how they can get in touch. Young people in particular tend to prefer video content to get information, but we also found that our new video series helped people for whom English is not their first language and those who have hearing impairment. Videos extend our range of access options, and are proving an effective resource at our community engagement events for people who prefer to access information visually.

The three short videos make it easier for people to quickly find out how Healthwatch Birmingham champions their views, how they can feed back about health and social care, and how their experiences are being used to shape better services.

The videos:

- + emphasise the simple routes people can use to talk to us
- + raise awareness of the types of services people can review (GPs, hospitals, opticians, care homes, and more) and the issues they can talk to us about (treatment explanation, staff attitude, cleanliness, and so on)
- + promote the vital contribution people's views make to our activity, and to improving local services.

“We have worked hard to strengthen our digital marketing and social media activity over the past couple of years. Our new videos recognise the changing ways people are accessing information and consuming content. Social media and online communications have seen a huge shift to video and we need to embrace these trends to get our messages across to the people of Birmingham.”

Claire Reynolds

Marketing and Events Officer, Healthwatch Birmingham

The videos were launched on our website and on Facebook, Twitter and YouTube during October and November 2017. We consulted members of the public, volunteers, health and social care organisations and voluntary, community and social enterprise organisations to make sure we were engaging as many service users as possible with them. Local organisations deserve particular mention as they helped us get our message across to a wide range of service users; for example:

- + third-sector organisations, Birmingham Voluntary Services Council, LGBT organisations, carers' groups and NHS Trusts all ran features in their newsletters to promote the videos
- + Birmingham City Council (BCC) shared one of the videos with all its care homes and homecare providers, encouraging them to show it to relatives and

residents, and added a link to the videos on the adult health and social care page of the BCC website

+ local clinical commissioning groups (CCGs) featured the videos on their websites

+ many of our stakeholders engaged with and shared our social media content.

Our new videos were viewed over 600 times on YouTube, and 3,700 times on Facebook. We also registered a 100% increase in engagement on Facebook, and a 45% increase on Twitter.

Meet Simon

One of the videos introduces people to 'Simon', an avatar that we are using to represent the many people in Birmingham whom we would like to share their views about health and social care services. The video explains the services Simon is using, and shows how he can talk to us about his experience of matters such as waiting times, access to services and staff.

During the launch period of the videos in Autumn 2017, we received 100 pieces of feedback.

We are encouraging as many patients as possible across the City to join Simon in speaking up and sharing their feedback with us. The weblink is: <https://healthwatchbirmingham.co.uk/new/new-video-series-launch/>

Communicating with in-patients

This year, we built on the work we started last year with Birmingham Hospitals Broadcast Network (BHBN). This work is important because it is helping us access and communicate with people currently receiving care. We are doing this through featured information announcements that are aired regularly throughout the radio's programming.

BHBN Hospital Radio broadcasts to six hospitals in Birmingham and Solihull: Heartlands, Good Hope, City, Birmingham Women's, Queen Elizabeth and

Solihull. Run by volunteers, it has a growing audience of listeners both within hospitals through bedside media units, and online.

BHBN's short customer-care announcements are aired regularly, and so were an effective channel for us to use to encourage people to send us their feedback. The announcements provide information about the different ways people can talk to us about health and social care services, what kinds of issues they can tell us about, and the importance of people speaking up. Understanding the quality of care that hospital patients are experiencing in the moment is key, and working with BHBN is helping us communicate with these patients in particular.

Helping you find the answers

Our Information and Signposting Line

Healthwatch Birmingham's Information and Signposting Line guides people to information about local support and helps them navigate health and social care services. This year, we heard the views of 316 people via this route.

As we engage with more people, awareness of our services is increasing through word of mouth. When people contact us, we often hear that they are not sure who can help them, and they often don't know where to start. It is our role to put that person in touch with the best organisation to help them. We do this by consulting our signposting database to find the right support organisations in Birmingham that can help callers consider their options, as in the Case Study below.

Case Study: Dental care services

Mr A contacted Healthwatch Birmingham because he was concerned about the service he had received from his dentist. He had paid his dentist upfront for some dental work, which he had then had to cancel due to a hospital appointment. He had asked for a refund because he did not know what his long-term plans were, but had not heard anything back.

Healthwatch Birmingham's Information and Signposting Line was able to direct Mr A to the Dental Practice Manager in the first instance in order to request the refunds policy, and then to contact the General Dental Council to discuss the practices of the surgery. Following the information Mr A received from Healthwatch Birmingham, he contacted us to confirm that his problem had been resolved and thanked us for the service.

Sometimes when a person contacts us, it is to ask for information to empower them to take control of their own care. Often this is because the information they need is hard to find or understand. Part of our role is to bring that information together for us to share with service users such as Mr A.

It is important to us that callers to our Information and Signposting Line receive the service that they need and expect. Where appropriate, we follow up with audit calls, which tell us whether the organisation was the right one to support them and whether it has helped to resolve the issue. We challenge organisations if there are any concerns. The information gathered is recorded on our secure database and used as part of our wider reporting on patients' feedback.

We average 26 pieces of feedback a month through our Information and Signposting Line.

Through our Information and Signposting Line, we have signposted to a range of organisations and information including:

- + complaints advocacy providers, such as VoiceAbility and Advocacy Matters, when people would like support to make a complaint
- + Patient Advice and Liaison Service (PALS) and Clinical Commissioning Groups, particularly when enquiries relate to hospital or primary care services
- + community and support groups, where people may be able to access health and wellbeing advice and information
- + local authorities, when people require details about safeguarding or social care

- + national organisations such as NHS England, NHS Choices and the National Institute for Health and Care Excellence (NICE) for information on policy

- + regulatory bodies such as the Care Quality Commission (CQC) and the Parliamentary and Health Service Ombudsman, which can help people find out more about sharing their concerns, complaints or feedback about services and the appropriate processes for raising a complaint.

Our Information Route

Alongside our Information and Signposting Line, our website's online Information Route supports people in finding information about health and social care in their area. People can navigate this free resource themselves, which provides details and links to local and national health and social care systems.

Our Information Route was visited over 2,000 times.

It includes information on:

- + how people can share their experiences, views or concerns about health and social care services, including via links to NHS Choices

- + local advocacy support, including VoiceAbility, POhWER, CASBA and Advocacy Matters

- + safeguarding information, if people want to raise concerns about an adult or a child

- + raising a formal complaint, including links to guidance from NHS England, the Parliamentary and Health Service Ombudsman and the Care Quality Commission

- + patients' legal rights, by providing links to information about the Care Act 2014, personal health budgets and people's rights in relation to patient choice

- + improving wellbeing and accessing community groups, with links to local organisations and support groups

+ getting in touch with local councillors and MPs.

Healthwatch Birmingham actively promotes the Information Route through its awareness activities, so people can independently find the information they need. In the next year, we will be updating the Information Route to include more support links, guidance and information for patients and the public.

Healthwatch Birmingham's website had over 95,000 page views in 2017-18.

Making a difference together

Investigations and reports

Healthwatch Birmingham's investigations arise from the feedback we receive from service users, carers and patients. We investigate some of the issues they raise further, with the aim of improving services for everyone. We choose which issues to investigate with the help of Healthwatch Birmingham volunteers and members of the public, who complete an online survey to select issues for us to explore further.

Some of the issues we hear about from patients and the public require deeper exploration in order to present a comprehensive report to those who commission, design or deliver health and social care services in Birmingham.

This year, we collected feedback and other data for investigations via Enter and View visits, interviews and focus groups. We also sought the views of key professionals who are providing or commissioning the service we are investigating. This helps us to form a deeper understanding of the issue from their perspective and encourages them to take prompt action to effect positive, and sustained, change.

We follow up our reports to measure the impact they have had on improving services for patients and service users, and hold providers and commissioners to account for changes they have committed to following our reports. If we find no improvement, we may escalate the issue to Healthwatch England and local regulators. The investigations we conducted in 2016–17, and their impact, are described below.

“The CCG really values the close working with Healthwatch Birmingham — the approach that is adopted in working with patients and commissioners to make improvements in quality and patient experience works really well and is a true collaboration. Really good communication and working together have really benefited the CCG in its commissioning and its approach to improving the quality of services.” Claire Parker, Chief Officer for Quality, Sandwell and West Birmingham CCG

Clinical commissioning group complaints systems

Public involvement is a critical part of the complaints systems used by clinical commissioning groups (CCGs). One of our follow-ups was initiated by a phone call to our Information and Signposting Line from a member of the public. He told us that he had made a complaint to a Birmingham CCG about a clinic he had visited. However, he was not happy about the way the CCG had handled his complaint.

As one of our roles is to ensure good patient and public involvement in the design and delivery of services, this prompted us to try to understand better how Birmingham CCGs collect and use people’s feedback, including when someone makes a complaint. We asked Birmingham CCGs whether such feedback is useful to them and why, and specifically how, they:

- + collect and use complainants’ feedback within their complaints systems
- + might plan to listen to patients’ feedback in the future.

We also wanted to increase our understanding of the experiences of complainants, so we collaborated with VoiceAbility: an organisation that supports people who face disadvantage or discrimination to have ‘a voice that counts’. We then interviewed people who had previously made a complaint.

On the back of this work, we produced a report, Patient Involvement and Complaints Systems. This highlighted the benefits of CCGs routinely listening to feedback about their complaints systems and using this to improve the service. We also reported on the barriers that might inhibit CCGs from using feedback on complaints in this way.

Because of our investigation, Birmingham's CCGs are currently working to improve the quality of the feedback they receive from complainants.

+ Sandwell and West Birmingham CCG is now collecting feedback about patients' experiences of submitting a complaint, and it also has established clearer communication channels with VoiceAbility.

+ Our report has influenced Birmingham and Solihull CCG to include a new process for gathering feedback from complainants, with a view to shaping and improving the service for the future.

This will help the CCGs to fully benefit from patient's experiences and insight and help them to commission the best healthcare for local people.

Patient and public involvement in nursing and residential homes

Healthwatch Birmingham conducted an investigation based on Enter and View visits to four nursing and residential homes to help us respond to Birmingham City Council's consultation on its proposed Social Care Framework Draft Commissioning Strategy. Specifically, we wanted to find out how well nursing and residential homes listen to service users and act on what they hear; in other words, their 'patient and public involvement' (PPI).

The providers we visited for this investigation were Amberley Court, Tandy Court, Clare Court and Moundsley Hall. We discussed the visits with commissioners and the Care Quality Commission (CQC) to ensure good communication and avoid duplication. All the providers we contacted were happy for Healthwatch Birmingham to interview service users, relatives and staff. The managers of the residential and nursing homes displayed posters advertising our visit and ensured that our feedback postcards were available for service users, relatives and staff to complete before or during our visit. Healthwatch Birmingham representatives obtained face-to-face or written feedback from 26 service users, three relatives and 11 members of staff.

When we subsequently responded to Birmingham City Council's consultation on its draft commissioning strategy, we provided insights on the following points:

- + the obstacles that need to be overcome when it thinks through the details of how patients' feedback will be heard and acted on by providers, and by the Council

- + the good practice that is already in place, and can be built on, in some residential and nursing homes with regard to listening to service users and relatives, and using their feedback to improve the care and wellbeing of their residents.

We stated in our response that there were large variations in PPI among the different providers we had visited, and recommended that the Council develop a more detailed plan and carefully test and refine it.

“In order for all service providers to hear and act on service users' feedback, there will need to be a “culture shift”. This might take time. However, it is vital that Birmingham City Council uses the views of service users to buy and allocate adult social care packages. If done properly, this will increase the quality of publicly funded nursing and residential homes, as well as domiciliary care.”

Councillor John Cotton

Birmingham City Council

We are also able to put on record the following impacts of our investigation:

- + Healthwatch Birmingham is working with Birmingham City Council (BCC) to enable it to have real-time access to the online feedback we hear about BCC-funded service providers.

- + BCC will use Healthwatch Birmingham feedback to inform its Quality and Provider monitoring visits.

- + BCC will provide opportunities to increase the benefits of using our online Widget with providers.

+ To address the challenges of biased or poor-quality user feedback collected by BCC-funded providers, Healthwatch Birmingham will run two workshops for providers, based on our PPI Quality Standard.

+ BCC will consider the options for independent review of residents' involvement to assure the quality of feedback mechanisms that providers have in place. This should also assure BCC that residents are safeguarded from any negative consequences of providing feedback.

Quality of service provision for mental health

Another investigation was initiated following feedback from a carer whose father has a diagnosis of schizophrenia. He was finding it difficult to obtain his father's antipsychotic medications from one of the services run by Birmingham & Solihull Mental Health NHS Foundation Trust (BSMHFT). Sometimes when he attended appointments to collect the medication, it was not ready and he had to return another day. This was causing the patient, and his family, distress.

We asked local third-sector organisations providing services to people with a mental health condition for feedback about this service. Much of the feedback was negative and included issues such as patients being discharged without informing the family or case workers, problems with the management of medications and booking appointments, patients who miss appointments not being followed up, the service not answering the phone (it took one caseworker hours before her phone call was answered), and blood samples not being taken properly.

We shared this feedback with the CQC's mental health directorate. It welcomed this information and together we will hold BSMHFT to account to resolve the issues we raised.

"This investigation demonstrates how the CQC is working with Healthwatch Birmingham in a joined-up way. We are increasingly using the views and experiences of local people, including those heard by Healthwatch

Birmingham, to inform our inspections and meetings with providers, as part of the CQC's new approach to regulating health and care services.”

Kenrick Jackson,

Inspection Manager for Mental Health,

CQC, Central West Region

Local authority direct payments

Direct payments are payments made by the local authority to people who have been assessed as needing help with social care, and who would like to arrange and make payments for their own care and support services instead of receiving them directly from the local authority. Our investigation into the provision of direct payments was prompted by Thrive Birmingham, a therapeutic gardening centre in South Birmingham. It had raised concerns about a client's lack of access to direct payments.

Because the explicit purpose of direct payments is to support service users in becoming more independent and to have more choice, we sought to widen this and hear feedback and comments from service users and professionals with experience of direct payments to find out more about their experiences. We interviewed five carers, four service users, four third-sector managers, two teams of third-sector caseworkers, and four BCC employees who are knowledgeable about direct payments. In summary, the feedback we heard about accessing and managing direct payments raised the following points:

- + Many people, including service providers, have not heard about or do not understand direct payments.
- + It is difficult to access social workers to obtain timely assessments and other advice.
- + There is a lack of informed, shared decision-making.
- + In some cases, direct payments burden families and carers with extra responsibilities.

Our report, to be published later in 2018, will help BCC to understand the views and experiences of service users and carers who are in receipt of direct payments. This will help BCC to increase the number of recipients of direct payments, and, all being well, result in increased personalisation of care.

Care plans

We use our reports to encourage providers to decrease variability in the quality of their services. Last year, we reported on the impact of our study on the provision of care plans for people with a serious mental illness. One of our findings was that 20% of people with a serious mental illness do not have a care plan. Following the publication of our report, BSMHFT conducted a programme of work to provide more people diagnosed with a serious mental illness with a care plan.

“Our inquiry saw Birmingham & Solihull Mental Health NHS Foundation Trust increase the number of people with a care plan. Our reports are prompting real action and are resulting in the improvement of services for the people of Birmingham.”

Andy Cave CEO,

Healthwatch Birmingham

BSMHFT has continued to make improvements:

- + All in-patients have care plans, which list needs, interventions and goals.
- + All service users on rehabilitation wards routinely now have care plans.
- + 5% more people on the Care Programme Approach have a care plan.

Further improvements that the Trust has made are documented in our impact report: Improvement in Care Plans for People with Serious Mental Illness in Birmingham.

Our report on access to emergency GP appointments was based on the views of 66 patients and 76 GPs.

Accessing emergency GP appointments

In 2017, Healthwatch Birmingham published a report, *Can Patients with a Clinical Need Access Emergency GP Appointments in Birmingham?* The report, based on the views of 66 patients and 76 GPs, indicated that people with a clinical need for an emergency appointment were not always getting access to primary care. We also learned that pressure on GPs and high demand for their services were contributing to the problem of unequal access to emergency appointments across the City. Knock-on effects of the pressure in primary care were felt in other parts of the system, such as increased demand for 111, and ambulance services, and acute care. We shared our findings with CCGs and GPs for consideration in future planning and practice development.

Consultations

Through consultations, we ensure the views and experiences of patients and the public are at the centre of decision-making in the commissioning of health and social care in Birmingham. Our main consultation responses in 2017-18 related to the Care Quality Commission and the merger of three clinical commissioning groups.

Care Quality Commission consultation

In early 2017, the Care Quality Commission (CQC) released a consultation on its plans for its future approach to regulation across health and adult social care in England. Called *Next Phase of Regulation: A more targeted, responsive and collaborative approach*, the CQC's consultation document sought views on:

- + its principles for regulating new models of care and complex providers
- + changes to its assessment frameworks across all sectors to reduce complexity and create more consistency
- + how services for people with learning disabilities are registered
- + the way it will regulate and rate NHS Trusts from April 2017.

Some of the changes were in response to the altering landscape within health and social care, including the introduction of Sustainability and Transformation Partnerships (STPs), Integrated Care Systems and new care models. Once approved, these changes would have a substantial impact on how services are shaped and delivered, and so have considerable effects on service users and the public.

It is important to Healthwatch Birmingham that the regulators of these new structures continue to scrutinise how well patients, the public and service users are involved in decisions about their care and treatment. Consequently, in responding to this consultation in February 2017, we called on the CQC to recognise the value of working with and involving service users during inspections, a theme we noticed was sparsely referred to in the consultation document. While we noted that the CQC had mentioned service-user feedback and the need for qualitative information from people who use services, it was not clear what evidence would be required by the CQC to demonstrate that this was actually taking place.

We also raised concerns related to patient and public involvement (PPI), which we found was not referred to in the CQC's strategic priorities, and in particular would not form part of its new regulatory assessment framework. We found that the 'new and strengthened themes' the CQC has introduced have some good references to service users and PPI, but we remained concerned that patients' and service-user's experiences and involvement were not associated with a specific theme. Ensuring that CQC inspectors looked at providers' PPI would help to place service users at the heart of their work.

The consultation also gave us an opportunity to share the feedback we had received from patients and the public. One of the regular issues raised in feedback is that of poor communication between different services. We shared with the CQC feedback on the case of a vulnerable older person discharged from hospital, who was confused and sent home alone. Another piece of feedback related to an elderly woman who had been admitted to

hospital following a “turn” at home, but whose family reported that her subsequent visits to her GP in her own area and to a Birmingham hospital for a scan had not offered sufficiently joined-up care, which had brought delays and ultimately emergency surgery.

Our contribution was recognised in the CQC’s post-consultation report, which commented, “Different ways of organising the provision of health and social care will require careful consideration of how they can be regulated so that the needs and preferences of patients, the public and service users are still central.”

Clinical Commissioning Group merger

In June 2016, Birmingham CrossCity, Birmingham South Central, and Solihull CCGs started a conversation to change commissioning arrangements across Birmingham and Solihull. The consultation on these proposed changes took place between July and August 2017. The CCGs’ preferred option was to merge, which would create the biggest CCG in England, with a budget of £2 billion and covering 1.3 million people.

Our key message to the CCGs was that for this change to be truly effective, the needs, experiences, insights and feedback from patients, the public and service users would have to remain central to commissioning. We asked the CCGs to ensure that engagement with local communities would not be compromised by a move to a larger geographical footprint, as indicated in the NHS’s procedures for CCG merger applications.

We highlighted the following issues related to the decision-making process, which we felt could have been done better, and which should inform future consultations:

- + The number of public events – just four – for consulting 1.3 million people was inadequate. All the public events had been held in the evenings, thus excluding people with caring responsibilities and potentially those using public transport.

+ The CCGs did not give evidence that an equality and impact assessment had been carried out, and nor was this made available to the public.

+ The CCGs did not give the public sufficient information and justification for the proposed changes.

Following our response to this consultation, the CCG agreed to liaise with Healthwatch Birmingham before launching future consultations to ensure that they are effectively involving patients and the public in planning and commissioning services in Birmingham.

Escalation

Healthwatch Birmingham sometimes becomes aware of concerns, comments and complaints that require escalation to agencies to which the service provider is accountable. Escalation ensures that regulators are aware of serious health and social care issues relating to service provision. In the event that we receive information from a patient, carer, resident or family member that suggests there is an immediate risk to a patient, member of the public or resident, we inform the appropriate service, such as the Care Quality Commission. If appropriate, we may also notify the relevant CCG and NHS England, and in cases of an emergency, the police.

Case Study: Escalating safeguarding concerns

In June 2017, Healthwatch Birmingham received online feedback about a residential home in Birmingham that provides care for people who have dementia, mental health illness, physical conditions requiring residential care, and/or sensory impairment. The feedback included the following statement:

“[There is] no registered manager despite [website] stating there is. Very low staff morale. Third manager in less than three years. Home smells and should be cleaner. Unannounced inspection is needed and every aspect of all rooms and building need to be done urgently. No management ever on floor — they shut themselves away in the office and only seem to be concerned about paperwork. Issues and complaints not dealt with... The residents are not being put first... The home did improve last year after new manager came in, but

declined and still is. The relief manager was quite abrupt to a resident in the reception area when there last week — [it was a] disgrace as the man was obviously confused due to his health.”

Because the feedback specifically mentioned concerns about safeguarding procedures within the home, we notified the regulators of this service. We also emailed the person who had left the feedback, informing them that, due to the severity of their concerns, we had shared their feedback with the CQC and with the Birmingham City Council (BCC) Safeguarding, and Adult Social Care Quality teams.

In August 2017, BCC’s Safeguarding Team visited the care home. Its findings, together with those of a Quality Monitoring visit, were shared at a multidisciplinary meeting, held in September 2017, between representatives of the care home, BCC Adults and Communities Directorate, Healthwatch Birmingham, the CQC and the police. At the meeting, representatives from the home were invited to answer the concerns that had been raised. The meeting recognised that the care home had made improvements, but identified areas where improvements were still needed. An improvement plan was developed.

Raising the quality of public and patient involvement

During the past year, we have developed robust relationships with key health and social care partners across Birmingham and have personalised our approach to ensure that effective public and patient involvement is being promoted

Working in partnership

We have made presentations to patient participation groups (PPGs), outlining the role of Healthwatch Birmingham, and have shared good practice in relation to gathering feedback from local communities on their experiences of health and social care. We have worked directly with Patient Experience Leads within NHS organisations and supported them to integrate patient and public involvement (PPI) practice across their organisations. In addition, we

have provided advice and guidance to smaller agencies where PPI is a relatively new concept

The partner organisations we have worked with over the last seven months to raise the profile and standard of PPI throughout Birmingham are:

- + Birmingham CrossCity CCG
- + Birmingham South Central CCG
- + University Hospitals Birmingham NHS Foundation Trust
- + Focus Birmingham
- + Birmingham St Mary's Hospice
- + John Taylor Hospice
- + Special Care Dental Service
- + Community Trust Prison In-reach
- + NDH Care
- + Dudley Park Medical Centre PPG
- + NHS England West Midlands.

As well as working directly with health and social care organisations, we have attended many public consultation events with the aim of promoting the voice of patients and members of the public. We have contributed to discussions about positive user involvement and influenced engagement plans to ensure that seldom-heard voices are sought.

We have worked closely with many third-sector organisations and have supported them by promoting reports that highlight health inequalities and discrimination, and raising these issues robustly with key decision-makers in health and social care.

Many health and social care organisations have sought our advice in relation to their various consultations. To respond, we have accessed anonymised

patient data from a wide range of sources and fed this back to the formal consultation processes. Over recent months, we have also had cause to comment on poorly conducted consultations, and have reviewed PPI good practice guidance and legislation with a view to improving standards in this area.

Our Quality Standard in practice

We had the pleasure of continuing our work with NHS England West Midlands, which is using our Quality Standard as part of its assurance process for the 14 West Midlands CCGs. Following on from its benchmarking activity in 2016-17, NHS England West Midlands ran two learning events this year, which we attended, to raise the quality of PPI in the work of CCGs. At the event in March 2018, NHS England West Midlands presented the improvements that various CCGs have made as a result of using our Quality Standard, as descriptions in the facing examples illustrate.

Improvements made by CCGs as a result of using our Quality Standard:

Embedding PPI

- + Members of the public and lay members of CCGs are more involved in the commissioning lifecycle.

- + Reports on PPI are regularly presented to the CCG's governing body.

Building robust relationships

- + CCGs are moving towards a shared understanding of the patient experience.

- + A new PPI lay member has been appointed to the governing body.

- + CCGs are working more closely with Healthwatch Birmingham colleagues, in a relationship that provides both support and vigorous challenge.

Using existing sources of evidence

- + There is just one view of data; all sources of patient experience and feedback routes are pooled into a central point and used collectively to make decisions.

- + The use of social media to communicate has increased.
- + A review is under way to ensure CCGs are linking with GP patient groups and existing community groups.

Holding providers to account

- + CCGs have invested in an open relationship with providers to encourage greater transparency.
- + New information schedules have been added to provider contracts, which allows us to share data on the patient experience.
- + Providers present details of their engagement work to the CCG Patient and Public Involvement Committee.

Closing the loop

- + The results of all PPI exercises are published on the website.
- + All participants are asked to provide contact details so that they can receive individual feedback.
- + Patient insight reports go to the CCG's Quality Committee in order to identify trends, and potential quality issues that need to be considered in commissioning plans.

Case Study: Quality Standard

In November 2017, NHS England approved the merger of three clinical commissioning groups (CCGs) in Birmingham (Birmingham CrossCity, Birmingham South Central and Solihull CCGs). As with all mergers, one of the first priorities was to standardise governance arrangements and working processes. With this in mind, Birmingham CrossCity CCG asked Healthwatch Birmingham, with Healthwatch Solihull, to conduct an independent review of current external-facing Patient and Public Involvement (PPI) processes across the three merging CCGs, with three main aims:

- + evaluate current PPI processes across all three CCGs
- + identify areas of good PPI practice

+ provide recommendations for how PPI practice can be implemented more effectively.

The review provided Healthwatch Birmingham with an ideal opportunity to influence and shape the PPI strategy for the new organisation, which was to become Birmingham and Solihull CCG. We were also able to test our newly developed PPI Quality Standard benchmarking tool, which provided a framework for the review.

All PPI activity across the three CCGs was benchmarked against our Quality Standard, and we used the Quality Standard evidence checklist to identify gaps in practice. Where CCGs had reported compliance, we requested supporting evidence (for example, consultation plans and reports, minutes from CCG meetings, newsletters and reviews of websites). Using our Quality Standard benchmarking tool, we were able to quickly identify areas of good practice as well as those requiring improvement. This preparatory work greatly assisted us in drafting a review report, An Independent Review of the Current Patient and Public Involvement Practice of the Merging BSol CCGs, which was sent to the CCGs. In it, we clearly outlined issues we had identified, and supported our findings and recommendations with robust evidence.

'Using our Quality Standard as a basis for conducting a review into the CCGs' engagement structures has been very useful.'

Gemma Coldicott

Head of Communications and Engagement, Birmingham and Solihull CCG

Looking forward, it will be extremely important for us to monitor whether our recommendations are implemented in full. We have met with the CCG to review the impact of the work we have done and are happy to note that the following changes to PPI practice have already taken place:

- + The CCG has developed a new website, which will be managed and kept up to date in-house by the Communications Team. Consultation and survey outcomes will be uploaded and 'You said, we did' sections included.
- + The CCG is relaunching the Primary Care Forum and introducing processes to ensure that demographic information is collected on all new members. This data will be used to monitor that representatives participating in engagement activities accurately represent local communities.
- + The CCG is developing social media links with Solihull and Birmingham Updates to disseminate information and collect the views of a wider audience. Information will include policy updates, feedback from the public, consultation and engagement opportunities and recruitment to the People's Health Panel.
- + All data collected from Communication and Engagement Team, Complaints Team and MPs will be brought together to produce a report identifying trends. These reports will be presented regularly to the Primary Care Committee and Governing Body so that patient feedback data and the views of members of the public can be integrated in decision-making.

We have also recommended that the new CCG evaluate the impact of any changes made as a result of our review to ensure that these are having a positive effect on its PPI processes. We will continue to work with Birmingham and Solihull CCG throughout 2018-19 to support it in meeting the commitments in its PPI Improvement Plan.

Working within the Healthwatch Network

We are closely involved with the Healthwatch Network of organisations that are serving communities across England. Active participation in regional groups also gives our officers the opportunity to influence developments at a regional and national level in ways that support our work for the citizens of Birmingham.

Sharing and learning with colleagues

This year, our work has seen us strengthen our model of working and share best practice with our Healthwatch colleagues across the network. Our aim is to share our experience and learning, and in so doing to strengthen the network and improve our own practice still further; benefiting people in Birmingham. Some of the activities we have carried out this year to further this aim are described below.

Independent review of the Healthwatch Network

Healthwatch Birmingham was chosen as one of just a few local Healthwatch organisations to take part in a detailed interview with the Good Governance Institute to talk about our model of working and how we achieve our aims. This is used by Healthwatch England to understand what works well and where the challenges are for the local Healthwatch Network.

East Midlands regional meeting

We attended the East Midlands Regional Meeting to discuss our journey and model of working, and to demonstrate how we make a difference for patients and the public in Birmingham. Colleagues in the East Midlands used our presentation to think through how they can achieve greater impact. As a result, we were delighted to welcome Healthwatch Lincolnshire to Birmingham to discuss our work in more detail and to look at the opportunities to share our learning.

“Following Andy Cave’s presentation at one of our Healthwatch East Midlands meetings, Healthwatch Lincolnshire realised how beneficial it would be to visit Healthwatch Birmingham to find out more about the excellent work they have completed to realign their organisation’s future. We extend a big thank you to Andy and his team for the time taken to share their work and ideas. We have been able to take some of this learning to help focus our forthcoming Development Day in February 2018. We look forward to welcoming Andy and his team to the rolling fields of Lincolnshire!”

Sarah Fletcher, CEO, Healthwatch Lincolnshire

This year, we also supported the Healthwatch Network in the following ways:

- + In January 2018, our Chair, Danielle Oum, joined the Healthwatch England Committee. This gives Birmingham a voice at a national level to champion the work of the network.
- + We participate in the bi-monthly Healthwatch West Midlands regional meetings, which give chairs and chief executive officers of local Healthwatch organisations the opportunity to discuss best practice and to speak with a united voice when tackling regional or national issues.
- + We are also a regular contributor to the following Healthwatch England groups: Communications Group (Claire Reynolds, Marketing and Events Officer), Policy Group (Chipiliro Kalebe-Nyamongo, Policy Officer) and the relationship management software (CiviCRM) Group (Claire Reynolds, Marketing and Events Officer and Andy Cave, CEO).

Raising awareness of our work with Healthwatch England

We also work closely with Healthwatch England and have focused on its position as national lead to promote our work and raise awareness of best practice, for example through our attendance at the national conference and a visit to the London offices.

A national workshop, co-hosted with Healthwatch Surrey, demonstrated to 80 conference delegates the processes we use to lead change and impact for patients.

Healthwatch England National Conference

In July 2017, we were proud to demonstrate our work at the Healthwatch England National Conference, held in Nottingham. The conference is an important platform for promoting our work nationally. We held two workshops to demonstrate two very important ways in which we use our influence locally to improve patients' and service users' experiences.

Our first workshop, which was attended by 80 delegates, and delivered with colleagues from Healthwatch Surrey, demonstrated the processes we have in

place that lead to change and impact for patients and the public. We showed how our model focuses on achieving real change in health and social care as a result of our work.

Outcomes of the workshop include capturing the thoughts of network members in relation to the challenges faced by local Healthwatch organisations in making an impact, and also issues related to variations across the network. These insights were shared with Healthwatch England, which has made this a priority in order to improve support mechanisms for local Healthwatch organisations and so see greater collective impact.

Our second workshop centred on our unique way of working, which has led to improvements in the quality of PPI mechanisms in Birmingham. The workshop took participants on the journey of development, showcasing the development and roll-out of our Quality Standard, our work with the West Midlands CCG Assurance Process and our use of patients' and public insights, experience and involvement to reduce health inequalities and drive improvement in Birmingham and the wider West Midlands area. The workshop gave participants the chance to explore how they might use the standard in their own work.

“The work of Healthwatch Birmingham on quality standards for PPI, for the local NHS, is admirable. Surely the ultimate goal for all is active engagement by service providers themselves.”

Jane Mordue

Chair, Healthwatch England

We were delighted that this workshop was attended by the Chair of Healthwatch England, Jane Mordue, who highlighted our work in the final plenary, citing it as the ‘holy grail’ of local Healthwatch endeavours.

Following our success at the Healthwatch England National Conference 2017, Jane Mordue, Chair of Healthwatch England, cited our Quality Standard as

best practice at a Care Quality Commission (CQC) Board meeting. We also had the pleasure of sharing our work with Imelda Redmond, National Director of Healthwatch England.

We met with Imelda in November 2017 at the Healthwatch England offices in London. This gave us the opportunity to take Imelda through our detailed modelling and approach to fulfilling our statutory duties. We were keen for Healthwatch England to share our work with colleagues in the local Healthwatch Network, in order to strengthen the network's collective impact, so later in November 2017, Imelda visited Healthwatch Birmingham to see for herself how our model works in practice, meet our team and hear about what we have achieved. We were pleased to be joined by Councillor John Cotton, Chair of Birmingham City Council's Health Overview and Scrutiny Committee, who talked to Imelda about our work and the challenges that health and social care provision faces in Birmingham.

“Andy Cave, CEO of Healthwatch Birmingham, took time out of his busy schedule to come to London to explain the rigorous way that they establish their priorities. During my visit to Birmingham, I was impressed with how they focus on the important issue of reducing health inequalities in all their work.”

Imelda Redmond

National Director, Healthwatch England

Working with the Care Quality Commission

In 2017, the Government asked the Care Quality Commission (CQC) to undertake a programme of local system reviews of health and social care. Birmingham was reviewed during December 2017 and January 2018. The review looked at how people move between health and social care, with a particular focus on people aged over 65.

As part of the review, Healthwatch Birmingham was asked to contribute to the Call for Evidence. To do this, we researched and then mapped the current state of Birmingham's health and social care system for people aged over 65. We also talked to stakeholders from both the third sector and CCGs in order

to gain further information. Using all the material we had gathered, we were able to draw up examples of good practice and identify areas requiring improvement. These findings were then condensed and written up as a response to the CQC's Call for Evidence. Our CEO, Andy Cave, subsequently represented Healthwatch Birmingham at the CQC Wider System Review Group, which had been convened to coordinate the approach to the review and to respond to the review's requirements.

The resulting CQC Review Report acknowledged the work of Healthwatch Birmingham in assuring the involvement of people who use services, families and carers in the development of our strategy and services. While the CQC found that the approach to using feedback was not always systematic or coherent across the City, it identified Healthwatch Birmingham as a partner organisation with oversight for best practice in engagement across the City, and as having strong relationships with the local authority and CCGs. Our work to support the development of a more joined-up approach to public engagement was recognised, and mention was made of our Quality Standard we have developed in partnership with NHS England West Midlands, which is helping us to use patients' and public insights, experience and involvement to reduce health inequalities. For example, we are using our Quality Standard to review practice in the CrossCity CCG and South and Central CCGs with a view to establishing a preferred model of engagement when these three CCGs merge.

The CQC Review Report also referred to recent Healthwatch Birmingham investigations. It stated that Healthwatch Birmingham had been supporting NHS England in its assurance reviews of Birmingham CCGs, and had identified that improvement was needed in achieving a systematic approach to evaluation and learning from feedback and complaints. The CQC also cited our work on direct payments and access to emergency GP appointments.

As a result of recommendations in the CQC's review report, Healthwatch Birmingham met with Birmingham City Council (BCC) to agree actions for improvement. We will work with BCC in 2018-19 to develop its use of the

Healthwatch Birmingham Quality Standard, and carry out a benchmarking exercise to identify areas for improvement.

Working with stakeholders

To enable Healthwatch Birmingham to create real change in health and social care for the citizens of Birmingham, it is essential that we foster positive relationships with a range of stakeholders. Without these, we would be unable to fulfil our role.

This year has seen a lot of change in the leadership in the City, so our ability to forge trusting relationships is more important than ever. Our work in engaging with local leaders and policymakers is increasing awareness of Healthwatch Birmingham and the important work that we do for the City.

How we work with the system

As critical friend

Our success is measured by the improvements made in health and social care as a result of our work. We consider ourselves to be a 'critical friend', providing patient- and public-centred evidence to cast a light on areas for improvement and to hold commissioners and providers to account.

Our 'no surprises' approach

We believe that the most effective way to influence change is by working collaboratively with stakeholders across health and social care. Acceptance of our model and way of working by commissioners and providers enables proactive challenge and allows Healthwatch Birmingham to maximise its impact.

Honest, open conversations

We need to understand the wider landscape in which we work. This supports us to focus our resources on areas where we can make a difference. Our relationships within the health and social care sector allow us to have honest, open conversations about which patient-identified issues the system already knows about, which they are working to improve, and which services they are looking to change in the future. As a result, our focus is on highlighting areas

that are not currently being reviewed, so that we avoid duplicating areas that are already under close examination.

Right to respond

Our online Feedback Centre creates an outlet for patients' stories and their resolution, and we also offer service providers the opportunity to respond to the feedback about them. We see this as our way of supporting the role of the citizen voice in influencing provision, in order to effect policy change both within the system and at grassroots level, as the Case Study below illustrates.

Case Study: Right to respond

A visitor to Bromford Lane Care Home had reported to Healthwatch Birmingham's online Feedback Centre that they had had a poor experience. They had visited at the weekend and found that entry to the home was only made possible by others entering and leaving the building, and that no staff were on duty on reception. The relative they were visiting had been placed in a behaviour unit within the home, which they attributed to staff themselves being aggressive; the visitor also reported being left in distress by the attitude of members of staff. They felt that their relative was not being cared for properly, and consequently they lacked confidence in the service.

We emailed the manager of Bromford Lane Care Home, who was quick to apologise for the experience the visitor had described. The manager explained that it was necessary to clarify the status of new arrivals at the home, and that this plays a part in identifying their needs. She also noted that new residents can often feel disorientated. The manager was concerned that the visitor had gained an impression of poor customer service and a lack of accountability, and so committed to placing a full-time receptionist at the front of the home, so that the experience of the visitors would not be repeated.

Relationships with regulatory bodies

Our relationships within the wider regulatory and scrutiny system mean that we can have greater reach and impact outside our field of influence. Working closely with the Care Quality Commission (CQC) and Safeguarding Boards

means that when we hear patients' feedback about experiences that we feel compromise individuals' safety, we can escalate this efficiently and cause action to be taken.

Our role at meetings

We also have a clear strategy to use our seats at Board and committee meetings effectively. We see our role at these meetings as being to:

- + seek assurances of the quality and effectiveness of public involvement and engagement in service design and commissioning decisions
- + share information relating to potential or actual issues we have identified in the course of undertaking our statutory functions.

Some of the work we have done as a member of such bodies is described below.

Health and Wellbeing Board

This year has seen several developments for the Health and Wellbeing Board to establish its position in a changing environment. We have been involved in its newly developed strategy and have actively challenged the level of citizen and patient involvement in the development of its plans. The Board has also given us the opportunity to raise key questions around Sustainability and Transformation Partnerships (STPs) and other emerging strategies for the City, so that we can press for patients and the public to remain at the heart of provision.

Health Overview and Scrutiny Committee

We have continued to work closely with the Health Overview and Scrutiny Committee (and its equivalent in joint meetings with our partners in neighbouring Sandwell and Solihull). We also have regular intelligence-sharing meetings with the Birmingham City Council (BCC) Committee Chair, which enables us to link our respective work programmes for the benefit of Birmingham's citizens.

Primary Care Co-commissioning Committees

Healthwatch Birmingham has a seat on all three of Birmingham's CCG Primary Care Co-commissioning Committees (PCCs). All three of our CCGs have delegated responsibility for primary care commissioning, and our seat at these meetings enables us to seek assurances that commissioning places patients at the centre of decision-making.

In the lead-up to the merger of Birmingham Cross City, Birmingham South Central and Solihull CCG, two of our three committees began to meet in common, sharing learning and experiences and leading to a joined-up approach to primary care commissioning for the emerging Birmingham and Solihull CCG.

This year, we have been able to challenge the level of patient and public involvement in commissioning decisions, such as those concerning practice closures and mergers. We have also influenced the involvement of patients and the public in commissioning priorities in the roll-out of the General Practice Forward View and the development of STPs.

Birmingham Safeguarding Adults Board

This year, we have used our seat on the Birmingham Safeguarding Adults Board (BSAB) to ensure that individual experiences shape adult safeguarding in the City. We are pleased that citizen experience and involvement remain a priority for BSAB and acknowledge the achievements it has made. In particular, we were pleased to be involved in the development of guidance, Making Safeguarding Personal, which puts citizens at the centre of making their own decisions.

As part of our work with BSAB, we attend the BSAB Scrutiny and Governance Committee, enabling us to seek assurance from providers regarding citizen involvement. We also attend the successful BSAB Partnership meetings, which provide networking opportunities to hear from key population groups in the City.

NHS England

NHS England piloted a panel-based desk review of complaint-handling across some regions, including the West Midlands region, in August 2017. The panel included representatives from NHS England's Regional Complaint Manager and Customer Contact Centre, the charity VoiceAbility and Healthwatch Birmingham. Their role on the panel was to discuss, assess and score the complaint-handling of 10 anonymised complaint files.

The review highlighted key actions and points to consider further. These included the complaint acknowledgement letter, clinical review and the letters responding to the complainant. The panel shared the report with the Director of Nursing, who formulated an action plan in conjunction with the Complaints Team, Medical Director and Designated Complaints Officer. This work will improve the experience of patients and their families who submit a complaint to NHS England.

Quality Accounts

The Quality Accounts process is an opportunity for local Healthwatch to provide an evidence-based challenge to providers, based on their engagement with people who use health and social care services.

Responding to Quality Accounts reports, which are produced by providers, gives us the opportunity to share the feedback we receive about the quality of health and social care with them. Through our response, we ensure that Birmingham residents are receiving the best possible quality of care to meet their needs, and that they are meaningfully involved in the way services are provided. Their feedback, experiences and insights inform the development of services, reviews and delivery. We responded to eight Quality Accounts reports this year from the following Trusts:

- + Birmingham and Solihull Mental Health NHS Foundation Trust
- + Birmingham Community Healthcare NHS Trust
- + Birmingham Women's and Children's Hospital NHS Foundation Trust

- + Royal Orthopaedic Hospital NHS Foundation Trust
- + University Hospitals Birmingham NHS Foundation Trust
- + Sandwell and West Birmingham Hospitals NHS Trust
- + West Midlands Ambulance NHS Foundation Trust
- + Heart of England NHS Foundation Trust.

In our comments on these Quality Accounts reports, three main issues were raised, which are discussed below.

Joined-up approach

We found that all eight Trusts had various initiatives for patient and public involvement (PPI) in place, but that this work was not consistent or joined-up across the Trusts, or indeed within all the departments of individual Trusts.

Our suggestions to the Trusts for improving this aspect of PPI included:

- + creating a strategy to embed PPI into the Trust's culture, governance and decision-making, thus setting the foundation for developing policies and procedures that support the implementation of PPI
- + providing all staff with an understanding of their personal responsibilities, and clarifying the processes for reporting and handling service-user feedback
- + sharing innovative approaches to PPI
- + looking at how the quality of care aligns with the needs of patients, service users and carers.

Data quality

Some Trusts relied solely on quantitative data, which meant they were not benefiting from the greater insights available from people's lived experiences that qualitative data provides. We also found that none of the Trusts used PPI to identify the barriers faced by different groups in order to improve health outcomes, or to identify and understand health inequalities.

Our suggestions to the Trusts for improving this aspect of PPI included:

- + optimising the qualitative data gathered through complaints, compliments, patient safety incidents, CQC reviews and investigations in order to learn from them, and verifying such data through comparative analysis in order to ensure accuracy and build a fuller picture of services

- + focusing on the use of assessments and care plans in ensuring that services meet the needs of service users; for example, we analysed Patient Led Assessments of the Care Environment (PLACE) data to see how well providers' premises are equipped to meet the needs of service users.

Variability in the provision of care

The Quality Accounts reports also identified variability in the provision of care and the negative impact this has on patient outcomes. We highlighted several issues across the Trusts that we believe could lead to this variability and result in poor patient outcomes:

- + risk assessments and nutritional assessments not being carried out for all patients requiring them

- + care plans not developed for in-patients, leading to some patients not receiving person-centred care

- + lack of equipment that meets service users' needs, failure to reduce medical errors, and not conducting pain assessments to enable the introduction of pain-relief medication

- + failure to ensure the expected staff-patient ratio

- + long waiting times to access services

- + considerable differences between the quality of care received by in-patients and out-patients.

Responses from providers

All eight Trusts acknowledged Healthwatch Birmingham's responses by publishing them in their Quality Accounts reports. Some Trusts also responded to our comments by making changes.

The West Midlands Ambulance NHS Foundation Trust included 'you said, we did' relating to patient feedback, and reviewed its current patient survey to see how it might gain more qualitative information. They produced a Patient Experience Report that includes details of evidence for the barriers that different groups face in accessing services and what the Trust is doing to improve their experience. The report will be published on the Trust's website.

Birmingham Community Healthcare NHS Foundation Trust expanded the 'you said, we did' section of its Quality Accounts report to give specific examples of how patients' experiences and feedback have led to change. It also now uses the lessons learned from complaints and actions taken to improve services, and continues to strive to enrich its evidence-gathering in order to demonstrate concrete improvements that have resulted from its review work.

"We welcome the comments from Healthwatch Birmingham relating to our Quality Accounts. Understanding and improving the experience of our patients and their carers and families is really important to us. As Healthwatch Birmingham identifies, we have a number of different ways to gain feedback on our services. We use this to put in place improvements, such as the consistency of care programme in our medical wards. We recognise that performance on certain measures has fallen below expectations and these areas are priorities for the year ahead. We are keen to work with all our partners as we continue to improve the service for our patients."

Sandwell and West Birmingham Hospitals

NHS Trust

Our plans for next year

We are very proud of all our achievements in 2017-18, but our work does not stop there. We will continue to implement our Business Plan 2018-19, leading to greater impact for the citizens of Birmingham. With all the changes taking place in health and social care currently, our role is more important than ever to ensure that the people of Birmingham are heard, and are placed at the heart of health and social care in the City.

Reaching out through engagement

We are expanding the number of patients and members of the public whom we engage with, by increasing awareness and reaching out to communities. We continue to think creatively, and to connect with and learn from the diverse communities of Birmingham. Our aim continues to be to hear from the quietest voices, who have not yet shared their stories.

To do this, we will be increasing our marketing and publicity to raise public awareness of our work, and will develop creative campaigns that engage individuals and encourage them to take part in our work. We will also achieve this through work 'on the ground' to connect with key voluntary and community organisations and by taking part in community events.

Building links with influential stakeholders is also a key part of our success. We aim to be strategically placed at the right time, and in the right places, to raise the quality of patient and public involvement in Birmingham's health and social care services.

Growing social value

We are very conscious that our work brings enormous benefits to the citizens of Birmingham. In 2017-18, we began work on our Community Offer, which will ensure that we are able to add value and build social assets in our communities. This work will be rolled out in 2018-19 by training more volunteers in the community to develop the listening and data collection skills that will help us to hear the views of Birmingham's people.

We will also continue to develop our existing volunteers by increasing their skills and ability to collect high-quality feedback to enable our work to make a difference.

Increasing high-quality feedback

All of our engagement, publicity and community development activities lead to increased volumes of feedback coming into our system. The more feedback we receive, the more understanding we have about what's working well and where improvement is needed. We are clear that our role is to hear high-quality feedback from individuals, taking the time to understand the full picture of an individual's experiences. Hearing the full story means we don't just hear feedback about individual services, but understand the transition points between services and organisations. These transition points are often where things can go wrong, and we are in a unique position to record this.

This coming year, we are excited to be increasing the number of Widgets on providers' websites, which will create even more opportunities for individuals to feed back to us about the care they receive.

Our highly developed relationships within the system mean that we are sharing our intelligence more widely and more often. We will continue to develop these links to ensure that what we hear is shared in the right places, so that it can inform decisions.

Achieving impact and change for the citizens of Birmingham

We will continue to monitor and hold organisations to account for achieving their action plans as a result of our work. In particular, this year we will report on the impact of our investigation into direct payments. We are also committed to publishing a further four reports this year, leading to positive change for the citizens of Birmingham.

Our work to improve the quality and effectiveness of patient and public involvement through our Quality Standard continues to grow. Next year, we are committed to working with Birmingham and Solihull Mental Health NHS Foundation Trust, Birmingham Community Healthcare NHS Foundation Trust

and Birmingham City Council to review existing practice against our Quality Standard. This will inform the development of action plans for improvement, leading to greater beneficial impact for Birmingham's people.

We will also develop how we use our Quality Standard to drive improvements in the health and social care sector. As a result of our work in relation to the Birmingham City Council Quality Framework, we will be running workshops for care providers to develop their skills in listening to residents and using this feedback to improve the quality of care they give. We will also seek assurances that those who receive care are protected from any negative consequences of feeding back their views.

Our people

At Healthwatch Birmingham, we involve our communities by asking members of the public, patients, service users and carers to help us select which topics to investigate. We value Birmingham's strong voluntary, community and social enterprise sector, whose members support us by sharing our investigations and surveys with their service users, and by encouraging them to get involved.

We have a clear procedure for making decisions, which outlines how and why decisions are made. We want to be accountable to our audiences, so our Board meetings are open to members of the public and we advertise them in the local press, and on our website, where minutes of meetings are also published. You can read our Procedure for Relevant Decision-Making on our website.

Healthwatch Birmingham Board

This year continued to see Healthwatch Birmingham's Board strengthen, to assure the quality of our work, leading to more positive impact for the citizens of Birmingham. The Board has met quarterly to receive assurance reports and to scrutinise our work, ensuring that we are fulfilling our statutory functions and contractual obligations. The full Board also met for an Away Day, which

was an opportunity for members to understand our shared values and motivators, and to further improve our working practices.

This year, the Board has focused on seeking assurances regarding the quality of our work and exploring more opportunities for sustaining and strengthening our organisation.

In June 2017, Brian Carr stepped down as Chair of Healthwatch Birmingham, after leading the organisation to a new strategy and effective model of working. We welcomed our new Chair, Danielle Oum, who has continued to strengthen the governance of the organisation.

Our Board in 2016–17

Danielle Oum – Chair (1)

Brian Carr – Chair (2)

Dr Peter Rookes

Carol Burt

Catherine Weir (3)

Jenny Jones (3)

Les Lawrence (3)

Mike Hughes (4)

Jas Rai – Company Secretary

(1) from June 2017

(2) to June 2017; continued as non-executive director

(3) from April 2017

(4) to February 2018

Our volunteers

Volunteers are at the heart of Healthwatch Birmingham – our Community Engagement Volunteers are crucial in helping us connect with members of local communities and understand their experiences better.

Birmingham is one of the most diverse cities in the UK and our volunteer workforce needs to reflect this in order for us to respond to some of the challenges we have in reaching the diverse and the seldom-heard communities of our City. Many Healthwatch Birmingham volunteers choose to volunteer with us because they have been affected by various issues themselves, and they feel very passionate about supporting others and being part of creating better services. Through sharing their different experiences, skills and knowledge, our volunteers enable us to listen and better understand the experiences of diverse and vulnerable groups in Birmingham.

Case Study: Gillian's story

Gillian came across Healthwatch Birmingham at an event, where she spoke to staff about her difficult experience of using a local community healthcare service.

“Healthwatch Birmingham helped me contact the service. I’m so glad I spoke up, as the issues with the service were also impacting on other people’s lives. The service has now made a massive improvement and it’s almost unrecognisable,” says Gillian. This positive experience inspired her to become a Community Engagement Volunteer.

Gillian has volunteered with Healthwatch Birmingham since 2014 and says that volunteering has had a positive impact on her wellbeing and future prospects. “I worked for the NHS for over 14 years, but due to my complex health issues, I had to leave paid employment. Volunteering gave me the motivation to get out and mix with nice people to create positive change.”

Gillian says she would recommend volunteering with Healthwatch Birmingham to anyone wanting to give their time to help others – and themselves.

“Volunteering is one of the best career moves you will make. It’s the only organisation I have ever worked with that values me as a person. From the moment I arrive, to the time I leave, I feel valued.”

Gillian, Volunteer, Healthwatch Birmingham

Our volunteers are passionate about improving health and social care services for local people, and they want to be involved in our decision-making processes. We regularly involve them in the development of our policies, practices and future plans through individual meetings, volunteer surveys and volunteer group meetings, and by staying in touch through our volunteer newsletter. We want our volunteers to have a say, not just on how their work is organised, but how they think we should be operating as an organisation. All feedback from our volunteers is passed to Healthwatch Birmingham’s Management Team and Board, whose members are then able to take their views into account when making organisational decisions.

This year, our Community Engagement Volunteers contributed over 385 hours of their time to help us achieve our aims.

Regular communication and different methods of giving and receiving feedback, as well as sharing information, enable us to understand our volunteers’ motivation for volunteering, and to identify training needs, communication preferences and any particular barriers that potential volunteers face in joining us. We take all feedback into account when planning for future volunteering and community engagement activities.

This year, our Community Engagement Volunteers contributed over 385 hours, supporting our work in various ways:

- + attended City-wide events to gather people’s experiences of health and social care services
- + participated in focus groups and support groups to make a connection with patients, service users and carers
- + supported investigations guided by our research team

- + supported stakeholder mapping activities
- + provided administrative support
- + helped us to recruit, induct and train new volunteers
- + promoted the work of Healthwatch Birmingham.

Volunteers from diverse backgrounds

One of our key priorities this year has been to recruit and train more volunteers from diverse backgrounds. In order to do this, we have developed the new role of Community Engagement Volunteer to encourage people with different backgrounds, availability, skills, knowledge and interests to engage with us. By having flexible volunteering opportunities and working closely with our third-sector partners when recruiting volunteers, we are able to ensure that our volunteer workforce truly represents the communities we want to hear from. Our clear and transparent volunteering processes and structures help us to understand individual volunteers' motivations to join us, support their personal development, and make better use of the specialist knowledge and skills they have to offer.

“Through volunteering with Healthwatch Birmingham, I have met new people and got to know different communities within Birmingham. I have been able to volunteer despite my learning disability, and this has greatly improved my confidence and communication skills. I feel proud of supporting other people with learning disabilities to encourage them to be more confident and to speak up to share their experiences.”

Christine, Volunteer, Healthwatch Birmingham

In order to promote volunteering opportunities widely, we have developed the volunteering section on our website, developed volunteer case studies and increasingly promoted volunteering through our social media channels. We have produced specialist promotional materials in order to target specific groups, such as student volunteers. We continue to advertise our volunteering

opportunities via various channels: Do-It.org, community engagement events, third-sector partners, NHS Jobs and educational establishments.

In 2017-18, we engaged with 100+ potential volunteers, trained 13 new volunteers, and delivered one volunteering information session and two full-day volunteer group inductions.

Training and developing volunteers

Volunteering is a two-way process: we want to ensure that our volunteers are fully trained and equipped to perform the tasks required of them, but we also want to ensure that we respond to what drives our volunteers and to support them in their personal and career development.

Through promoting our volunteering opportunities widely this year, we have engaged with over 100 people who were potentially interested in volunteering with Healthwatch Birmingham, and we have recruited and fully trained 13 new volunteers. We have developed new training materials and delivered one volunteering information session and two full-day volunteer group inductions. The induction sessions have been designed to improve volunteers' understanding of Healthwatch Birmingham's history, mission and values as well as their ability to work according to our key policies and procedures on matters such as equality and diversity, confidentiality, data protection and safeguarding.

All our training includes individual and group activities to help volunteers get to know and learn from each other. Training sessions have been evaluated so that we can continue improving and refining the volunteering experience.

One of the training needs identified by our existing volunteers was to become more confident in engaging with different communities, to improve their communication skills, and enhance their career prospects.

"I volunteer because I want to help make improvements to my community with an organisation I have faith in. I would also like to go back to work.

Volunteering with Healthwatch helps improve my career prospects as well as boosting my confidence, and I also enjoy meeting new people.”

Healthwatch Birmingham Volunteer

We have been working this year to develop our Volunteer Training Programme still further, and it now includes learning and development in the following areas:

- + induction to Healthwatch Birmingham
- + safeguarding vulnerable adults
- + equality and diversity
- + confidentiality and data protection
- + community engagement skills
- + career development
- + confidence-building and personal coaching
- + awareness-raising workshops to increase understanding of the vulnerable communities we want to engage with.

The work we have done this year means that we are able to start delivering this training programme to all our volunteers within the next financial year.

Case Study: Fatemeh’s story

Fatemeh has been volunteering with Healthwatch Birmingham since 2014 as a Community Engagement Volunteer.

“I have really enjoyed volunteering and being able to reach out to vulnerable people who are left behind in our society — to listen to their experiences and enable their voice to be heard by decision-makers,” she explains. Fatemeh was initially drawn to this role as it was highly relevant to her studies in public health: she wanted to gain relevant work experience and develop her practical skills.”

“As well as improving my career prospects, I have also improved my communication, active listening and problem-solving skills, whilst talking to the general public about their sensitive experiences of using different health and social care services.”

Fatemeh says that the best thing about volunteering has been feeling that she has been able to help others.

“I highly recommend volunteering with Healthwatch Birmingham to those who are interested in doing something positive for their communities. It’s a great place to work alongside professional people and to spend your spare time making a difference.”

Fatemeh Volunteer, Healthwatch Birmingham

Healthwatch Birmingham would like to say a big thank you to all the volunteers who have supported us this year. It is with great sadness that we share the news that our Volunteer, Barbara Garrett, has passed away. We send her family our deepest condolences.

Salma Abdullahi, Adebukonla Adenuga, Sandra Alali, Parveen Alam, Reema Begum, Monica Blissett, Deborah Broomfield, Tina Brown-Love, Khairun Butt, Elizabeth Cherrington, Olga Cojocar, Bradley Cole, Pat Coyle, Alex Davis, Amanda Dickinson, Mandeep Dosanjh, Oghenekevwe Efedjare Odibo, Trevor Fossey, Keith Hulin, Uma Humelnicu, Tara Hurley, Raeesah Hussain, Mohammed Jobbar, Janet Kane, Ghazanfar Khan, Adebayo Lawal, Hongyu Lin, Mark Lynes, Qianqiau Ma, Mustak Mirza, Fatemeh Mossavar, Houston Pearce, June Phipps, Ashleigh Pittmans, Gillian Richards, Christine Spooner, Pat Thomas, Michael Tye.

Authorised Enter and View Representatives (2017-18)

Volunteers: Tina Brown-Love, Pat Coyle, Mohammed Jobbar, Mark Lynes, Fatemeh Mossavar, June Phipps, Michael Tye.

Staff: Andy Cave, Barbara Haggard, Chipiliro Kalebe-Nyamongo, Jane Upton.

Our finances

Healthwatch Birmingham Financial Report 2017-2018

Income:

Funding received from local authority to deliver local Healthwatch statutory activities £445,382

Reserves utilised in the year £2,417

Total income for the year £447,799

Expenditure:

Operational costs £77,912

Staffing costs £303,289

Office costs £43,124

Total expenditure for the year £424,325

Corporation tax paid £602

Surplus for the year £22,872 (to be used to deliver activities in 2018-2019)

Total Expenditure 2017-18 by Function

Stakeholder Management £59,987: 14%

Marketing and Communication, £60,214: 14%

Engagement, £40,944: 10%

Data Collection – Hearing the Voice, £57,284: 13%

Levers for Change - Research, Quality Standard & Consultations £110,647: 26%

Information and Signposting, £44,690: 11%

Volunteers, £50,559: 11%

Acknowledgements

Professional photography for Healthwatch Birmingham supplied by Aidem Digital cic.

Stock photography and graphics supplied by Healthwatch England and Shutterstock.

Design by Smith Creative.

Contact Us

Our annual report will be publicly available on our website by 30th June 2018. We will also be sharing it with Healthwatch England, CQC, NHS England, Clinical Commissioning Groups, Overview and Scrutiny Committee/s and our local authority.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address below.

©Copyright Healthwatch Birmingham 2018

Healthwatch Birmingham

Cobalt Square, 83 Hagley Road, Birmingham B16 8QG

Website: www.healthwatchbirmingham.co.uk

Call: 0800 652 5278

Email: info@healthwatchbirmingham.co.uk

Twitter: @HWBrum

FaceBook: [facebook.com/HealthwatchBirmingham](https://www.facebook.com/HealthwatchBirmingham)