

Board Meeting

Date of Meeting: Monday 4th December, 2017

Healthwatch Birmingham Board Meeting

Time: 4.30 pm - 7.00 pm

Venue: Healthwatch Birmingham Board Room
Cobalt Square, 83 Hagley Road, Birmingham, B16 8QG

Attendees

Andy Cave	Brian Carr	Jasbir Rai
Carol Burt	Peter Rookes	Jane Upton
Danielle Oum - Chair	Catherine Weir	Jenny Jones
Jackie Spencer	Di Hickey (Minutes)	
There was 1 member of the public in attendance to observe		

Public Session

1	Welcome, Introductions & Apologies, Any Other Business	For Noting
	DO welcomed everyone to the meeting. Apologies were received from Mike Hughes and Les Lawrence.	
	Declarations of Interest	To complete
	None	
2	Minutes of previous meeting (18th September, 2017)	
	Minutes of the previous meeting were agreed.	
3	Actions Arising - All Actions Progress - All	For Action
	There were no actions arising. AC confirmed that he had met with Kathryn Hudson in October, and AC and DO had recently met with Dame Julie Moore.	
4	CEO's Report - AC	For Noting
	AC updated on the following: Figures - page 2 Total experience data to date is 159 for quarter 3 against the baseline of 160 of last year. This means we are on target to achieve the additional 10% by end of December.	

Right to Respond - page 6

Right to Respond function has moved to the Information and Signposting Officer role. 59 pieces of feedback had been received, with 9 responses received from providers (15% response rate). We will look at the benefits of right to respond, compared to the work involved in collecting responses. If there is a real need we will work out how to increase responses.

Feedback is collected, then HWB contacts the provider for a response. We will contact LHM to find out if there are other Healthwatch with the same function and learn from them.

Volunteering - page 7

The volunteer function has progressed a lot which is due to the post becoming an Officer role and a lot of work has been done over her first nine weeks in post. There has been a push on recruitment, induction training for new volunteers has been arranged and case studies have been gathered which have helped in the recruitment of new volunteers. More targeted events will also take place in the community.

The main focus for volunteers is on community engagement, a proposal has been presented to develop a Community Offer which is being developed at the moment. It will involve connecting with third sector organisations to connect with their volunteers and develop their skills to collect data for HWB. This is using an asset development model of community engagement which increases our social value.

This will be launched in April once feedback has been received from the voluntary sector.

CQC review board - page 11

There are 12 Local Authorities across the country that will have a CQC system review and Birmingham is one of these. Birmingham City Council have pulled a multi-agency board together in preparation for the visit. HWB has a seat on this board. As part of the CQC review we are asked to provide evidence of what is working well and what needs improving. The review is looking at the interface of services for over 65's and Delayed Transfers of Care (DToc). We will be interviewed independently on 20th December to find out what we consider to be the challenges.

Bethany Solway, who was on a placement from the NHS Leadership Programme, did a lot of research and pulled a response together for us and this information will be updated before the 20th December.

DO reported that she had met with the Chair of the Royal Orthopaedic Hospital; Cllr Paulette Hamilton to talk about work of HWB and Cllr Hamilton will raise the issue of HWB not having a Commissioner at the moment. The meeting with Dame Julie Moore (CEO of UHB) and Jackie Smith (CEO of UHB) had been positive and they liked developing a uniqueness in the system and liked and understood our model of working and story based approach.

	<p>HWB now have a named executive member to liaise with, in particular around the Quality Standard.</p> <p>AC reported that he had met with Imelda Redmond, National Director for HWE. He attended a meeting in London to go through our modelling, and had received positive feedback. She was in support of HWB supporting other local Healthwatch and considering ways in which HWE can support this programme of work.</p> <p>Imelda had then visited HWB and it was another positive meeting. She was impressed with how we have developed the HWB system to aim for clear impact in the work that we do. These meetings have resulted in the development of a clear link at a national level.</p> <p>AC will be attending East Midlands Regional LHW Meeting. We are attending to share our experiences of building an impact focused model of working and how this has led to an outcome based contract with BCC.</p> <p>CW stated that the National Institute for Health Research (NIHR) are now required to evidence PPI in research. The aim is for patients and public to be involved in designing questions and what research looks like. CW to send name of contact through to AC.</p> <p>AC confirmed that currently working with the Patient Experience lead at UHB to develop the Quality Standard with the intention of carrying out a benchmarking exercise with them and developing an Action Plan for improvement.</p> <p>DO stated that there is a shift on focus to impact, which plays well to how we position our focus. How do we balance that focus with some of immediate needs ie. evidence scale (commissioner) and number?</p> <p>AC confirmed that this is balanced in our business plan with outputs and scale being an indicating factor which leads to impact. HWE have also been shifting how they view impact over the last 9 months with Imelda in post.</p> <p>HWE have had a focus on LHW cuts. This has been triggered by Stafford Council cutting HW budget by 50% and trying to split up functions. HWE have written to them saying that a 50% cut can be very damaging to the LHW ability to effect change. This is a clear indication that HWE are willing to step in if needed around local commissioning and support where necessary.</p> <p>JU stated that in the development of the Information and Signposting Line, improvements in quality and quantity are needed at the same time. Going out and marketing will increase the numbers and we will develop processes to allow us to hear more stories.</p>	
5	Listening for protective characteristics	For Noting
	<p>CW asked what identifying the seldom heard more difficult to reach group means in terms of where we want to target.</p> <p>JU confirmed that after March data will be analysed and then communities targeted.</p>	

AC referred to page 5 of the CEO report. Due to limitations in the old CRM recording system, protected characteristics could not be recorded. The new CRM records them and by end of April we will have data set to stimulate targeted work to hear from the right people around quietest voices and seldom heard not just protected characteristics.

JR stated that service user meetings are held at BVSC. Talent Match, Changing Futures and Ageing Better have all got service users involved. The links with all of them will be good. JR to provide contact information.

JU reported that the online feedback centre has no ability to collect demographics. LHM are going to include demographics as soon as possible. This will match exactly with the CRM which will enable us to report together. The same demographic list has also been added to the feedback forms that are taken out to engagement events. Staff have been trained to ensure that all questions are asked. There is a challenge in how we hear for variation in service provision due to discrimination, as individuals they may not realise this. We are currently working through this and developing solutions.

DO stated that it feels clear that we are heading in the right direction.

CB asked if HWE are defining seldom heard groups, as concerned that not collecting BME data to be shown and evidenced.

JU confirmed that protected characteristics would be collected from everyone. We use seldom heard groups as additional population groups for targeted community engagement. We are focussing on homeless individuals, drug users, asylum seekers as some of the targeted engagement work this quarter.

JS stated that there will be enough information to see gaps and then target them by end of March.

JJ asked how we will ensure that voluntary sector organisations will collect data for us. AS stated that this is part of the feedback that we are obtaining currently in the design of the community offer. It is expected that when an organisation partners with HWB to collect data for us there will be a partnership agreement that outlines the expectations of both parties.

DO stated that it is difficult to challenge when there are gaps - all steps being taken are the right ones.

CW suggested focus groups. JU confirmed that this is already done. CW stated that it is difficult to hear if determined by race or sexual orientation, if we don't definitely prove but should get depth of data from individual and think about what we know nationally.

JU confirmed that this is only done if investigations are not on general roll and gather.

CW asked, if we work through data to spot trends within a particular group, would that then prompt us to do some research?

JU stated that it would prompt us to include that issue in TIPPS and the public would vote on which issue would then be taken forward.

6	Any Other Business	
	<p>There was no other business.</p> <p>The meeting closed at 5.20 pm.</p>	