

Board Meeting

Date of Meeting: Monday 23rd March 2020

Healthwatch Birmingham Board Meeting

Time: 4.30 pm - 7.00 pm

Venue: Virtual Meeting

Attendees

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| Andy Cave (AC) - CEO | Danielle Oum (DO) - Chair | Graham Parker (GP) |
| Jane Upton (JU) | John James (JJ) | Dr Peter Rookes (PR) |
| Tim Phillips (TP) - Volunteer Rep | Fiona Taylor (FT) | Neelam Heera (NH) |
| Catherine Weir | Di Hickey (DH) - minutes | Mark McKinley (MM) |
| There were no members of the public in attendance to observe | | |

Apologies

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| Qadar Zada (QZ) | | |
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Public Session

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| 1 | Welcome, Introductions & Apologies, Any Other Business | For Noting |
| | DO welcomed everyone to the first virtual meeting and thanked MM, Volunteer and Community Officer, for attending to do a presentation and answer questions. | |
| | Declarations of Conflict of Interest | For noting |
| | There were no other conflicts of interest apart from those already declared on the register. | |
| 2 | Minutes of previous meeting (23 rd March, 2020) | |
| | The minutes of the previous meeting were agreed. | |
| 3 | Actions Arising - All Actions Progress - All | For Action |
| | <p>January Action- Investors in Volunteers</p> <p>Action 1 - Volunteer and Development Plan - MM is currently updating the plan.</p> <p>Dec 2019 - Volunteer and Development Plan</p> <p>Action 4 - Volunteer recruitment - on agenda for this meeting.</p> | |

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| | <p><u>Action 5 - Volunteer Christmas Party</u> - PR did a great motivating speech with volunteers.</p> <p>Dec 2019 - CEO's Report</p> <p><u>Action 6 - Marketing and Communications Plans</u> - AC reported that Paul Clarke (PC), Marketing and Communications Manager was on compassionate leave due to a family bereavement.</p> <p>Action - PC to attend next Board meeting to talk about Communications and Marketing.</p> <p><u>Action 7 - Unity FM</u></p> <p>Action - PR to provide Unity FM contact details to PC.</p> <p><u>Action 8 - Community Engagement plan</u> - on agenda for this meeting.</p> <p><u>Action 9 - Future Board meetings</u> - complete. Board meetings booked in.</p> | |
| 4 | Reflection and Thanks to Mike Hughes, previous NED, who sadly passed away in December 2019 | For Noting |
| | DO sadly reported that Mike Hughes, a former NED at HWB, had passed away in December. Formal thanks were expressed for his dedicated work with the board and sincere condolences to his family were echoed by all. | |
| 5 | <ul style="list-style-type: none"> • Community Engagement Plan • Volunteer Recruitment Plan <p>MM, to present</p> | |
| | <p>AC reported that MM had started with HWB on 18th November, 2019 and there were 2 reasons for arranging MM to attend:</p> <ol style="list-style-type: none"> 1. To give the board an understanding of how HWB can be representative of the city and yet focus our resource to hear from those most likely to experience inequality. 2. To assure the board on community engagement progress. <p>The plan had been written before Coronavirus and the Community Engagement Plan has now been postponed for the foreseeable future. As soon as able and ready we will be able to act quickly and have work plan in place. A lot of MM's work on hold at the moment and he will go over everything he is doing.</p> <p>MM presented the Volunteer Recruitment Plan to the Board and explained that he had been given the task to put together a plan to be representative and to target vulnerable communities.</p> <p>DO thanked MM for his presentation giving a comprehensive plan and stated that he had got to grips with the role very quickly and had attended many engagement events which unfortunately had now been put on hold due to Covid-19.</p> <p>MM stated that he had communicated with everyone that he had lined up, he had attended some of the events and some are keen for us to go out.</p> | |

TP reported that MM and himself had developed a good, approachable relationship. The Xmas party had been a success and volunteer and training sessions since MM started have been good with a core group attending. The recent event at the QE had been successful.

The Board were impressed with the comprehensive plan and the work that had been done in such a short amount of time. The relationship building aspect was very good and links have appeared to have been maximised with groups we are already in touch with and it was nice to have some positive activity happening. However the board acknowledge the impact that Covid-19 will have on this plan.

She asked if there were any gaps or priorities that are of concern.

MM confirmed that regarding the list of contacts, he had no worries in getting in to speak to people and had the connections needed to achieve the plan.

AC stated that the Community Offer can be utilised if there are any gaps we identify or where we experience difficulty in engaging with particular groups.

JJ commented that during this period there is a lot of community activity and an increase in people volunteering. This could be an opportunity to increase volunteers in the future.

AC commented that this was an interesting idea and we will work with BVSC to maximise opportunities to sustain volunteering.

CW stated that she liked the visual pyramid for capturing different offers, and was pleased that the 1-1s with the volunteers would continue. This would be an ideal opportunity to check on everyone's health and well being and to keep the communication going.

PR asked if there was a way that HWB could work with Governors to increase public involvement.

AC reported we have been approached by another Governor about this and will explore opportunities to work together.

Action - AC to feedback opportunities to work with Governors to improve patient and public involvement.

PR stated that, as Secretary of Birmingham Council of Faiths, they would be keen to work with HWB with faith groups. He asked why Muslims weren't a target population in the plan as they are the second largest faith group.

MM stated that HWB had carried out significant engagement through the Muslim community prior to him starting and therefore the plan presented targeted other faith groups.

PR stated that he understood the point, however Muslim is not a homogeneous group, they have different ethnic backgrounds from different geographical locations and who present different issues. The danger is when talking about that group is that we log them altogether as one group.

Action - MM to speak to PR about engaging the Muslim community through Unity FM.

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| | <p>DO stated that the board were pleased and impressed with the plan that had been pulled together. Obviously when Covid-19 is over then meetings can start again. In the meantime the team needs to give thought about what community engagement looks like during this period.</p> <p>MM reported that this would be something we would be talking about as a team, and moving community engagement virtually.</p> <p>AC reported that we have joined the BVSC thematic leads group to support the city's coordination during this crisis. This is an opportunity to work with the voluntary sector to continue to engage the public.</p> <p>TP stated that it is interesting to get a feeling for how people are experiencing Covid-19 as he is concerned about gaps ie lack of on line time slots available for food delivery. There's a real concern out there about how people are going to get their food shopping.</p> <p>DO stated that there are very real concerns and asked the team to consider this in their plans.</p> <p>GP thanked MM for offering assurances and having a very disciplined approach which is very welcome and congratulated him on everything done/doing. With reference to the four tiers of engagement, how do we determine how many of those tiers are utilised at any one time? Do you feel that it is achievable in the current circumstances and with the resources that we have? We would be particularly interested to hear if any additional issues have been highlighted so far, through the work that's been done.</p> <p>MM stated that the type of feedback heard depends on the location for instance when collecting feedback from hospitals we hear a lot about car parking and waiting times whereas through community groups such as a Foodbank we start to hear about inequalities.</p> <p>AC explained that our model for community engagement enables us to shift resource accordingly across the 4 tiers. This means that during lockdown where we are unable to carry out face-to-face engagement we can add more resource and reach through Teir 1. We will be working out how we can do Teir 3 and 4 virtually to ensure we reach vulnerable people during lockdown.</p> <p>DO thanked MM for attending the meeting, the Board look forward to hearing future updates.</p> <p>MM thanked everyone for listening.</p> | |
| 6 | CEO's Report | For Noting |
| | <p><u>Contract period Q2 (November 2019 - January 2020)</u></p> <p>AC reported as follows:</p> <p><u>Feedback Heard</u></p> <p>Even though 514 pieces of feedback had been heard, which is the second highest heard in a quarter in the history of HWB. We are still not near where we needed to be at the end of quarter two. We were 350 pieces of feedback behind target at the start of the quarter and had plans to</p> | |

catch up in quarters three and four. As this is connected to our payment by results KPI this is highlighted as red on the risk register.

We are now looking at the conversion rates and they are included in the report. The average conversion rates from engagement to feedback is around 20-25%. Community Engagement is closer to 40% so is a much higher rate than online engagement. Looking at conversion rates means we can focus on key areas of work and understand where the best investment in resource lies.

In terms of improving online conversion, Paul identified that when people click on links, there are too many steps involved to leave feedback. We have developed a questionnaire which goes straight to a feedback form cutting down the steps involved. We will track and monitor this over the next quarter. This is of particular importance during lockdown to improve online conversion rates.

Community Offer

The Community Offer was on pause for about 6 months, and during that time we lost a lot of our volunteers so it is taking longer than we would have wanted to re-establish those Community Offer partners. We were due to go to the prison to do training with the new inmates and we are working with other partners to keep them trained. In light of lockdown, we are looking at how we work now and we may utilise online training so that it doesn't hold up the project.

Information and Signposting

I&S contacts are slowly increasing and we are trying to do a lot of work to get the volunteers trained to actively signpost during community engagement activity. Most of our signposting is to the complaints system and advocacy.

Investigations: Reports

PALS - The PALS report was published and positive feedback was received from across the system.

Waiting Rooms study - A poster has been developed for each of the Trusts outlining work that has been done.

JU stated that the posters have been printed and are ready to go out as soon as we can.

GP Study - the patients rights leaflet has been delayed and awaiting response from CCG, and are now unable to get an update from them due to the current circumstances.

Direct Payments study - we have now got updates from the Council about what they've done.

Volunteer Recruitment

We are progressing with volunteer recruitment. We have recruited a number of new volunteers who will be trained at some point. Any help Board members could give to publicise would be appreciated. We will review progress for volunteer recruitment in light of Covid-19.

Action - Board to publicise volunteer opportunities when possible. PC to send a request to the board for this so can forward onto the forums and places involved in.

Quality Standard

We carried out a review of the Birmingham and Solihull CCG action plan and they have ticked off almost all of the recommendations we gave them. Included in the report is a letter written to the CCG that highlights the changes that they have made as a result of our work.

JJ queried page four of table, under other there's 85 from September. AC clarified that this was feedback heard from the PALs study so it was part of the investigation. You will see another clump of feedback in relation to our new investigation as we move forward.

All reports are on the website.

Action - DH to send link to reports page.

Action - HWB to provide PR with content for his newsletter.

Current Position

Brief update for February / March. Just to demonstrate how well we were doing with pieces of feedback, for the 6 weeks from the start of February until the middle of March we'd heard 407 pieces of feedback across all routes which shows a massive increase compared to the previous two quarters and shows that we were fully on track and ramping up to hit our target for the end of the year. We are now increasing online activity, a new video has been developed and a new feedback form for social media. We may look at doing incentives to increase engagement ie Amazon vouchers, to increase what we hear on line and feedback coming through.

We are working through what TIPs looks like for the rest of this year as we have another two investigations to do before the end of July and we need to be smart on what we choose and in addition to selecting it we need to be really careful of what types of engagement we can do around those investigations to ensure we fulfil our obligations.

Key areas of work regarding Covid 19:

- All staff team are now remote working from home and have got all the tools in place to be able to do that and services continue as much as possible. We are having regular team meetings, to make sure we are all communicating and managers can monitor the work that is going on. We have a number of staff who live alone and therefore key to keep in touch.
- Information and signposting is continuing at the moment and the phone line has been diverted and all emails are being dealt with as normal. The number of people contacting us has initially dropped and need to work with PC to try and increase numbers or think creatively of how we could change the service slightly to make sure we are out there. We are continuing to communicate all of the NHS Government advice and information and making sure it is out there and accessible. HWE have developed a tool kit and checklist which PC will implement.

- Community Engagement - looking at how we utilise the resources that we have that normally would have been out and about in the community and use other methods to engage. Shifting resource online is a priority and thinking through how we engage volunteers that are out and about at the moment.
- We are working with BVSC and are offering as much help and support as we can with the community response and will continue with conversations.
- Community Offer - we are unable to fulfil obligations around training that we were going to do ie. going into the prison and training and therefore we are exploring options for online training. If organisations can continue to recruit from their volunteer pools and identify those individuals that are interested we can train them online so that they can get up and running as soon as they possibly can. Will think through different tools with organisations to develop online engagement with their client group and how they can promote HWB.
- Communications and Marketing - there is an opportunity for online engagement which will depend on what BVSC want from us and if they wish to utilise our website. We are massively shifting resource online now and encouraging people to feedback that way and making it easier for them to do so.
- Investigations - this will be a challenge while capacity in health and social care is looking after and caring for patients, we will just have to work with partners and do what we can when we can.
- Consultations - there's no change in our ability to respond to consultations but we expect there will be a limited number going out during this period.
- Quality Accounts - we haven't heard anything about whether Trusts have to do this under the current circumstances but working on the assumption that they do and we are able to do those from home.

As much as possible we are reviewing all of our services , we are thinking as creatively and differently as possible to continue all of what we do in this environment, and equally working with partners to see where we can support the most vulnerable in society around the community response with BVSC.

Office Move

We are due to move offices on Saturday. We are working hard to complete the lease this week and we have confirmation that IT and removals are still onboard. It will all depend if stricter lock down rules come into force over the next five days, we will do everything we can to move. If unable to move we have agreements in place with the landlord to delay.

DO thanked AC for the update, and sounds like doing everything can in circumstances. Being pragmatic in what you ask for from providers and commissioners who are incredibly busy.

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| | The main concern is that we don't stand back so far that we don't provide the service that is needed. There are bound to be people who need to speak to Healthwatch and could get left out in the middle of this crisis. | |
| 7 | GP Practice Closures - Sandwell and West Birmingham CCG <ul style="list-style-type: none"> Question raised by Dr Peter Rookes, Healthwatch Birmingham | For Noting |
| | <p>AC reported that PR had received a letter from one of his colleagues from the Faith Council, expressing concerns around SWB CCG closing GP practices, in particular Fiveways and Bloomsbury.</p> <p>It was raised with asking if we are working with the CCG to make sure that patients and the public are consulted with appropriately and questions around direction of travel and strategy of the CCG and plan to close further down line.</p> <p>PR stated that there were two specific practices and there were fears that the closures would be part of a trend.</p> <p>AC reported that he was aware that there were particular quality and safety issues which led to the closure from inspections. With both cases the decision needed to be made whether the list size get retendered or dispersed into neighbouring practices. Both list sizes were very small and following consultation a decision was made that there was capacity in neighbouring practices to take on that list size. We sit on the Primary Care Committee at Sandwell and West Birmingham and Birmingham and Solihull and our role within those meetings is to challenge the level of consultation and make sure it happens prior to those decisions. In both instances consultation did happen, the numbers weren't as great as we would have expected but they did everything that we could have asked of them to consult with the patients and the public.</p> <p>AC commented that he was not concerned around a pattern of future closures. Primary Care Networks are likely to increase the sustainability for smaller practices and smaller list sizes through working in partnership with their neighbouring practices.</p> <p>In these two cases we need to celebrate that the quality and safety issues were picked up and patients were made safe during that process.</p> <p>PR stated that it is good that we sit on the Primary Care Committee and asked if Healthwatch Birmingham was formally consulted over closures as opposed to contributing to discussions in the committee.</p> <p>AC stated that we provided a formal response to the two consultations and were satisfied that due process was followed.</p> <p>PR asked if the distance between the existing GP practice and the new GP practice was close enough for elderly and disabled patients.</p> <p>AC explained that with both practice closures, distance to travel is considered, along with the number and capacity of neighbouring practices. It would then be patient choice for which practice they register with depending on individual need. We always ask that vulnerable patients are given support to choose and reregister at a new practice and we were assured by CCG that practice was in place.</p> <p>Action - AC to write a form of response from HWB.</p> <p>JJ this issue of capacity is going to be a test for all CCGs going forward, capacity doesn't necessarily mean face to face capacity, over the last year we have seen the way the public interact with primary care</p> | |

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| | <p>changing with Covid-19 accelerating changes. The public will get used to using non face to face ways to interact with GPs, Practice Nurses and the wider community team. There may be an opportunity for Healthwatch Birmingham to market our services to the CCGs in terms of signposting to this new world.</p> <p>AC will work closely with the CCG, plans were in place for on line and new ways of working and this has just accelerated it. We would be interested in hearing experiences of people through these processes.</p> <p>CW reported that there is an interesting piece of work going on over Twitter at the moment with Department of General Practice in Oxford who are linking up around evidence base around virtual consultations in general practice. It is interesting to see what appears around virtual health practices and what Healthwatch Birmingham hears from people experiencing that.</p> | |
| 8 | <p>Any Other Business</p> <ul style="list-style-type: none"> ○ Coronavirus - Healthwatch Birmingham Response | |
| | <p>Coronavirus - Healthwatch Birmingham Reponse</p> <p>Covered above.</p> <p>There was no further business to discuss and the meeting closed at 6 pm.</p> | |