

## Board Meeting

**Date of Meeting:** Tuesday 23rd March, 2021

Healthwatch Birmingham Board Meeting  
Time: 4.30 pm - 7.00 pm

**Venue:** Virtual Meeting

### Attendees

Andy Cave (AC) - CEO	Richard Burden (RB)	Jane Upton (JU)
Peter Rookes (PR)	Catherine Weir (CW)	Fiona Taylor (FT)
John James (JJ)	Tony Green (TG)	Neelam Heera (NH)
Jasbir Rai (JR)	Ranjeet Singh Bhupla (RSB)	Tim Phillips (TP) - HWB Volunteer Rep
James Doyle (JD) - HWSol Volunteer Rep	Di Hickey (DH) - minutes	
There was one member of the public in attendance to observe.		

### Apologies

There were no apologies received.

### Absent

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### Public Session

1	<b>Welcome, Introductions &amp; Apologies, Any Other Business</b>	For Noting
	RB welcomed everyone to the meeting with an extended welcome to RSB and JD on attendance at their first meeting. He also extended a warm welcome to the member of the public.  It was also RB's first meeting as Chair.	
	<b>Declarations of Conflict of Interest</b>	For Noting
	There were no conflicts of interest.	
2	<b>Minutes of previous meeting (1<sup>st</sup> December, 2020)</b>	For Approval
	The minutes of the previous meeting were agreed as a true record.	

3	<b>Actions Arising - All</b> <b>Actions Progress - All</b>	For Action For Noting
	<p>AC reported as follows:</p> <p><u>Action from June, 2020 meeting</u></p> <p>To progress work with BSMHFT and BCHCFT in relation to Governors - there is a commitment to work with both trusts and meeting scheduled for 30<sup>th</sup> March, 2021.</p> <p><u>Action from September, 2020 meeting</u></p> <p>Health Inequalities - has now become a standard item on the agenda. Agreed to close action.</p> <p><u>Actions from December, 2020 meeting</u></p> <p>Increasing public engagement at Board Meetings - pleased to have a member of the public in attendance at this meeting. Will bring paper to board in June, as further conversations needed as we come out of lockdown, on how future board meetings will be held. Will look at public engagement after that.</p> <p>Volunteer Questions - will work with JD, TP, MM and LB to bring questions to next meeting. Agreed to close action.</p> <p>Topics for Discussion - Open invitation, any agenda items to be raised through RB. Agreed to close action.</p> <p>NED recruitment update. Agenda item to update any changes. Agreed to close action.</p> <p>Volunteer Xmas party get together - successful, although not as good as a face to face get together. Agreed to close action.</p>	
4	<b>Formally note and approve changes to Board membership</b>	For discussion
	<p>AC reported as follows:</p> <p>Graham Parker has now formally stepped down from the board. Graham did a lot to progress the organisation and chaired the Finance and Audit Committee and would be greatly missed. The board wishes him all the best and extended their thanks to him for all his hard work.</p> <p>The board welcomed RB as Chair, RSB as NED and JD as volunteer rep for Healthwatch Solihull to their first meeting.</p> <p>AC confirmed that all changes had been made on Companies House.</p>	
5	<ul style="list-style-type: none"> <li>• <b>Healthwatch Birmingham Update</b> <ul style="list-style-type: none"> <li>○ Quarterly Report - Contract Period Q2 (November 20 – January 21)</li> <li>○ Activity Update – February 21</li> </ul> </li> <li>• <b>Healthwatch Solihull</b> <ul style="list-style-type: none"> <li>○ Quarterly Report – Contract Period Q2 (October 20 – December 20)</li> <li>○ Activity Update - January and February 21</li> </ul> </li> </ul>	For discussion

AC reported as follows:

Healthwatch Birmingham

Since the December board meeting we have continued to reach into communities really well and engagement numbers are on track to meet targets for the end of the year. In terms of impact we have now gone out to a number of stakeholders to have conversations around findings in the Somali report and actions they are going to take as a result of the report.

All seven Hospital Trusts, BSol and Sandwell and West Birmingham CCGs and Birmingham City Council have all committed to giving us a formal response. The report was well received at the Health and Social Care Overview and Scrutiny Committee and they thanked us for all our hard work and reported that they can see the real benefit of all the work we are doing for Birmingham citizens.

As a result of our work the following actions are going to be taken:

- University Hospitals Birmingham - are developing a health literacy project to look at certain conditions around inequalities and develop health literacy tools.
- Birmingham Womens and Childrens Hospitals - have developed specific roles to address inequality and increase engagement. We have been instrumental in developing role descriptions to improve engagement for vulnerable and diverse groups.
- Birmingham and Solihull CCG - have had positive conversations around the use of the findings of this report in the development of the CCG to the ICS system and will inform future approaches around engagement.
- Black Country and West Birmingham CCG - have developed videos and increased work with the Somali community to capture their stories and improve services.

As part of the report there were comments around the distribution of ESOL classes across the city. Birmingham City Council and Black Country and West Birmingham CCG are currently looking to improve ESOL classes in West Birmingham. Generally, across all the responses, there is an improved knowledge and development of the skills of staff and awareness for the Somali community in inequalities which has been really positive.

The report has been used as part of the evidence for the City Council and Lewisham Council's review of inequalities for the Black African and Black Caribbean communities.

We are also working closely with the city wide Inequalities project through Cllr Cotton and making sure that the findings in the report influence the ongoing work around inequalities and we are making links with the ICS Inequalities group.

There is some really good direct and wider impact from that project and we will monitor our impact for a follow-up report later in the year.

Investigation Work update - Young People and Mental Health survey - is now live and to date we have had a good response rate of 185 people taking part, an update will be given at a future meeting.

Information and Signposting - since we recruited MQ, numbers have steadily increased in Birmingham. Different initiatives have been introduced where we are asking people who take part in surveys, whether they need information and signposting. We are well on track with 421 individuals accessing the service out of an annual target of 650.

Feedback numbers - This is our payment by results KPI. There have been a number of challenges throughout the pandemic, the change of engagement from face to face to virtual took time to develop our skills. Equally with access to health and social care services decreasing during the pandemic, that has had a knock on effect with the number of services we can hear about. To counter these challenges we have developed new ways of working on line and we have been hearing around people's experiences of Covid and the impact of services being delayed or cancelled.

In quarter 1 we heard 350 pieces of feedback, this increased to 879 in quarter 2 which showed a good direction of travel, however against the targets of 1130 per quarter, we are significantly behind schedule. We need a further 3000 to hit target by the end of July and therefore there is a significant amount of work needed to achieve it. We are developing a whole team approach to increasing feedback, and hopeful this will help.

One of our successes is that we have worked hard to increase public relations and media work and RB has been on the news twice. We have also had good press coverage and we continue to grow our relationships with the press.

Learning lessons from Healthwatch Solihull we are now more targeted on Social media using Facebook Groups. We are also now part of the Nextdoor app which is having some traction and good engagement with posts.

In April we are launching a prize draw to try and encourage people to leave feedback. The prize would be vouchers for local services, which would support local businesses, as we start to come out of lockdown.

We are looking at every opportunity to maximise feedback heard and make sure we refocus some of the roles where there's capacity.

#### Engagement, involvement and reach questions - pages 3-14

CW asked if have we had feedback from commissioners, as presume that the challenges that Healthwatch face are in common with many other community organisations.

AC reported that they acknowledged the difficulties and signed off 1<sup>st</sup> year of contract. However, this did not set a precedent for year 2 so we will need to meet targets. Our challenges are documented and we have regular contract meetings to discuss KPIs, it is noted that other organisations have similar challenges to ourselves.

RB stated that there were clearly some challenges but at least there is a plan in place. The initial signs are that the focus on engagement through social media and Facebook groups has got a lot of potential.

#### Influence and Impact questions - pages 15-24

Investigations - There were no questions or comments.

RB thanked AC for the update and JU for her input.

#### Healthwatch Solihull

There is now a full team in place and they are working really well together which has seen a big change in quarters 2 and 3. They have made sure that they are fully connected with where they need to be and linked with key stakeholders benefiting from NT's existing relationships but building on those with the introduction of new staff. Reach and engagement figures are good and Healthwatch Birmingham have learnt from them around social media, sharing best practice and learning across the two teams.

They have had good numbers through the GP access report which is being finalised and we are working with the Solihull Primary Care Networks to understand the changes to be made as a result of the report.

Feedback numbers are good, although these do fluctuate. They need to develop some consistency now that they have a full staff team, however we are just over half way through the year, and half way through our targets, and are therefore are on track to achieve that.

Information and Signposting - The numbers of people accessing information and signposting is rising , this is due to the new post of Communications and Experience Officer who is centred on information and signposting.

We are on track for most of our targets and there are no concerns around achieving them by the end of the contract year in June.

JU updated on the Covid-19 project which was done across Birmingham and Solihull and shows how we are working together. We adapted the initial Covid-19 survey we carried out during the first lockdown and rolled this out across the two areas. As a result we had 367 survey responses, 276 from Birmingham. The data set showed that in Birmingham 34% of respondents were over 65 and we will look into that and see what we did well there. We are currently analysing the data and will publish the findings.

CW stated that it might be interesting to look at the time line in the data set to see how experiences changed through the lockdowns.

TG stated that he was concerned that we are missing stories and making sure we are capturing impact and change.

JU reported that this had been done for the first report where we gave case studies and reported on the impact as a result. We are looking to see what the data is telling us in the second survey.

RB welcomed JJ to the meeting at 17:13.

Reach, Citizen Engagement, Feedback, Marketing and Communications questions - pages 3-7

RB reported that Solihull also attended virtual meetings of Covid Community Champions and are at least establishing good engagement there. It remains to be seen if that engagement leads to getting good quality feedback. If there is some good experience there it may be something we want to look at in Birmingham as well.

Influence and Impact - Escalations, Citizens Voice and Investigations and Consultations questions - pages 15-20

There were no further questions and the report was received with thanks.

AC updated on volunteering for Birmingham and Solihull. As we move out of lockdown restrictions we will reflect, re-engage, retrain and refresh volunteers to help support the future.

TP reported that two new volunteers had been recruited and he had met them at the recent volunteer meeting.

JD reported that LB had provided volunteers with his email address so that they could message him with anything they wanted to raise.

NH asked about the welfare of volunteers.

AC reported that in both areas volunteers are engaged with regular meetings regarding welfare and we have supported individuals to find alternative volunteering in the local community as we had no frontline activity for them. Some of our volunteers are looking forward to getting back out talking to people, collecting feedback and engaging with communities and for others there is potentially a bit of nervousness around that. Its important we work with individuals to understand their needs, so part of the refresh is to understand some of the anxieties and build confidence.

TP stated that in the past some of our volunteers have been university students and will be interesting to see how many return as students start back.

PR stated that most of the seldom heard groups had not heard of Healthwatch, and if they had they wouldn't know how to approach us. It is important that we continue to raise our profile as they are the ones that have the highest health risks and that we really need to engage with.

It is important that the volunteers are armed with information about sources of help, as when volunteers engage with those seldom heard groups, a lot of them will have health needs and it will be important for the volunteers to be able to signpost where people can go for those sources of help.

RB agreed that this was an important point, the issue about being conscious around just how few people have heard of us, and if they have heard of us don't really know what we are or know vaguely what we are.

	<p>It's a very big challenge for us and volunteers potentially have an important role to play there.</p> <p>JJ asked if a stock take on the organisations we refer to was being done, as some smaller charities may have struggled and may not be there now or have the capacity they used to have.</p> <p>AC confirmed that all information and signposting routes have had a constant review throughout and been kept up to date on our website.</p> <p>CW asked if we are aware of any plans for covid related volunteers and what will happen to them when we come out of the lockdown.</p> <p>AC reported that we have had some conversations with Birmingham and Solihull local authorities around Covid Champions to see how they can sustain volunteer activity post pandemic. There are amazing links that local authorities have into those communities and how these passionate individuals are vehicles for help and support for others.</p> <p>RB and AC are on a local engagement board in Birmingham for continued discussions about Covid Champions.</p> <p>PR referred to the way places of worship have been used during the vaccination programme and the CCG are currently trying to put posters outside of places of worship. In terms of reaching those seldom heard people how can we use as a vehicle to contact people. As frequently there will be people there speaking the language of people who are hard to reach.</p> <p>JU reported that we are increasing where our posters are and have plans to put posters in supermarkets and at vaccination centres.</p>	
6	<p><b>Integrated Care System Development - What does this mean for Healthwatch Birmingham and Healthwatch Solihull?</b></p>	For discussion
	<p>RB gave an overview of the Integrated Care System Development paper and thanked AC for preparing it.</p> <p>AC informed the Board that locally we submitted a response to the national consultation around the ICS development and fed into Healthwatch England's consultation response.</p> <p>Healthwatch England have been working at a national level to influence the emerging ICS legislation that Healthwatch is a named partner and resourced accordingly to support system level working. A key issue for Birmingham is the development of localities which may result in an increase of partnership meetings impacting our capacity.</p> <p>We currently have two ICS systems emerging;</p> <ol style="list-style-type: none"> <li>Black Country and West Birmingham</li> <li>Birmingham and Solihull</li> </ol> <p>Key updates from AC since writing the report:</p> <ul style="list-style-type: none"> <li>We have met with the senior team at University Hospitals Birmingham to discuss the restoration and recovery of services and in particular the management of waiting lists and the back-log as a result of the pandemic. This key piece of work will be overseen by the Birmingham and Solihull ICS.</li> </ul>	

- AC and RB met with Yve Buckland as Chair and Paul Jennings as CEO of BSol ICS to begin conversations about our role and function. There is initial agreement that there is a role for us at the governance level but no clarity as yet what that will look like.
- Initial meeting and confirmation of our place in the Quality Surveillance structures within the ICS.
- Initial conversations with the Inequalities Workstream of the ICS and confirmation of our involvement.
- We are the workstream lead for Engagement as part of the West Birmingham Integrated Care Partnership.
- There are current talks around the future placement of West Birmingham with current thinking that ICS boundaries should align to Local Authority Boundaries.

Items for consideration:

- We would potentially want to be a non-voting member of the ICS enabling us to (i) have an influential voice and (ii) to ensure our independence is safeguarded.
- What is our position on the future placement of West Birmingham? The impact of place and locality on organisational capacity and how we align to the changes to ensure we are connected and influential.
- Are we in agreement that we want a seat at whatever table exists and our role within the ICS?

JJ stated that until there is clarity as to what decisions are made where and knowing our limited capacity, I think we need to make decision at some stage in the future where we think the public will get value for money with us. Also, there may be changes in legislation with regard to the rules of engagement for Healthwatch.

RB reported that Healthwatch England are trying to get as much mention of Healthwatch into legislation as they can.

AC stated that we currently hold two place level contracts, one in Birmingham and the other Solihull. Our statutory functions won't change at that level and our commissioner relationship won't change. System level is where conversations are happening to see if need additional powers as a local healthwatch to work at that level.

CW expressed her concerns about the time and commitment needed to be present at the different boards and levels. It's about clarifying that we do have a place, in terms of representation, and then having that watching brief of the ICS developments. We would want to clarify what does that mean for board members who attend different health trust board meetings, that might be a useful way to continue to gather soft intelligence about how the ICS are developing.

RB stated that we need to review at a future meeting the role of board members and what attendance at stakeholder meetings will look like moving forward.

AC thanked everyone for the really useful discussion.

RB summarised:

- we want a seat at relevant tables
- we want that seat to underline and safeguard our independence



	<ul style="list-style-type: none"> <li>• Maintain our engagement in the place and locality discussions and discussions around the future of West Birmingham</li> <li>• To bring back for future discussion how we align the organisation to work most effectively with the ICS structures once they are confirmed</li> <li>• Stay engaged with discussions at a national level with Healthwatch England</li> </ul> <p>JD left the meeting at 6.13 pm.</p>	
7	<ul style="list-style-type: none"> <li>• <b>Inequalities Update</b> <ul style="list-style-type: none"> <li>○ <b>Demographic Reports - Internal monitoring and recording</b></li> </ul> </li> </ul>	For discussion
	<p>AC presented the two demographic reports for Birmingham and highlighted the development of similar reports in Solihull.</p> <p>On a quarterly basis, it is directly tied to our community engagement plan. Where we identify gaps within the demographic reporting then we can do more targeted work through community engagement, whether on line or face to face.</p> <p>The reports have highlighted that there is low recording of demographics and we are working as a team to improve this, along with working with Healthwatch England to improve the data capture systems.</p> <p>Board agreed to see them as part of Board papers at meetings.</p> <p><b>ACTION: to bring future demographic reports to Board meetings.</b></p>	
8	<b>Any Other Business</b>	
	<p>RB thanked the member of the public for attending the meeting.</p> <p>There was no other business to discuss.</p> <p>Meeting closed at 6.20 pm.</p> <p><u>Date of next meeting:</u> Wednesday 16th June, 2021</p>	