

Board Meeting

Date of Meeting: Tuesday 1st December 2020

Healthwatch Birmingham Board Meeting
Time: 4.30 pm - 7.00 pm

Venue: Virtual Meeting

Attendees

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| Andy Cave (AC) - CEO | Graham Parker (GP) - Interim Chair | Jane Upton (JU) |
| Peter Rookes (PR) | Catherine Weir (CW) | Fiona Taylor (FT) |
| John James (JJ) | Tony Green (TG) | Danielle Oum (DO) |
| Oluwakemi Adebajo (OA) - Project Officer | Chipiliro Kalebe-Nyamongo (CKN)- Research & Policy Manager | Natalie Travers (NT) - Healthwatch Solihull Manager |
| Di Hickey (DH) - minutes | | |
| There were no members of the public in attendance to observe | | |

Apologies

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| Tim Phillips (TP) - Volunteer Rep | | |
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Absent

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Public Session

| 1 | Welcome, Introductions & Apologies, Any Other Business | For Noting |
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| | <p>DO attended the start of the meeting to say farewell to the board.</p> <p>GP thanked DO for her hard work and everything she had done for the organisation.</p> <p>DO stated that it had been a pleasure working with everyone and it had been an incredible journey. With AC's leadership Healthwatch Birmingham & Healthwatch Solihull has become a stronger and more focussed organisation. The Board had gone from strength to strength with the organisation delivering more impact for citizens. She confirmed that she would still be championing Healthwatch and the voice of the public in her new role at Birmingham and Solihull Mental Health Foundation Trust.</p> | |

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| | <p>DO thanked everyone for the leaving card, their kind words and for being fantastic colleagues and wished everyone good luck for the future.</p> <p>DO left the meeting.</p> <p>GP welcomed CKN, NT and OA (new staff member in the Healthwatch Solihull team).</p> <p>OA introduced herself and confirmed that she had started with Healthwatch Solihull on the 1st October in the role of Project Officer. She confirmed her background as an undergraduate in biomedical science and has a masters in global public health and policy. Previous experience includes research roles in the UK and Nigeria in public health organisations.</p> <p>GP extended a warm welcome to OA.</p> <p>AC reported that over the next quarter, and hopefully for the next meeting, we will look at ways of increasing public involvement in meetings and encourage members of the public to attend.</p> <p>Action - AC to bring paper to next board meeting.</p> | |
| | Declarations of Conflict of Interest | For Noting |
| | There were no conflicts of interest. | |
| 2 | Minutes of previous meeting (22nd September, 2020) | For Approval |
| | <p>The minutes of the previous meeting were agreed as a true record.</p> <p>AC stated that it had been good to have volunteer questions and in future would try to time volunteer meetings to bring questions to each meeting.</p> <p>Action - AC to speak to MM (Healthwatch Birmingham) and LB (Healthwatch Solihull) to arrange this.</p> | |
| 3 | Actions Arising - All Actions Progress - All | For Action For Noting |
| | <p>AC reported as follows:</p> <p><u>To progress work with BSMHFT and BCHCFT in relation to governors</u> - AC to continue discussions with Trusts to progress this work. Item to be kept on the agenda for update in future meetings.</p> <p><u>Health Inequalities project</u> - CKN in attendance to talk around the Somali report which had now been published. Further updates will be brought to future meetings around our work to reduce inequalities.</p> <p>CW was pleased to hear that there will be a continued overview around our priorities. The Somali report is good however we also need to see strategically what we are progressing in terms of wider aspects of inequalities inclusion/exclusion.</p> <p>GP agreed that it would be good to learn in advance what specific topics are going to be brought to the board for discussion - a list and agenda.</p> | |

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| | <p>Action - Board to contact AC with any suggestions to add to topics for consideration.</p> <p><u>Community Champions</u> - there are regular updates around the pandemic in Birmingham and Solihull for citizens to feedback to their local networks and there are regular webinars held. The Board are encouraged to register.</p> | |
| 4 | <p>NED Recruitment Update</p> <p>AC reported that the recruitment process is underway for a new Chair and NEDs for Solihull.</p> <p>Action - AC to provide update to board when a decision has been made.</p> | For discussion |
| 5 | <ul style="list-style-type: none"> • Our Work in Focus <ul style="list-style-type: none"> ○ Healthwatch Solihull - GP Access Investigation - NT/KA ○ Healthwatch Birmingham - Update on our Somali Report - CKN | For discussion |
| | <p><u>Healthwatch Solihull - GP Access Investigation</u></p> <p>NT gave an overview of the project and what had been achieved so far.</p> <p>The topic was indentified working with our volunteers who agreed to focus on access to GP appointments.</p> <p>402 responses were received in 2 weeks. 51 people also left email addresses at the end of the survey, with these being followed up for further discussion.</p> <p>OA reported that the survey was now closed. We are currently analysing the feedback from the survey and interviews to identify the main themes. Early indicators suggest possible themes around fear of misdiagnosis and issues with virtual appointments.</p> <p>We are still to carry out further telephone interviews so the full findings will be available at a later date. We will work with Birmingham and Solihull CCG and local Primary Care Networks around the findings of the report and gain a commitment for change.</p> <p>FT stated that it did not appear that we are hearing from people who are happy with the services offered.</p> <p>NT confirmed that they had asked for good and bad feedback and both stories would be in the report.</p> <p>OA reported that there are a lot of people saying that they do like the convenience of telephone appointments or video calls but they do not want it forced upon them, and that there is no other choice apart from phone appointments.</p> <p>CKN agreed that there needs to be a choice as she had also heard similar feedback. There is also the worry of misdiagnosis and lack of human contact.</p> <p>CW thanked NT and KA for their update which connected back to how can we encourage more attendance at the public parts of the board</p> | |

meetings, whether there's an almost 'you said we did element' to encourage people to come and ask what's happened with the reports and whether that might be a way of people coming to get feedback on that one action that they are interested in and it could grow from there.

AC congratulated Healthwatch Solihull team for their first investigation, the response had been amazing.

GP also thanked the Healthwatch Solihull Team for their update.

Healthwatch Birmingham - Health Inequalities: Somali people's experiences of health and social care services in Birmingham

CKN updated the Board that the report had now been [published](#) and the next stage would be developing an impact plan. A list of key stakeholders had been drawn up, along with key lines of enquiry to understand what changes will be made as a result of the report. We are speaking with:

- Birmingham City Council
- Elected Members (Cllr Hmlton and Cllr Cotton)
- Public Health Birmingham
- Birmingham and Solihull CCG
- Sandwell and West Birmingham CCG
- NHS Trusts

Our report so far has been received positively. We presented our report at the Healthwatch England conference, and was highlighted as best practice in the key note speeches.

The report is also being used as evidence in local and national consultation activity around inequalities.

GP thanked CKN for a very well written and presented report. We will need to ensure that we hold to account people that we present to. Would be good to hear some time lines for reporting back on how impactful the report has been.

CW commented that she had recently heard Cllr Paulette Hamilton stating how concerned she was with communities in Birmingham not accessing services and that people were frightened to access health services and worried how they would be perceived and treated. There is a fine line to get messages right from Public Health and recognising the legitimate concerns that are in reports around how will I be received, will I be able to communicate and be listened to. Got to get balance right, wonder if there is an issue around recruitment of community champions across the different communities and how representative or not they may be and whether represent enough or is this a way to enable people to make better use of health services.

AC thanked members for their really useful points.

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| 6 | <ul style="list-style-type: none"> • Healthwatch Birmingham Update <ul style="list-style-type: none"> ○ Quarterly Report - Contract Period Q1 (August 20 – October 20) ○ Activity Update – November 20 • Healthwatch Solihull <ul style="list-style-type: none"> ○ Quarterly Report – Contract Period Q1 (July 20 – September 20) ○ Activity Update - October and November 20 | |
| | <p>AC confirmed that he would combine the two updates.</p> <p><u>Healthwatch Birmingham</u></p> <p>As highlighted, we are doing really well when it comes to reach, however difficulty lies in turning reach into true engagement with individuals resulting in them leaving feedback with us. There is a challenge to get it right but there a number of things in the pipeline that we are trying to do. In particular we have trialled a number of different virtual engagement events and activities, with the team evaluating success and developing new ideas. Healthwatch Birmingham has been able to learn from Healthwatch Solihull and develop our social media strategy to reflect their practice and successes. This is a good example of how we are working closely together across the two localites and learning from each other.</p> <p>We have done a lot of work building relationships with stakeholders and we have seen increased understanding and value in our role through the system meetings we attend.</p> <p>AC reminded Board members that our Feedback Heard KPI is payment by results and linked to 10% of the contract value. Over the coming moths we will work with the staff team to ensure we are focused on achieving this KPI.</p> <p>AC reported that the Community Partnership has had to be a bit more flexible to identify how to hear from their client group. LS has worked really hard to re-engage partners and gain support from additional partnerships, however the partners that we have paired with have their own difficulties at the moment around lock down restrictions and volunteer activity which is having impact on hearing feedback. We are now co-hosting some virtual events with these groups ie. we will be attending an event with YMCA service users where we will be listening to feedback.</p> <p>JJ asked if a recent literature search had been done on what public evidence there is for the conversion from reach to engagement.</p> <p>AC reported that although this had not been done, we have worked across the Healthwatch England network to share ideas and learning from them. It might be something that JU and team could pick up to look if there are any good examples for us to learn from.</p> <p>FT felt that it was a good move to join other organisations meetings and a good way forward in terms of the people who we can hear from and also for people who could volunteer for us in either an informal or formal way. How far do we think we can say, with regard to our KPIs, that we are having less feedback than we normally would due to there being less services. ie. no ordinary dental check ups, opticians check ups etc.</p> | |

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| | <p>AC felt that it was valid during the first lockdown when services stopped, however working with commissioners there were other things we could hear about at that time and utilise our resource for which is why the survey we carried out during the last lockdown was so important. AC commented though that as the prolonged impact on services continues this will have an impact on the amount of feedback the public can share with us. We need to continue to be innovative and creative about the way we work.</p> <p>Information and signposting numbers are increasing, in particular in the last month with the national lockdown.</p> <p><u>Healthwatch Solihull</u></p> <p>AC presented Healthwatch Solihull's first quarterly report to the Board. Healthwatch Solihull are really demonstrating to us the new and exciting ways to engage with the local community with amazing results. In particular they have had large amounts of social media activity and increased followers and feedback heard through this route. There have been some key issues happening in Solihull, which we have been hearing a lot of feedback. This is mainly around primary care access and links nicely with the GP Access Study.</p> <p>LB has done a lot of work engaging with people and has also engaged with the Community Champions scheme in Solihull and has got our contact details circulated to the champions.</p> <p>CW welcomed the report and ideas around social media, the link with community champions sounds a good way to go.</p> | |
| 7 | HR Update - Healthwatch Solihull Staff Recruitment | For Noting |
| | <p>AC confirmed that SB from Healthwatch Solihull was due to leave on the 2nd December and thanked him for his hard work and good luck for his future position. Recruitment has begun for this role so should only be vacant for a short period of time.</p> <p>Once this position is filled we have a full staff team in Healthwatch Solihull.</p> | |
| 8 | Any Other Business | |
| | <p>PR asked if we had heard anything from the CCG about the development of Integrated Care Systems (ICS).</p> <p>AC confirmed that we are linked to those conversations however more work was needed to stay connected to the changes taking place.</p> <p>FT stated that the plan is that by April 2022 CCGs will have gone and ICS's and Primary care partnerships will be in charge, therefore a lot of new people to link in with, although suspect will be the same people.</p> <p>AC reported that links will be made with the Birmingham and Solihull ICS Chair in the new year and report back at future meetings.</p> <p>CW asked about Christmas get together and the wellbeing of staff.</p> | |

Staff will be having a virtual Christmas get together and will circulate the invite to volunteers and Board members to join.

Action - DH to invite Board members to volunteer Christmas get together.

JU confirmed that with regard to staff wellbeing, a second working at home questionnaire had been sent out and managers will make sure that anything that needs putting in place will be done. Ongoing as peoples situations may have changed.

CKN and NT leading with virtual Xmas party. Planning buddy arrangements underway where staff meet a different person each week for a chat as people are feeling more isolated working from home, this is voluntary as not everyone interested. NT developed a get to know you template and people can have a look at that to guide chat. Will be doing a quiz every so often and various other stuff and start with Xmas party and hopefully other things happening before we close for Xmas.

There was no further business to discuss and the meeting closed.