

Board Meeting

Date of Meeting: Wednesday 16th June, 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
Charles Ashton-Gray (Consultant)	Di Hickey (DH) - minutes	
There was one member of the public in attendance to observe.		

Apologies

James Doyle (JD) - HWSol Volunteer Rep		
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Absent

None.

Public Session

1	Welcome, Introductions & Apologies, Any Other Business	For Noting
	RB welcomed everyone to the meeting.	
	Declarations of Conflict of Interest	For Noting
	There were no conflicts of interest declared.	
2	Minutes of previous meeting (16th March, 2021)	For Approval
	The minutes of the previous meeting were agreed as a true record.	
3	Actions Arising - All Action log	For Action For Noting
	AC reported as follows:	

	<p>Inequalities update - demographic reports - to be presented to board at a later date. Agreed to close action.</p> <p><u>Action from June, 2020 meeting</u></p> <p>To progress work with BSMHFT and BCHFT in relation to governors - met with two trusts to discuss development of project plan and proposals. Agreed to close action with a future update to the board.</p> <p><u>Action from December, 2020 meeting</u></p> <p>Public Engagement at Board meetings - Scheduled to be discussed at a future meeting. Agreed to close action as will now be included in the new workplan.</p> <p>To consider the feasibility of future face-to-face meetings. All board members to feed back to RB whether they would like face-to-face meetings or stay on line (RB).</p> <p>Action - All board members to contact RB with their preferences for future board meeting.</p>	ALL
4	<p>Formally note and approve changes to Board membership</p> <p>QZ has now formally stepped down from the board (RB).</p> <p>The board wished him all the best and extended their thanks for his contribution and hard work with the Board (RB).</p> <p>We are still looking to recruit further Non-Executive Directors and have identified one individual who is keen. TG has also put us in contact with three more potential candidates (AC).</p> <p>Targeting recruitment for two areas (i) Solihull and (ii) Finance and Audit skills. Recruitment needs to maintain and increase board diversity and try to make a geographical spread (RB).</p> <p>Action - Board members to notify AC if interested in being part of interview panel.</p>	For discussion
5	<ul style="list-style-type: none"> • Annual Reports 20-21 <ul style="list-style-type: none"> ○ Annual Report Template ○ Healthwatch Solihull & cover sheet ○ Healthwatch Birmingham & cover sheet <p>Annual Accounts 20-21</p>	
	<p><u>Annual Reports 20-21</u></p> <p>Draft Annual Reports had been circulated to the board for comments (AC).</p> <p><u>Annual Report Template</u></p> <p>HWE Annual Report template will be used for both reports, and be can adapted to what we want to do (JU).</p> <p><u>Healthwatch Solihull</u></p> <p>Presented in the template but still in draft form.</p>	

	<p>Photo of North Solihull requested and NT has taken on all comments (JU).</p> <p><u>Healthwatch Birmingham</u></p> <p>Presented in draft and to be transferred into the template.</p> <p>Suggested that the table in the Healthwatch Birmingham Annual Report describing outcome of investigations be repeated for Solihull (CW).</p> <p>Thanks to everyone for their input (RB).</p> <p>The annual reports were approved to be published by the end of June, as legislation stated.</p> <p><u>Annual Accounts 20-21</u></p> <p>Confirmed that the audit is now complete with the year end coinciding with the contract year. There is a small surplus and will look at how we are doing against each contract.</p> <p>The auditors have no concerns and the decision not to accrue the 10% payment by results was agreed by them (JR).</p> <p>Board approved accounts to be signed off.</p>	
6	<ul style="list-style-type: none"> • Healthwatch Birmingham Update <ul style="list-style-type: none"> ○ Quarterly Report - Contract Period Q3 (February – April 21) ○ Activity Update – May 21 • Healthwatch Solihull <ul style="list-style-type: none"> ○ Quarterly Report – Contract Period Q3 (January – March 21) ○ Activity Update - April and May 21 	For discussion
	<p>AC reported as follows:</p> <p><u>Healthwatch Birmingham</u></p> <p>The red risk around performance on feedback heard was no longer a risk. The team had come together and achieved great success through implementing everything we have learnt about working on-line. As a result we are now 1831 pieces over target for year with a month to go.</p> <p>This resulted from (i) analysing previous work to identify missed opportunities and looking at other miscounted items (ii) Prize draw in April which coincided with our 8th Birthday celebrations and the easement of lockdown. A voucher was given to 8 respondents to spend at a local business and as a result of this we received over 1500 pieces of feedback.</p> <p>We now need to look at how we maintain this on-line and supplement with face-to-face work. We have seen a drop in quarter 4 as we focus on other areas of work, however we need to make sure we hit the new contractual year running.</p> <p>Overall the target had been hit early and MQ was also doing an amazing job with Information and Signposting. In quarter three we had 515 enquiries against a target of 650, and therefore need a further 135 in quarter 4. Average 194 per quarter so fully on track.</p> <p>MQ was working at capacity, due to being part-time, and we have now developed another member of the team to support on-line with the low level enquiries. We have also built in I&S support within the Solihull role which is one of the benefits of having two teams working together.</p>	

	<p>Thanks to the team for the role that they played and receiving good quality feedback was good news. Conscious steep escalation year on year and not easy (RB).</p> <p>There is a need for us to increase recording of demographics, to make sure we are hearing from everyone in the city.</p> <p>It was agreed that a blended approach of face-to-face and on-line engagement would be the best approach.</p> <p><u>Healthwatch Solihull</u></p> <p>On target and had heard a total of 2453 pieces of feedback against a target of 2000. Information and signposting 263 against a target of 250. Engagement and reach targets are achieved; really good on social media with 1,100 followers on Facebook (HWB 615 followers). 95% of followers are local from Solihull.</p> <p>As a result of the Prize draw in May, 392 pieces of feedback had been heard.</p> <p>Solihull Care Homes Project - virtual engagement has been taking place in residential care settings and this will be developed with care homes as the changes to visiting restrictions are implemented.</p> <p>GP access report is nearly ready to be published. This is a big ticket item for the public, and therefore we have received a response from all PCNs in the Solihull area who were positive about the report and outlined what actions they are going to take. The CCG welcomed the report and the findings are being used as part of a CCG report into GP Access.</p> <p>Two members of Solihull staff are leaving the organisation as both decided to progress academically, one to retrain in a business degree and the other doing a Masters. The two roles are already out for recruitment to quickly fill the roles.</p> <p>NT and PC to look at the social media followers for each organisation to see if there is a correlation on number of posts/tweets.</p> <p>Thanks were expressed to Solihull for their social media and GP report. Issues of access and pressure on GPs is something to keep an eye on as some quite worrying stats are coming out nationally (RB).</p>	
7	<p>Integrated Care System (ICS) Development - Latest Developments and our involvement</p>	For discussion
	<p>AC gave a presentation and reported as follows:</p> <p>The purpose of the presentation is to update on local developments and focus on what action achieved so far with BSol ICS.</p> <p>Last time in the paper we talked about the ICS national developments and the 2 boards, one being NHS Collaborative Partnership and then a partnership of HWBB but across the system. The local structure is being considered and no decisions have been made. West Birmingham is likely to be joining BSol ICS from April 2022.</p> <p>An overview of the workstreams and named leads for each area of work was presented. Each workstream designed to become a full ICS by April 2022.</p>	

	<p>Overview of workstream ll focussing going live in April 22. Key workstreams include Inequalities and Quality structure which are important for us to be involved in.</p> <p>Current CEO, Paul Jennings, who is retiring in September, will be replaced following a recruitment campaign.</p> <p>In Birmingham and Soihull there wil be two places one Solihull and one Birmingham and we are linked with both place systems.</p> <p>The draft delivery priorities for the Birmingham and Solihull ICS are publically available which include recovery from the pandemic and early help interventions.</p> <p>Good positive initial conversations have been had with the ICS and we will be having a board session with Yve Buckland Chair of the BSol ICS, to look at priorities and our role.</p> <p>We have secured seats on Inequalities, place and quality workstreams and members of the West Birmingham Intergrated Care Partnership. The next step will be to secure a place at governance level. Waiting for legislation and Healthwatch England guidance around this.</p> <p>Our work around the ICS will be built into our future strategy to maximise our role and influence for the people of Birmingham and Solihull.</p> <p>Made positive progress since March but still a lot to see what happens with development but a lot to do.</p> <p>Thanks to Andy for his comprehensive update. With regard to accountability with Trusts and who they are accountable to? What about the care system, will it remain in local authority? and thirdly what about public governors in Trusts, lay advisers in CCGs etc. Important that there is public involvement in all levels.(PR).</p> <p>Care system, very much sits under Health and Wellbeing Board partnership of ICS. How they come together is still not 100% sure, however a lot has already been developed through place partnerships. (AC)</p> <p>Action - AC to work with Healthwatch England to influence at a National level.</p> <p>Action - AC/DH to contact Yve Buckland to book a full Board session looking at BSol ICS.</p> <p>Thanked AC for presentation and update and will let know when get a suggested date from Yve Buckland (RB).</p>	
8	<p>Board Workplan updates</p>	
	<p>Welcome to CAG who is starting work for us to look at future strategy and organisational development and how the work plan fits in (RB).</p> <p>AC presented the work plan and the newly introduced dashboard to track progress towards Board actions.</p> <p>At this meeting we have an update around the development of our strategy and the discussion around the ICS as our main focus. and income generation and then ICS development as the main focus. In September we will see the</p>	

	<p>strategy work coming back to the board along with the Healthwatch England Quality Framework.</p> <p>A review of IT systems has already been started and diarised to come to board in September around security and GDPR compliance with our IT providers. This will then develop into a review of our ongoing digital needs and developments around the Healthwatch England digital offer coming to the March meeting (AC).</p> <p>The dashboard will be continually updated and presented at each meeting to ensure we stay on track.</p> <p>Thanks and find it useful to see diagrammatic form (RB).</p> <p><u>Strategy</u></p> <p>CAG introduced himself and outlined the work needed for the development of the strategy. 10 weeks to complete this work and aiming for bank holiday Monday at end of August as the deadline to bring back to the September Board meeting.</p> <p>One of things that we need to do is take a step back and look at the strategic aims and what success actually might look like. Then theory of change model and get some steps to achieving it. Once got steps can allocate some priority to it, allocate some resources and that then helps us build the income generation plan.</p> <p>I'm your spare pair of hands and will have a conversation with all Board members and involve them in this task in quite a short period of time.</p> <p>Because this has been a long process to get to this point, good to remember that some time back, we did do a lot of work around principals that we would apply regarding income generation (CW).</p> <p>CAG has been given all those documents of the work previously carried out in 2020.</p> <p>How would you like to proceed with board members? Individual discussions or board as a whole, or a focus group with some members and bringing in others later?(PR).</p> <p>FT and CW started the piece of work so have a debrief and find out which are board members particularly interested in forming small focus group.</p> <p>Action - DH to book Board session on the strategy.</p> <p>Board members can contact CAG via email or telephone.</p> <p>Action - DH to circulate CAG contact details to board.</p>	
9	<p>Any Other Business</p>	
	<p>Thanks were extended to the member of the public for attending the meeting and for his work as a volunteer. Thanks were also extended to CAG for his attendance.</p> <p>There was no other business to discuss.</p>	

Meeting closed at 6.05 pm.

Date of next meeting: 15th September, 2021