

Board Meeting

Date of Meeting: Tuesday 22nd September 2020

Healthwatch Birmingham Board Meeting

Time: 4.30 pm - 7.00 pm

Venue: Virtual Meeting

Attendees

Andy Cave (AC) - CEO	Danielle Oum (DO) - Chair	Graham Parker (GP)
Jane Upton (JU)	Tim Phillips (TP) - Volunteer Rep	Fiona Taylor (FT)
Catherine Weir (CW)	Qadar Zada (QZ)	Tony Green (TG)
Jas Rai (JR) - Company Secretary	Chipiliro Kalebe-Nyamongo (CKN)- Research & Policy Manager	Di Hickey (DH) - minutes
Natalie Travers (NT) - HWSol Manager	Scott Baldwin (SB) - HWSol Information and Engagement Officer	
There were no members of the public in attendance to observe		

Apologies

Peter Rookes (PR)	John James (JJ)	Neelam Heera (NH)
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Public Session

1	Welcome, Introductions & Apologies, Any Other Business	For Noting
	DO welcomed all to the meeting and everyone introduced themselves. NT and SB were in attendance to introduce themselves as Healthwatch Solihull Team. It was also TG's first meeting.	
	Declarations of Conflict of Interest	For Noting
	There were no conflict of interests.	
2	Minutes of previous meeting (22nd June, 2020)	For Approval
	<p>The minutes of the previous meeting were agreed with the following amendments to the BAME action list:</p> <p>Second sentence first paragraph - Change to Healthwatch Birmingham taking the lead. This reflects that we can not do this alone and need to influence the wider system to make change happen.</p> <p>DO approved the minutes with the slight change.</p> <p>DO thanked NT and SB for attending to introduce themselves and they left the meeting.</p>	

3	Actions Arising - All Actions Progress - All	For Action For Noting
	<p><u>To progress work with BSMHFT and BCHCFT in relation to governors</u></p> <p>There has been little progress regarding this project. Unfortunately due to the pandemic, capacity is restricted both internally and externally.</p>	
4	Appointment of NEDs	For discussion
	<p>DO welcomed the appointment of TG to the Board. There are further NED opportunities available which will be discussed in the confidential section.</p>	
5	<ul style="list-style-type: none"> • Our Work in Focus Inequalities Project - Chipiliro Kalebe-Nyamongo, Research and Policy Manager 	For discussion
	<p>CKN presented the outline of our latest investigation looking at the experiences of Somali people in Birmingham when using health and social care services. The motivation behind it is that Healthwatch Birmingham is well placed to address the issues around inequalities and services and we can by raise awareness of variations with Commissioners and providers by listening to those groups affected.</p> <p>TG asked if consideration was given to approaching local Primary Care Networks (PCNs) and asking them about their service delivery as a benchmark against what people were telling us.</p> <p>Discussion followed regarding the best way forward and CKN reported that it would be best to start from the voice of the patient. Equally we have over 100 PCNs across Birmingham and that would be a massive task which we do not have the capacity to do.</p> <p>AC added that there was a real opportunity in Birmingham as part of the Health and Wellbeing Board they have an inequalities sub group for us to influence system wide change. Working at a system level will then filter down to front line providers.</p> <p>FT asked how interviews have gone so far and how much has been found out.</p> <p>FT stated that it was really interesting and also showed the skills of the interviewer.</p> <p>GP stated that the board were looking for reassurance that the project will be used to inform agenda item 6, Covid-19, looking at the general work that we may be doing. It has been recognised that there have been inequalities due to Covid-19 and we need to address how and why, and would hope that the project particularly emphasises that. This is an important project to link with other reports outlining inequalities in the city.</p> <p>It was noted that Birmingham City Council are doing a refreshed vision of Adult Social Care around Covid-19 and it would be worth having some sort of alignment/linkage with that piece of work.</p>	

DO confirmed that she agreed with GP and that recommendations coming out of the report should lead to change. It's important to hear people's voices and if they are saying things that we know, it is good to amplify but it needs to be more than that. The example that GP gave about the refreshed strategy is a good one, we also know that all of the ICS's across the country have been told to submit plans for the Phase 3 response to Covid-19 which includes how they are going to tackle health inequalities. How they are going to restore services that do not reinforce inequalities is vital. We are now in the second wave and need to look at how Covid-19 doesn't disproportionately kill people from different backgrounds so there is an urgency for the research which needs to feed into that ICS health inequalities plan.

DO reported that she is currently leading the working group across the whole of the midlands region to define what those plans should look like. Heard BSOL plan is very detailed and specific, unlike some other areas that have not really fully engaged with it. Birmingham has already got the intent of doing some good work on this. How do we make sure it is reflecting what we are hearing from service users. The 'so what' aspect is really key.

CW stated that it's the 'so what' but also it is great to hear there are a few different avenues that it can feed into and obviously time critical. Are interviews being recorded so we have got full stories to strengthen case for change. We have got some interesting early conclusions and backing them up with the stories would be great.

CKN confirmed that she agreed with everyone, and we are looking at how we are going to get impact and who are we going to influence. AC has a lot of contacts already and is looking at where it would fit. As with other reports we do, it is important that we have impact for the people who are taking the time to share their feedback. We need to pin point where change can be made and where we can influence and input into the development strategic plans.

DO raised the inequalities faced by other communities during Covid-19 such as mental health, Learning Disability and physical disabilities. Also other areas such as homelessness. Its important that we remain focused on hearing from these groups.

AC reported that we continue to target and monitor who we are hearing from to ensure we are hearing from those who are most likely to experience inequality.

DO requested that due to health inequalities being a priority, that it should be an agenda item for future board meetings. We need to look at a range of activities, whether it's ours or us contributing to other organisations actions and research.

Action - Health Inequalities to be a scheduled agenda item on future board meeting agendas.

GP stated that if we are serious about addressing inequalities, we need to do meaningful KPIs to validate what we do strategically and what we deliver.

DO thanked CKN for presenting her report and CKN left the meeting.

6	<ul style="list-style-type: none"> • Covid-19 Update <p>Challenges, barriers and solutions for working practice</p>	
	<p>JU reported that when we first went into lockdown we were aware that there were a lot of people whose needs were not being met and the primary reason of developing a questionnaire was to reach out to those people who needed supplies, weren't managing to get their appointments, needed emotional support, needed more information etc. and the aim was to make the connection between them, health and social care and third sector organisations. It was a different kind of project compared to our usual investigation projects as we were approaching it through the lens of our information and signposting function.</p> <p>We had 792 replies of which 577 were from Birmingham residents. The information is coming out in a report of what we heard and we would like to focus on what this means for the future and any second wave / lockdown.</p> <p>There is a public involvement angle in terms of what are services going to do to reach out to different communities and how we are going to hear about that. We want to see health and social care showing new ways of reaching out to those communities.</p> <p>We are going to continue to celebrate successes based on what we have done during lock down and we want to encourage health and social care providers and commissioners to use the feedback from what they hear to identify gaps. We want to hear that gaps are being reduced and people understand changes and that these changes are being communicated to them. We want to be assured that people that contact us understand those communications, changes to services and what is available to them, and we are looking at inequality as well.</p> <p>Over the next few months we are hoping to be able to collate that feedback and publish it as a follow up report.</p> <p><u>Community Champions around Covid-19</u></p> <p>AC reported that he attended the Health and Wellbeing Board and confirmed that the launch of Community Champions around Covid-19 had happened. They already exist in Solihull and Birmingham are recruiting at the moment. Birmingham in particular, are going to recruit 1500 volunteers across the city as a key conduit to get key messaging out.. This is a clear example of how some of these changes are already taking place.</p> <p>DO asked if it was going to include the apparent differential levels of understanding by different communities of the Public Health messages coming through.</p> <p>AC stated that, particularly in Birmingham, there is a a lot of effort going in to provide clear community representations and all the communications that are going out are in a variety of languages to support communities. It is very much focussed on tackling some of those known myths that are out there in communities. As part of the Public Health survey they asked the question around who do people trust most and not surprisingly friends and family were the key people that people</p>	

	<p>trust and by recruiting key people in communities the hope is that key messages will get out in Birmingham and Solihull</p> <p>TG raised an issue about access to GP services in Solihull.</p> <p>AC stated there is a known issue around a particular PCN in Solihull. The CCG are aware of the issues and Healthwatch Solihull are making links to make sure that changes happen as a result of that. We are also working with local Councilors on this.</p> <p>FT asked if we are confident that they are definitely public health champions rather than compliance champions.</p> <p>AC confirmed that this was very clearly laid out. Details will be circulated as there's a call out for staff, volunteers, board members etc and it was very much around key messaging. In addition to the Community Champions Birmingham City Council also has a whistleblowing line where individuals can report compliance issues.</p> <p>Action - AC to circulate information regarding Community Champions.</p>	
7	<p>CEO's Report</p> <ul style="list-style-type: none"> ○ HWB - Contract Period Q4 (June 2020 - August 2020) and Annual Overview ○ HWSol - HOSC Report (Mobilisation and Contract Period Q1) 	For Noting
	<p>AC presented the CEO report and confirmed that he would cover a few key points which he wanted to make clear.</p> <p><u>Working Remotely</u></p> <p>All staff in Birmingham and Solihull are still remote working and with recent changes to guidance, we will continue to do so. We have put a lot of work in and have carried out a staff survey to ensure they are safe and secure working from home. This is to identify any wellbeing or equipment needs..</p> <p>Initially we relied on Zoom as our main virtual meeting space but this was limited to what we needed long term. We now have Microsoft Teams which has improved our connectivity whilst remote working across both sites and has made a big difference. Microsoft Teams also has a project management facility to enable increased overview of projects and keep us on track.</p> <p><u>Welfare of Volunteers</u></p> <p>We are in regular contact with volunteers in Birmingham and Solihull and we are working with them to develop new volunteer roles. Current volunteer roles are very forward facing, face-to-face roles and we are now exploring how we can utilise volunteers virtually and help generate engagement ideas moving forward.</p> <p><u>Engagement, Involvement and Reach</u></p> <p>As we have moved to online engagement we have noticed a change in the conversion rates. Our best conversion rate is where we build rapport and trust face-to-face. We need to improve how we work virtually to increase conversion rate into feedback heard. We have had good discussions on how we can do that virtually and are trialling different ways of working.</p>	

Community Offer

There has been a lot of work done by Latifah Stone (LS), Partnership Officer in Birmingham, to re-engage old organisations and recruit new Community Partners. They are key organisations for us to hear from. Next stage will be increased feedback being heard through those organisations.

Information and Signposting

Gary Rogers (GR) left the organisation in March so we have not had an Information and Signposting Officer throughout lockdown. The team have all stepped up and covered the service. At the moment we share out amongst 5 members of staff who do a day each and everyone has telephones at home to enable them to do that.

GP offered his congratulations to Managers and the team for all the work that is being done under very challenging circumstances.

AC stated that it had been a challenge and everyone is in a good place at the moment, all have had a break which was well needed.

Contractual Year 1 Summary

A draft report has been circulated to board members, which a first draft of a report that will be sent to our commissioner as a basis of our contract monitoring. As we have finished the first twelve months of the contract it was important to highlight some of the key areas of where we have either over achieved or where we have not achieved this year. There was a verbal agreement at the beginning of lockdown for Healthwatch Birmingham to prioritise our work and focus on making sure that we were supporting the most vulnerable in the city. Therefore this report is in context of that.

Of particular importance for the board to note is we did not achieve our payment by results KPI - Feedback Heard. The target was to hear 3,500 pieces of feedback in the year and we are 1,000 short of where we needed to be. However, it has been the most successful 12 month period that we have ever had as an organisation and the team had worked very hard. The 12 month period was sandwiched between two challenges for us: at the beginning of the contract the three key roles around hearing feedback were vacant and recruitment was delayed due to delays of Birmingham City Council confirming the contract with us. At the end of the year we were impacted by covid-19 restrictions.

As we recruited in quarter two, figures did increase. Quarter three saw a real momentum behind Community Engagement, four events were booked in every week for March, which had to go on hold due to Covid-19.

GP asked if this meant that we have missed out on the extended bonus and what possibility is it we are able to make up the deficit in numbers in year two.

AC confirmed that confirmation will hopefully be received soon regarding the payment by results element. In terms of continuation of growth this is a concern and we will work with commissioners around this target.

Generally across all other KPIs we have achieved our targets. We far exceeded reach and engagement targets and Information and Signposting hit all targets.

DO stated that despite working through a global pandemic, taking on a new contract and having a shortage of staff, that it is good that we have been able to deliver so much.

Healthwatch Solihull

AC gave an overview of Healthwatch Solihull and talked the Board through a number of papers outlining performance. The summary report has been submitted to Scrutiny Committee and will be presented on the 28th September. The report highlights the following areas:

- Our functions
- Our contractual obligations
- What our model looks like
- Our government structure
- How we maintain the independence of Healthwatch Solihull
- How Solihull citizens benefit from our joint working relationship
- how we prioritise our work for Solihull
- contract mobilisation.

The contract started on 1st July. Two members of staff were TUPED over and they have been positive about the transfer. They are benefiting from support and a close working relationship through JU and there is a good relationship across two organisations. At the start we tried to do as much connectivity as possible but maintain two separate local Healthwatch organisations and as that is settling in we are increasing connectivity through joint team meetings.

Most volunteers transferred with the contract, there are challenges around inactivity and losing interest the same as in Birmingham. We are developing new roles and we will look at recruiting more volunteers when we have more opportunities moving forward.

In terms of the Healthwatch Solihull offices, we now have a new lease and staff are making sure that they are Covid-19 secure. All of the transfer of infrastructure has been done and the only challenge has been the transfer of telephone numbers as the previous provider would not transfer the Freephone number. We also can't locate who owns the 0345 number and our IT company has done everything they possibly can. The original 0800 number still goes to the previous provider and they signpost back to us so people won't be lost. We have a new Freephone number and marketing has been updated accordingly.

We have good stakeholder engagement to date and have very good relationships with the Chief Officers within Solihull Council.

Community Engagement sees the same issues as Birmingham. We have had some good virtual events and will continue to develop that moving forward.

Generally we have made excellent progress in the first quarter with two staff and we have achieved a lot. We are very impressed with what has been achieved so far and how quickly staff have settled in.

	<p>AC referenced the Healthwatch Solihull Business Plan outlining our targets which will be approved by Solihull commissioners.</p> <p><u>Briefing for elected members</u></p> <p>It was really important for us to engage with elected members. They were very passionate around Enter and View and very concerned about Solihull being eaten up by Birmingham. A clear briefing around independence of Healthwatch Solihull was sent out, which is included in the papers.</p> <p>TG stated that he was pleased that Solihull staff have settled in.</p> <p>DO asked what it was like building relationships with a new team virtually in the middle of a global pandemic.</p> <p>JU reported that it had helped that we met them in the Healthwatch conference last year. It has been fine as they are such good members of staff. Moving forward it is going to be more challenging when new staff come in, who don't know what a Healthwatch is, as the current staff had already been working in Healthwatch.</p> <p>DO thanked JU and AC for the work that was being done to make it a reality.</p>	
8	<p>Questions from Volunteers</p>	For Approval
	<p><u>Healthwatch Birmingham Volunteers</u></p> <p>TP explained that the questions came out of a recent volunteer meeting, where 4 volunteers had attended. Mark had given an update on volunteer activity and what was happening with Healthwatch locally and nationally.</p> <p>Q1 - What message is coming from Healthwatch Birmingham in terms of Covid-19 and a potential second wave? (ML, volunteer)</p> <p>As a Health and Wellbeing Board member, I also have a seat on the Local Outbreak Engagement Board which is a public meeting and key to hearing fresh, up to date data and key issues for the city. I receive weekly data updates from Birmingham City Council to inform us about what's going on. In particular we are connected to Public Health Birmingham and we are part of their communications mechanism which does go out across our Social Media. We also need to communicate the opportunity for our volunteers to become Covid-19 community champions through MM's updates as they are a real key asset to be part of that communication as well.</p> <p>Q2 - Concerns re Healthwatch keeping tabs on CCG's and patient participation (PPI) in respect to getting appointments with GP's and other health practitioners? (MT, Volunteer)</p> <p>AC reported that not only will we work with the CCG, all our raw data of feedback heard gets fed into monitoring systems to share what we know. We have a seat on the Black Country and West Birmingham Primary Care Committee and the Birmingham and Solihull Primary Care Committee where we can influence and highlight the concerns that we hear. A particular role for us will be to challenge the role out of the recovery and restoration plans as there are challenges in services returning back to where they were pre-Covid-19. In particular, the challenges will only</p>	

	<p>increase now that we are seeing an increase in Covid-19 cases and the potential the increase in hospitaliations as a result. Key to that is being able to hear from service users where issues are in the first place. Working out how we utilise volunteers to do that is really important.</p> <p><u>Healthwatch Solihull Volunteers</u></p> <p>What new roles were going to be available for volunteers now that Healthwatch Birmingham have been awarded the contract? (JD and JH, volunteers).</p> <p>AC reported that there is a challenge across Healthwatch as a network and we are feeding in nationally to understand what others are doing. We are looking at how do we utilise our volunteer’s connections and networks to help support us through virtual engagement. Key for a lot of our volunteers is how they connect into local communities, how are they attending different groups/different community activities and how can they support us to access those to continuously hear from those individuals.</p> <p>Scott is working closely with volunteers and when we have the new Community Officer in post that will increase our volunteer activity as well.</p> <p>AC thanked Tim and the volunteers for their really good questions.</p>	
9	HR Update - Staff Recruitment	For Noting
	<p>AC presented the staff structure and the three vacancies within it. In Birmingham there is a vacancy for an Information and Signposting Officer and work has been done on the Job Description to make sure it covers what is needed. The role remains as 20 hours per week and is now called an Experience and Information Officer, to emphasise the importance of hearing individuals experiences.</p> <p>In Solihull there are vacancies for a Project Officer and a Community Officer. The Project Officer role is around investigations and consultations and how we use what we hear to cause change and also Includes keeping the website up to date. The Community Officer is a front facing role hearing feedback and achieving our community engagement plan and supporting volunteers to hear feedback.</p> <p>TP and Solihull volunteers joined the staff team sessions with candidates to help choose the right people. All three posts were successfully filled with exciting and amazing candidates.</p> <p>MQ will be starting on Monday (HWB), OA and LB are starting on the 1st October (HWSol). All were able to start immediately.</p>	
10	Any Other Business	
	There was no further business to discuss and the meeting closed.	