

Board Meeting

Date of Meeting: Wednesday 15th June, 2022

Healthwatch Birmingham Board Meeting

Time: 5 pm - 7 pm

Venue: Hybrid meeting

Attendees

Board Members in attendance		
Andy Cave (AC) - CEO	Richard Burden (RB) - Chair	Jane Upton (JU) - OM
John James (JJ)	Tony Green (TG)	Jasbir Rai (JR)
Di Hickey (DH) - minutes	Peter Rookes (PR)	
Public in Attendance		
There were three members of the public in attendance to observe. Mark Lynes, Kca-Sey Terry and Georgina Best		

Apologies

Neelam Heera (NH)	Ranjeet Singh Bhupla (RBu)	Tim Phillips (TP) - HWB Volunteer Rep
James Doyle (JD) - HWSol Volunteer Rep		

Public Session

1	Welcome & Introductions - Noting any members of the public in attendance and Apologies	For Noting
	<p>RB welcomed everyone to the meeting and introduced himself to the members of the public.</p> <p>Reported that Fiona Taylor, one of our longstanding members, has now officially stepped down as a Non-Executive Director of the Board. We have written to Fiona to thank her for her work.</p> <p>Work is progressing to recruit new non-executives, and this will be addressed in the meeting later.</p>	
	Declarations of Conflict of Interest	For Noting
	There were no conflicts of interest declared.	
2	Minutes of previous meeting (16th March, 2022)	For Approval
	The minutes of the previous meeting were agreed as a true record. There were no matters arising.	

3	Actions Arising - All Action log	For Action For Noting
	Actions from 16 th March were all completed and therefore can be closed.	

Operational Performance		For Noting
4	<ul style="list-style-type: none"> • Healthwatch Birmingham Update <ul style="list-style-type: none"> ○ Quarterly Report - Contract Period Q3 (February 22 - April 22) ○ Activity Update - May 22 • Healthwatch Solihull Update <ul style="list-style-type: none"> ○ Quarterly Report - Contract Period Q1 (January 22 - March 22) ○ Activity Update - April & May 22 • Our Investigations and Report Schedule • Changes to KPIs for ICS 	
	<p>AC reported as follows:</p> <p><u>Healthwatch Birmingham</u></p> <p>Performance update covers highlights from the Quarter 3 Report (February 22 - April 22) and a verbal update on activity post May to date.</p> <p>Reach & Engagement / Feedback numbers Reach and Engagement numbers remain on track and ahead of target, which is due to high levels of on-line engagement activity.</p> <p>RB asked for clarity around the difference between reach and engagement numbers for members. AC explained the difference between reach, engagement and feedback using a social media example - reach is the numbers of people that have seen post, engagement is the number of people who have clicked on link, liked, commented and had some kind of interaction.</p> <p>The main aim is for people to see and then engage with us. What we really want is for this interaction to result in feedback being left with us.</p> <p>Feedback numbers table shows that we are on track at end of quarter three. From the end of May have got 1,160 pieces to go to hit our target of 6,000. We continue to grow year on year, which means compared to previous years we have heard more feedback than ever before.</p> <p>Marketing & Communications - In terms of social media we are focussed on turning engagement into feedback. It is highlighted in the report that we have got a new social media strategy which we have been developing with a specialist.</p> <p>We continue to have good interactions with the media and continuous press coverage.</p>	

Community Engagement

We are pleased to have Kcay-Sey Terry (KT) as a full-time team member, we have increased engagement capacity from 1 FTE to 1.5FT which will really see the difference. KT has not been with us very long but has already attended numerous events and settled into the role very quickly. Over the next quarter we will see face-to-face engagement activity grow adding to our engagement and feedback numbers.

Volunteering

Georgina Best (GB) has settled into the new role as Volunteer Co-ordinator. Working across both the Birmingham and Solihull volunteer teams, it's a positive move to increase our capacity to recruit and support our volunteers.

Consultations and Quality Accounts

Consultation responses are on target, and we are responding to the Quality Accounts for all trusts.

Social media reach seems to have been falling rapidly over last few months (JJ).

The reach is directly linked to the number of posts, less posting was done during quarter three due to capacity constraints. We have now developed a much bigger dashboard so that we can look at that, which is part of the work we are doing around the new strategy to make sure we post on a regular basis across all mechanisms. When the reach is lower, it does have an impact on engagement and therefore the feedback numbers via social media, so it is important that we maximise opportunities.

It is good to see number of interactions increasing - presume there is a breakdown of geographical areas, of where those interactions are coming from. What are we doing with the information collected in terms of taking action and then the feedback response to the people who have given us the information? (PR).

In terms of the spread across the city, it is in the demographic report which is part of the papers, and we report on a quarterly basis, across ten districts. We do really well and cover more or less the whole city every quarter. However, when we look smaller than that, in terms of wards, we do start to identify gaps which triggers more targeted work. We are constantly, looking at who we have heard from, who we've engaged with, who has left us feedback and where the gaps are. The positive news about this is that the most feedback we hear is from the most deprived areas of Birmingham, this is an important measure for us.

Unsurprisingly the biggest amount of feedback is from hospitals, GP practices and Dentistry. We will be reporting on GPs and dentistry investigations imminently, on hospitals the backlog of elected procedures and delays in A&E are still featuring in feedback. We regularly meet with UHB and the CQC to discuss these areas of concern. We are investigating day opportunities this year as an area of work we hear about in social care. We continue to hear a significant amount of feedback around mental health services which are overwhelmingly negative, and we do meet regularly with the Mental Health Trust.

We will shortly publish our impact report on what's happened as a result of our children and young people's mental health report. However, there is also work to be done around adult services as well, including in-patients and community services (RB).

Every piece of feedback we hear, we share with the CQC, Local Authority and with the developing Integrated Care Board (ICB). We will be part of the Quality structures in the new ICB, where our data will be fed in on a regularly basis and we can raise our areas of concern for action. (AC).

How do people know what action was taken as a result of their comments? (PR).

Investigations are sent to everyone who commented, along with everyone on mailing list. We have developed the summary report of the What We've Heard report which will include a summary of actions taken. This summary of what we have heard and done about it will also be printed and taken to community engagement events. Demonstrating what we have achieved increases confidence in us and hopefully will lead to more feedback being shared. (AC).

Healthwatch Solihull

Performance update covers highlights from the Quarter 1 Report (January 22 - March 22) and a verbal update of activity in April and May.

Reach and engagement

Reach and Engagement numbers are good, and we are achieving targets. With the appointment of our new community engagement officers, we are now a full team in Solihull to start the new contractual year 1st July.

Feedback numbers.

As discussed at the last meeting we have undertaken an audit of our feedback numbers to ensure we are capturing everything in the right way. As a result of the audit our numbers have reduced due to reporting duplication across different systems. These issues have now been rectified. We are still on target to reach 2,600 by the end of the contract year. During the last few weeks, a survey around our future topics for investigation has been launched with the public asking for more feedback in the five main topics identified. This will hopefully increase our numbers during the last few weeks of the contract year.

Community Engagement

Bhavini Mistry (BM) and Lawrena Mensah Ansah (LMA) are new staff members and do 20 hours per week which has increased our engagement capacity, taking us from 0.5 FTE to 1.2 FTE.

Information and Signposting

One of the areas, we would like to increase due to the new community engagement officers, is how we increase information and signposting from community-based activity. Every time we hear feedback there is an opportunity to provide information and signposting information, making every contact count.

Volunteers are fully engaged in Solihull, with good numbers and GB has started volunteer recruitment, induction, and training sessions.

When are we moving back to face-to-face (JJ).

We are out on a regular basis, in the reports there is the detail of where we have been and the schedule of where we are going is quite full now. Both teams go out multiple times a week and this will increase as new staff settle in. There are a lot more community events during the summer months and we are now exploring how we maximise activity through the Commonwealth Games at the end of July/beginning of August.

Action - AC to circulate a schedule of the community events coming up at which board members will be welcome to attend.

RB thanked everyone for their reports.

Investigations and reports

Our investigations and report schedule

JU reported as follows:

There are a number of reports coming out in the near future. The joint report on dentistry will come out by end of quarter 4. The GP report is ready to go and will be on the website soon, the Day Opportunity Services report and Experience of Users in Birmingham report is currently with the providers and we are waiting for their response.

For Healthwatch Birmingham it is not an ideal scenario that they have come at the end of the year, Paul Clarke (PC) is working very hard to make sure we can stagger the communication so we can get maximum coverage. We are looking at how we work differently in the next contractual year, so that we will be publishing one per quarter in Birmingham and every two quarters in Solihull.

Healthwatch Solihull's report on self-harm will be published in June.

The reports will be sent out to everyone and are of a high standard. A lot of work has been put in by Chipiliro Kalebe-Nyamongo (CKN), Oluwakemi Adebajo (OA) and Natalie Travers (NT).

The Children's Mental Health Impact report will be coming out as well and the GP Impact report for Solihull will outline the impact of our work.

Agree very professionally produced reports and easy to read and thanks for that. To what extent do we work with Public Health, in particular around self-harm. The Public Health department have a number of work groups of which one is Creating Mental health and suicide. Do we have contact with public health and are we involved in any of the working groups around mental health (PR).

We have good connections with Public Health teams, however in terms of self-harm we have mainly worked with the provider Solar. As suggested it is important to link up with Public Health on the issues and will build that in. (AC).

Thank you for the input from both Healthwatch and the Board to our faith promoting health and well-being forum, it is very much appreciated, and I get lots of positive feedback and how much better informed they are and things have very much improved (PR).

Thanks to the team for high quality reports (RB).

Changes to KPIs for ICS

AC reported as follows:

In line with changes taking place in Health and Social care, with the formation of the Integrated Care Board and related partnership structures, we have been working closely with our commissioners in Birmingham to understand the changes needed to our contractual key performance indicators to enable our proactive role within the Integrated Care System.

	<p>The suggested changes are outlined in the report and negotiations are ongoing as we move into the new contractual year.</p> <p>Action - AC to flag any significant changes to the contract with the Board.</p> <p>What do we do in terms of contractual KPIs and trying to mirror the Integrated Care System, may be actually moving more towards system investigations rather than provider/commissioner-based investigations. How can we develop to look at investigations covering the whole patient pathway (JJ).</p> <p>This is one of the real selling points of Healthwatch, that we don't just look at single providers and that we have the opportunity to look across pathways and in particular with the NHS collaborations. We will start to think about that process, about what we need to change operationally and to make sure that we are changing enough to meet the needs of the Integrated Care System (AC).</p>	
5	<ul style="list-style-type: none"> • Investors in Volunteers Award • Volunteer Update 	For Noting
	<p><u>Investors in Volunteers (IIV) Award</u></p> <p>AC reported as follows:</p> <p>We met with IIV, which was well attended by volunteers, RB and key staff members. There is now a good understanding of what we need to do and we have a programme of work taking place over the next nine months leading to our reassessment. We last achieved the award three years ago and this is a renewal process, but it has changed a lot since we did it last time. The real pleasing thing about it is that there is a real emphasis now on not just having the right systems in place, but about what our volunteers' experience is and what they get out of volunteering with us. This suits us as an organisation to focus on that.</p> <p>With GB in post now it gives us a real opportunity to review what we do, we continue to support volunteers and they will be involved with the developments of the IIV moving forward. We envisage there will be an update at the September meeting to keep you up to date and we are going to take the time to maximise this opportunity to develop our work in this area.</p> <p>Action - to update board on where we are at with IIV process at the September board meeting.</p> <p>We have peaks and troughs in terms of our volunteer experience at Healthwatch, we have had times when we have had a lot of volunteers and been very active and then had other times where we have had few and not been so active. Is the recruitment of volunteers as diverse as it needs to be in order to reach seldom heard communities? (PR).</p> <p>One of the biggest areas we are working on is recruitment, and central to what we do is to ensure that we are reaching out to all aspects of our local communities. Having a diversity of roles available for people to suit different experiences and commitment levels and making sure that we remove some of the bureaucracy that has possibly been built into volunteering in the past (AC).</p>	

	<p>It is important that we convey to GB the support of the board, and work with her either as individuals or collectively be supportive. I would be happy to be part of meeting volunteers when those opportunities occur (PR).</p> <p>We are now focussing on demographics and where they are aiming the engagement at will help in reaching into communities for volunteer opportunities in different areas. The same communities we are targeting through engagement activity correlates to communities of interest for volunteer recruitment. It all works well now that KT, BM and LMA have started (GB).</p> <p>PR thanked GB for her update and wished her luck in her role.</p> <p><u>Volunteer update</u></p> <p>AC reported as follows:</p> <p>Both volunteer representatives praised the development since GB has been in post, they feel very much involved and included in the programme of work to progress volunteering. One key thing is how to improve volunteer representative role and strengthen that.</p> <p>We have just finished volunteers' week where we have carried out several activities to celebrate and thank our volunteers. In addition, some volunteers from both services went to lunch with the Lord Mayor of Solihull.</p> <p>Need to look at connection with how go back from board to other volunteers and how we strengthen that.</p> <p>Feel really important hearing volunteer voices at board level (JJ).</p> <p>Thanks to volunteers, we couldn't operate without them (RB).</p>	
6	Demographic Reporting	For Noting
	<p>AC reported as follows:</p> <p>The reports are done on a quarterly basis as a standing item and are produced for an information point, and to assure you that we continue to record, monitor and identify the gaps in the demographics from people that we are hearing from. We are using these reports as part of our monitoring dashboard and have added onto community engagement monitoring record, for each event that is done they link it back to the demographics report and where gaps were. This allows us to see where the activity is taking place each week and where they are meeting the needs identified in the report. We continue to progress and make sure improving all the time.</p>	
7	<ul style="list-style-type: none"> • Annual Report 2021-22 <ul style="list-style-type: none"> ○ Healthwatch Solihull ○ Healthwatch Birmingham ○ HWE Annual Report Template 	
	<p>A copy of the draft Annual Report was circulated to the Board. We need to publish both annual reports by end of June. We therefore need comments back from board members and any amendments to the content.</p> <p>Well presented and easily readable (PR).</p>	

	<p>There were no further comments or changes suggested by the board.</p> <p><u>HWE Annual Report Template</u></p> <p>The Healthwatch Birmingham report will go into the standard Healthwatch England template and will look very much like Solihull's report (RB).</p> <p>The content of both the Birmingham and Solihull reports was approved by the Board.</p>	
8	Annual Accounts 2021-22	
	<p>JR reported as follows:</p> <p>We had a clean audit with no areas of concern or risk for the Boards attention. The audit memorandum is included in the papers and all questions, comments and adjustments are now agreed and completed and reflected in the final accounts. There are low level actions, around best practice, that we need to implement in terms of processes which we will look at this year.</p> <p>Thanks to JR for all her hard work through the process (RB)</p> <p>Thanks to all team members for their work during the process (JR).</p> <p>The accounts were formally approved.</p>	
9	Changes to CRM System - implications	
	<p>AC reported as follows:</p> <p>We currently use the national Healthwatch England database for part of our data collection and data storage. This system enables Healthwatch England quick and easy access to our anonymised data at a national level. The system also enables stakeholder management, events management and volunteer management.</p> <p>We have used this system for roughly five years since we were an early adopter in the pilot stage of the system. There are quite a lot of problems with the Civi CRM and not all local Healthwatch have adopted it and have developed their own systems.</p> <p>Healthwatch England carried out an independent consultation, and they got the overwhelming response that they ought to stop the Civi CRM and develop a new platform to enable all Healthwatch to share their data more easily. At the time of writing the report Healthwatch England had requested a decision about our future systems by the end June 2022. This deadline has now been removed to later in the year.</p> <p>Healthwatch England have received considerable negative feedback about this decision from Healthwatch who have invested time and resource in supporting the national system. As such they are exploring different ways that they can support local Healthwatch with alternative solutions.</p> <p>As a staff team we are establishing a working group to explore options against our current and future requirements. A future options appraisal will come to the September Board meeting for decision.</p>	

	<p>This is an opportunity to develop a new system which meets our needs rather than working with a system that wasn't fit for purpose.</p> <p>Recommendation is to ask staff team to take an in depth look, come up with initial recommendations, circulate to board in next few weeks, make a decision in principal if decision is to stick with CRM tell HWE, if decision is to leave we then have between now and September to get some kind of idea of what we want and then will give us time between September and March to migrate over (RB).</p> <p>Confirm that connecting with RBU, so he will be involved with conversations now and ongoing (AC).</p> <p>Action - look at alternatives to CRM, report findings to the board via email by end of June and bring options appraisal paper to September meeting for sign off.</p>	
Governance Updates		
10	<ul style="list-style-type: none"> • Board Work Plan Updates - <ul style="list-style-type: none"> ○ NED Recruitment ○ Strategy Update ○ ICS Development • Board Work Plan - Formal and Informal Meeting Schedule - Engagement between Board Meetings 	For Noting For discussion
	<p><u>NED Recruitment</u></p> <p>AC reported as follows:</p> <p>We went live with NED recruitment, implementing some changes to the way we work and the way we go out and engage with communities. We had a very good rate of interest and will now have an initial informal chat with RB rather than going straight to formal application. This will hopefully engage applicants and increase applications.</p> <p>The advert was published on both the Solihull and Birmingham websites, sent out via email mailing lists and advertised on Linked-in. There was a full social media comms campaign from both teams to increase reach. We have had 30 enquiries and RB has met with 23 people so far with a possible other three in the pipeline. After the informal interviews we asked people to go to stage two and send in their formal application. The informal chat stage has proved to be worthwhile to identify any conflict of interest which would prevent individuals applying prior to formal application (DH).</p> <p>AC confirmed that the board are looking for between four and six new members. There can be a maximum of twelve.</p> <p><u>Strategy Update</u></p> <p>We continue to have sight over the agreed actions for our wider strategy. Unfortunately, due to current constraints we haven't progressed as far as we would have liked. We will report back to future meetings where progress has been made. (AC).</p>	

	<p><u>Birmingham and Solihull Integrated Care System (ICS) Development</u></p> <p>As the BSol ICS develops and structures become clearer we are continuously aligning ourselves to maximise our capacity and impact. As a staff team we have regular conversations about the changes needed to align our work with the ICS and where additional capacity is needed. We are in ongoing talks with the system to ensure our role is recognised and valued.</p> <p>The first two formal meeting dates of the Integrated Care Board and the Integrated Care Partnership have been set, and we will be in attendance. (RB).</p> <p><u>Board Work Plan - Formal and Informal Meeting Schedule - Engagement between Board Meetings</u></p> <p>AC reported as follows:</p> <p>We have updated the Board Workplan to now include a schedule of formal and informal board meetings.</p> <p>Informal board meetings are an opportunity for board members to get updates about what is going on in the health and social care system along with staff members. The first one we have identified is the UHB digital transformation, as digital is touching every aspect of health and social care and the trust is leading a lot of this transformation work. This is an opportunity for us to understand what’s going on and what it means for patients and identify areas of influence. The meeting has been set for 1st August at 2 pm.</p> <p>The Board agreed to bring back the board and volunteers get together in December and will make sure it is diarised.</p> <p>Action - DH to send out calendar invites to board and staff team when confirmed with UHB.</p> <p>If board members have a particular area of interest that they would like to add to that list, let us know and we can add it to the list, try and diarise it and get a guest speaker in to talk about it as a whole organisational team.</p> <p>Action - Board members to let AC know if there are any areas of informal board opportunities, they are interested in.</p>	
11	<p>Any Other Business</p>	
	<p>PR asked for social prescribing to be considered as an extra board activity.</p> <p>PR requested that the plan of dates for future meeting be circulated to board in order to diarise.</p> <p>Action - Dates for future meetings to be a standard item on CEO updates.</p> <p>Action - Doodle poll to be sent out again for next board meeting.</p>	

	<p>While ago board members affiliated to a trust board, what is happening with this (PR).</p> <p>This is being reviewed about how it can work in line with additional meetings with the ICS system. (AC).</p> <p>There was no other business to discuss.</p> <p>The meeting closed at 6.45 pm.</p> <p>Date of next meeting: To Be Confirmed</p>	
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