

Board Meeting

Date of Meeting: Tuesday 12th December, 2023

Healthwatch Birmingham Board Meeting

Time: 4 pm - 6.30 pm

Venue: Hybrid meeting

Attendees

Board Members in attendance		
Richard Burden (RB) - Chair	Andy Cave (AC)	John James (JJ)
Peter Rookes (PR)	Janet Bailey (JB)	Jane Upton (JU)
Ranjeet Bhupla (RBh)	Jasbir Rai (JR)	Rosi Sexton (RS)
Ruby Dillon (RD)	Marcus Parsons (MP)	Jenny Newman (JN) - HWS Volunteer Board Representative
Tim Richards (TR) - HWB Volunteer Board Representative		
Public in Attendance		
There were no members of the public in attendance to observe.		

Apologies

Di Hickey (DH)	Dennis Wilkes (DW)	
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Public Session

1	Welcome & Introductions - Noting any members of the public in attendance and Apologies	For Noting
	RB welcomed everyone to the meeting. Welcomed RS to her first meeting as NED and all present introduced themselves.	
	Declarations of Conflict of Interest	For Noting
	There were no additional conflicts of interest declared, that aren't on the register.	
2	Minutes of previous meeting (26th September, 2023)	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
	<p>AC updated as follows:</p> <p><u>Action from the public meeting on the 20th June, 2023</u></p> <p>Meeting between AC and JR to follow up on a number of actions booked in January - to report back to March meeting.</p> <p><u>Actions from the public meeting on the 26th September, 2023</u></p> <p>Circulate details of Christmas get together with Board - Complete.</p> <p>Circulate Doodle poll to set dates for Away Day - Complete.</p>	

Operational Performance		
4	Impact Stories	For info
	<p>AC reported as follows:</p> <p><u>Stakeholder 360</u></p> <p>The Stakeholder 360 survey, was designed to help us understand what is working well with our partnerships and where we can improve our relationships with stakeholders. The survey is currently live and has been sent to approximately one hundred and twenty individuals, including Health and Social Care leaders, community partners and individuals that we have connected with through our investigations or who work in public engagement and communications. So far, we have had thirty-five responses, sixteen fully complete. Therefore, we have extended the deadline until the end of December, to give more people the chance to comment. Overall, the feedback that we have been receiving has been generally positive with some really nice impact stories that are coming through. The learning will be used by the team to improve.</p> <p><u>Healthwatch England Report</u></p> <p>Healthwatch England (HWE) have just published a State of Health and Social Care through the Public's Perspective report, which is a summary of everything they have been hearing through the Healthwatch network. It covers all aspects of health and social care.</p> <p>We have two references within this report. One is a patient story that came through Healthwatch Solihull around waiting times, and the other is our Dentistry Impact report highlighting the changes made as a result of that project for Birmingham and Solihull.</p> <p>Action - AC/DH to send the link to the report (The Public's Perspective: The state of Health and Social Care) to board members.</p> <p><u>Volunteer Event</u></p> <p>We had an amazing volunteer event last week to celebrate everything that has happened this year. Firstly, it was a festive get together which was combined with celebrating our tenth birthday as a Healthwatch network. We also took the time to celebrate our Investors in Volunteers Award with our volunteers. It was well attended with more volunteers than ever, eighteen volunteers, ten staff members and three board members. As part of the event we had a display</p>	

	<p>outlining words of thanks from staff to our volunteers, celebrating their achievements and how they have helped the organisation. This was circulated to those that couldn't attend. The event highlighted the diversity of our volunteers, and the successful recruitment and retention of a range of volunteers.</p> <p>We have made a lot of progress to improve our diversity and should be proud of this. This can be seen across the organisation, on our board, staff and volunteer teams. You have heard me say many times the importance of Healthwatch and other organisations going out to where people are instead of expecting people to come to us and it is how we have that impact, and I am really pleased to say that our Healthwatch is now doing that and our volunteers are really keen.</p> <p>Thank you to AC and staff team for the organisation of the Christmas event because it was really lovely to say hello and thank them for what they are doing (PR).</p> <p>I thoroughly enjoyed it, a shame only one volunteer from Solihull there as there is an access problem for volunteers. Could we think about a separate event in future for Solihull to try and get more Solihull volunteers engaged (JN).</p> <p>AC stressed that it is really important that we have events in places that are accessible for all our volunteers and future consideration will be given to this and to ensure we hold activities in Solihull.</p>	
5	<ul style="list-style-type: none"> • Performance Update Healthwatch Solihull and Healthwatch Birmingham <ul style="list-style-type: none"> ○ Feedback Heard ○ Community Engagement ○ Information and Signposting ○ Investigation and Consultations 	For Noting
	<p>AC presented the performance reports for Birmingham and Solihull as follows:</p> <p><u>Feedback Heard</u></p> <p>Birmingham is doing well, however Solihull is behind schedule which is a flip to quarter three/four of last year. We are working with the team to see what is happening here, there is a vacancy in the Solihull team that may be having an impact. When we look at conversion rates between people engaged and hearing feedback in community engagement in Solihull is seventeen percent compared to Birmingham at forty-eight percent and potentially there is some learning there that we can take from the Birmingham team and apply to the Solihull team. It's amber at the moment for Solihull as this is based on quarter one and we are doing what we can to catch-up on ourselves in quarter two and we will hopefully recover that moving forward.</p> <p>How are the targets derived and have we got any variation built into that figure to allow for issues that crop up unexpectedly throughout the year (RBh).</p> <p>The targets are built into contract arrangements which is a thirty percent increase year-on-year. This total feedback KPI doesn't take into account demographics and who we hear from. What we do as an organisation is balance that total number out with doing everything we can to hear from the right people. In particular, in Solihull there has been an increase in people from the Ukraine and Hong Kong that we are engaging with to understand what their experiences are. It is a total figure which is split into four for the quarter. As we have split the year into quarters, we tend to grow quarter on quarter which</p>	

is why it is amber at the moment and we are confident that we will be able to catch up with ourselves as we grow throughout the year (AC).

Are we taking into consideration that the city is growing when we are looking at the figures, is the percentage increasing or in fact decreasing because the number of the people in the city is increasing year on year (RBh).

It's a fixed increase so if the city increases that would happen disproportionately, however we are increasing by thirty per cent year on year and I don't think that either Birmingham or Solihull will increase by that much, so we are increasing more compared to the population year-on-year (AC).

Are we making much progress about hearing feedback from places of employment (JJ).

We have looked at that as a team and I believe it has been considered in the development of the community engagement plan and how we engage different areas. The team focused on males ie Solihull Moors and places like that which they had leads from. It is always something that we would consider in our plan moving forward. We haven't necessarily engaged some of the big players like Jaguar Land Rover but it's definitely something that is considered in our community engagement plan (AC).

It would be good to see some movement forward on this (JJ).

Community Engagement

We have already achieved our annual reach targets for Birmingham and Solihull due to us measuring reach more effectively and the increase in our work online. Within this the main thing to focus on is our actual engagement, so the reach is where people would see something from us i.e. they could see us at a stall but not engage or see a social media post whilst scrolling. Engagement is the true figure of those individuals who have actually had some kind of interaction with us, and we are on target for both Birmingham and Solihull for those engaged.

In Birmingham and Solihull seventy percent of our engagement is now through face-to-face contacts which has massively increased (approximately fifty percent last year). The important thing about that is our face-to-face engagement results in improved demographics and quality of feedback received.

How are we recording our engagement with the seldom heard groups, particularly keen to go into Mosques, Gurdwaras, Hindu temples where a lot of those seldom heard people are congregating (PR).

We have a full engagement spreadsheet and from the feedback heard we understand who we are hearing from because we can collate that as much as we can. From the engagement point of view we map out the types of organisations that we are engaging with and therefore the types of population that we are targeting as a result of working with that organisation, so whether that's on a geographical footprint, a community of experience or a community of identity, we can map that out. Our engagement plan is tailored to hit any gaps identified in our data through our demographic reports. Temples and places of worship are really good routes to engage with key populations and we do ensure they are a regular on our plan (AC).

I'm not just thinking about ethnicity and faith, although that is very high on my agenda, I am thinking about other aspects of the protected characteristics that we are engaging with those groups as well (PR).

Where we look at communities of identity that covers all the different demographics that you would expect so age, ethnicity, religion, sexual orientation, gender etc. From communities of experience, we are talking about communities with shared experience so whether that's drug and alcohol, homeless, domestic abuse etc and communities of geography is different locations within Birmingham and Solihull that we are working with. It's not just the obvious demographics that we are aiming for but actually when we look through the lens of inequalities, we try to bring in different aspects around deprivation as well. What we know from our data is that we are actually really good at engaging with the most deprived within Birmingham in particular (AC).

When you're talking about different demographic groups wonder if you have anything about neurodivergent and autistic people on your radar, as aware that there has been research recently around life expectancy and health inequalities in autistic people in particular but looking at neurodivergence more generally has become a more recognized issue (RS).

We are reviewing our taxonomy around what we are recording so that we can make sure we are recording that where people identify that they have the option to do that, what we do know from our data is that some of the main things that we hear are around waiting times for accessing the services whether it's for children or adults waiting for diagnosis (AC)

Thinking not specifically for access to diagnostics and treatment for neurodivergence, but how those neurodivergent people are accessing other health services. So, there's a lot of premorbidities, we know that autistic people are likely to die earlier on, engaging with those people about their access to other health services including GPs, hospitals, other things because in terms of the way that admin systems work, appointments are set up, particularly with a lot of the recent changes about how the health care is accessed. There is a lot of concern that hasn't impacted different groups equally particularly when we're looking at something like neurodivergence and wonder if that is something we can look at (RS).

Within the data set and the work that we are doing around increasing the demographics collected means we will be able to understand more around the experiences of neurodivergent people throughout health and social care to understand more about the inequalities they experience. All the work that we are doing around our data and utilizing Power BI means that we have better ability moving forward (AC).

With regard to the Hong Kong community, I'm wondering if we have any volunteers within that Community (RS).

Yes we do, there are two volunteers within the Solihull pool that are from the Hong Kong community and they have really helped us engage with that community (AC).

Information and Signposting

Information and Signposting (I&S) is amber on our performance register, again it's a similar story to feedback heard, traditionally we have been behind target in Birmingham, and we have really focused on that and even though we are slightly behind target the trajectory shown on the burn down diagram is ok and we can get back on track. However the trajectory in Solihull isn't telling the same story so we need to put more effort and resource behind I&S numbers. We are increasing the advertising and marketing and trying to increase numbers via the telephone and online. We are also working with the community and

engagement officers and volunteers to increase the amount of I&S that is taking place within community engagement activity. The reason we have had a turn around with the Birmingham numbers in particular, is because of the success of doing I&S as part of community engagement activity and taking advantage of those face-to-face interactions and we just need to make sure that the same is now being applied to Solihull to catch up. This is a complete reverse of the story we were telling in quarter four last year where Solihull was performing well. The added complexity is having a vacancy within the Solihull team which is adding pressure in different areas. It is quarter one and we are confident that we will be able to catch up and achieve the targets that we need (AC).

Investigations and Consultations

There is currently an amber risk for the Birmingham team around investigations as we haven't yet published an investigation and we are now into quarter two. The current investigation is Adult Community Mental Health, and that report is currently with the Mental Health Trust awaiting their comment. It will be published by the end of January. We are going to have a full plan of the next investigations for the rest of the year and how they are going to fit into the time frame. One thing that has been really positive around the investigations is that we have had really good traction around our maternity report in Birmingham. Our Impact report will be published soon outlining all the changes that have taken place. The learning from that has actually been used by the wider Birmingham and Solihull maternity partnership so the impact report looks at not only the West Birmingham element to it but the wider Birmingham and Solihull element too. We have used this report to enter the Healthwatch England Impact Awards this year.

The prostate cancer report has been published, who have the points in it been discussed with (PR).

It has been published; however we haven't received a satisfactory response from University Hospitals Birmingham (UHB) or the Integrated Care Board (ICB), however we have plans to improve that. One of the important things that we have just done around our investigative process is that I reported to the ICB in November which looked at our pathway for investigations and the constraints that we have as an organisation for getting true measurable impact that we can track. The ICB have agreed to utilise their power and structures to take ownership of our reports and have it as part of the quality systems within the ICB system. The Prostate cancer report is one of the first to go through this process so we are hopeful to get increased impact as a result (AC).

This is such an important topic because men are less likely to go and seek screening or diagnosis than women and given the nature of the condition being a sensitive one, I think that is even more the case. Therefore, how it is dealt with in terms of sensitivity and priority is important because as you know once the cancer spreads beyond the prostate capsule then it becomes a much more serious condition. So, when you get a more useful response from UHB I think we will be keen to know how this is progressing (PR).

The two areas that came up was one around the holistic approach to care planning as part of treatment and also the post-treatment care for symptoms as a result of treatment (AC).

6	<ul style="list-style-type: none"> • New Style Demographic Report 	
	<p>JU reported as follows:</p> <p>We have been working with a few talented volunteers who have Power BI skills to help with our work to develop our reports and data analysis. They have produced a first draft report around our demographic data.</p> <p>JU demonstrated the report in action and how it will be used to improve our intelligence and identify gaps in our data to tailor our engagement activity accordingly.</p> <p>What has been done is good. How do you want to develop it (PR).</p> <p>We want to develop it to answer some of the questions that you have been asking really easily, we want to be able to look at this by condition for example and we can include the services and the types of services, as well as the individual service providers. We can then use it to answer questions like RS asked earlier, we could put in those people who have said they are neurodivergent and look at the kind of services they have been using and the experience that they've had just by filtering really quickly. This report will really help the Community Engagement Officers to know where they need to target, are they really getting to all those people who have protective characteristics and all those different groups that AC was talking about earlier.</p> <p>Once we've got our report to a place where it is doing what we need it to, we will then look at how it links to other city resources such as the Faith map and the City Observatory (JU).</p> <p>That's the exciting bit of working together as a city comes to things like this (PR).</p> <p>On the question of what data we are collecting and what questions we are asking so that we make sure we are getting good data without being overwhelming, is that a question that would be worth having a working group on because it is something that is fundamental to everything we try to build on top of that and it's not a straight forward thing (RS).</p> <p>We do have the Healthwatch England taxonomy which is divided into two parts, one part is those that we have to collect and the other part are all the fields that are optional and it's those fields that we are discussing with the team and volunteers. Your input would be very much appreciated (JU).</p> <p>We could feed into a conversation of this into one of the away days to get your involvement in it (AC).</p> <p>Action - Include demographic fields on a future away day agenda</p> <p>When you're face-to-face with someone the only question where you would capture neurodivergence is 'do you consider yourself to have a disability'. Many people who I have spoken to only speak of the physical disability so it's only when you have time to prompt them and perhaps say that covers mental and physical they give you more information. When you are in a group with a lot of neurodiverse people like Autism West Midlands, it is much easier because you know your starting points (JN).</p> <p>We appreciate that and what we are going to do is to include not only the disability but long-term conditions and have guidelines for staff and volunteers to be able to get that information a little bit more easily (JU).</p>	

	RB thanked JU for her update.	
7	<ul style="list-style-type: none"> Volunteer Update - Volunteer Reps 	For Noting
	<p>TP reported as follows:</p> <p>We had a volunteer meeting last week which was informative and discussed on the day that there were more Birmingham volunteers in attendance. One subject discussed was around going to prisons and how we can gain access and also get information around how gained access to health and social care services. Volunteers understand that we have done work in prisons before and that conversations have been had again with the prison. Volunteers are keen to hear how this progresses.</p> <p>JN reported as follows:</p> <p>I have difficulty in getting the views of the Solihull volunteers as they are not inclined to join the online meetings and I know that some of them have difficulty in travelling to Chelmsley Wood depending on what part of Solihull they are from. I think we need to think of a few different ways to engage Solihull volunteers ie. Should I go out whilst they are volunteering and meet them where they are? Jayne, Georgina and I went out to meet our new volunteer from Hong Kong and have a coffee with her at a supermarket close to her home, so perhaps that's something we should think about in the future because otherwise I'm not going to hear how they feel or how they are getting on.</p> <p>I think that's a really interesting point about how we are creative and make those connections for you as volunteer reps to engage with your fellow volunteers and actually it is becoming increasingly obvious that the solution for Birmingham volunteers may not be the solution for Solihull volunteers. We will work with Georgina and yourself to develop how we do that and work with Solihull volunteers to see what would work for them.</p> <p>In terms of prisons, we did an interesting piece of work with prisons about four years ago around training inmates to listen to their fellow prisoners experiences and there's lots of complications around that ie actually getting people's feedback out of prison and the safeguard the prison has around that. We continue to have conversations with the prison. (AC).</p> <p>Winson Green is a remand prison so a very transitory population (MP).</p> <p>Yes, that was one of the issues that makes it so difficult (AC).</p> <p>I think when I worked with SIFA and Shelter and did quite a lot of peer mentor work it would be worth buddying up with some people that already have relationships in the prisons and they do go to some of the female prisons as well which are just a little bit outside of the West Midlands rather than trying to create new relationships. If required I could look to make some contacts for the team (RD).</p> <p>That's a good idea as we have existing relationships with a lot of those organisations and will reach out if any support is useful (AC).</p> <p>RB thanked JN and TR for their reports and asked them to pass on our thanks to volunteers.</p>	

Sharing Information		
8	<ul style="list-style-type: none"> • System Updates 	For info
	<p>AC reported as follows:</p> <p><u>Section 114 notice</u></p> <p>There is a full Birmingham City Council meeting this evening, and within the full papers there is more details on what the future budget looks like. If the draft budget gets approved tonight, it will go out to public consultation over the Christmas period into January and we will keep an eye out for that and circulate that for board members to be part of. It's still what we discussed last time that there's protection around statutory services and that the Council will continue to do as much as they can with vulnerable people, although the detail and implications of that will come out in the budget (AC).</p> <p>How will volunteers be informed as to the progress of the Section 114 notice (TP).</p> <p>Through Georgina and her regular updates, we can put something together to keep the volunteers up to date but in particular when the consultation is live we will encourage volunteers to take part in that consultation themselves, or if they want to share their views with us we can collate some of their views into our response as well (AC).</p> <p><u>University Hospitals Birmingham NHS Foundation Trust (UHB)</u></p> <p>AC and RB met with the Chief Executive of UHB today. We continue to hold regular meetings with the Trust and receive assurance around actions progressing as a result of the reviews. In particular, the last report to be published was the Culture Review. One of the big changes at the trust is their restructure with more decision making happening at hospital level. This includes multiple changes to the Trusts Executive team and hospital management structures.</p> <p>A discussion took place amongst Board members around the changes and the findings of the reviews. This work is ongoing, and it was agreed that we will continue to ensure the Board is kept up to date through meetings or briefings.</p> <p>RB thanked everyone for their comments.</p>	
Governance Updates		
9	<ul style="list-style-type: none"> • Board Workplan - Board Away Days 	For Noting
	<p>AC reported as follows:</p> <p>The first away day on the 16th January is going to be a virtual meeting focused on governance looking at areas such as Board structure, NED roles and increasing NED involvement.</p> <p>The second away day on the 20th February will be face-to-face and hopefully involve the staff team.</p> <p>Further details will be shared outlining the agenda and opportunity for Board members to feed into the content.</p> <p>I do hope that as many of you as possible will be able to get to both of those away days. (RB).</p>	

	Action - DH to send RS calendar invites for Away Days	
10	Any Other Business	
	<p>There was no other business to discuss.</p> <p>The meeting closed at 5.55 pm.</p> <p>Date of next meeting: 4 pm on Tuesday 19th March, 2024</p>	