

Board Meeting

Date of Meeting: Tuesday 15th October, 2024

Healthwatch Birmingham Board Meeting

Time: 4 pm - 6.30 pm

Venue: Hybrid meeting

Public Session

Attendees

Board Members in attendance		
Richard Burden (RB) - Chair	Andy Cave (AC)	John James (JJ)
Peter Rookes (PR)	Janet Bailey (JB)	Ruby Dillon (RD)
Jane Upton (JU)	Jasbir Rai (JR)	Di Hickey (DH) - Minutes
Public in Attendance		
There were no members of the public in attendance to observe.		

Apologies

Marcus Parsons (MP)	Rosi Sexton (RS)	Jenny Newman (JN) - HWS Volunteer Board Representative
Tim Phillips (TP) - HWB Volunteer Board Representative		

1	Welcome & Introductions - Noting any members of the public in attendance and Apologies	For Noting
	RB welcomed everyone to the meeting.	
	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 (18th June, 2024)	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
	AC updated as follows: <u>Actions from meeting on the 20th June, 2024</u>	

	<p>All actions are complete.</p> <p>New style demographic report - full annual demographics are on the agenda.</p> <p>Healthwatch Birmingham and Solihull Annual Reports 23-24 - board members fed into the annual report.</p> <p>Thanks to team for both the annual report and their input at the away day was given at team meetings.</p> <p>Finance and Audit sub-committee started in September.</p>	
Operational Performance		
4	NED Resignations - RB	For info
	<p>RB reported that RBh has sadly stood down from the board.</p> <p>AC and RB have written to him formally thanking him for his service on the board.</p> <p>We currently have up to four NED vacancies and have received a number of expressions of interest. AC is looking for volunteers for shortlisting and interview panel. JJ, RD, JR and PR volunteered to be on the panel.</p> <p>AC reported that we have done a skills audit and the latest advert was angled towards finance skills. Three of the four moving onto the next stage of interview are female. We currently have an equal gender balance but diversity of ethnicity could be better. This will be considered during the recruitment process, with targeted recruitment filling any identified gaps moving forward.</p>	
5.	Impact Stories - Working with the ICB Quality System	
	<p>AC reported as follows:</p> <p>PENNA Awards we did get through to the finals of the PENNA Awards which were celebrated in Birmingham. Unfortunately we didn't win which the team were disappointed about, but we celebrate being a finalist and being recognised Nationally. (AC).</p> <p>AC to pass on congratulations from the board to the staff team of getting to the final. Irrespective of that award, the maternity study has had a very good reaction in a lot of areas and people should be aware of that (RB).</p> <p>Volunteers impact story We have had three volunteers recently who have moved on from volunteering with us into employment or education. This is an important measure of our success to support our volunteers and part of our social value contract reporting.</p> <p>Out of the three volunteers, one has just become a senior Physiotherapist assistant and quotes in the fifty-minute interview for the post that they have shared many examples of communication and team work built through volunteering with us. Another one has now found full time employment and credits the great times working with Healthwatch Birmingham to develop their confidence and developed their social skills as part of the reason that they've moved onto full time employment. The third one came to us with no UK work experience and says that before volunteering with Healthwatch they would have been nervous and cautious about working with communities outside of</p>	

their culture. Through the experiences gained volunteering with us they have built confidence and experience with the individual moving into jobs within the NHS.

Working with the Birmingham and Solihull Integrated Care Board (ICB)

As reported previously we have developed a new relationship with the ICB which means we now work in partnership to see impact as a result of our work.

Working through their System Quality Group (SQG) as part of their Quality Committee, we are able to pull together key decision makers around our reports and hold individuals to account for change. So far we have had a number of reports go through that structure which has led to increased impact. These reports include:

- Birmingham's Adult Community Mental Health Report
- Our Joint Prostate Cancer Report
- Both our Birmingham and Solihull Community Pharmacy Reports.

This is really showing the strength behind our reports and getting that system governance and structure behind it to make impact. The relationship is developing all the time, and it is proving to be really valuable (AC).

It is brilliant that we have got that established relationship but to what extent can you stand back and take an independent view as representatives of the general public and for that view to be taken into account, acknowledged and recorded (PR).

When we have presented our reports, the findings haven't been questioned, they have been valued and the drivers for change have been from the executive of the ICB. If there is a position where we do not feel that the findings are not listened to in that structure, we have the seat on the Quality Committee, which is a subgroup of the Board, where we can raise any issues. Our independence and ability to challenge the ICB is not compromised. I sit on the Quality Committee and the ICB and RB on the Integrated Care Partnership (ICP) (AC).

There is that danger that you gradually get drawn into the management of the ICB and therefore it becomes difficult to exercise that independent and autonomous voice (PR).

I think it is a real interesting balance that we have now. As the whole point of the ICB and that integration, is that we have to be independent and also a system partner. Getting that balance right is key, and I think that this is a really good system that safeguards our independence but utilises the ICB to progress our work.

We are a non-voting member of the ICB, out of our choice, which is documented through their Terms of Reference. (AC)

It is a relevant point that we have always got to check ourselves whether we are keeping that balance between partnership and independence. Us being plugged into that quality system hopefully provides the opportunity for issues that we have raised through our reports to be revisited after the six months, which has always been a frustration for us that we do our investigation, we do our report, we do the six monthly impact report but after that, and just because we haven't got the resources, we move on to our next area of inquiry and we have not been able to follow that up. By putting it onto the quality systems agenda, with a bit of luck the impact can last beyond those six

	<p>months. It is too early to say whether that will happen but at least we have got the channel to do that (RB).</p> <p>A recent example of that is with our Children's and Young People's Mental Health report that was done a good few years ago now. There was recently a summit pulled together by the Mental Health Collaborative that we were invited to because the issues that had come up in that report are still issues and our report, because of those mechanisms, still has life beyond our ability to constantly push and follow up</p> <p>The other thing I want to say about safeguarding our independence is because our reports are always published, that our voice is always in that report. They are aware that if we aren't happy that we will voice that in our report and with our communications. Our Work around University Hospitals Birmingham demonstrates this well (AC).</p>	
6.	<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 reported as follows:</p> <p>The reports that are in the papers are the end of the contractual year reports, for both Birmingham and Solihull. At the end of year, across the board we achieved all of our targets, which is a brilliant achievement. Our targets increase by thirty percent year on year and gets increasingly difficult to achieve when we have a static budget and capacity, so to achieve them year on year is a great achievement by the team. We have now received confirmation that the performance by results element (ten percent for the Birmingham contract) has been signed off and we can invoice for that so we will get the full amount of money for last year.</p> <p>As a reminder, we are in the final year of the Solihull three plus two year contract. We have a full twelve months in Solihull and our targets are increased by thirty percent as usual. For Birmingham we have an extension of eleven months, so our targets are pro-rata for this year at the same level as 23-24.</p> <p><u>Feedback Heard</u></p> <p>Fully on track for Birmingham for the first month, we are behind for Solihull, but we noticed that very quickly and the team have implemented plans to get back on track. I am aware that in month three of this quarter Solihull has increased numbers through engagement and investigations.</p> <p><u>Community Engagement</u></p> <p>Reach and Engagement are doing really well, even though over the Summer there was less engagement, we have met the target. Reach continues to achieve really high numbers.</p> <p>One thing to highlight is that the team went out with the cancer bus in Birmingham and Solihull, it was really successful. There was a lot of media and political attention with a visit from the Minister and the CEO of NHS England. We have had amazing feedback about our engagement team on their ability to engage with the local population and I think the cancer bus really utilised our team to help with that when they were out and about. The bus is moving to</p>	

Royal Orthopaedic Hospital for community activity around self-help and keeping well and active. The team have been invited to take part on the back of our success.

It's a real boost to our skills as an organisation and our USP, that we have been asked, which has been massively recognised by the system.

Were Healthwatch invited to take part on the bus or did you just find out about it (PR).

We are very linked in with the ICB so we would have likely heard about it through Communications meetings and would have been part of that planning and a natural progression for us to be involved (AC).

It's a good opportunity to piggyback on something that is happening already (PR).

AC and I we were at ROH and they were talking about these community initiatives that they were going to do and using the bus and specifically asked us to be involved (RB).

The balance is making sure that we can hear our feedback when we are doing those events and not just being an engagement tool for the system. Being involved in those events is something for us to think about around Information and Signposting and how our engagement team could count that towards our targets in the future (AC).

Information and Signposting

Birmingham have done very well in the first month of this quarter, we are above where we need to be target wise. Interestingly seventy-seven percent of our Information and Signposting takes place when on community engagement activity which has been a huge shift for us. A lot of the work that we did last year was to empower Engagement Officers and volunteers to provide I&S there and then and do it whilst out and about. Even though we are on target we now need to grow the element of telephone and online support again, as it has been at a static level for quite a while now.

We are doing ok in Solihull, we are a little bit behind target, we are on trajectory of where we were last year, but with the increase of thirty percent I think that just means that we just need to catch up a little bit and increase more quickly than we are at the moment.

Investigations and Consultations

We had a whole grouping of publications at the end of the contractual year to get them through which is always a challenge. We have had a number of lessons learnt meetings as a team, to really understand how we can do investigations quicker and have the same impact It is particularly important this year to stay on track and publish reports regularly.

We've had a number of reports, we've mentioned Community Pharmacy already which is having good traction since publication, our report into autism and ADHD has also had good traction feeding into the local response to increasing wait times. In addition to the work that we have done on the report, RB and I met with the Community Trust and talked around the activity they are doing through the Community Care Collaborative (CCC) and the Mental Health Collaborative where Autism and Learning Disability now sit (AC).

Does the report go to both the Collaborative and the Autism ADHD partnership Committee (PR).

Yes, the ICB co-ordinated the system approach to pull together all the different partners that are involved. The report is very focussed on the health element and not the education one understandably, however the report is feeding into those partnership meetings with Birmingham City Council and other players as well (AC).

There is a big theme in the report that we want to get a shift away from a diagnosis-based approach to a needs-based approach and that's what we talked to the Community Health Trust about. (RB).

They are downplaying the importance of the EHCP and are saying that it is not the be all and end all, where it's the parents of an autistic child is very important because the school doesn't get the extra funding as it only gets it for children who have got a EHCP (PR).

The other angle of it is about what needs to be done to reduce the reliance on the diagnosis as the passport for an EHCP or indeed for support and treatment as well, and there are certain things that are within their control as a health system and there are other things that need to be tackled policy wise politically, in particular the need for a diagnosis to trigger things like PIP applications.. One of the MPs in Birmingham has got particular interest within SEND around the autism & ADHD pathway so he's taking that up in Parliament and we are going to work with him around our report to support that work. (RB).

It would be good to understand the demographics of people who are on the waiting lists, it would be interesting to see (RD).

What are the issues of the criteria for getting onto the waiting list (JJ).

That's pretty central to what we are talking about, in a sense what the waiting list means ie is it a waiting list for diagnosis which then raises the question if you get a diagnosis what then? Or is it a waiting list for triggering needs-based support and that's what we want to get it angled around (RB).

It's an important issue as it's been dragging on for years and never seems to improve and has got a lot worse, and it's important that we don't lose track of this item (PR).

A lot of young people are going to age out of the system (JB).

Current reports that we are working on are:

In Solihull looking at the Primary Care response for women with menopause symptoms. The survey has closed and we are analysing the data to understand the themes. At the end of this month we are taking the initial findings to the Primary Care Network (PCN) Clinical leads meeting to discuss the findings and have a collective response as a result.

In Birmingham the survey has now closed around hospital discharge and we are analysing the data. Both of those reports will be coming out in the next few months.

In Solihull we are looking at people's experiences within care homes, and in Birmingham we are looking at people's experiences of domiciliary care. This means that over the last year we can demonstrate impact across a number of sectors; primary care, secondary care, community care, mental health and social care (AC).

	Thank you for all of that, all of those topics that you have raised are really important and there has been a lot of good work. (PR).	
7	<ul style="list-style-type: none"> • Annual Demographic Reports: <ul style="list-style-type: none"> ○ Solihull ○ Birmingham 	
	<p>AC reported as follows:</p> <p>Overall doing OK and being representative compared to the census. There are some areas that we are slightly under which we will continue to target but across the board we are doing well.</p> <p>As well as demographics we also have a breakdown of locality within the areas too so we can see whereabouts we are hearing from and with that map out areas of deprivation (AC).</p>	
8	Volunteer Update - Volunteer Reps	For Noting
	<p>Apologies were received from both volunteer reps.</p> <p>JU reported as follows:</p> <p>The volunteers gave some feedback as uncertain what to do when whistle-blowers approach the stall and I do plan to look into that.</p> <p>It's an interesting point, it is important for us to understand that our role is to hear from the public, but whistle-blowers from health and care staff can give us really useful insight that can tell us more about what is happening from a public perspective (AC).</p> <p>I think this is so important, as much of the abuse that has been uncovered both in health and social care has been from whistle-blowers and then undercover investigators who have a tip off from whistle-blowers. The challenge is that if it's coming via a volunteer, because it is so sensitive are they trained sufficiently to be able to deal with in a sensitive way (PR).</p> <p>We need to look into it and find out exactly what is being told to volunteers, the kind of people that have been approaching, the training that is needed, whether they hand the person onto a member of staff or whether we expect them to deal with it themselves. There are a lot of issues here that we just need to look at more carefully.</p> <p>On our database we do have an option for whistle-blowers, and it's recorded in a particular way so we have already started that journey but just need to look into what's happening with volunteers (JU).</p> <p>It sounds like you have got the processes but is this just a training issue for the volunteers before they go out (JB).</p> <p>Action - AC & JU to map out whistleblowing procedure and bring back to a future board meeting.</p> <p>Volunteers want to know what the impact will be on Healthwatch as a result of the cuts in Birmingham (JU).</p> <p>After the last board meeting, PR raised the risk around volunteer retention and thoughts about the future as part of the tender process. I think it's about us increasing the conversation with our volunteers around that tender process and what we know and reassuring them about the future of the organisation as</p>	

	much as we can. We will talk about timeframes later in the agenda but there is opportunity there for us to work with our volunteers more (AC).	
Sharing Information		
9	<ul style="list-style-type: none"> • System Updates <ul style="list-style-type: none"> ○ Changes at Birmingham City Council ○ Midland Met Hospital • Key Issues Tracker - Board Involvement 	For info
	<p>AC reported as follows:</p> <p><u>Changes at Birmingham City Council</u></p> <p>In addition to everything we have discussed before about the budgetary constraints of the Local Authority, there have been some big changes in senior management. Joanne Rooney is the new Managing Director and has come from Manchester Council. We will contact her to be on her radar as Healthwatch and arrange a meeting now that she is settling into post. Graeme Betts, Director of Adult Social Care is leaving within the next few weeks, he has always been a massive supporter for us but also a huge powerhouse behind the integration between social care and health and early intervention and prevention for the city. Justin Varney, the Director of Public Health has also left the Council, he was a huge supporter of communities and engagement, driving improvement to how the council listens to local populations and acting on the voice of local citizens.</p> <p>They are both a loss to the city and highlights a couple of risk points and uncertainty around our relationships with the direction of travel with the City Council.</p> <p>Action - AC to contact Joanne Rooney at Birmingham City Council to arrange a meeting.</p> <p><u>Midland Met Hospital</u></p> <p>The Midland Met Hospital officially opened on the 6th October for Sandwell residents only, with the West Birmingham element moving over in November and it has gone really well.</p> <p>Inpatients and A&E will move to the new hospital and there will be two outpatient clinics within the two hospital sites of Sandwell and City Hospital. City Hospital is reducing in size, the Eye Hospital is going to stay there.</p> <p><u>Key issues tracker</u></p> <p>AC reported as follows:</p> <p>The issues tracker is there as information for you to look at to see the range of things that are coming through us as an organisation. This agenda item is just an opportunity for if you have any issues that are coming up on your radar that may not be listed in the tracker. It will be a standing item. We are developing how we use it as a team to keep track of the range of things that we are having conversations about and what we are escalating to the system. There are an awful lot of items on it and how we prioritise that is the challenge.</p> <p>The Community Trust have offered to do a briefing for the board on their plans for the ADHD and Autism pathway and we have had a similar offer from the Mental Health Trust following on from our mental health report. Do we want to take them up on that and, if so, how do we want them to do that.</p> <p>Theoretically they could come and present at one of our regular board</p>	

	<p>meetings, but my instinct is that as we go to our next board meeting in December that we are probably going to be more focussed on the issue of the tender and therefore whether that is going to be the most conducive environment to giving those subjects the attention that they deserve.</p> <p>As we go to December probably focussed on tender and it may be that we would be better to have a separate policy focussed meeting but it will mean another meeting if we do that (RB).</p> <p>Previously we have had informal board meetings, in between the quarterly board meetings, where we have had guest speakers and staff have come a long to those as well.</p> <p>Certainly go for that option, for two reasons, firstly it is very difficult to have that in depth discussion when you have a long agenda to follow and secondly I would be reluctant to turn the offer down because you are sending a message.</p> <p>Agreed to schedule at least one of the meetings early in the new year.</p> <p>It might be that because learning disability and autism fits under mental health collaborative that there might be a way that we could combine this and have a number of speakers as a whole. (AC).</p> <p>Action - AC to set up briefings from the Community Trust and the Mental Health Trust.</p>	
11	Any Other Business	
	<p>There was no other business to discuss.</p> <p>The meeting closed at 17:35.</p> <p>Date of next meeting: 4 pm on Tuesday 17th December, 2024</p>	