

Board Meeting

Date of Meeting: Tuesday 18th March, 2025

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)
Janet Bailey (JB)	Ruby Dillon (RD)	Peter Rookes (PR)
Marcus Parsons (MP)	Anna Wittkop (AW)	Marcia Lewinson (ML)
Tim Phillips (TP) – HWB Volunteer Board Representative		
Public in Attendance		
There was one member of the public in attendance to observe.		

Apologies

Rosi Sexton (RS)	Jasbir Rai (JR)	Jane Upton (JU)
Di Hickey (DH)		

1	Welcome & Introductions - Noting any members of the public in attendance and Apologies	For Noting
	RB welcomed everyone to the meeting. A special welcome was extended to JH (volunteer)	
	Declarations of Conflict of Interest	For Noting
	There were no additional conflicts of interest declared, that aren't already on the register.	
2	Minutes of previous meeting (17th December, 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

	<p>AC updated as follows:</p> <p><u>Actions from meeting on the 15th October, 2024</u></p> <p>Whistleblowing – This will be built into the thinking for the new contract – ongoing.</p> <p>Arranging the briefing from the Community Trust and the Mental Health Trust – to be picked up when DH returns from annual leave – ongoing.</p> <p><u>Actions from meeting on the 17th December, 2024</u></p> <p>Our values – we don't need to have gone through the process of re-writing as part of the tender so have put on hold and hopefully if all goes to plan over the new few months it will come to the June meeting – ongoing.</p> <p>The staff team has been very busy preparing for the tender, which is due at the end of next week. Consequently, today's meeting will primarily focus on this matter. Therefore, it would be appreciated if we could minimize discussions on other topics (RB).</p>	
Operational Performance		
4.	Impact Stories	
	Due to time constraints for the meeting there were no impact stories shared this quarter.	
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 ○ Investigations and Consultations 	For Noting
	<p>AC reported as follows:</p> <p><u>Feedback Heard</u></p> <p>Birmingham is on track, with high-quality feedback. Community engagement has been effective, generating 84% of the feedback.</p> <p>Solihull is behind target, facing a 30% increase in KPIs, which is increasingly challenging with the largest increase in the last year of the contract. A long-term staff absence in Q2 also affected performance.</p> <p>Birmingham's feedback from engagement is 84%, while Solihull's is 65%, reflecting differences in team operations and event attendance.</p> <p>Lower-level feedback was initially excluded from our target to focus the team on hearing better quality feedback, but this will now be included to help meet targets. This adjustment will hopefully see Solihull get back on track next quarter.</p> <p>We must ensure even locality coverage. Strong Birmingham performance could obscure Solihull's, so area-specific monitoring is essential.</p> <p>Have Commissioners provided feedback on performance? (RD)</p>	

Commissioners gave supportive feedback at the Q2 contact meeting. They understood the situation, and support our recovery plan. No concerns raised by commissioners at this stage. (AC)

Are some Birmingham areas performing like Solihull, while others raise the overall average? (JJ)

Quarterly gap analysis tracks demographic and geographic feedback. Birmingham achieved broad coverage; We do hear more from North Solihull and are focused on reaching more rural areas of the Borough (AC)

PR joined the meeting.

Community Engagement

We continue to perform well to reach our local population, reach targets have been exceeded in both Birmingham and Solihull.

Solihull has reached 50% of the population across all routes. Visibility has improved, but engagement and feedback conversion remain slightly behind where we need it to be. Efforts are focused on improving conversion.

Birmingham has high reach and is meeting engagement targets. The approach, including online polls, will be replicated in Solihull to convert reach into feedback online.

AW noted Healthwatch's absence at a well-attended event, which was a missed opportunity for feedback. Similar events are upcoming across districts.

AC stated the absence was likely due to scheduling and confirmed efforts will be made to attend future events.

Action – Board to flag with AC any events in the local community that they hear about.

Information and Signposting

Birmingham has made strong progress in information and signposting (I&S), with 81% of activity now from community engagement. Feedback collection continues to be an effective I&S opportunity.

Solihull met I&S targets in Q1 but was set back in Q2 due to staff absence. The team responded collaboratively and is confident in catching up.

Our KPI dashboard provides weekly or monthly updates, helping monitor progress and assess effective interventions (AC)

Is the issue staffing or population-related? (RD)

It's a combination of factors. Different approaches work in Birmingham and Solihull. The team's understanding of populations and organisations is a key strength (AC).

The North/South divide in Solihull is significant (RB).

I reviewed Healthwatch London's website and found its design to be more intuitive, particularly in navigating to I&S resources. The advice and

information section at the top was well-organized and linked seamlessly (AW).

The website was updated based on volunteer feedback, but that is useful feedback. A full review of our online presence is planned before the end of 2025. If the contract is secured, we will move to a single website for Birmingham and Solihull (AC).

Action – A review of our websites to come back to a future Board meeting.

Investigations and Consultations

Consultations are on target in both Birmingham and Solihull.

In Solihull, we are on track, having successfully conducted investigations and published one report on Menopause and one impact report on Community Pharmacy.

Birmingham has published impact reports on Community Pharmacy and Community Mental Health.

Birmingham received an amber rating in Q2 but is on track to meet targets by Q3 with three reports planned to be published.

The Publication of our Hospital Discharge report has been delayed due to winter pressures. We completed all necessary work in quarter two and were prepared to publish but due to winter pressures, the ICB and local trusts were delayed in providing a response. We expect to receive a comprehensive action plan from them in the coming weeks. The report has been reviewed by the System Quality Group at the ICB, with all local trusts represented. This collaborative approach, involving all stakeholders in health and social care, proved to be highly effective. Moving forward, we will continue to utilise this method to ensure coordinated responses.

Our Urgent Treatment Centre (UTC) project had a quick turnaround, commencing in January. We have completed the report and have submitted it to the ICB. The expedited timeline was due to the review of the UTC model for Birmingham and Solihull, allowing us to provide feedback during the pre-model design stage.

The ICB helped distribute the UTC survey via Primary Care, yielding over 1,000 responses. The report will inform improvements in access, public awareness, and patient experience.

Some investigations were delayed and lacked public profile due to staffing and tender work. They still have potential for future attention (RB).

Missed opportunities will be addressed in the impact report to publicise findings later. This will allow us to catch up and effectively publicise their impact moving forward.

The Solihull Care Homes study is progressing well with strong support from Solihull Council, improving provider access.

The Birmingham domiciliary care survey is closed; data analysis is underway, with a draft report expected soon.

We expect to be back on track in the coming weeks (AC).

6.	Volunteer Update – Volunteer Reps	For Noting
	<p>TP reported as follows:</p> <p><u>In Memoriam:</u> Longstanding volunteer Mushtaq, active with Healthwatch for many years and LINKS before that, has sadly passed away. His efforts to improve services for local people were seen to the end, with him sharing his experiences of the hospital discharge process as part of our report. We were represented at the funeral. The Board formally acknowledged his contribution to the organisation and the wider health and social care system and passed on our condolences to his family.</p> <p>A recent volunteer meeting focused on training and included a discussion on Female Genital Mutilation (FGM). Volunteers acknowledged that FGM is more widespread than previously understood. Three volunteers shared insights from a training session. Learning from this session will be used to develop our information and signposting pages of our website.</p> <p>It was agreed to promote opportunities for topic-based training which will help volunteers with information and signposting.</p> <p>Does the ICB and its trusts have an FGM education policy? It's been ten years since I last joined related training sessions (JJ).</p> <p>I don't believe so. Most FGM cases go to Gynaecology, where training is extensive. I plan to deliver staff training on this and women's health for another organisation (AW).</p> <p>Please raise with the ICB whether an FGM policy exists and is being implemented (JJ).</p> <p>FGM was a key finding in our maternity report for Black African and Black Caribbean women (AC).</p> <p>This could be pushed further, as it originated from volunteer input (JJ).</p> <p>A full women's strategy is needed locally (AC).</p> <p>Action – AC to include FGM on the Issue tracker and follow up with discussions at the ICB around their Women's Health Strategy.</p> <p>TP left the meeting.</p>	
Sharing Information - Public		
7.	System Updates	For info
	<p>Last week's announcement on the dissolution of NHS England (NHSE) has created significant uncertainty. The practical implications remain unclear.</p> <p>There is concern about delivering major structural change alongside existing service targets. Details remain limited but this is an important area for us to be focused on locally to understand how it will impact patients and local quality monitoring systems.</p> <p>There has been limited public communication from Healthwatch England on the topic but there has been internal communication with the Network.</p>	

	<p>In addition to the abolition of NHS England, Integrated Care Boards have been told that they need to save 50% of their operating budget. It is unclear at this stage what impact this will have locally and we need to be mindful of the impact this change will have on our ability to influence change for patients.</p> <p>We are also still awaiting the findings of the Dash Review into the regulatory system which included Healthwatch England. It isn't clear when this report will be made available.</p> <p>All of these changes need to be factored into our future ways of working to make sure we can still influence the change needed for patients and the public. We will continue to ask the right questions to make sure patients are at the heart of any decisions made.</p>	
8	Any Other Business	
	<p>RB thanked the volunteer for her attendance and for her contribution as a volunteer throughout the year.</p> <p>There was no other business to discuss.</p> <p>The meeting closed at 17:08.</p> <p>Date of next meeting: 4 pm on Wednesday 11th June, 2025</p>	