

Board Meeting

Date of Meeting: Wednesday 8th December, 2021

Healthwatch Birmingham Board Meeting

Time: 4.30 pm - 7.00 pm

Venue: Virtual Meeting

Attendees

Board Members in attendance		
Andy Cave (AC) - CEO	Richard Burden (RB) - Chair	Jane Upton (JU) - OM
John James (JJ)	Neelam Heera (NH)	Ranjeet Singh Bhupla (RBu)
Peter Rookes (PR)	Di Hickey (DH) - minutes	
Staff and Presenters in Attendance		
Justin Powell (JP) - Volunteer & Engagement Officer	Ghazanfar Sami Khan (GSK) - Research & Engagement Officer	Natalie Travers (NT) - HWSol Manager
Jack Moore - Information & Social Media Officer	James Doyle (JD) - HWSol Volunteer Rep	Charles Ashton-Gray (Consultant)
Public in Attendance		
There were no members of the public in attendance to observe.		

Apologies

Tim Phillips (TP) - HWB Volunteer Rep	Tony Green (TG)	Jasbir Rai (JR)
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Public Session

1	Welcome, Introductions & Apologies, Any Other Business	For Noting
	RB welcomed everyone to the meeting. Members of staff introduced themselves and RB welcomed the new members of staff to the organisation.	
	Declarations of Conflict of Interest	For Noting
	There were no conflicts of interest declared. PR confirmed that he is the Public Governor for the Birmingham Community Health Care Foundation Trust.	
2	Minutes of previous meeting (18th October, 2021)	For Approval
	The minutes of the previous meeting were agreed as a true record.	

3	Actions Arising - All Action log	For Action For Noting
	<p>There were no matters arising from the minutes.</p> <p><u>Actions from 16th June, 2021 meeting</u></p> <p>Action 1 - Consider face to face board meetings</p> <p>December meeting changed to virtual due to the Omicron strain of Covid-19. To be reviewed and look at having a face to face meeting in March. Agreed to close.</p> <p><u>Actions from 18th October, 2021 meeting</u></p> <p><u>Action 1 - NED Recruitment Plan</u></p> <p>NED recruitment - on agenda for a fuller update. Agreed to close action.</p> <p><u>Action 2 - Programme of events to be circulated to Board members to attend</u></p> <p>Circulate community engagement activity to board members for them to pop along to events. Moving forward this is a wider piece of work to increase interaction between staff and board members involvement together - ongoing.</p> <p><u>Action 3 - Demographic report</u></p> <p>Demographic report on agenda for a fuller update - ongoing.</p> <p><u>Action 4 - Develop project manager role</u></p> <p>Development of project manager role - on agenda for fuller update - ongoing.</p> <p><u>Action 5 - Strategy Approval</u></p> <p>Strategy approval - on agenda for approval. Agreed to close action.</p> <p><u>Action 6 - Board Workplan - Quality Framework - Board members comments</u></p> <p>On agenda - update to be given - Agreed to close action.</p> <p><u>Action 7 - Board Workplan - Quality Framework - update action plan for HWE</u></p> <p>Quality Framework - on agenda for verbal update - ongoing.</p> <p><u>Action 8 - ICS Development Meeting with Yve Buckland</u></p> <p>Meeting took place on 3rd November, 2021. On agenda for fuller discussion. Agreed to close action.</p>	
Operational Performance		
4	<ul style="list-style-type: none"> • Healthwatch Birmingham Update <ul style="list-style-type: none"> ○ Quarterly Report - Contract Period Q1 (August to October 21) ○ Activity Update - August - November 21 	

	<ul style="list-style-type: none"> • Healthwatch Solihull <ul style="list-style-type: none"> ○ Quarterly Report - Contract Period Q1 (July - September 21) ○ Activity Update - October and November 21 • Volunteer Update 	
	<p>AC reported as follows:</p> <p><u>Healthwatch Birmingham</u></p> <p>Performance update covers the period August - November 2021. Covering highlights from the Quarter 1 Report (August to October 21) and activity in Quarter 2 to date.</p> <p>Reach and engagement - figures remain high for quarter 1 and achieving what we need to. This continues into quarter 2.</p> <p>Feedback numbers - Quarter 1 has seen us miss our quarterly target due to reduced capacity whilst we recruit a new Volunteer and Community Officer. The remaining feedback numbers from Quarter 1 will be added to our quarter 2 target to get back on track. Already in Quarter 2 we have carried our engagement events at the Women's hospital which has seen our numbers increase.</p> <p>Marketing and Comms - We continue online engagement through social media activity. In quarter 1 social media activity reduced which was due to capacity issues. We have increased social media activity through overtime during evenings and weekends and this has increased our numbers in quarter 2. We will be recruiting a new Social Media Officer to fill this capacity gap.</p> <p>We will continue to have social media activity across the Xmas period and keep those numbers up.</p> <p>The new website was launched in October 2021. Initially a soft launch with a full launch planned to increase footfall. The website is much more user friendly and seeing an increase in activity as a result.</p> <p>Information and Signposting - We are successfully hitting our targets for Information and Signposting however we are at capacity for this service. We are developing signposting activity at community engagement events to increase levels of support and built in flexibility with Healthwatch Solihull team when demand for this service is high.</p> <p>Investigations and follow up reports - Mental health and young people report is now published. This is a hard hitting report receiving good media attention, resulting in a number of articles. We have demonstrated our improved media relations and lessons learnt will be applied to future investigations.. Forward Thinking Birmingham are working hand in hand with us, and are in constant contact with us to map our impact and the changes made as a result of our work. This will be published in our follow-up report.</p> <p>We have two follow up reports that are being prepared for publication: 1) Our investigation into sightloss pathways at Birmingham City Council and 2) Our Inequalities report, which looked at the health and social care needs of the Somali communities in Birmingham.</p> <p>Both reports demonstrated impact and changes as a result of our work and we are looking at publishing those in the new year.</p>	

We have carried out a Topic Investigation Prioritisation system (TIPs) to prioritise our investigations and identified three key issues (i) around day opportunities (ii) GP access (iii) access to NHS dentistry.

RB thanked AC for the report.

Good for social media but there are seldom heard groups that are not on social media and I know we are constrained by the pandemic but are we making any efforts to get information on those? (PR).

With regard to digitally excluded individuals, we are very conscious that we've had 18 months of working on line and it is really important that we get out and about and speak to people. There are some good examples of best practice in Solihull around putting leaflets into food bank parcels to reach people too. There are different elements and we are putting post boxes and leaflets into places like care homes for people to leave feedback, as often people in care homes are digitally excluded as well. At the moment trialling different things and bringing together across the two teams (AC).

We have Facebook, Twitter and LinkedIn why are we not using Instagram? (RBu).

Healthwatch Solihull have been using Instagram very well for a while. We have just launched for Birmingham and are learning how to use this effectively from Solihull. (AC).

Solihull Instagram was launched in 2018, due to attendance at a college fayre where there were young people and we were trying to think about ways for them to give us feedback. We have a Healthwatch Solihull account and a Healthwatch Solihull young persons account which is followed by a lot of people from different colleges. Instagram is really good and there is a younger demographic on there that interacts with us. It is going well at the moment. (NT).

Clearly over the last two years the way we obtain intelligence is changing, are we are continually mapping against the demographics to make sure that the new ways of obtaining information are not starting to exclude demographics that use more traditional methods (JJ).

We did some work that we brought to the last meeting with a RAG rating for target groups, where we compared who and how we heard from people pre- and post- pandemic. This combined with regular gap analysis means we are able to tailor and target our activity appropriately. This is of particular importance and we plan our face-to-face engagement activity - to target those we do not hear from online. It means we can maximise our face-to-face resource to the best effect to make sure we are hearing from those most vulnerable or those most likely to experience inequality (AC).

There has been really good work done over the last period, in particular the Young Peoples Mental Health report which managed to get a good profile and has really struck a cord with a number of people commenting on it. GP access is something that is very significant and Solihull have already done a really useful report on that. The Dentistry report is clearly a massive issue that we do need to follow up. (RB)

Healthwatch Solihull

AC reported as follows:

	<p>Performance update covers the period July - November 2021. Covering highlights from the Quarter 1 Report (July to September 21) and activity in Quarter 2 to date.</p> <p>Reach and engagement in Solihull is really good with continual positive results and achieving targets, they were lower than usual in quarter one as there were two vacancies in the team. The initial figures in quarter two is showing a significant increase due to having a fullstaff team.</p> <p>Feedback numbers have been good against the target in quarter one, however it was just shy of our target but that's been made up in quarter 2 already and now very close to target with a month to go.</p> <p>Now that we have a full team in Solihull it is really making a difference in what reach, engagement and feedback numbers are coming through.</p> <p>Marketing and Comms - Solihull are very good at social media and have developed a twelve days of Christmas campaign highlighting the great work that has been done over the last twelve months. It's a great opportunity to demonstrate the difference we have made and helped people, there will be some real person centred impact stories within the campaign.</p> <p>Solihull's website has also been launched so that there is synergy across the two teams and websites. It is much more user friendly and we are working with the website provider to iron out any issues which is mostly being done behind the scenes.</p> <p>Community Engagement - Our Solihull Community Engagement Officer started in September and face to face engagement has really stepped up as a result. There has been some really good engagement activity at Touchwood Shopping Centre over the last few weeks. Having a regular stall is resulting in increased feedback and increased volunteer activity. We are doing great work in Solihull to reach those that are digitally excluded including putting leaflets in foodbanks parcels and engaging care homes.</p> <p>Investigations and reports - Solihull are targeted to do two investigations per year and are currently doing a joint report around dentistry. Another priority around self-harm in young people has been identified for the second investigation. This is a key issue which will be looking at that pathway to help young people to get the help and support they need around self harm.</p> <p>Thanks were extended to the team in Solihull(RB).</p> <p><u>KPIs dashboard</u></p> <p>We have developed a KPI dashboard for each of the teams that enables weekly monitoring of our achievements against targets. This system will enable us to act quicker to resolve areas of concern.</p>	
5	Volunteer Update	
	<p><u>Solihull</u></p> <p>AC covered everything in his report. Volunteer Xmas lunch is booked (JD).</p> <p>GB is focussed on recruiting volunteers with some success and have now got active volunteers (AC).</p> <p><u>Birmingham</u></p> <p>AC presented an update on behalf of TP. Great to have our new Volunteer and Community Officer in post who leads on volunteer management. Key</p>	

	<p>things he has developed is a Teams Group for our volunteers to stay connected. He has attended face to face events and new volunteers are already helping out. There have been six new volunteers in Birmingham over the last six months, and we now have an expression of interest section on the website.</p> <p>As a whole organisation, we have done work to standardise the volunteer policy and handbook and are preparing for a renewal of our Investors in Volunteers Award. We are currently going through the process of reviewing where we are against the Quality Framework and the assessment will take place in the new year. We are currently looking at what that involves but it is likely to involve Board Member interviews as part of that award mechanism. (AC).</p> <p>Action - AC to update board on what the IIV process will be at the next meeting</p> <p>We are pleased to see things picking up on volunteer side, we have had big challenges due to the pandemic with everything having to be on line and the increase in community engagement is providing new opportunities and expanding our pool of volunteers. (RB).</p> <p>Pleased to see how many numbers and what kind of engagement work is being done (PR).</p>	
6	HR Update (Public)	
	HR update covered throughout the Operations and Performance update.	
7	Demographic Reporting	For discussion
	<p>AC reported as follows.</p> <p>Our regular demographic reporting enables us to monitor who we are hearing from and where we need to target our activity. The report presented is for Birmingham and the aim is to have a Solihull report produced by March. For Solihull the goal is currently to increase the demographic recording numbers for more detailed analysis.</p> <p>Action - Demographic reporting for Solihull to be presented to March Board meeting</p> <p>It's a vital part of our system to identify who we are hearing from, but most importantly where the gaps are in what we are hearing, we carry out comparative work against the local census data to ensure we are representative however, our aim is to increase feedback heard from those who are most likely to experience inequalities.</p> <p>The aim of the report is to tailor our future activity to reduce the gaps in our feedback from key groups. Key examples of this from the current report is increasing activity in Perry Barr and Yardley and to continue to increase numbers from men. A good example of previous identified targeted work was our attendance at Pride in September to increase feedback heard from the LGBTQ+ community. (AC).</p> <p>Regarding faith and ethnicity, figures are low and these are people from the seldom heard group that we referred to. There is a reasonably easier access by visiting a mosque or Gurdwara. A lot of them would be very welcoming and keen to speak about health issues (PR).</p>	

	<p>We did visit many of the mosques pre-pandemic. With face to face engagement starting Temples and places of worship are key to accessing some of those key groups (AC).</p> <p>If we look at Black British/ African the numbers also seem quite low so what can we do to increase that as well (RBu).</p> <p>A visit to black churches would be a good place to go for some of that (PR).</p> <p>Thanks for really useful information and hopefully by Spring time we will have more granular information from Solihull and demographics as well (RB).</p>	
Governance Updates		
8	<ul style="list-style-type: none"> • Healthwatch Birmingham and Healthwatch Solihull Strategy 	For discussion
	<p>Very pleased to welcome back CAG (RB).</p> <p>We are pleased to have this come to the board to approve our future strategy as an organisation. The strategy creates a framework for us as an organisation around activity and decision making which results in four strategic aims and our overall vision to reduce health inequalities in Birmingham and Solihull.</p> <p>The strategy and the framework assumes the delivery of local Healthwatch contracts for Birmingham and Solihull as the foundation to build on and that is seen as our core activity. This strategy focuses on what else we can do and the added benefit to us as an organisation.</p> <p>That will create increased impact for us as an organisation that will compliment our local Healthwatch work but also add value to our local partners and to residents within Birmingham and Solihull</p> <p>The Board is asked to consider the content of this report and attached draft strategy in order to:</p> <ol style="list-style-type: none"> 1. Approve and adopt the strategy as a framework for action and decision making from January 2022 2. Approve the action plan as an outline of activity which will lead to the achievement of the strategic aims and outcomes. The action plan will be reviewed on an annual basis through an impact focused evaluation (AC). <p>The point about the framework is also recognising that the position we are in is very fluid, with the ICS coming into play, they will want a part to play in health inequalities, sorting out our arrangements with Public Health both in Birmingham and Solihull is something we need to look at as well as absorbing what both of the Health and Wellbeing Boards are doing. It's fine trying to look five years ahead, the point being that as AC is saying that the framework gives us some pointers that we can come back to from time to time as we understand more about the rest of the environment and say is this still the right thing to do, do we want to delay this, do we want to do more of it, do we want to do less of it (RB).</p> <p>CAG reported as follows:</p> <p>One of the outcomes of the strategy itself, addresses the previous point on the agenda, the whole idea behind the community partners is to be able to look at who we would like to hear from, so it's building assets in communities across Birmingham and Solihull, to hear feedback in real time and feeding that back to the Health and Wellbeing Boards - identifying existing, new and emerging inequalities is central to the success.</p>	

Ultimately our communications networks should be quicker, making sure you are playing that part of getting that intelligence in front of leaders so that they can make timely decisions. Our communications need to continue to grow with outcome one being about improved and more regular 'you said we did' messaging.

The other parts of the strategy are about two pieces of work (i) working with governors to say this is the value of public understanding, public insight, lived experience and these are the ways which you might be able to use this in your organisation to improve your own organisations performance, value for money, effectiveness. Ideally these organisations are saying we do see the value of it and we want to invest our own time and resources into making sure we can hear those lived experiences and (ii) resilience in working with communities across the city to be able to say if you were here to design your own services, what would be most important to you and what would they look like. As we all know that sometimes the way in which a professional would design a service is quite different from the way in which people receiving it would design it. It's about giving communities the power, the engagement, their own tools to be able to put that message themselves before services in Birmingham and Solihull.

In effect creating those two pieces of development work, so they test and learn and it's also about making sure that the thoughts of people get before the leaders of the services of Birmingham so those are the four broad strands of the strategy (CAG).

Perhaps to say as well as approving the overall framework which will guide our approach over the coming five years, there are also some particular actions that are going to come into effect straight away as a result of decisions tonight (RB).

Approving this framework tonight will trigger us immediately going into action. First action is the area discussed around the Project Manager and utilising £45,000 from our reserves for a 12 month investment for the post. As agreed at the previous meeting, the Project Manager will focus on three areas: (i) to increase capacity and ability to take advantages of opportunities, (ii) to identify those opportunities and progress those projects to cause impact and (iii) to deliver those projects that we have already committed to and identify funding as well (AC).

It's an exciting time, in writing this and hearing conversations in the ICS, there is real synergy between our strategy and what is happening at a local system level.

Feel exciting time for Healthwatch Birmingham and Healthwatch Solihull, clearly with the transition to an Integrated Care System (ICS), this is the opportunity to start to influence the decision makers into understanding what the public is saying and how they can actually use that information for the benefit of the system. I've been involved in the smaller group looking at this and it's been great working with CAG, and he has responded to comments that we've made during the process and I think it's an exciting time for AC, the team and the NEDs (JJ).

Thanks were extended to board members for input to this process and thanks for the work that AC and CAG have put in over the last twelve months (RB).

The Board approved the recommendations:

1. Approve and adopt the strategy as a framework for action and decision making from January 2022

	<p>2. Approve the action plan as an outline of activity which will lead to the achievement of the strategic aims and outcomes. The action plan will be reviewed on an annual basis through an impact focused evaluation.</p> <p>Thanks were extended to CAG and he left the meeting.</p>	
9	<ul style="list-style-type: none"> • Board Work Plan Updates - <ul style="list-style-type: none"> ○ NED Recruitment ○ Healthwatch England Quality Framework ○ ICS Development ○ Board Workplan 	
	<p><u>NED recruitment</u></p> <p>We need to look at how we increase our numbers and range and spread of representation of NEDs on our board and how we can ensure that the board works more effectively, and that everyone feels as involved as they could. It would be useful to have 1-2-1s with all NEDs to carry out a reality check of where we are at. I would value hearing from you where you think we are going and how you think we can improve on things.(RB).</p> <p>Action - DH to arrange 1-1 meetings between Chair and NEDs.</p> <p>I am very pleased to say that NH has agreed to become our NED champion for recruiting and supporting a more diverse Board membership, focusing on recruiting more women to the board and board members from our Black African, Black Caribbean and Asian communities.</p> <p>We also need to increase our Solihull representation on the Board.</p> <p>As such, NH has recommended carrying out a fuller piece of work as a Board to review not only how we recruit new NEDs but also how we support individuals when in post. It is recommended to link with specialists in the field to carry out a review, looking at aour culture, ambitions and support mechanisms to improve our recruitment and retention of NEDs. NH recommends speaking with Karl George to begin with.</p> <p>In parallel to this work we will also start a rolling recruitment campaign, in particular to identify key candidates for Solihull.</p> <p>We are conscious that we have that twin issue of representation of diversity and inclusion on the one hand but also sheer numbers as we are light particularly in relation to Solihull. So, if we do get appealing expressions of interest it won't inhibit us of taking action (RB).</p> <p>Action - For AC and NH to reach out and meet with Karl George to progresss this area of work and come back with an outline of the actions needed.</p> <p><u>Quality Framework</u></p> <p>The next step of the Quality Framework is to send to Healthwatch England for comment. Once this is completed it will come back to the Board.</p> <p><u>ICS development</u></p> <p>Thanks to those who came along to the meeting with Yve Buckland, Chair of the BSol ICS (RB).</p>	

	<p>It was a great meeting with Yve Buckland, who showed a good clear understanding of us and our role and value to the system. She outlined and demonstrated her commitment to involving us in the future structures.</p> <p>There are two things that we agreed at the end of that meeting that we need clarification on for areas to progress (i) around Healthwatch Birmingham and Healthwatch Solihull's place within the governance structure of the emerging ICS system, (ii) where we can influence the development of the insight and experience model as part of the ICS as well.</p> <p>The great news is that when it comes to the governance structure, I have met with David Melbourne who is the interim CEO for Birmingham and Solihull ICS. He has verbally confirmed our position on the Integrated Care Partnership (as a full member), the Integrated Care Board (Non-voting position) and at both the Birmingham and Solihull Place Boards. (AC)</p> <p>Looking at what's happening in other parts of the country, a lot of the ICS's are taking a lot of convincing to have Healthwatch involvement in the ICB. It's normal to have Healthwatch involvement in the partnership body but others around the country are not getting all the same positive response to request to be present on the Integrated Care Boards so that's good news (RB).</p> <p>It is good news, obviously some very big challenges ahead of just how it's going to work, even if the formal structures at system level work with the ICB and the ICS, the whole issue of how we can get proper involvement in integration at the level of place and particularly at the locality level is still very much work in progress. The ICS has got its work cut out and we have too (RB).</p> <p>Very impressed with Yve she was very open and supportive (PR).</p> <p>David was equally open and supportive so really positive (AC).</p> <p><u>Workplan</u></p> <p>AC presented an overview of the Board Workplan and explained how project deadlines need to change.</p> <p>Action - AC to bring a revised workplan to the March meeting.</p>	
10	Any Other Business	
	<p><u>Agenda papers</u></p> <p>When we have agenda papers is it possible to have as a complete continuous set as keep losing documents.</p> <p>Action - Agenda papers to be sent as a single continuous document.</p> <p>There was no other business to discuss.</p> <p>The meeting closed at 6.25 pm.</p> <p><u>Date of next meeting:</u> 4.30 pm on Wednesday 16th March, 2022</p>	