

Board Meeting

Date of Meeting: Monday 22nd June 2020

Healthwatch Birmingham Board Meeting

Time: 4.30 pm - 7.00 pm

Venue: Virtual Meeting

Attendees

Andy Cave (AC) - CEO	Danielle Oum (DO) - Chair	Graham Parker (GP)
Jane Upton (JU)	John James (JJ)	Dr Peter Rookes (PR)
Tim Phillips (TP) - Volunteer Rep	Fiona Taylor (FT)	Neelam Heera (NH)
Catherine Weir (CW)	Di Hickey (DH) - minutes	Paul Clarke (PC)
Qadar Zada (QZ)	Jas Rai (JR) - Company Secretary	
There were no members of the public in attendance to observe		

Apologies

There were no apologies received.

Public Session

1	Welcome, Introductions & Apologies, Any Other Business	For Noting
	DO welcomed everyone to the meeting.	
	Declarations of Conflict of Interest	For Noting
	There were no other conflicts of interest apart from those already declared on the register.	
2	Minutes of previous meeting (23rd March, 2020)	For Approval
	The minutes of the previous meeting were agreed.	
3	Actions Arising - All Actions Progress - All	For Action For Noting
	Actions from December, 2019 meeting <u>Action 6 - Marketing and Communication Plan</u> - Paul Clarke to present plan at this meeting. <u>Action 7 - contact information for Unity FM</u> AC to make links with PR to get contact details.	

	Actions from March, 2020 meeting <u>Action 6 - Volunteer recruitment</u> Volunteer recruitment details to be shared with network to kick start again when know what happening with community engagement. <u>Action 7 - Investigation reports - send link to HWB website reports</u> Complete. <u>Action 8 - Provide PR with content for newsletter</u> Complete. <u>Action 9 - GP Practice Closures</u> AC currently liaising with PR to do a formal response. <u>Action 1 (March) - Feedback opportunities to work with Governors to improve patient and public involvement</u> DO has met with both Birmingham and Solihull Mental Health Foundation Trust and the Birmingham Community Healthcare Foundation Trust to explore options for working with governors. ACTION - AC to progress work with BSMHFT and BCHCFT. In addition to working with governors it was agreed to progress Healthwatch Birmingham Board representation at local public meetings. A list of meetings has been created and will be circulated to Board members. Action - DH to circulate list of meetings and dates next week for board to decide which ones they would like to commit to attend. JJ asked if the list would include NHS England. AC explained that public meetings for NHS Engalnd are national so would fall under Healthwatch England.	
4	Re-appointment of NEDs	For discussion
	DH confirmed the NED's had voted outside of the meeting via email and approved DO's reappointment as Chair for the next three years. CW's reappointment was approved for a further three years at the meeting. The Board thanked both DO and CW for their dedication to Healthwatch Birmingham.	
5	Communications and Marketing PC - Marketing & Communications Manager	For discussion
	PC updated the Board on development to the Marketing and Communications strategy and the impact of Covid-19.	

PC requested that board members continue to support Healthwatch Birmingham by following and sharing our social media through their own networks. He confirmed that he would be happy to supply information that could easily be cut and pasted into newsletters, posts etc. Introductions to people who may want to follow us would be useful.

Discussion followed around the use of Social Media and it was reported that Facebook is currently the best way of getting feedback at the moment. Instagram will be looked at as it is in the Comms Strategy. TP asked about Linkedin and PC explained that our goal is to reach members of the public, however considerations will be made to alternative platforms moving forward.

AC stated that in the past we have perhaps been too corporate and we are keen to be a bit more human and have more personality to aid community engagement moving forward.

QZ asked if there is there any way of collecting any data from all posts via the reactions, in particular looking at areas, what groups and age which is particularly concerning. PC explained that we do analyse the data through social media and use this for targeted posts.

JJ asked how we deliver our contractual obligations is going to change in light of new ways of working. AC confirmed that we are in regular dialogue with our commissioners and any negotiated changes will be made to reflect what needs to be done for Birmingham citizens in the future.

DO found presentation incredibly interesting. Board members have agreed that we will share information and you will give people a reminder for what we should be looking for to enable us to do that.

Action - PC to send email to board outlining some things should be looking for.

DO asked about the use of consultancy to engage with BAME communities and the conversion from engagement to feedback in the BAME targeted activity. How well that's worked and what you've learnt which will be applied in future work in this area.

PC reported that as the survey data came in we identified gaps in the data. We have tried different methods for different demographics. It is difficult to make clear links between those engaged and those responding to the survey.

Through our Partnerships Officer we engaged a range of BAME community groups and organisation. In particular First Class Legacy who confirmed they would support our social media reach. This coincided with #BLM so was not a priority at that time.

DO stated that it is critically important that we have effective links.

PR stated it is very important that we go out to where disadvantaged communities are rather than expecting them to come to us. Connecting Communities Radio programme does communicate with a large part of the disadvantaged communities talked about. PR confirmed that Healthwatch Birmingham will be invited to speak on the Unity Radio show.

	Do thanked PC for his fascinating presentation on work done and was pleased with the work being done. Action - PC to send presentation with a few points of any areas where support is needed.	
6	CEO's Report	For Noting
	AC reported as follows: <u>Contract period Q3 (February 2020 - April 2020)</u> AC presented the report along with a verbal update of activity for Q4 (May - June 2020) <u>Covid-19 - Healthwatch Birmingham Response</u> HWB acted very quickly and all staff started remote working a week before lockdown. We started planning early to ensure we were fully prepared. Technology worked well although our remote access to the server is a little slow. We have ensured we carry out welfare checks for all staff. It was quite a stressful time for the team but did everything we could to make it as easy as possible and be productive through this time. We implemented regular team meetings, 1-1s with line managers, afternoon coffee and chat sessions have been implemented. There have been improvements made with links to other organisations - linked with BVSC we became a thematic lead and this was invaluable to support colleagues across voluntary sector. The Voluntary sector response has been incredible to support all communities in Birmingham. There has been a clear shift in why people have been contacting us from complaints through to how to access essentials. The four key areas have been food, medication, money advice and mental health support. We acted quickly to map out the new services available to individuals for effective signposting. This was replicated on our website. PR stated that the thematic leads meetings across the city have been enormously helpful and has improved communication in the sector. QZ stated that some of the things we've heard as a result of Covid-19, particularly around homelessness, we have to make sure keep an eye on so people continue to get support. We are starting to see the additional support services that vulnerable people have slowly and quietly being taken away. We need to document what they are and do something about it. QZ congratulated the team on what sounds like an active and early response to Covid-19. JJ asked what was being done to try and hear the voices of residents and families of people in Nursing and Care Homes because clearly that has been disproportionately affected by Covid-19. AC confirmed that a gap has been identified in survey responses and we did try and do a big push through social media to try and hear more. There are opportunities moving forward to work with care homes more, it's always been a gap in what we are hearing and it is a priority for us to develop further. It's a gap in most involvement systems, how do we hear	

	from those individuals in receipt of care when possibly their only social interaction is with their carer. In particular around domiciliary care and how we hear from those vulnerable people in their own homes. We are constantly trying to work through this and will continue to be a priority. DO stated that the three groups that have been really disproportionately impacted by Covid-19 have been the BAME population, people with learning disabilities, and people in care homes and receiving care in their own home. These are the three groups we are struggling to reach and gain feedback from. AC confirmed that quite a bit of work has been done around next steps on BAME inequalities and what we are going to do there. We need to do some thinking around disability and what we are going to do around recipients of care. In particular for learning disability, it has been quite invaluable and the links we have now got with Midland Mencap mean we are hearing experiences of individuals through those voluntary sector organisations. Taking the next step around how do we work with partners to listen to service users directly rather than coming through voluntary organisations. QZ stated the importance of feeding into the local reviews that are taking place and ensuring we are sighted on the recommendations from those reports. DO very relevant point. CW commented that we need to take advantage of existing networks such as the provider forums. This might give greater access to individuals. CW questioned our feedback figures and noted that we aren't on track to reach our contractual obligations this year. Will this have an impact on our payment by results. AC confirmed that we have had verbal confirmation from the commissioner that we won't be held accountable for contractual targets in light of Covid-19 restrictions, however our resource needs to be used to best support Birmingham citizens.	
7	Annual Report and Annual Accounts	For Approval
	JU confirmed that the Annual Report had been sent around for comment and requested that comments are sent through as soon as possible. The Healthwatch England template had been followed more closely, focussing on impact much more than done in previous years. Action - Board members to send JU their comments on the Annual report this week for the final edit. DO confirmed that she liked the fact that the report is succinct and focusses on impact. We need to make it clear that there is so much more to see if people go to the website.	
8	Covid-19, Black Lives Matter and Inequalities	For discussion
	An important discussion took place exploring inequality and the impact of Covid-19 on BAME populations in the city. In light of #BLM (Black Lives Matter) it is important for Healthwatch Birmingham to be vocal and assertive to make a real difference in the city. The Board decided that the following actions need to be taken:	

	• Internally - For Healthwatch Birmingham to assure that our Board, staff and volunteer team reflect the diversity of the population we are serving • BAME is not a homogeneous group. Our work and activity needs to be targeted to ensure we clearly hear from separate population groups and ethnicities and we understand the needs of these groups. • Clear monitoring and reporting of feedback heard will identify gaps in our feedback with tailored engagement work developed to ensure we understand specific inequalities for each ethnicity in the city. • Healthwatch Birmingham will be bold and assertive to challenge organisations to make changes to reduce inequality, including the work of system wide boards, strategies and committies. • We will hold health and social care services to account for making changes in line with recommendations made in national and local reports to reduce inequality in the city and tackle systemic racism. It was agreed to reflect these priorities in our Annual report.	
9	Healthwatch Solihull - Mobilisation (Update Public)	For Noting
	AC gave an update on our progress for Healthwatch Solihull. The Healthwatch Solihull contract starts on the 1 st July. The mobilisation period has gone very quickly and has been difficult under the current restriction. Despite this we are pleased that two staff will be TUPE'd over with the contract. We are currently progressing through the action plan. In particular, the transfer of the domain name, data, IT system. IT equipment has been sought ready for the start of the contract.	
8	Any Other Business	
	There was no further business to discuss.	