

## Board Meeting

**Date of Meeting:** Wednesday 11<sup>th</sup> June, 2025

Healthwatch Birmingham Board Meeting

Time: 4 pm – 6.30 pm

**Venue:** Virtual meeting

### Public Session

### Attendees

Board Members in attendance		
Richard Burden (RB) - Chair	Andy Cave (AC)	Janet Bailey (JB)
Ruby Dillon (RD)	Peter Rookes (PR)	Marcus Parsons (MP)
Anna Wittkop (AW)	Marcia Lewinson (ML)	Jane Upton (JU)
Di Hickey (DH) - Minutes	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)	John James (JJ)	Jasbir Rai (JR)
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1	<b>Welcome &amp; Introductions - Noting any members of the public in attendance and Apologies</b>	For Noting
	RB welcomed everyone to the meeting. He acknowledged the need to hold it online due to the intense workload faced by AC and the team over the past few months. He expressed appreciation for their efforts, especially in maintaining performance updates and preparing the annual reports despite the pressures.  A special welcome was extended to volunteers.	
	<b>Declarations of Conflict of Interest</b>	For Noting
	There were no additional conflicts of interest declared, that aren't already on the register.	
2	<b>Minutes of previous meeting (18<sup>th</sup> March, 2025)</b>	For Approval
	The minutes of the previous meeting were agreed as a true record. There were no matters arising.	

3	<b>Actions Arising – All Action log</b>	For Action For Noting
	<p>AC updated as follows:</p> <p><b><u>Actions from 15<sup>th</sup> October, 2024</u></b></p> <p><u>Volunteer update – volunteer reps</u></p> <p>Whistleblowing process for volunteers - will be incorporated into the rollout of the new contract – ongoing.</p> <p><u>System Updates – Key Issues Tracker – Board Involvement</u></p> <p>Briefings from the Community Trust and Mental Health Trusts – delayed due to capacity issues. RB and AC discussed the original intent behind these briefings, which was to strengthen relationships with the Trusts and respond to recent reports. These will be revisited from July onwards – ongoing.</p> <p><b><u>Actions from 18<sup>th</sup> March, 2025</u></b></p> <p><u>Performance Updates</u></p> <p><u>Healthwatch Solihull and Healthwatch Birmingham – Community events</u></p> <p>Board members to share community engagement opportunities - this is now an ongoing practice – closed.</p> <p>Review of our websites to come back to a future Board meeting - A significant open action involves reviewing the website and data systems, with an options appraisal expected in September – ongoing.</p> <p><u>Volunteer update – Volunteer Reps</u></p> <p>FGM and the ICB Women's Health Strategy - issue now tracked for future strategic input – closed.</p>	
Operational Performance		
4.	<ul style="list-style-type: none"> <li>○ <b>Performance Update Healthwatch Solihull and Healthwatch Birmingham</b> <ul style="list-style-type: none"> <li>○ <b>Feedback Heard</b></li> <li>○ <b>Community Engagement</b></li> <li>○ <b>Information and Signposting</b></li> <li>○ <b>Investigations and Consultations</b></li> </ul> </li> </ul>	For Noting
	<p>AC presented a combined performance update for both Healthwatch Solihull and Birmingham:</p> <p><u>Feedback Heard</u></p> <p>Solihull was behind target due to staffing issues and illness, but efforts are underway to recover performance. Birmingham, by contrast, is on track. Commissioners are aware of the challenges and is not expected to not penalize us, though the team remains committed to maximizing public engagement.</p>	

	<p><u>Community Engagement</u></p> <p>Engagement figures followed a similar pattern to Feedback Heard, with Birmingham performing well and Solihull lagging.</p> <p>Community engagement is the most effective method for gathering high-quality feedback.</p> <p><u>Information and Signposting</u></p> <p>Both areas are on track, with improvements attributed to volunteer training.</p> <p><u>Investigations and Consultations</u></p> <p>Solihull exceeded its target with three investigations, including reports on menopause support, care home experiences, and urgent treatment centres. The menopause report led to the development of a toolkit by the ICB, and the care home report was well received by the local authority.</p> <p>Birmingham completed three investigations, including community mental health, urgent treatment centres, and domiciliary care. The latter faced delays in receiving a response from Birmingham City Council, which bypassed Healthwatch's independence by negotiating directly with commissioners. This issue will be addressed in the new contractual year.</p> <p>Impact reports for community mental health, pharmacy, and GP-secondary care interface have been published, with the SEND services report in final stages.</p>	
5.	<ul style="list-style-type: none"> <li>• <b>Our Annual Reports 24-25</b> <ul style="list-style-type: none"> <li>◦ <b>Healthwatch Birmingham</b></li> <li>◦ <b>Healthwatch Solihull</b></li> </ul> </li> </ul>	For noting
	<p>JU presented the draft annual reports for Birmingham and Solihull, which had been circulated in advance. She invited initial comments and requested any further feedback by early next week to allow for final amendments before the statutory publication deadline of 30th June.</p> <p><b>Action – Board to send initial comments and further feedback by early week beginning 16<sup>th</sup> June, 2025</b></p> <p>JB asked about dissemination, and JU and AC explained that the reports would be sent to Healthwatch England, the CQC, Commissioners, Health and Wellbeing Boards, and other stakeholders. The reports will also be presented at the July Health and Wellbeing Board.</p> <p>MP praised the clarity of the “year in numbers” section.</p> <p>PR raised the issue of acknowledging the death of a long-term volunteer, Mushtaq, in the report. JU confirmed that a tribute had been published on the website and would consider including it in the report.</p>	
6.	<b>Volunteer Update – Volunteer Rep</b>	For noting
	<p>Tim Phillips (TP) provided an update from the volunteer meeting held on 4th June, which AC also attended.</p> <p>Volunteers were thanked for their contributions, and the implications of the new contract were discussed. Questions raised included opportunities for remote volunteering, diversity in engagement, and notification of job</p>	

	<p>vacancies. AC confirmed that diversity is monitored and reported to Healthwatch England, and that job opportunities and training are shared with volunteers. A notable example was shared of a former volunteer who progressed to a university role. AC emphasized that supporting volunteer career progression is a key part of the new contract's social value commitment.</p> <p>RB thanked all volunteers for the contribution they make and confirmed that it was good to get that feedback.</p>	
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Governance		
7	<b>Contract Update (Public Session)</b>	For info
	<p>AC reported on the successful award of a new seven-year contract (5+2) for Healthwatch Birmingham and Solihull. The contract consolidates both areas into a single team, with branding to reflect this change. While the team will operate as one, there will still be a need to work at Local Authority and locality levels. The new structure provides stability and opportunities for growth.</p> <p>RB expressed congratulations for all work put into contract and confirmed that we now have to do more for less money.</p>	

Sharing information - Public		
8.	<ul style="list-style-type: none"> <li><b>System updates</b> <ul style="list-style-type: none"> <li><b>NHS England</b></li> <li><b>ICB Clustering</b></li> <li><b>Dash Review</b></li> </ul> </li> </ul>	For info
	<p>RB led a discussion on system updates, focusing on NHS England, ICB clustering, and the Dash review.</p> <p><u>NHS England</u></p> <p>NHS England is expected to be abolished, but the implications remain unclear.</p> <p><u>Dash Review</u></p> <p>The Dash review had not yet been published.</p> <p><u>ICB Clustering</u></p> <p>The most tangible development is the proposal for BSol to cluster with the Black Country ICB, potentially leading to a merger. RB expressed concern that Healthwatch had not been involved in these discussions, despite claims of transparency.</p> <p>JB and AW raised questions about the impact on local responsiveness and Healthwatch's role.</p> <p>PR noted that the changes could be positive if Healthwatch remains involved.</p> <p>AC acknowledged the lack of informal contact due to recent pressures and emphasized the need to re-engage with Black Country partners. He</p>	

	also highlighted the importance of mapping stakeholder relationships and maintaining influence during the transition.	
9.	<b>Any Other Business</b>	
	<p>There was no other business to discuss.</p> <p>The meeting closed at 5.15 pm.</p> <p>Date of next meeting: 4 pm on Tuesday 16<sup>th</sup> September, 2025.</p>	