



Board Meeting

Date of Meeting: Tuesday 16th September, 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)	John James (JJ)	Marcus Parsons (MP)
Anna Wittkop (AW)	Marcia Lewinson (ML)	Jane Upton (JU)
Di Hickey (DH) - Minutes		
Public in Attendance		
There were no members of the public in attendance to observe.		

Apologies

Jasbir Rai (JR)	Peter Rookes (PR)	Tim Phillips (TP)
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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 already on the register.	
2	Minutes of previous meeting (11th June, 2025)	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 updates as follows <u>Actions from 15th October, 2024</u> <u>Volunteer update – volunteer reps</u> Whistleblowing process for volunteers - Volunteer protocol for handling staff feedback during hospital visits – ongoing.	

	<p><u>System Updates – Key Issues Tracker – Board involvement</u></p> <p>Informal Board meeting with Community and Mental Health Trusts hasn't been booked and may be more appropriate to ask the new ICB cluster to present to us. Close action.</p> <p><u>Actions from 18th March, 2025</u></p> <p><u>Performance Updates</u></p> <p>Website review, especially feedback centre integration – ongoing.</p>	
Operational Performance		
4.	<ul style="list-style-type: none"> ○ New Contract – Mobilisation Update 	For Noting
	<p>AC reported successful mobilisation of the new contract (started 1 July).</p> <p>Solihull office to be vacated by end of October, 2025, decisions to be made around how community engagement officers can store equipment.</p> <p>Organisation now has a joint logo, unified contact points (phone/email), and a single website.</p> <p>Restructure completed; three staff took redundancy. Recruitment successful: three new roles created to cover gaps. All new staff on permanent contracts. Promotions given to two internal staff. Most of the team have new job descriptions.</p> <p>Action – Notice to be given on Healthwatch Solihull office.</p>	
5.	<p>Performance Update Healthwatch Solihull and Healthwatch Birmingham</p> <p>Feedback Heard</p> <ul style="list-style-type: none"> ○ Community Engagement ○ Information and Signposting ○ Investigations and Consultations 	For Noting
	<p>AC reported as follows:</p> <p><u>Feedback Heard</u></p> <p>Birmingham met targets overall and had a successful year. Solihull fell short in two linked areas: feedback heard and engagement. This was due to a vacancy (Healthwatch Solihull manager) and long-term sickness. Additionally, the final year of 30% year-on-year growth targets proved too ambitious. Against a target of nearly 6,000 for Solihull, we heard just over 4,000 pieces of feedback.</p> <p>Under the new contract, the annual target is 14,000 pieces of feedback, with Solihull's share at 2,500—meaning last year's performance was proportionally strong.</p> <p>AC reported on the volume and nature of feedback received from both Birmingham and Solihull. The feedback continues to reflect concerns around access to services, quality of care, and communication.</p>	

JU noted that feedback from Solihull has increased since the integration, indicating improved visibility.

AC highlighted the importance of maintaining consistent feedback channels post-integration.

Community Engagement

AC described recent engagement activities including outreach events and partnership meetings. Community engagement has been focused on raising awareness of Healthwatch's role and gathering public views.

JU emphasised the need to target underrepresented groups in future engagement plans.

Information and Signposting

The information and signposting service continues to operate effectively. There has been an increase in enquiries related to hospital waiting times and access to GP services.

JU suggested reviewing the signposting resources to ensure they remain up-to-date and relevant.

Investigations and Consultations

Recent investigations have focused on maternity services and mental health provision. Consultations have included input into local commissioning plans and service redesigns.

JU recommended publishing summaries of investigations to improve transparency.

Other areas were on track: Solihull delivered three investigations against a target of two and exceeded expectations elsewhere.

Marketing will resume now that staffing is stable.

We've adopted an issue tracker to log system, media, and patient concerns. Decisions are made on whether to act without full research projects. The first issue progressed was digital access: patients unable to book GP appointments online were told to use online systems, excluding those without digital access. From 70+ feedback items across 50 practices and 30 PCNs, this is widespread. We sent a briefing to the ICB and will meet them Friday.

Future work will include quick-turnaround projects and impact-focused reporting. Reports will highlight actions and outcomes, supported by creative communications and social media updates to raise our profile.

Digital Engagement

Regular, engaging posts are central to the Digital Engagement Officer role. Posts will focus on impact, encourage interaction, start conversations, and use polls to build engagement. The aim is to move beyond simply posting content to actively driving dialogue and brand recognition.

We are reviewing social media strategy following the move to a single point of access. While consolidating, we want to retain existing followers,

	especially on Facebook, where we have built a strong presence over the years. Rebranding without losing that audience is a key consideration	
6.	Volunteer Update – Volunteer Rep	For noting
	<p>AC reported on behalf of TP:</p> <p>Since the last meeting, our focus has been on two areas:</p> <p><u>Reassurance and Advocacy</u> - Keeping volunteers informed post-announcement, reassuring them we're not closing, and supporting their desire to help save the organisation. We'll provide templates for writing to MPs and encourage involvement in petitions.</p> <p><u>Active Engagement</u> - With recent activity slowing, we're creating home-based tasks volunteers requested, alongside in-person opportunities. Volunteers and staff have also supported the latest cancer bus tour, which was well publicised.</p> <p>The priority remains keeping volunteers engaged, informed, and prepared for advocacy. Looking ahead, we'll consider their role if we move toward creating a separate umbrella organisation, and this will be included in the business case.</p>	
Governance		
7	Government Announcement – the Abolition of Healthwatch	For info
	<p>AC summarised the government's decision to abolish Healthwatch. Healthwatch England will move under the Director of Patient Experience. Local functions split between local authorities and ICBs.</p> <p>Concerns raised about loss of independence. Local Healthwatch network has formed two working groups to coordinate our collective approach. 1) Lobbying group: Open letter sent to Secretary of State; petition launched (7,000+ signatures). 2) Legacy group: Exploring future models.</p> <p>RB recommended writing to Healthwatch England Chair regarding conflict of interest with Louise Ansari's dual role. Mixed views across regions on how to respond to abolition.</p> <p>The board decided two things following the announcement. First, we agreed to give staff and the organisation time to reflect on its meaning and ease into the new contract without KPI pressures, which commissioners supported. Second, we focused on how to challenge the decision and plan for the future.</p> <p>Since June, Healthwatch England confirmed they cannot speak out against the decision as they are civil servants, leaving lobbying to local Healthwatch. This creates mixed messaging because national Healthwatch supports changes while local Healthwatch opposes them.</p> <p>Promotion of the petition will increase after summer, with the petition running until February. Our commissioners require clarity that campaigning is on behalf of patients and not using local authority funding. National guidance confirms that campaigning is allowed following our commissioners guidance.</p>	

	<p>Our local health and social care leaders were as shocked as we were by the decision and the impact this has on independent patient and user voice.</p> <p>Actions – (i) Continue lobbying and petition promotion, (ii) Write to Healthwatch England Chair re: conflict of interest.</p>	
Sharing information - Public		
8.	<ul style="list-style-type: none"> • System updates <ul style="list-style-type: none"> ○ UHB CQC Reports ○ Trust Rankings ○ ICB Cluster arrangements 	For info
	<p><u>UHB CQC Reports</u></p> <p>RB and AC reported recent critical CQC reports for University Hospitals Birmingham (UHB).</p> <p><u>Trust Rankings</u></p> <p>Royal Orthopaedic Hospital ranked highly; UHB, Community and Mental Health Trusts ranked poorly.</p> <p><u>ICB Cluster arrangements</u></p> <p>Meeting with UHB scheduled for 23rd September.</p> <p>Our Birmingham and Solihull ICB has now clustered with the Black Country ICB, with Danielle Oum appointed as Chair (former Healthwatch Birmingham's chair and Coventry & Warwickshire ICB chair). David Melbourne, former chief executive of the BSol ICB, is appointed as Chief Executive. We have good connections with both, positioning us well in the new structures.</p>	
9.	Any Other Business	
	<p>There was no other business to discuss.</p> <p>The meeting closed at 5.30 pm.</p> <p>Date of next meeting: 4 pm on Tuesday 16th December, 2025</p>	