



Healthwatch Birmingham

HOSC November 2019

Andy Cave, Chief Executive Officer

healthwatch
Birmingham

Presentation Content

- 1) Outcome of the Healthwatch Birmingham Procurement Process
- 2) Overview of the work carried out as part of our contract mobilisation period
- 3) Summary of the new contract performance indicators
- 4) Update on how we are achieving impact through our investigations



Contract Update

Healthwatch Birmingham Contract Procurement took place 2018-19

- Contract holder since 2013
- Contract ended 31/03/2019
- Contract extension 31/07/19
- New contract started 01/08/2019

New contract

- 3 + 2 Year Contract (2022 - 2024)
- Annual contract value of £407,207
- Payment by Results 10%

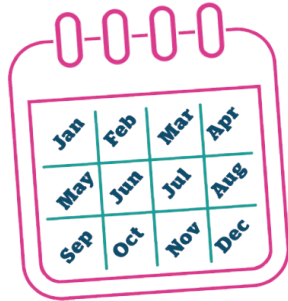


Summary of Activity 2018-19

Find out about our resources and the way we have engaged and supported more people in 2018-19. **Our resources:**



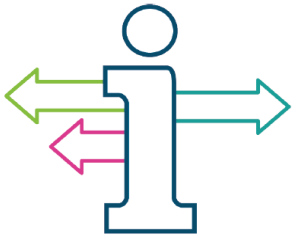
Over **1,400** people shared their health and social care story with us. **59%** more than last year.



We saw a **200%** increase in hours contributed by our awesome team of volunteers.



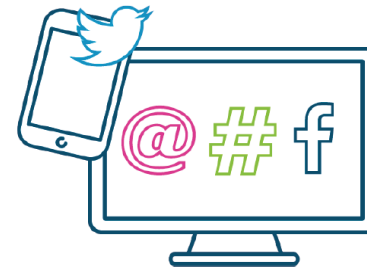
We produced **13** Investigation Reports outlining changes made because of our work. We shared these with over **2,550** stakeholders.



Over **380** people contacted our Information and Signposting Line with questions about local support. Our online Information Route had over **2,800** visits.



We engaged with over **3,100** people through community events to listen to their experiences of care.

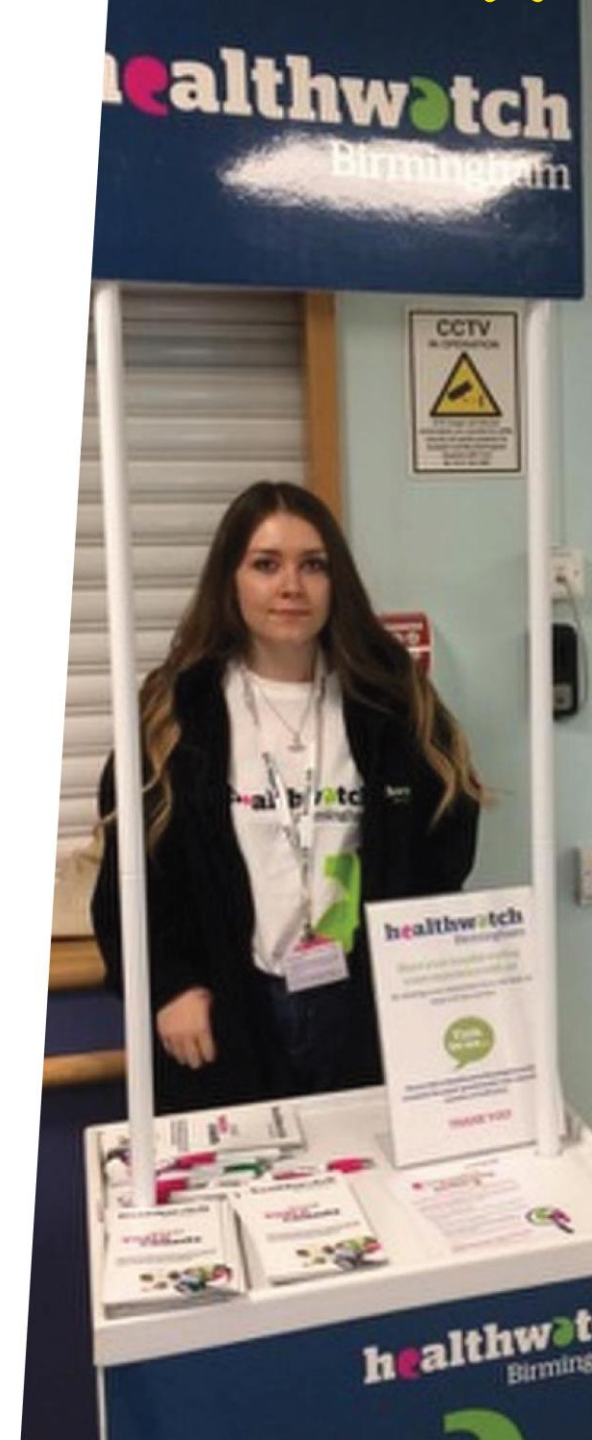


Our website and social media was engaged with over **129,000** times (over **93,000** website, over **36,000** on social media).



Contract Mobilisation - Action Plan

Success Factor	Actions	Timescale	Completion
Effective Governance	Carry out a skills-based review of the Healthwatch Birmingham Board.	June - July 2019	01/08/2019
	Recruitment of new NEDS as part of targeted recruitment against identified skills and diversity gaps.	August - December	31/12/2019
Three Year Plan and Strategy Development	Full team away day and planning	September 2019	01/10/2019
	Communications regarding our successful retention of the contract, including 3-year strategy launch	November / December	01/01/2019
Community engagement	Our 2019-20 Communications Strategy and Engagement Strategy are active	November 2019	30/11/2019
Investigation and Impact Reports	Investigation 1: Quality of PALs services in Birmingham. Selected through our publically-led Topic Identification and Prioritisation System in August 2018	August - December 2019	31/12/2019
	Impact Report 1: Direct Payment Study Impact Report 2: Experiences of Hospital Waiting Rooms Impact Report 3: Experiences of General Practice for people with Mental Health, Dementia, LD and Autism.	November and December 2019	31/12/2019
Publically Led	Topic Identification and Prioritisation System (TIPS) - Data analysed and the public have voted to select Investigation 2 and 3.	September / October 2019	31/10/2019



Our People

Healthwatch Birmingham Board

- NED recruitment took place in September - October 2019
- Our Board has 8 Non-Executive Directors (NEDs)
- Chair - Danielle Oum
- Volunteer Representative - Tim Phillips

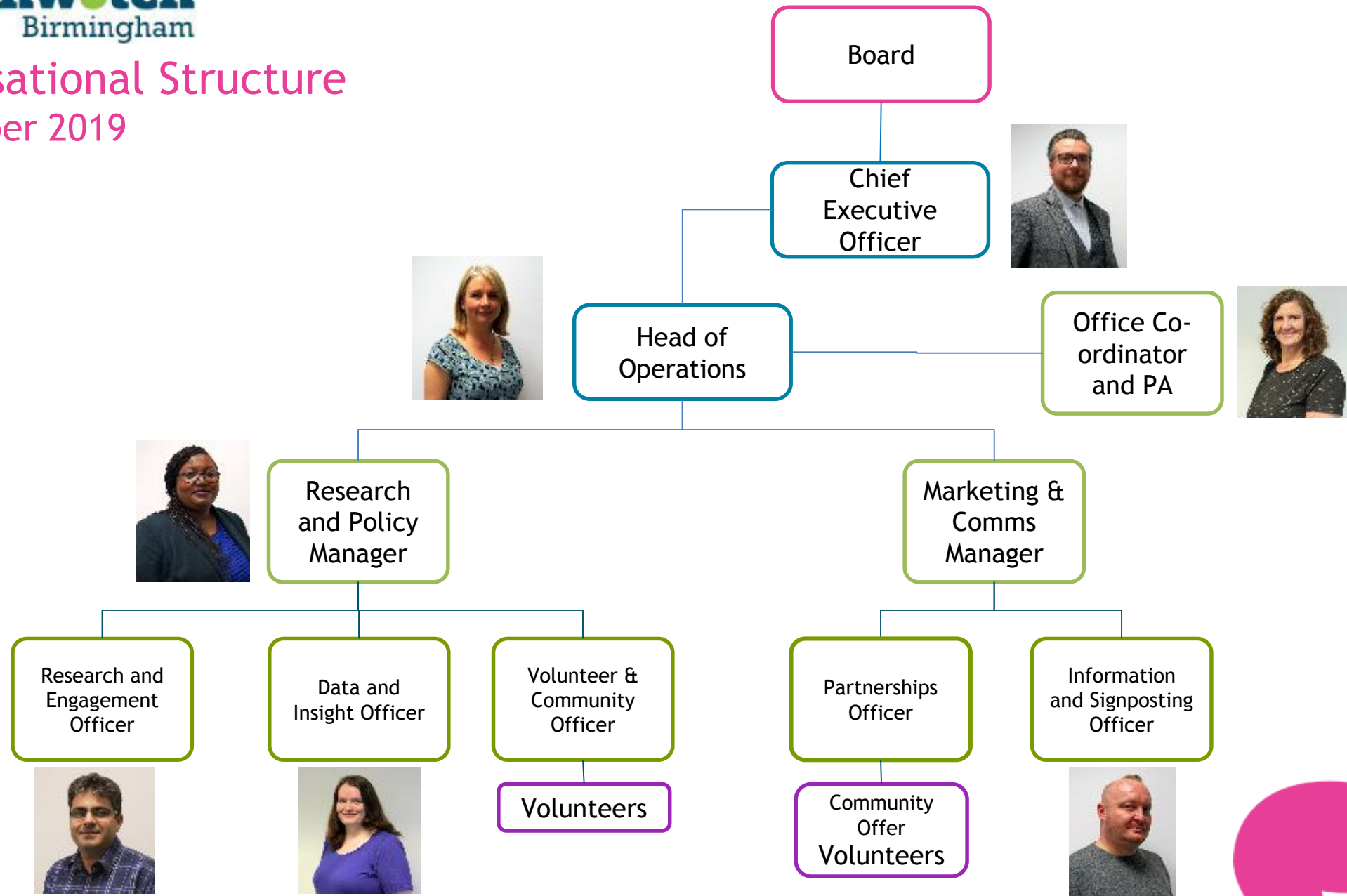
Healthwatch Birmingham Staff Team

- 10 Staff positions (9.17 FTE)
- Full Staff role review took place in July 2019
- Staff recruitment took place to fill three vacant positions - September 2019
- Currently recruiting Marketing and Communications Manager - November 2019



Organisational Structure

September 2019



Our Statutory Functions

Statutory functions:

- Promote and support involvement of local people in the commissioning, provision and scrutiny of all local health and care services;
- Enable local people to monitor the quality of all local health and care services and recommend whether and how they could be improved;
- Obtain local people's views on their experience of using local health and care services, advise on gaps in provision highlighted by patients, enter local health and social care premises and, importantly, make people's views known;
- Produce reports and recommendations about how all local care services could be improved and direct these reports to commissioners and providers of health and care services, agencies responsible for scrutinising local services and Healthwatch England;
- Provide advice and information on how to access all local health care services so people can make informed choices about managing their health and care needs;
- Formulate views on the standard of provision and on whether and how provision can and ought to be improved; and sharing these views with Healthwatch England;
- Making recommendations to Healthwatch England and advising the Care Quality Commission (CQC) on conducting special reviews or investigations (or, where the circumstances justify doing so, making such recommendations directly to the CQC); and to make recommendations to Healthwatch England to publish reports on particular issues;
- Provide Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.

Contractual Outcomes

Healthwatch Birmingham will:

- Be an effective, powerful and independent local voice for the people of Birmingham;
- Promote better outcomes for both adults and children in health;
- Promote better outcomes for both adults and children in social care;
- Be representative of the diverse communities within Birmingham; and
- Demonstrate it has the appropriate level of skills competencies required to deliver its functions to the highest possible level.



Contractual Outcomes

Healthwatch Birmingham activity should lead to evidenced improvements to the:

Health and Social Care Service and Commissioning Improvements

- Patient and user experience of health and social care - Increase the number of citizens who provide feedback including those from hard to reach groups (those who are not easily accessible or engaged in public participation on any level, those digitally excluded and those who are in need of support but who choose not to use it)
- Satisfaction within health and social care - Support the increase in the satisfaction levels of citizens when accessing health and social care services within Birmingham
- Impact of patient and public involvement in the commissioning and improvement of local services - Challenge and support the health and social care system to be assured that citizens remain at the heart of organisational decisions
- Communication between providers and patients/people using their services (and their carers)



Contractual Outcomes

Healthwatch Birmingham activity should lead to evidenced improvements to the:

Citizen Involvement and Awareness

- Public awareness and profile of Healthwatch Birmingham - For local people to become involved informally and formally in contributing to the delivery of the Healthwatch Birmingham activities
- Increase the profile of Healthwatch Birmingham so citizens and staff are clear of its role and independence

Information and Signposting

- People's understanding of their rights relating to their health and social care
- Access to health and social care - Ensure information is available to local citizens about local health and social care services
- Ensure citizens are clear of their rights, how to and where to complain when things go wrong



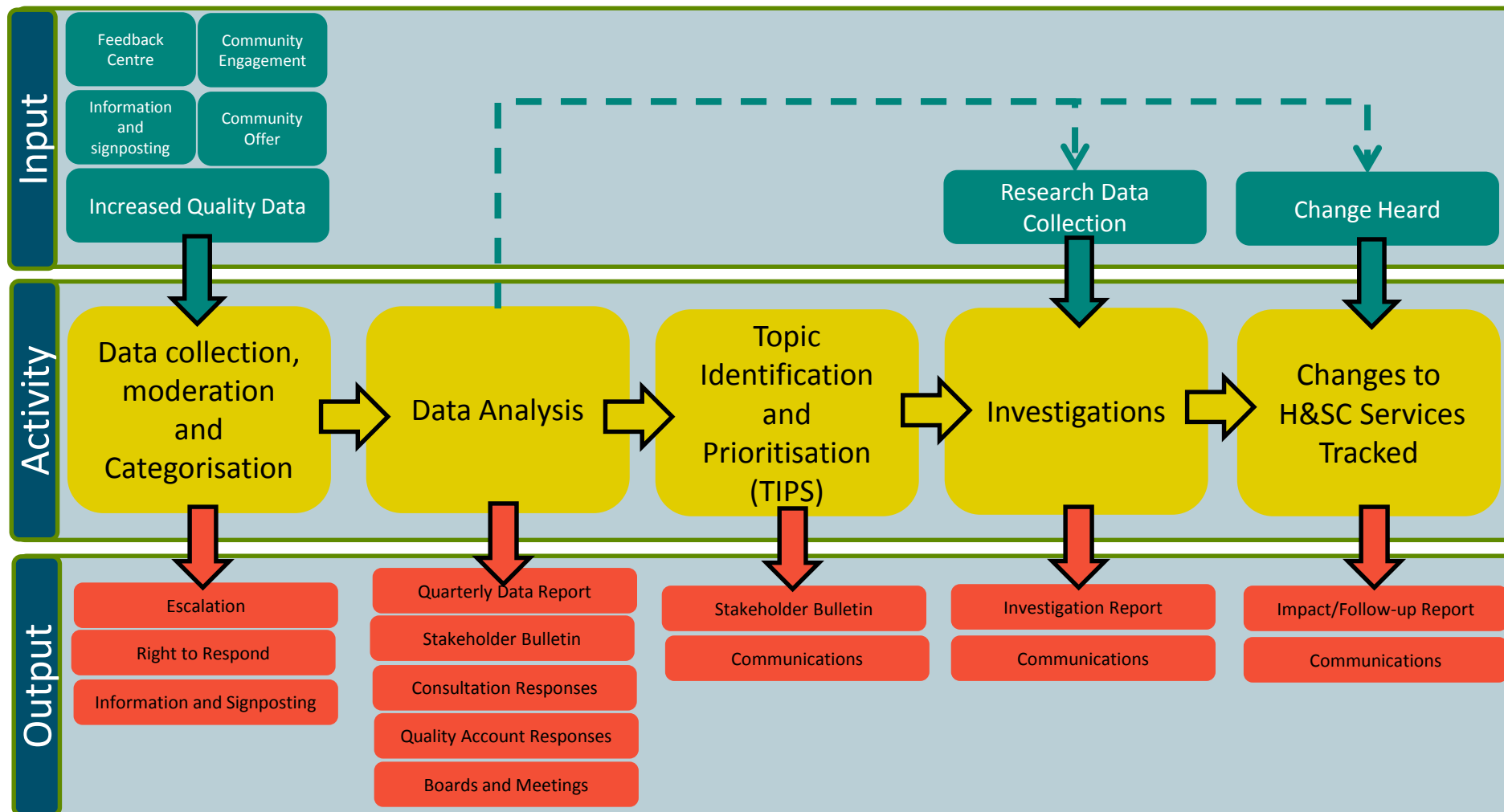
Contract KPIs

Success Factor	Year 1	Year 2 (+30%)	Year 3 (+30%)
Visibility & Awareness	12,000	15,600	20,280
Community Engagement	6,000	7,800	10,140
Feedback Heard*	3,500	4,550	5,915
Information and Signposting	500 (Direct) 2,000 (Self Directed)	650 2,600	845 3,380
Quarterly Data Report	4	4	4
Investigations	4 Per year	4 Per year	4 Per year
Consultations	20	20	20
Volunteers	30 (Engagement) 25 (Com. Offer)	39 32	50 42
Quality Standard	All Trusts, Commissioners and 20 smaller providers	All Trusts, Commissioners and 20 smaller providers	All Trusts, Commissioners and 20 smaller providers

*Payment by Results



Healthwatch Birmingham Process



Measuring the impact of our work

Our current projects and reports;

- Direct Payments in Birmingham: Choice, control and flexibility - Follow-Up Report
- People's views: What is it like sitting in a hospital waiting room? - Follow-Up Report
- What matters most: support people want from general practices in Birmingham - Follow-Up
- NHS Long Term Plan - Birmingham and Solihull
- Patient Advice and Liaison Services / Customer Services

A photograph of three women standing next to a healthwatch Birmingham booth. The booth has a blue sign that says 'healthwatch Birmingham' and a white sign that says 'your voice counts'. The woman on the left is wearing a blue jacket and glasses. The woman in the middle is wearing a blue jacket. The woman on the right is wearing a black jacket. The booth is set up in a room with large windows.

**How we have made
a difference**



Direct Payments in Birmingham: Choice, control and flexibility - Follow-Up Report

Purpose of investigation:

To find out if recipients of Direct Payments (DP) feel informed and supported by Birmingham City Council's social care workers to take control over the choice of services they access.

Service user group: service users receiving DP or their carers.

Key findings of investigation (published in initial report):

People need: clearer information from BCC about their entitlements to DPs; diverse ways to learn about DP; to know what they should expect when they try to access, and then use DPs; to be supported through the process without undue bureaucracy; to be supported to build their capacity to manage their payment; person-centred, timely and accurate assessments and reviews.

Council staff need to: have a clear understanding of DP, the support offered by services, targeted training and support to ensure that DP users receive consistent information and support.

The council needs to: address inconsistent support from social care workers.

Actions taken by BCC:

BCC provided a written response addressing concerns and outlined improvement plans. An example of action taken was the running of a citizen focus group (16 citizens from different backgrounds/needs) to look at their current customer journey and feedback suggestions for the new model.

How we are holding to account:

We will analyse evidence from BBC to assess the extent of improvements made to address the issues raised in the report. Follow-up report to be published in January 2020.



People's views: What is it like sitting in a hospital waiting room? - Follow-Up Report

Purpose of investigation:

To understand patient's experiences, in hospital waiting rooms of: waiting times, the environment, communication, accessibility and dignity and respect.

Patient group: All patients but particularly focusing on those with visual and/or hearing impairment.

Key findings of investigation (published in initial report):

Waiting times too long (particularly in A&E departments); overcrowding; uncomfortable seating; poor wheelchair access; lack of consistent and accessible signage; systems for calling people to appointments did not meet some patients' needs; BSL interpreter difficult to book and had to sometimes leave part-way through appointments.

Actions taken by trusts:

All trusts undertook reviews to address the report's recommendations to address issues e.g. having more volunteers to help signpost patients, providing better access to water, better signage.

How we are holding trust to account:

All trusts have provided evidence of changes made as a result of the report's recommendations. These are currently being analysed, with the follow-up impact report being published in December 2019.



What matters most: support people want from general practices in Birmingham - Follow-Up Report

Purpose of investigation:

To find out what people value when they visit their general practice.

Patient groups: mental health problems, autism, dementia, brain injury.

Key findings of investigation (published in initial report):

People value: being able to make appointments quickly and easily, particularly when in a crisis; stability of the service and continuity of care, high quality, integrated whole person care; dignity and respect; receiving swift and straightforward referrals to specialist and community services, access to high-quality care, where the GP has knowledge and understanding of their condition; and appropriate awareness and knowledge of their condition by the wider general practice staff.

Key action taken by CCGs:

Both Birmingham CCGs fully accepted our recommendations and agreed to produce high-quality information in appropriate formats to help people to understand what they should expect from their GP.

How we are holding to account:

We are tracking progress, and attended a co-production workshop run by the CCGs with 3rd sector organisations and service users to develop this information. Progress will be published in January 2020.



NHS Long Term Plan Report

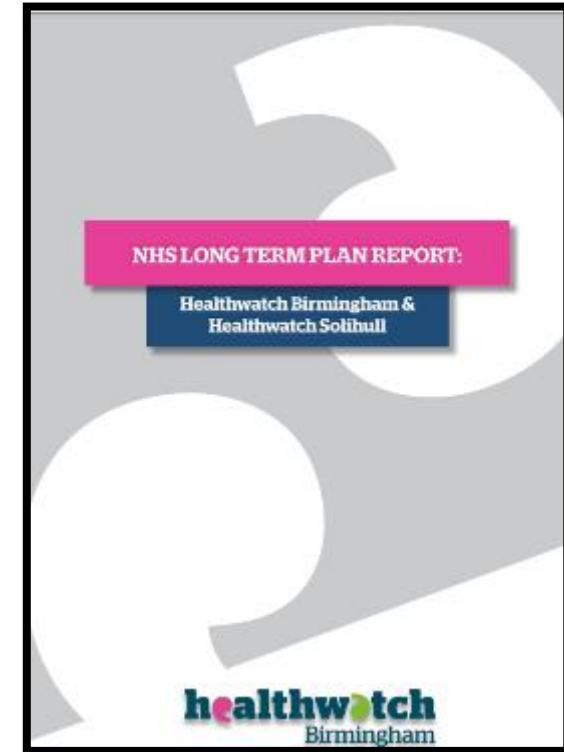
We heard from 694 people about the changes they would like to see.

People told us that they value:

- The support, information and signposting they get from health and social care professionals and want more access to these in order to support them to self-care.
- The work of the third sector and community organisations to support them, valuing key workers such as Eye Clinic Liaison Officer (ECLO) to signpost to these.
- Having clear statement of need or care plans in place with regular checks and reviews.

People told us their ability to self-care would be improved by:

- More control and choice over health decisions
- Better health education
- Increased support to maintain mental health
- Easier access to information, services and community groups
- Quicker and easier access to GP appointments through improved booking systems
- Better follow up and ongoing support or treatment to ensure patients are able to access treatment before they reach a crisis point.
- Fairness and distribution of services across the city rather than just prevention for the 'posh areas.'



LTP Report - Next steps

The Birmingham and Solihull Sustainability and Transformation Partnership (STP) would like to acknowledge this report, and thank Healthwatch Birmingham and Healthwatch Solihull for a very insightful piece of research. We would also like to thank the participants who contributed to the research, sharing their valuable views and experiences regarding the NHS Long Term Plan (NHS LTP).

The STP's ambition to help people to help themselves to live long, happy and independent lives, requires us to understand and act on what really matters to them. This report will help us to do just that; as we develop our local NHS LTP implementation plans, to reduce health inequalities, improve local services and ultimately improve the health and wellbeing of local people, throughout every stage of their lives.

We will now take time to have a very detailed look at the findings in the report, taking them into careful consideration, to ensure that local people's needs are at the heart of any future services. We will then look forward to sharing our plans more widely at the end of this year, in line with national timelines.

Rachel O'Connor, Assistant Chief Executive for Birmingham and Solihull STP.



Healthwatch Network Awards 2019

Outstanding Achievement: NHS Long Term Plan



Patient and Liaison Service / Customer Services Study

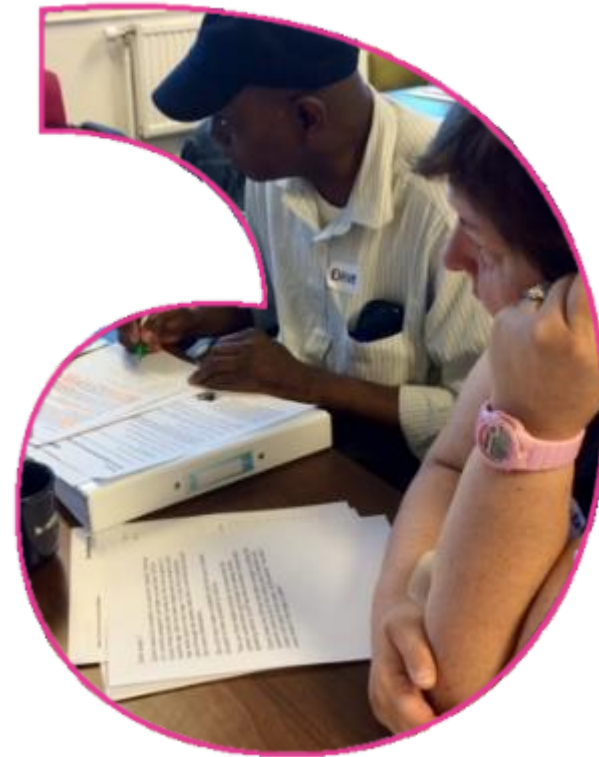
Patient and Liaison Service (PALS)/Customer Services was prioritised as an investigation topic following a public vote in 2018.

PALS or customer services offer a free and confidential service that helps patients, their families, and carers with any information, concerns, and problems they have about their care and the services provided by a particular Trust.

PALS/Customer Services were introduced in 2002 as central to the implementation of the new system at the time of patient and public involvement.

In Birmingham, all seven hospital and community care Trusts have a PALS/Customer Service Department and frequently report the number of contacts and how they use service user experiences, in their quality accounts. 2018/19 Quality Accounts for five of the seven trust shows that they had 8,162 PALS/Customer Services contact.

Study Aim: to explore people's experiences of contacting NHS Trusts' Patient Advice & Liaison Service (PALS) or customer services departments.



PALS Study

Methodology.

Mixed Methods approach

- Online questionnaire shared with PALS/Customer Service users through Birmingham's NHS hospital and community trusts; sent to 65 relevant third sector organisations (POhWER); sent to 249 contacts on HWB list of those that have consented to us sharing information; 80 people whom HWB signposted to PALS contacted by phone with 19 agreeing to participate in the study.
- The online survey run between 28th August and 7th October, 2019.
- Telephone interviews with service users which were later inputted onto survey monkey to aid analysis.
- Extensive use of social media (Facebook and Twitter) to promote the survey



Who we heard from:

- 87 users of PALS/Customer services provided feedback in total
- Respondent's experiences were spread across the seven trusts in Birmingham



PALS Study

Findings

A majority of users we spoke to are happy that the service exists. PALS/Customer Services offers service users another patient and public involvement (PPI) route and an alternative to the complaints route allowing service users to raise and resolve issues informally with the Trust.

However experiences are varied and the service received from PALS/Customer Services is inconsistent. When PALS/Customer Services worked well people's needs were met, they felt understood and their voices heard. When PALS/Customer Services did not work well people were left feeling powerless, afraid that their treatment has been compromised and a belief that the service was incapable of acting in the patient's interest.

Next Steps

All trusts will be asked what they will do as a result of our report to improve patients experiences of PALs / Customer Services. These responses will be published as part of our report.

We will then publish a follow-up report in 2020 outlining the changes that have been made as a result of our work.



**Patient Advice
& Liaison Service**
PALS
We're here to help



Any Questions?

