

Members are reminded that they must declare all relevant pecuniary and non-pecuniary interests relating to any items of business to be discussed at this meeting

BIRMINGHAM CITY COUNCIL

HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

TUESDAY, 21 JULY 2015 AT 13:00 HOURS
IN COMMITTEE ROOMS 3 & 4, COUNCIL HOUSE, VICTORIA
SQUARE, BIRMINGHAM, B1 1BB

A G E N D A

1 **NOTICE OF RECORDING**

Chair to advise/meeting to note that this meeting will be webcast for live and subsequent broadcast via the Council's Internet site (www.birminghamnewsroom.com) and that members of the press/public may record and take photographs.

The whole of the meeting will be filmed except where there are confidential or exempt items.

2 **APOLOGIES**

3 - 6

3 **MINUTES**

To confirm and sign the Minutes of the meeting held on 23 June 2015.

4 **DECLARATIONS OF INTERESTS**

7 - 10

5 **PETITION-BUDGET CUTS TO SUPPORTING PEOPLE MENTAL HEALTH AND DISABILITIES SERVICES: 1PM-2PM**

Lead Petitioner: Lucy Beare and Cabinet Member(s) to debate with scrutiny committee members

11 - 30

6 **CARE QUALITY COMMISSION: QUALITY RATINGS REGIME: 2PM-2.30PM**

Barbara Skinner, CQC Central Region, Adult Social Care Inspectorate to present on CQC Quality Ratings Regime

31 - 54

7 **HEALTHWATCH BIRMINGHAM ANNUAL REPORT: 2.30PM-3PM**

To discuss Annual Report

55 - 58

8 **WORK PROGRAMME**

For discussion

9 **REQUEST(S) FOR "CALL IN"/COUNCILLOR CALLS FOR ACTION/PETITIONS (IF ANY)**

To consider any requests for call in/Councillor calls for action/petitions (if received).

10 **OTHER URGENT BUSINESS**

To consider any items of business by reason of special circumstances (to be specified) that in the opinion of the Chairperson are matters of urgency.

11 **AUTHORITY TO CHAIR AND OFFICERS**

Chair to move:-

"In an urgent situation between meetings, the Chair jointly with the relevant Chief Officer has authority to act on behalf of the Committee."

BIRMINGHAM CITY COUNCIL

HEALTH AND SOCIAL CARE
OVERVIEW AND SCRUTINY
COMMITTEE
23 JUNE 2015

MINUTES OF A MEETING OF THE HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE HELD ON TUESDAY 23 JUNE 2015 AT 1100 HOURS IN COMMITTEE ROOMS 3 AND 4 COUNCIL HOUSE, BIRMINGHAM

PRESENT: - Councillor Majid Mahmood in the Chair; Councillors Mohammed Aikhlaq, Sue Anderson, Mick Brown, Maureen Cornish, Mohammed Idrees, Karen McCarthy, Robert Pocock, Brett O'Reilly and Sharon Thompson.

IN ATTENDANCE:-

Rose Kiely (Group Overview and Scrutiny Manager), Jayne Power (Research and Policy Officer) and Paul Holden (Committee Manager), BCC

NOTICE OF RECORDING

227 It was noted that the meeting was being webcast for live or subsequent broadcast via the Council's Internet site (www.birminghamnewsroom.com) and that members of the press/public may record and take photographs. The whole of the meeting would be filmed except where there were confidential or exempt items.

APPOINTMENT OF COMMITTEE AND CHAIRPERSON

228 The resolutions of the City Council appointing the Committee, Chairperson and Members to serve on the Committee for the period ending with the Annual Meeting of the City Council in 2016 were noted.

ELECTION OF DEPUTY CHAIR

229 **RESOLVED:-**

That Councillor Andrew Hardie be elected as Deputy Chair of this Committee.

APOLOGIES

230 Apologies were submitted on behalf of Councillors Andrew Hardie and Margaret Waddington for their inability to attend the meeting.

DECLARATIONS OF INTERESTS

231 Members were reminded that they must declare all relevant pecuniary and non-pecuniary interests relating to any items of business to be discussed at this meeting. If a pecuniary interest is declared a Member must not speak or take part in that agenda item. Any declarations will be recorded in the minutes of the meeting.

Councillor Karen McCarthy provided notification that she had a standing interest as a City stakeholder governor on the Birmingham Women's Hospital and Councillor Mohammed Aikhlaq similarly declared that he served on the board of the Heart of England NHS Foundation Trust.

TERMS OF REFERENCE

232 The following schedule of the Committee's terms of reference was noted:-

(See document No. 1)

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEES - APPOINTMENTS

The Chair informed the meeting that consideration was also being given to establishing a Joint Health Overview and Scrutiny Committee with Worcestershire and indicated that Councillor Brett O'Reilly's name had been put forward from the Labour Group side.

233 **RESOLVED:-**

That the following Members be appointed to serve on the Joint Health Overview and Scrutiny Committees:-

Birmingham and Sandwell Joint Health Overview and Scrutiny Committee
(5 Members)

Labour (3) – Councillors Majid Mahmood (Joint Chair), Karen McCarthy and Sharon Thompson

Conservative (1) – Councillor Andrew Hardie

Liberal Democrat (1) – Councillor Sue Anderson

Birmingham and Solihull Joint Health Overview and Scrutiny Committee
(7 Members)

Labour (4) – Councillors Majid Mahmood (Joint Chair), Mick Brown, Mohammed Idrees and Robert Pocock

Conservative (2) – Councillors Andrew Hardie and Margaret Waddington

Liberal Democrat (1) – Councillor Sue Anderson

MINUTES

- 234 The Minutes of the meeting held on 25 March, 2015 were confirmed and signed by the Chairperson.
-

DATES OF MEETINGS

The Chair advised Members that the July meeting would now commence at 1300 hours not 1000 hours.

- 235 **RESOLVED:-**

- a) That meetings during 2015/2016 be held at 1000 hours (except where otherwise indicated) on the following Tuesdays in the Council House:-

2015

21 July (1300 hrs)
29 September
20 October
24 November
15 December

2016

19 January
23 February
22 March
26 April

- b) that approval be given to scheduling Tuesdays at 1000 hours as a suitable day and time each week for any additional meetings required to consider 'requests for call in' that may be lodged in respect of Executive decisions.

(Monthly dates being reserved with a view to planning all work, i.e. Committee meetings, inquiries etc to fit into the schedule)

OTHER BUSINESS

(A) Men's Health Awareness - Prostate Cancer

- 236 The Chair encouraged Members to attend the above event that was scheduled to be held at the Sports Hub, 101 Holford Drive, Perry Barr on the evening of Friday 26 June 2015.
-

(B) Cross-Party Working

- 237 Members welcomed the promotion of greater cross-party working as demonstrated by the appointment of a Conservative Group Member (Councillor Andrew Hardie) as Deputy Chair of this Committee.
-

AUTHORITY TO CHAIR AND OFFICERS

238

RESOLVED:-

That in an urgent situation between meetings, the Chair jointly with the relevant Chief Officer has authority to act on behalf of the Committee.

The meeting ended at 1107 hours.

.....
CHAIRPERSON

BIRMINGHAM CITY COUNCIL

PUBLIC REPORT

Report to:	COUNCIL BUSINESS MANAGEMENT COMMITTEE
Report of:	Director of Legal and Democratic Services
Date of Meeting:	24 March 2015
Subject:	Petition - Budget Cuts to Supporting People Mental Health and Disabilities Services
Wards affected:	Various

1. Purpose of report:
1.1 To advise the Committee of a Petition relating to Budget Cuts to Supporting People Mental Health and Disabilities Services that has achieved the threshold of 5,000 signatures that allows it to be submitted to this Committee for consideration.
1.2 To seek the view of the Committee as to whether it determines that the City Council or an Overview and Scrutiny Committee should debate the petition if relevant.

2. Decision(s) recommended:
2.1 That the report be noted;
2.2 that, the Committee determine whether the petition should be debated at City Council or an Overview and Scrutiny Committee or not.

Contact Officer:	Phil Wright Council Team Leader
Telephone no:	675 0216
E-mail address:	phil.wright@birmingham.gov.uk

Signature:	
Chief Officer:

List of background documents:
Petition presented to City Council on 3 March 2015

Background

At the Meeting of City Council on 3 March Councillor John Cotton submitted a petition relating to Budget Cuts to Supporting People Mental Health and Disabilities Services containing 6,641 signatures.

The wording of the Petition is as follows:

“SERVICE USER & CITIZENS PETITION BIRMINGHAM CITY COUNCIL BUDGET CUTS TO MENTAL HEALTH/DISABILITIES FLOATING SUPPORT SERVICES”

We are petitioning against the proposed budget cuts to the Supporting People Mental Health floating Support Services by Birmingham City Council as stated in the Budget consultation paper 2014, Under the Care Act 2014 the Council is required to “ensure that people receive services that prevent their care needs becoming serious”. By cutting the floating support provision for people with mental health needs we feel that the council are not fulfilling their obligations and are absent in their duty of care.”

Petition Guidance

The relevant sections of the petition Guidance sets out the following

“If your petition achieves the threshold of 20,000 signatures (subject to verification) this will automatically trigger a debate of the petition at City Council. The lead petitioner will be notified of the date of the meeting.

The lead petitioner will also be offered the option of reading their petition at the beginning of the debate or they may choose to request a local Councillor to present it on their behalf.”

“If your petition achieves the threshold of 10,000 signatures (subject to verification) it will be referred to the appropriate Overview and Scrutiny Committee for a Senior Officer to attend and answer questions about the delivering of public services”.

“In addition, in event that the a petition with the number of signatures over 5,000 but below the above threshold trigger, is submitted, it will be considered by the Council Business Management Committee to determine whether an Overview and Scrutiny Committee or City Council should debate the petition, if relevant”

Matters for Consideration

The petition submitted has 6,641 signatures which is over the threshold for consideration at this Committee to determine whether it should be debated at an Overview and Scrutiny Committee or City Council or not.

Our ref: C'ttee/Petitions/2015/1717

Date: 31st March 2015

Councillor John Cotton
The Council House
Victoria Square
Birmingham
B1 1BB

Dear Councillor Cotton

I am writing to confirm receipt of Petition Number 1717 that was presented by you to the meeting of the City Council on 3rd March 2015.

I am sure that you appreciate the scale of the cuts before the Council and that we are having to take a number of important decisions.

While the re-commissioning of the Supporting People mental health, learning disabilities, physical and sensory disabilities for contracts commencing 2016, will be under a reduced budget, I do not believe that this will mean that we will be "absent in our duty of care."

We intend to invite stakeholders, service providers and service users to contribute to the discussions and consultations with regards to the design of the right pathways for citizens seeking preventative services. This will include the types of services and outcomes to be commissioned for the future. We must acknowledge that at this stage there are no guarantees that the same services will be commissioned for each of the client groups in the future.

The strength of public opinion regarding these services has been acknowledged in that additional funding has been approved so that the proposed reduction of £400k for the financial year 15/16 has not been implemented.

Given the situation that we find ourselves in I do believe that there is a real opportunity to co-design the best outcomes for citizens within the budgets available.

I hope that this is satisfactory, but if you require any further information please contact Kalvinder Kohli on 0121 303 6132.

Please note that this has also been sent out to the first named petitioner.

Yours sincerely



Peter Hay
Strategic Director for People

Please reply to: Louise Collett

Directorate for People
Directorate for People Management Team
PO Box 16466
Birmingham
B2 2DP

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Telephone : 0121 303 6136
Facsimile : 0121 303 4383
www.birmingham.gov.uk

Copies to:

First named petitioner: Lucy Bare, 43 Mason Road, Erdington, Birmingham B24 9EH

Phil Wright - Group Team Manager (Non-Executive Committees)
Room 315, Economy Directorate

Our new approach: now and for the future



Barbara Skinner

Inspection Manager - Adult Social Care

July 2015

Our purpose and role

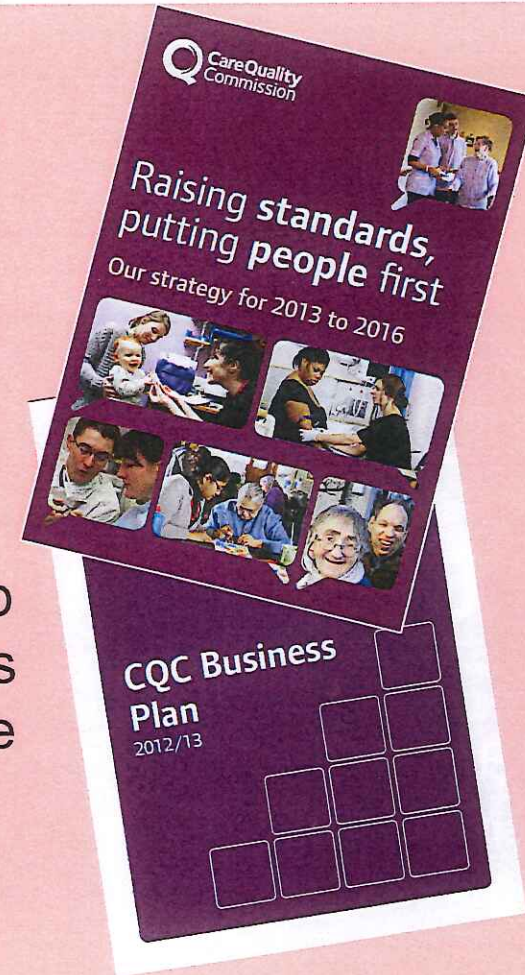


Our purpose

We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve

Our role

We monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and we publish what we find, including performance ratings to help people choose care



The Mum Test

Is it
effective?

Is it responsive to
people's needs?

Is it safe?

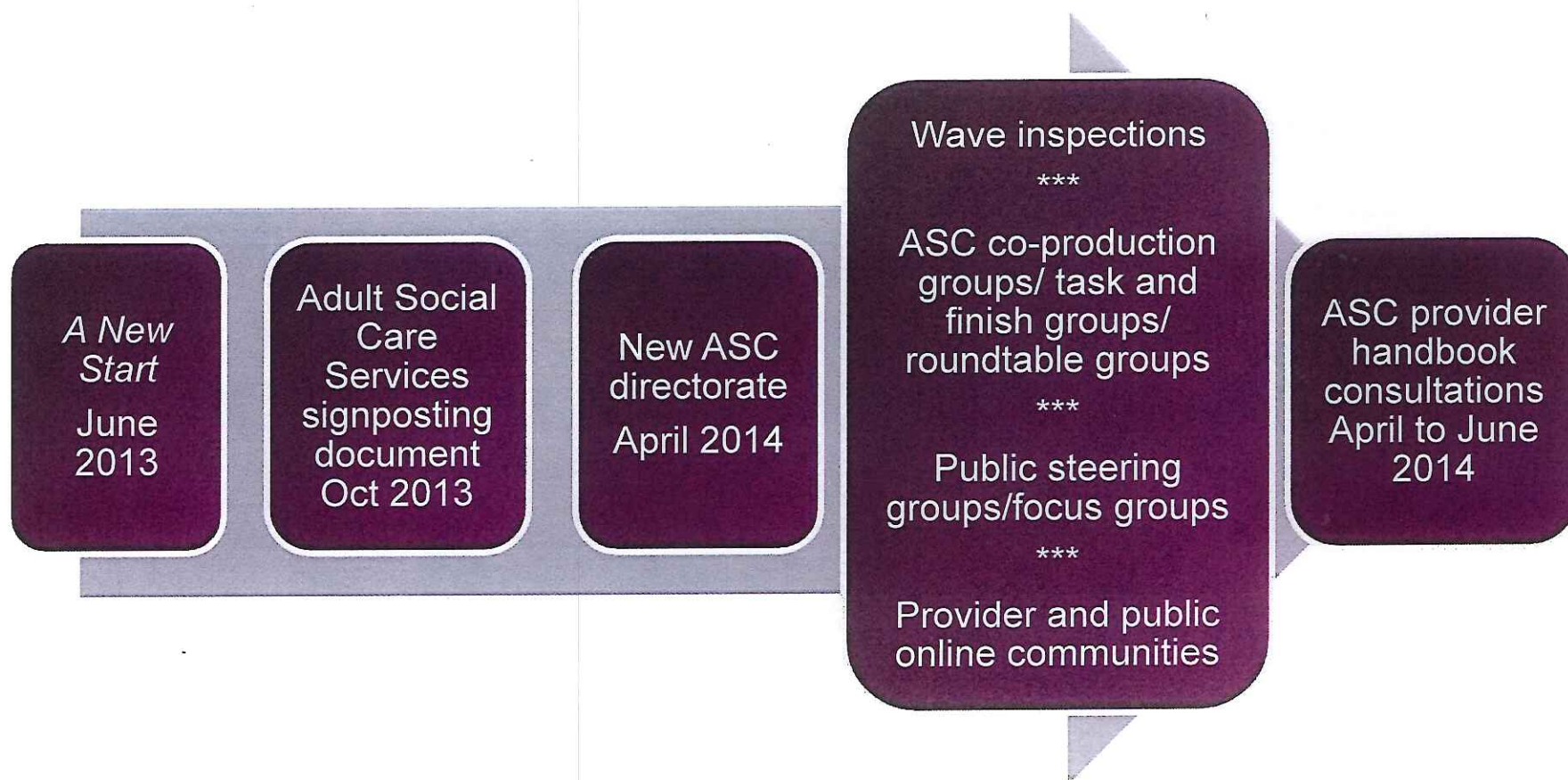
Is it
well-led?



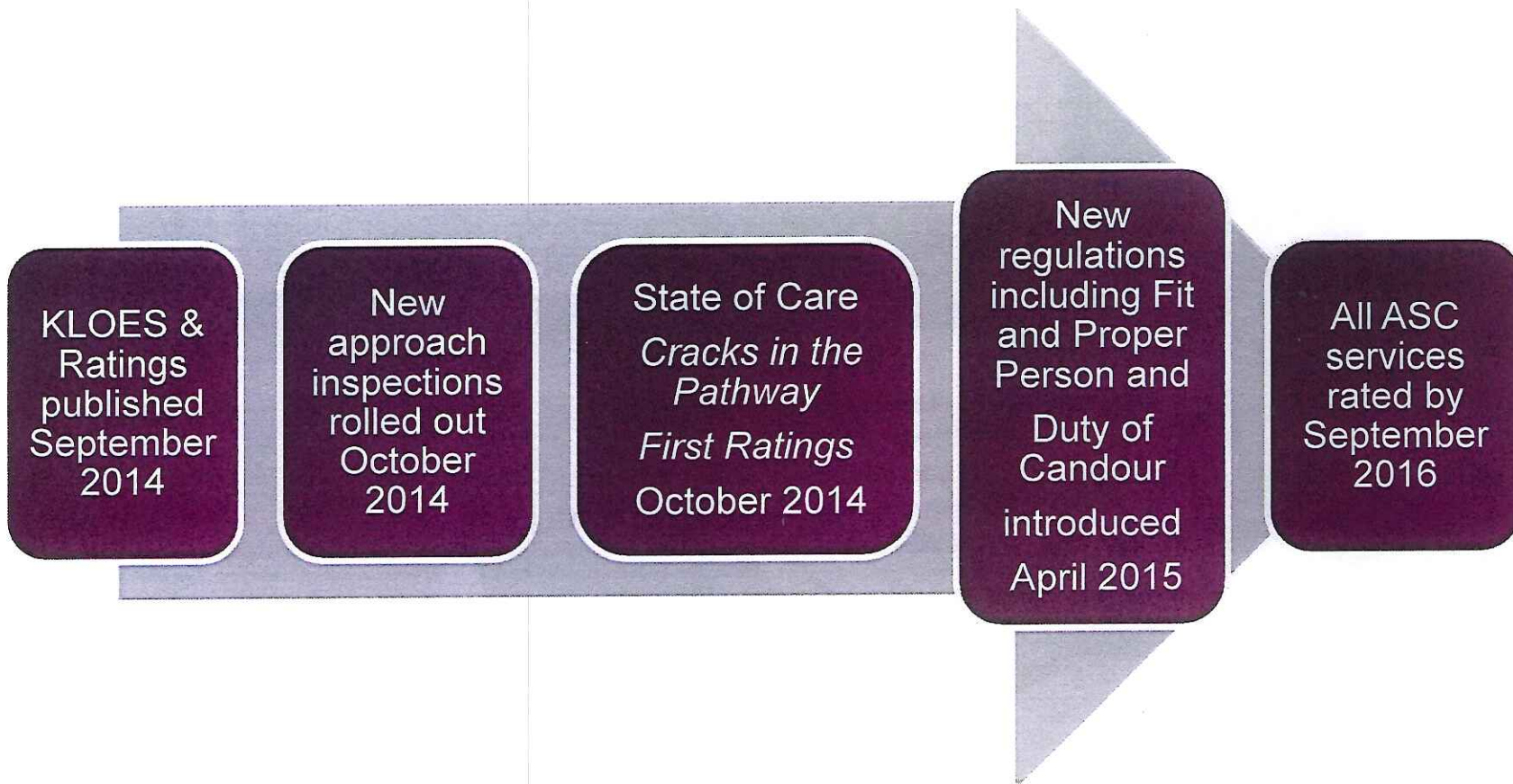
Is it caring?

Is it good enough for my Mum?

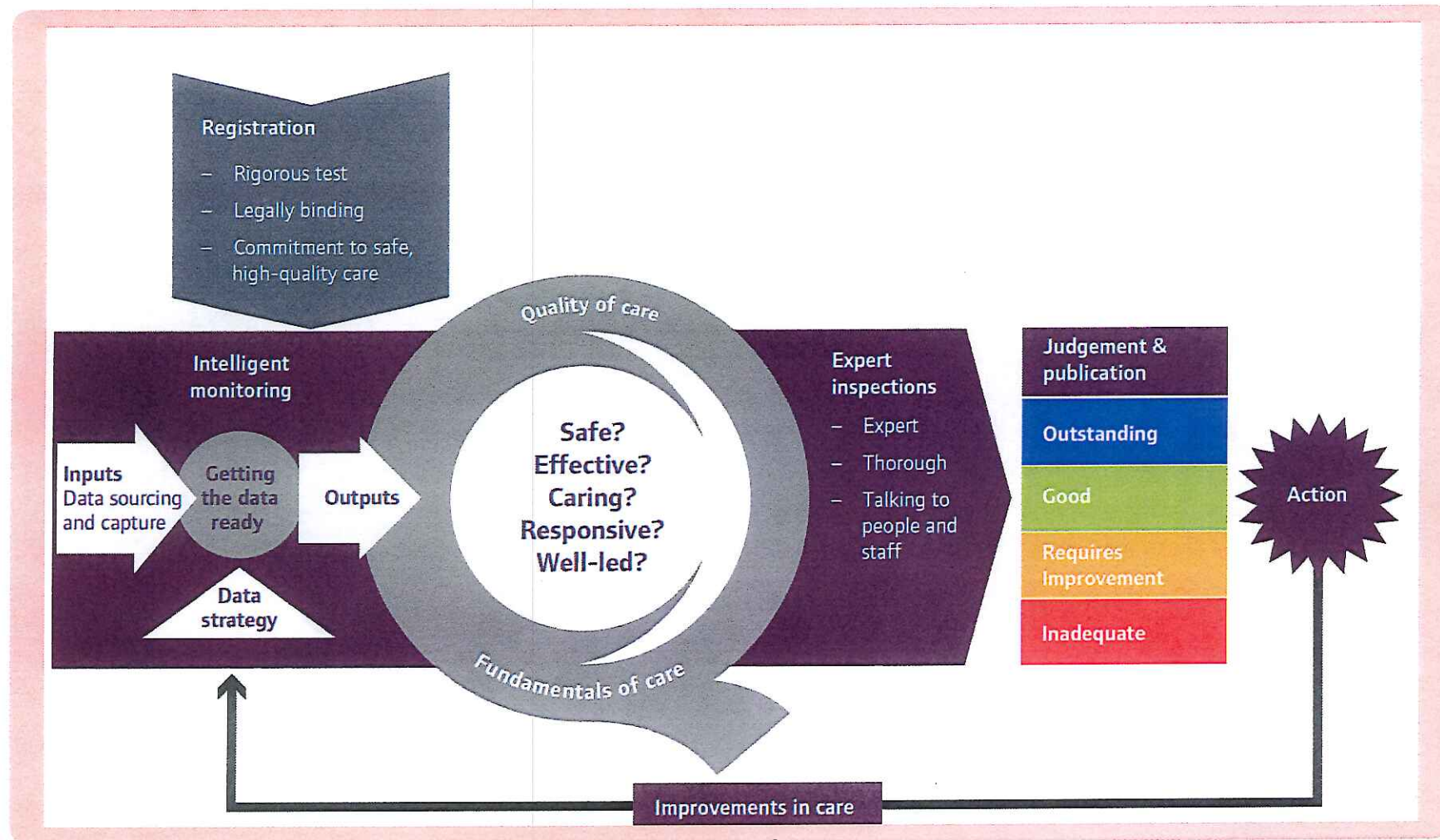
Delivering on priorities (1)



Delivering on priorities (2)



The new approach



Four point scale



Judgement & publication

Outstanding



Good

Requires Improvement

Inadequate

High level characteristics of each rating level

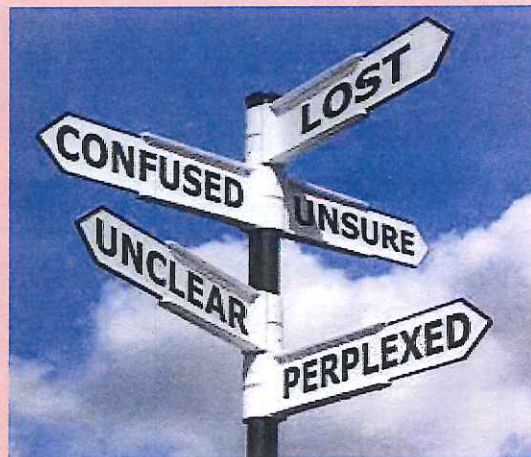
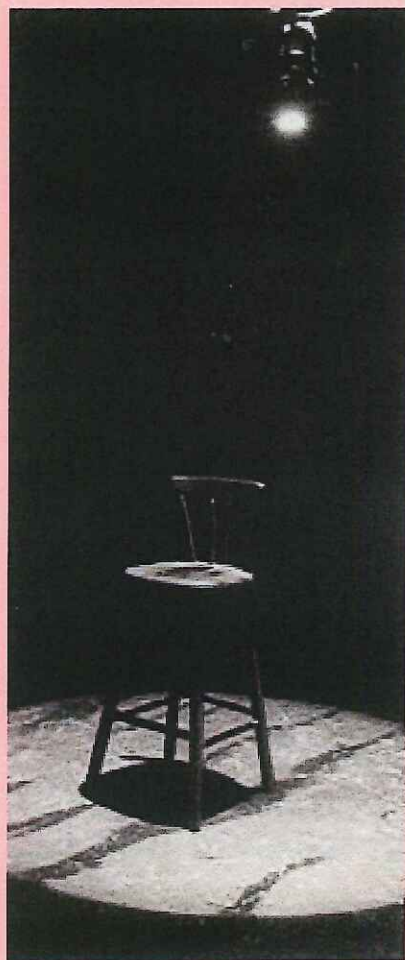
Innovative, creative, constantly striving to improve, open and transparent

Consistent level of service people have a right to expect, robust arrangements in place for when things do go wrong

May have elements of good practice but inconsistent, potential or actual risk, inconsistent responses when things go wrong

Severe harm has or is likely to occur, shortfalls in practice, ineffective or no action taken to put things right or improve

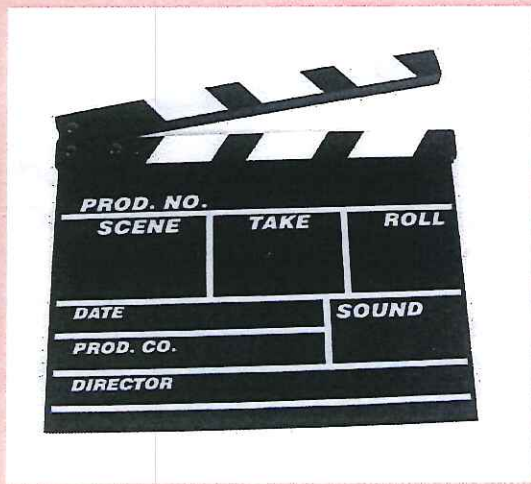
Encouraging improvement



**NATIONAL
CARE HOME**
Open Day
20 JUNE 2014



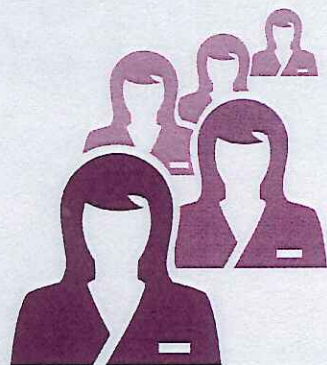
British Association of Occupational Therapists
and College of Occupational Therapists



State of Care 2013-14

**We've found many examples of good and outstanding care.
But we've also found wide variation in quality.**

#StateOfCare



Staff **recruitment** and training is a major issue for the future, especially nursing.

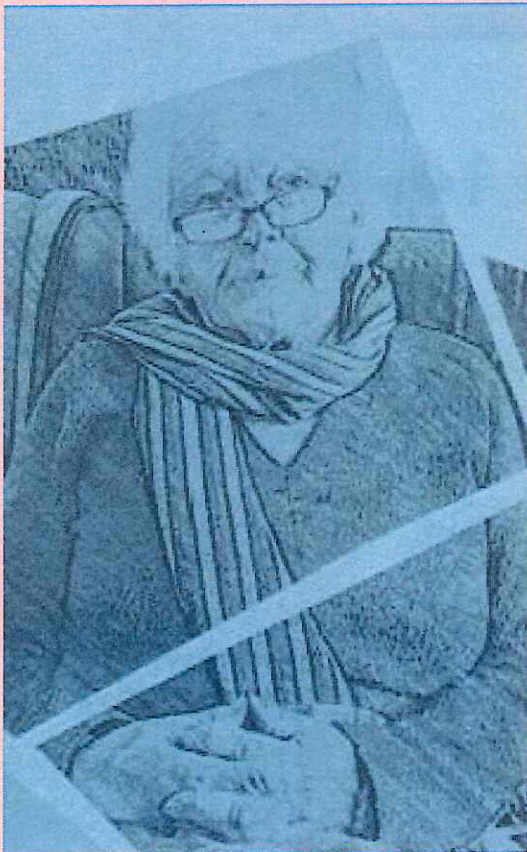


Compliance was **10-15%** higher for care homes with a **registered manager**.



Safety and safeguarding was our biggest concern.





Dementia report: *Cracks in the Pathway*



- The quality of dementia care is variable – not everyone is meeting the standards we expect
- Across more than 90% of care homes and hospitals visited, we found some variable or poor care
- Transitions between services should be improved
- People are likely to experience poor care at some point

Inspections and ratings



Outstanding		14
Good		578
Requires improvement		331
Inadequate		66

Published reports on 19 July 2015

- Embedding our methodology
- Corporate providers
- Market oversight
- Different models e.g. supported living
- Special measures and enforcement



Why market oversight?

- Clear relationship between quality of care and finances



Market oversight aims to:

- Spot if a 'Southern Cross' could happen again
- Protect people in vulnerable circumstances
- Monitor finances of 'difficult to replace' providers
- Provide early warning to local authorities
- Assist in co-ordinating the system response if failure occurs

Market oversight is not there to:

- Protect providers from failure
- Pre-empt failure through disclosure of information

Timelines for market oversight



Sept – Dec
2014

- Development of CQC approach and methodology
- CQC engagement on proposed methods

Jan – Feb
2015

Identify and liaise with providers that meet the market oversight entry criteria

April
2015

- Formally notify providers of their inclusion in the scheme and respond to appeals
 - Start to undertake financial assessments of providers in the scheme

October
2015

Bring specialist providers into the scheme

Our enforcement powers



Severity

- Requirements (formerly known as compliance actions)
- Warning notices
- S.28 warning notices

Protect people who use services by requiring improvement

Civil enforcement powers

- Impose, vary or remove conditions of registration
- Suspension of registration
- Cancellation of registration
- Urgent procedures

Failing services

- Immediate action to protect from harm
- Time-limited “final chance”
- Coordination with other oversight bodies

Protect people who use services by forcing improvement

Not an escalator – more than one power can be used

Criminal powers

- Penalty notices
- Simple cautions
- Prosecution

Holding individuals to account

- Fit and proper person requirement
- Prosecution of individuals

Hold providers to account for failure

- Power of the Mum Test
- Importance of co-production



Why does this matter?




People
are at
the
heart
of it

Thank you



www.cqc.org.uk

enquiries@cqc.org.uk

 [@CareQualityComm](https://twitter.com/CareQualityComm)

Barbara Skinner

Inspection Manager - Adult Social Care

Healthwatch Birmingham



Annual Report
2014/15





Healthwatch Birmingham

Annual Report 2014/15





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Note from the Chair

Staff and volunteers of Healthwatch Birmingham have worked tirelessly through the year to ensure that the voice of the general public and particularly those who use health and social care services is heard.

Their work, particularly with the survey of general practice that they conducted, the Enter and View visits they have carried out and the Healthwatch surgeries that engage with the local community, have given consumers a voice. They have also worked hard to ensure these initiatives have targeted the views of hard to reach groups who so often get forgotten by commissioners and providers when they are planning services.

Given the pressure that Healthwatch Birmingham staff and volunteers have been working under in a changing environment, I am humbled by the level of commitment, expertise, passion and dedication that they bring to their work. It is remarkable.

Healthwatch Birmingham has, and continues to have, really great potential to support the citizens of Birmingham in getting the best care and support that they are entitled to from our health and social care services. This is vitally important at a time when NHS budgets are under pressure. Our work also helps to improve services where this is needed by flagging up concerns and contributes towards ensuring we have a fair health and care system for all.

Building on everything we have achieved since we came into being two years ago, we will now be focusing on refreshing and strengthening the governance of Healthwatch Birmingham with a new strategy so that the board can ensure Healthwatch Birmingham becomes a fully functioning organisation and performs to the best of its ability.

My thanks go to the volunteers, staff, board members and stakeholders who have all contributed a great deal during 2014/15 to ensure Healthwatch Birmingham achieved its mission, values and aims. Their work has assisted consumers and communities in Birmingham in gaining access to service information and helped to influence and challenge how health and social care services are commissioned and delivered.

I will be looking forward to involving them when we frame the new strategy that will take us forward into 2015/16 and beyond.

Brian Carr, Acting Chair.



Note from the Chief Executive

During 2014/15 Healthwatch Birmingham continued to build on the work that was initiated in its first year.

Our online Feedback Centre, which is a rich source of patient and service user feedback, has been an outstanding success and will be a key part of the new strategy that we will be developing in the year ahead.

We made a start this year on scrutinising patients' experience of general practice with the launch of our GP survey. Concerns about how long it takes to get an appointment, respect and privacy at the reception desk are high on everybody's agenda so we will be taking this work into a second phase which will take a more rigorous academic approach.

During 2014/15 we completed 14 Enter and View visits and, after listening to patients, recommended some changes and improvements. Following our visits a maternity hospital appointed a full time Patient Liaison and Advisory Service officer to attend ward rounds. In another hospital social interaction at meal times was improved for long stay patients after a second table was introduced and a nursing home introduced Deprivation of Liberty Safeguards training for senior management making the institution a safer place for patients.

Our local foundation trusts have to offer us their quality accounts to scrutinise and comment on before they are published and this is an area where we can be very effective as a consumer champion. So we were really pleased that Birmingham and Solihull Mental Health Foundation Trust

were so impressed with our feedback on their quality accounts that they have now asked us to work with them to develop proposals for their Commissioning for Quality and Innovation (CQUIN) framework next year. This is a process that secures improvements in quality of services and better outcomes for patients, whilst also maintaining strong financial management.

For me the overwhelming highlight of the year has been the passion, commitment and creativity of the staff team who enable Healthwatch Birmingham to function effectively. When people phone in our staff genuinely share their experience of health and social care services and often have to deal with some quite upsetting situations - by the time people end up Healthwatch's door they have usually tried everywhere else.

Our staff listen carefully and really work hard to make sure that callers' problems are resolved, that callers are properly handed over and followed up later by phone and email to ensure their problems are satisfactorily resolved.

This year our staff have undergone a lot of change and they are to be commended for continuing with their work cheerfully and professionally despite being under considerable pressure.

Candy Perry, Interim CEO.



About Healthwatch

Healthwatch Birmingham is the local independent consumer champion for health and social care in Birmingham.

As a statutory watchdog our role is to ensure that local health and social care services and the local decision makers, put the experiences of people at the heart of their care.



How is it for you? Just one of the questions our volunteers ask when out and about championing consumer rights.

We are here to make health and social care better for ordinary people. We believe that the best way to do this is by designing local services around their needs and experiences.

We are uniquely placed as part of a network with a local Healthwatch in every local authority area in England.

Our mission is to be recognised as a trusted and responsible organisation which is passionate about ensuring that the people of Birmingham have access to the best health and social care services possible. In doing so, we will remain

independent, representative and accountable to engage commissioners and providers; to check they are doing what they say they are doing to challenge poor services and to champion best practice.

Our priorities in 2014/15 were to:

- Gather the views and understand the experience of patients and the public
- Make these views known to commissioners and providers of local health and social care services
- Promote and support the involvement of people in the commissioning and provision of local health and social care services and how they are scrutinised
- Evaluate services and, where necessary, recommend investigation or special review of services via Healthwatch England or directly to the Care Quality Commission based on robust local intelligence
- Provide advice and information about access to services and support for making informed choices
- Make the views and experiences of people known to Healthwatch England and provide a steer to help it carry out its role as national champion
- Ensure sound governance through a well-functioning board



Engaging with people who use health and social care services

Understanding people's experiences

GP Survey

During 2014/15 we have worked to obtain the views of people about general practice services. To date, Healthwatch Birmingham has visited 187 GP practices. We've spoken to hundreds of local people as they attended appointments at their GP practice as well as members of their Practice Teams.

This is our most ambitious project to date and we are learning a lot about how we plan and design research projects, which will enable us to celebrate good patient experience and champion areas for improvement. The GP Survey is conducted by specially trained Healthwatch Birmingham volunteers.

Healthwatch Surgeries

Another key method of engaging with the citizens we serve and ensuring we hear their voice is through the Healthwatch Birmingham Surgeries. These surgery sessions promote the work of Healthwatch Birmingham and improve access to our services as well as access to health and social care services.

They enable us to target hard to reach groups. Surgery sessions have been successfully delivered to My Aware (a charity which supports individuals with a rare neurological disorder), the Carry on Caring carers group and the Disability

Resource Centre group. One of the more important issues we feel we've uncovered relates to increasing understanding of the changes to the Care Act. (See Case Study One).

Feedback from the surgeries is fed back to service providers and commissioners and where relevant we make recommendations on how services can be improved.

Engaging with hard-to-reach groups

During the year we engaged with:

- Over 100 young people (under 21)
- Over 80 older people (over 65)
- 45 vulnerable/seldom heard people

Enter & View

During 2014/15, Healthwatch Birmingham completed 14 Enter and View visits across the city. During those visits we gathered the views of 104 people, 28 members of staff and 16 relatives.

Seven of the visits were triggered by either a CQC improvement notice or a complaint directly to Healthwatch Birmingham.

As a result of concerns raised in local media about discrimination of black and minority ethnic communities within mental health services we made it a priority to undertake Enter & View visits across a sample of mental health services.



Bedside phone and all-channel TVs can make a real difference to patients' experience as long as they can work out how to use them. Our work with the elderly tries to identify the little things which can make such a difference to in-stay quality of life.



Taking another lead from our local media we also focused on scrutinising services for the elderly. National and local press had reported worries about the treatment of service users and about the quality and adequacy of services in some residential homes so we brought together teams of our specially trained Enter and View volunteers to do some investigations of their own.

“This is my first experience from Healthwatch and I think that the approach that they have is excellent. The team came in with a friendly positive approach which helped them see the best side of my home. I would like to thank everyone for a very positive experience.”

Yvonna Manton, Registered Manager, Albion Court Nursing Home

After listening to feedback from service users during Enter & View visits we reported our findings to stakeholders and where appropriate put forward pragmatic recommendations for improvement, many of which were suggested by the patients, public, service users or carer our volunteers had engaged with during our visit.

Action taken by service providers as a result of our work in this area includes:

- **Improvements to the patient feedback process:** Following an Enter & View visit to a maternity ward we recommended that a Patient Advice and Liaison Service (PALS) should attend ward rounds on a full time basis so patients could discuss concerns with a

friendly, non clinical person. The trust has implemented this action.

- **Improvements to meal times on a hospital ward:** Following concerns of patients on a long stay hospital ward that the room they had their meals in was making it difficult to communicate with each other, the trust has introduced a second table which now encourages them to talk to each other in small groups.
- **Safeguarding training introduced:** Healthwatch Birmingham visited a nursing home and found that senior management lacked knowledge of Deprivation of Liberty Safeguarding (DOLS) legislation. We recommended that the home invest in specialised training on this subject as a recent court judgement meant that they were likely, in future, to receive increasing referrals of people who have been placed on a DOLS authorisation. DOLS training has now been given to senior management. This has strengthened safeguarding in the home and ensures that residents are now living in a safer environment, where their rights are upheld.
- **Concern resolved:** An Enter & View visit to a brain injury rehabilitation centre was triggered after a member of the public made a complaint about service provision. The visit successfully addressed the issue raised and no further action was required.

In total Healthwatch Birmingham gathered the views of 104 people through the Enter and View function



This year we are grateful to our growing team of volunteer Enter & View Authorised Representatives:

- Tina Brown-Love
- Barry Clewer
- Patricia Coyle
- Alex Davis
- Patricia World
- Jane Reynolds
- Mark Lynes
- Keith Hullins
- Steve O'Neill
- Paula Baldock
- Nina Davis
- Mike Tye
- Trevor Fossey
- Amanda Dickinson

Our GP survey also seeks to understand the values and attitudes of practice staff.





Providing information and signposting for people who use health and social care services

Helping people get what they need from local health and social care services

Healthwatch Birmingham has engaged with over 700 members of the public at 155 events. Some of the events we attended included the Learning Disability Opportunities Fair, the Ladywood Community Event, the Pride Event in Birmingham and the Big Top Roadshow in Canon Hill Park attended by 2.1million people.



Children and Young People's Officer Jacqueline Latty is out in the community regardless of the weather

During the year, 97 individuals contacted us with queries.

- 68 people were signposted to other services
- 53 people were given advice about the complaint process and how to raise a concern with a health or social care provider
- 46 people were provided with further information about accessing services
- 15 people received advocacy/representation from other agencies on request
- 6 people were referred to PohWER, a charity providing advice, support and advocacy to vulnerable people

One third (33%) of people contacted us with concerns/enquiries about GPs, followed by NHS hospitals (21%), social care services (18%), mental health hospitals (5%) and mental health (4%). We have provided feedback from our communications with the public to our local partners and stakeholders.

Some of the calls we have received have been from individuals who were not easily able to access services. Nearly a third (32%) of the people we helped told us they had a disability. We have been able to help individuals to understand their choices around accessing services and gain



confidence in dealing with wide ranging issues.

“I got in contact with Healthwatch Birmingham when having issues about the medication. I felt let down by my GP and this had knocked my confidence. I spoke to Healthwatch Birmingham on a number of occasions... Healthwatch advisors took the time to talk through my situation...The advice I received was clear and helpful and I was referred on to the relevant organisations...I feel I am further along in the process than I would be without them.”

Patient feedback.

In September 2014 we compiled local data in complaint handling which was used by Healthwatch England to publish a national set of standards on independent complaints advocacy. The data was obtained by us from local consultations, working in partnership with the Parliamentary Health Ombudsman.

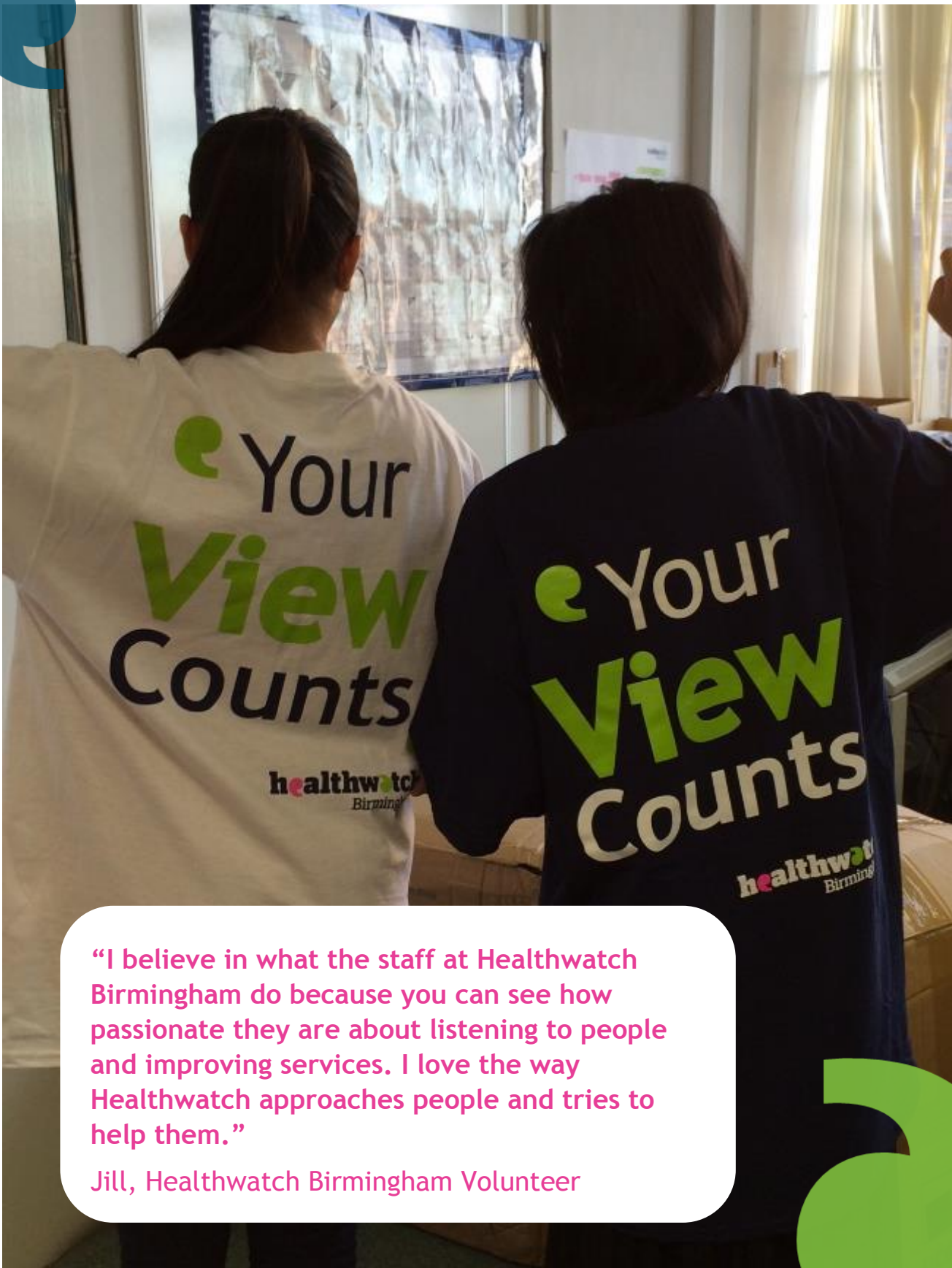
Over 70% of individuals who spoke to us were signposted to other services or organisations

We have reviewed our commitment to build joint working partnerships with other organisations. Healthwatch has worked closely with a number of agencies including, Voiceability, PohWER and local PALS (Patient Advice and Liaison Services) in order to be able to extend support services for individuals who wish to access

services more efficiently and easily. We have consulted with local services including our local Citizens Advice Bureau in future joint working.

During the year our service provision has become more personalised. We have monitored individual cases to ensure services are being delivered to members of the general public who need them. Where individuals have advised us that they have been experiencing difficulties in accessing local services and support we have provided follow up calls to ensure their needs are being met.

The Feedback Centre on our website (See Case Study Two) is enabling the public to more easily voice their experiences of health and social care services. In addition we have produced a directory for local consumers with information about local health and social care services.



“I believe in what the staff at Healthwatch Birmingham do because you can see how passionate they are about listening to people and improving services. I love the way Healthwatch approaches people and tries to help them.”

Jill, Healthwatch Birmingham Volunteer





Influencing decision makers with evidence from local people

Producing reports and recommendations to effect change

Young Persons Health and Wellbeing Project

We ran a project to find out how we could help to make health services more accessible for young people. We gathered the views of 60 young people aged 16-25 who participated in three focus groups.

Common themes subsequently reported to all relevant stakeholders included some important issues regarding professionals addressing parents not the young patients themselves; staff discussing the young people's cases with other staff but not including the young person and lack of privacy at reception desks and behind curtains.

The young people were enabled to design and put forward a number of recommendations for improvement. This report has been sent to all stakeholders, including commissioners, to inform future service design and to ensure that the young people's voices, views and effort will make a difference.

Influencing change nationally

Birmingham Healthwatch hosted a focus group of service users and carers as part of QualityWatch, a five year initiative by The Nuffield Trust and the Health Foundation, which provides independent scrutiny of how the quality of health and

social care is changing over time. The feedback is helping researchers to compare the quality of health and social care within the UK and also with international health systems.

The focus group, facilitated by researchers from Solutions for Public Health, an NHS public health consultancy, discussed what they felt was important in understanding the quality of care people receive. The researchers said they received some valuable contributions for their Consensus of Quality study.

Several Healthwatch members attended the focus group and the participants also contributed further to the study by volunteering to join a panel which provided additional comments on the focus groups and the findings from a survey of health and social care professionals and policy makers.

During 2014/15 no providers or commissioners failed to respond to our information requests

Putting local people at the heart of improving services

We have developed an online Feedback Centre to capture and understand the views of the people of Birmingham which we feed back to health and social service providers, commissioners and the Health and Wellbeing Board. The views of local people are now being taken into account



by commissioners and providers when planning or improving health and social care services. (See Case Study Two).

We have encouraged lay people and volunteers to support our work undertaking Enter & View visits and carrying out our survey of general practice. We have also recruited volunteer Community Champions who attend community engagement events to help us to share information about Healthwatch Birmingham and to gather feedback on feedback cards or iPads for the Feedback Centre. We have trained volunteers, including young people, to undertake Mystery Shopping expeditions and our volunteers have attended themed focus groups with other organisations and commented on or attended various consultations, and networking events.

Working with others to improve local services

We gathered feedback and personal stories from Youth Council members of St Basils and Erdington Youth Voice for an inquiry on homelessness by the Social Care Overview and Scrutiny Committee of Birmingham City Council. We also gathered experiences of young people in the streets who are homeless.

“My biggest barrier was having food to eat and being concerned about my survival; money and food were definitely top priority. It was very emotional, I felt lost and alone, depressed - I didn’t know where to go, nobody cared and I had nobody to count on.”

Young, homeless person

The information was collected over a period of time through face to face interviews, telephone interviews and via access with young people at various events, meetings and at a project that houses young people who are homeless. The young people’s stories were communicated to the Health Overview and Social Care Scrutiny Committee (HOSC). The HOSC are now collating and compiling a report of the findings on their homelessness enquiry. The issues raised concern regarding reducing health inequalities, access to primary care and mental health and wellbeing services. The report will be shared with other stakeholders, the Health and Wellbeing Boards, commissioners and providers to help to create better pathways for young homeless people in the future.

“Thank you... I very much enjoyed listening to you and appreciated the clarity with which you described the issues facing young people who become homeless, in particular about the importance of giving them a voice, listening to them and including them in any intervention planning.”

Maria Huffer, Director for Strategy & Operations, Protective Behaviours Consortium

During 2014/15 we made no recommendations to the CQC.



We worked hard to develop a committed group of young activists who are helping us take forward several pieces of work which aim to improve services for children and young people, for example, with respect to privacy and confidentiality.

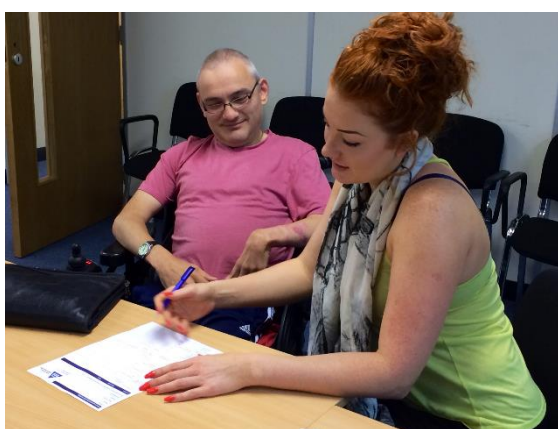


Impact Stories

Case Study One

How we're uncovering populations who don't know what they need to know, in order to make informed choices.

Changes to the Care Act.



We helped carers to access important, new services they had not heard about

An effective way of engaging with the citizens we serve and ensuring we hear their voice is through our Healthwatch Birmingham Surgeries.

The primary purpose of our Healthwatch Birmingham surgeries is to provide patients, the public, carers and service users with a voice. Surgeries enable us to share ideas and information across and within communities of all kinds, identifying common needs and experiences as well as unique ones, and then provide a means for them to take action themselves, or support action to be taken on their behalf.

Our surgeries provide important opportunities to reach out into hard to

reach communities and improve their access to health and social care services.

Carers of all ages are a key vulnerable group, often isolated because of their 24 hour caring responsibilities. We wanted to talk with some of them to find out how they were feeling about the implications the changes to the Care Act could have on their lives and the lives of the people they cared for.

The new Care Act, which came into force in April 2015, sets out new rights for carers to assessment and support. At the first pilot Carry on Caring carers' surgery we found a group of people who didn't know about, or hadn't realised the important implications for them as carers, or the people they cared for.

Healthwatch Birmingham arranged for a speaker from Birmingham City Council to deliver a talk about the Care Act to the group. The meeting revealed that no-one in the group was aware of their entitlement to have their needs assessed, to have a care support plan or a personal budget, a statement showing the cost of meeting their needs as a carer.



As a result of the meeting, the Council representative and Healthwatch Birmingham are working together to try and ensure that all of the group's queries are responded to so that they have a clear understanding of the new Care Act and how it affects and benefits them.

Healthwatch Birmingham is now contacting other carers' groups across the city, including the Birmingham Irish Community and older person's groups. We will be gathering information about the need to educate carers about the impact of the new legislation. This information will be fed back to Birmingham City Council and the Health and Wellbeing Board.



Healthwatch surgeries are undertaken across the city. They enable our citizens to share their experiences of health and social care services as well as their ideas on what would make a difference to them and their families.

“We believe we’ve uncovered an important role for Healthwatch Birmingham moving forward. This isn’t the only one of our surgeries at which patients, public, service users and carers are telling us they didn’t know about something which could affect them deeply, or make a material difference to their quality of life or health and wellbeing outcomes. Our work with the Carry on Caring group shows that information about the new Care Act has not been cascaded down to the people it affects.”

Christina Jobe, Volunteer
Development and Engagement
Officer, Healthwatch Birmingham





Case Study Two

How we're enabling one of the most culturally diverse cities in Europe to speak and be heard in their own voice

Our consumer voice is getting louder.



The Feedback Centre shown translating into Gujarati.

Research by Healthwatch England shows half of the public who considered complaining about NHS services did not submit a complaint.

During 2014-15 our Feedback Centre, which helps people in Birmingham to have a say in what's good or bad about health and social care in the city, has transformed our engagement with our local communities.

The technology can be accessed by the public from their mobile phones, PCs and tablets and makes it easy for them to feed back on health or social care services as they experience them, posting "Trip Advisor" style star ratings for all of Birmingham's care homes, hospitals, GP practices, opticians, pharmacies, dentists, and community-led health and social care services. Along with an overall CQC-style rating, consumers can score cleanliness, staff attitude, waiting time,

treatment explanation, quality of care and quality of food. This narrative, posted by consumers, gives us a wealth of real patient and user stories.

The Feedback Centre is providing us a means of listening to several important harder to reach communities; easy to use translation tools ensure our multi ethnic population and our citizens with visual disabilities and dyslexia can access the Feedback Centre. The tool enables text to be translated into over 75 languages and at the click of a button text can be read aloud in over 45 languages, including English. Healthwatch staff and volunteers with iPads are able to take the technology out to the public when they go out to events and meetings in the community.

Listening and acting on this feedback has been, and will be, of growing importance to our strategic approach. As usage grows we hope to be able to:

- Rapidly identify unforeseen implications of service cuts as services change, close or are relocated.
- Robustly identify isolated and systemic issues affecting services as experienced by our citizens, and hold commissioners and providers to account for taking action to make improvements most relevant to patient, public service users and carers.





Our plans for 2015/16

Opportunities and challenges for the future

We are committed to developing a new strategy in the year ahead. We will be doing this with the widest possible range of stakeholders including NHS colleagues, Healthwatch Birmingham staff and volunteers, trustees and local voluntary organisations.

We need a new strategy because we are one of the largest local Healthwatch organisations in the country. We serve a population of 1.1 million which is one of the most culturally diverse in Europe. We need to operate scalably and sustainably in order to represent the diversity of that population and we cannot and never will be able to rely on funding from one contract.



Genuine coproduction defines the shape of things to come.

A new strategy will enable us to:

- Take action to put patients, the public, service users and carers at the heart of all changes made by health and social care commissioners and providers in the

name of service improvement. We're going to work with our partners across the entire system to work out what's preventing this happening, and then work out what we need to do together, to make this more and more of a reality for our citizens.

- Annually plan our activities in a co-productive way with stakeholders and the public all the way through from topic identification to project development to implementation by a volunteer workforce. This process will increasingly be based on sound academic principles and research methods and will be entirely led by the public.
- Continue to invest in our sophisticated data collection and analysis tool to build usage but also generate increasingly robust data which is of value to stakeholders, which we can use as levers for service improvement, and against which we can hold commissioners and providers to account, helping ensure the changes which mean most to our citizens are listened to and acted upon. For example, we intend to work with and through the Health and Wellbeing Board, Primary Care Co Commissioning Boards and other governance bodies, to strongly encourage adoption by all commissioners and CQC-regulated providers of the Feedback Centre as the means of choice for them collecting and analysing their own patient or public experience data, and as a means of creating a City wide data set. Subscription will be free of charge.



Our governance and decision-making

How we involve lay people and volunteers

We are currently looking at how we work with our existing volunteers, how they are supported and how we keep track of what they are doing.

All our volunteers are given training both internally and externally to ensure they are clear about their roles, responsibilities and who they are accountable to.

Volunteers who become involved in our Enter & View work are trained externally because this is a statutory function. They all have a line manager and are briefed and debriefed on their role both before and after they act on our behalf. If any volunteers wish to move into new roles we support them with training.

When developing our new strategy we will also be looking at what further steps we can take to involve lay people and volunteers in our governance and how we make relevant decisions.

Our board meetings are open to the public and we welcome the public to come along to observe and also if they wish, to feed in agenda items that are important to them.

Both the Acting Chair Brian Carr and Interim Director Candy Perry also meet with volunteers and members of the public if they need to discuss an issue at a senior level. For example, we recently met with two of our volunteers who had been sitting on the surgical reconfiguration consultation at Heart of

England NHS Foundation Trust. They were concerned that the PPI element of that work was not transparent. We then raised the issue with the Trust, they agreed to refresh their terms of reference for this work and the volunteers are now able to contribute to the agenda and have full voting rights.

To further strengthen the governance of Healthwatch Birmingham we are planning to grow the board and appoint a new chief executive and a new chair. In addition, we will be conducting a skills audit so we can bring in new people who will be able to contribute new skills that the current members do not have.

We are also proposing to adopt a more academic and research based approach to our work to ensure it is more rigorous and effective.

All these measures will help to ensure the long term sustainability of Healthwatch Birmingham.

Our board

There have been several changes to our Board this year. A list of current and past Trustees is available on our website.



Financial information

<u>Income</u>	£
Funding received from Birmingham City Council to deliver our statutory services	636,259.00
Additional income	2,836.62
Total income	<u>639,095.62</u>
<u>Expenditure</u>	
Office costs	93,763.07
Staffing costs	332,503.04
Direct delivery costs	204,592.73
Total expenditure	630,858.84
Balance carried forward from 2014/15	<u>37,751.58</u>
<u>How our funding has been spent</u>	
Engagement	146,436
Stakeholder management	70,596
Data management	133,035
Signposting	53,434
Individual enquiry support	49,412
Enter and view	64,614
Volunteer management	56,917
Recommendations and reviews	56,421
Total Expenditure	<u>630,865</u>



Contact us

Get in touch

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Birmingham B16 8QG

Phone number: 0800 652 5278

Email: info@healthwatchbirmingham.co.uk

Website URL: <http://healthwatchbirmingham.co.uk>

We will be making this annual report publicly available by 30th June 2015 by publishing it on our website and circulating it to Healthwatch England, CQC, NHS England, Clinical Commissioning Group/s, Overview and Scrutiny Committee/s and our local authority.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address above.

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Join us

If making sure your friends, family, community or work colleagues get an opportunity to comment on or even help design planned changes to your local health and social care services is important to you; or if you feel strongly that service user experience - compliments and complaints - should be used to improve services, then why not volunteer a little time and join the Healthwatch Team?

From photographers to amateur film makers, community activists to copy writers, Enter and View Representatives to Events organisation, social media innovators to community research and information distribution: Together we can do more.

Call us on 0121 636 0991 or email info@healthwatchbirmingham.co.uk



Health and Social Care Overview & Scrutiny Committee 2015/16 Work Programme

Committee Members: Chair: Cllr Majid Mahmood

Cllr Mohammed Aikhlaq
Cllr Sue Anderson
Cllr Mick Brown
Cllr Maureen Cornish

Cllr Andrew Hardie
Cllr Mohammed Idrees
Cllr Karen McCarthy
Cllr Brett O'Reilly

Cllr Robert Pocock
Cllr Sharon Thompson
Cllr Margaret Waddington

Committee Support:

Scrutiny Team: Rose Kiely (303 1730) / Jayne Power (303 4810) / Gail Sadler (444 8127)

Committee Manager: Paul Holden (464 4243)

Schedule of Work

Meeting Date	Committee Agenda Items	Officers
23 June 2015 10.00am	Part 1: Informal Meeting Part 2: Formal Meeting	Rose Kiely/Jayne Power, Scrutiny Office
21 July 2015 1.00pm	Petition – Budget cuts to Supporting People Mental Health and Disabilities Services Care Quality Commission – Quality Ratings Regime Healthwatch Annual Report	<i>Lead Petitioner, Lucy Beare, Student</i> Barbara Skinner/Donna Ahern, CQC Brian Carr, Acting Chair Candy Perry, Interim CEO
29 September 2015 10.00am	Primary Care and Community Mental Health Redesign Progress Report on the 'Adults with Autism and the Criminal Justice System' Inquiry Progress Report on the 'Falls Prevention' Inquiry Tracking of the 'Tackling Childhood Obesity in Birmingham' Inquiry – request to explore some of the legalities Tracking of the 'Mental Health: Working in Partnership with Criminal Justice Agencies' Inquiry	Ernestine Diedrick, Joint Commissioning Manager Jon Tomlinson, Director of Joint Commissioning Dr Adrian Phillips, Director of Public Health Dr Adrian Phillips, Director of Public Health/Dr Andrew Coward, Chair, B'ham South Central CCG Suman McCartney, Cabinet Support Officer



20 October 2015 10.00am	<p>Congenital Heart Disease Review – outcome from consultation on standards and service specification and next steps</p> <p>Birmingham Substance Misuse Recovery System, CRI (Crime Reduction Initiative) – 6 months into new contract</p> <p>Customer Care & Citizen Involvement Team Comments, Compliments and Complaints Annual Report 2014-15</p>	<p>Rachel O'Connor, Head of Specialised Commissioning</p> <p>Max Vaughan, Commissioning Manager – Substance Misuse</p> <p>Charles Ashton-Gray, Strategic Performance & Engagement Manager</p>
24 November 2015 10.00am	<p>Better Care Fund Update</p> <p>2014/15 Safeguarding Adults Annual Report</p> <p>Tracking of 'Living Life to the Full with Dementia' Inquiry</p>	Alan Lotinga, Service Director, Health and Wellbeing
15 December 2015 10.00am	Local Performance Account 2014-15 (Adult Social Care Services)	Alan Lotinga, Service Director, Health and Wellbeing
19 January 2016 10.00am		
23 February 2016 10.00am		
22 March 2016 10.00am		
26 April 2016 10.00am		

Items to be scheduled in Work Programme

- Delayed Transfers of Care (Progress Report)
- The Future of Specialist Care Services

Suggested items

- Home Adaptations
- Independent Living
- Younger Adult Consultation
- Smoking Cessation (including new e-cigarettes; shisha lounges)
- Diabetes
- Prostate Cancer in Afro-Caribbean Communities

Link to Council Priority



• Urgent Care Consultation (to include A&E and 4 hour targets and mortality rates)	
• Personal Health Budgets	
• Sexually Transmitted Diseases	
• Adult Social Care: Performance, Budget and Progress on Savings Plans	
• Direct Payments	
• People with Learning Disabilities: Support with Employment and Housing	
• Move of health visitors to local authority (Autumn 2015)	

Joint Birmingham & Sandwell Health Scrutiny Committee Work

Members	Cllrs Majid Mahmood, Karen McCarthy, Sharon Thompson, Andrew Hardie, Sue Anderson	
Meeting Date	Key Topics	Contacts
1 July 2015 2.00pm in Birmingham	<ul style="list-style-type: none"> • Urgent Care • Cardiology and Acute Services • End of Life Care 	Jayne Salter-Scott, Andy Williams

Joint Birmingham and Solihull Health Scrutiny Committee Work

Members	Cllrs Majid Mahmood, Mohammed Aikhlaq, Mick Brown, Robert Pocock, Andrew Hardie, Margaret Waddington, Sue Anderson	
Meeting Date	Key Topics	Contacts
21 July 2015 5.30pm in Birmingham	<ul style="list-style-type: none"> • Non-Emergency Patient Transport • HoEFT CQC Inspection Report 	Carol Herity, CrossCity CCG Sam Foster, Chief Nurse, HoEFT
TBC	<ul style="list-style-type: none"> • HoEFT Surgery Reconfiguration Update – Site Plans for all 3 Trust Hospitals 	Ruth Paulin, Lisa Thompson, Richard Steyn
March 2016	<ul style="list-style-type: none"> • BSMHFT – Provision of Young People Emotional Wellbeing Services one year on from implementation. 	John Short, Sue Hartley, Peter Hughes

West Midlands Regional Health Scrutiny Chairs Network

1 July 2015	<ul style="list-style-type: none"> • NHS England – West Midlands Neonatal Service Review • Integrating Health and Social Care • CQC – Update on Primary Medical Services 	
7 October 2015	<ul style="list-style-type: none"> • TBC 	

CHAIR & COMMITTEE VISITS

Date	Organisation	Contact

INQUIRY:

Key Question:	
Lead Member:	
Lead Officer:	
Inquiry Members:	
Evidence Gathering:	
Drafting of report	
Report to Council:	



Councillor Call for Action requests

Cabinet Forward Plan - Items in the Cabinet Forward Plan that may be of interest to the Committee

Item no.	Item Name	Portfolio	Proposed date
000238/2015	The Introduction of a Framework Agreement for Younger Adults Care Providers and the Use of a Micro-Procurement Process to Purchase Care Services for Younger Adults (18-64 years)	Health & Wellbeing	27 July 2015
	Public Health Grant Reduction	Health & Wellbeing	27 July 2015