



Andy Cave - Chief Executive Officer

How we work - Our strategy

Healthwatch Birmingham aims to hold commissioners and providers of Health and Social Care services to account for ensuring patients, public, service users and carers are at the heart of all changes and decisions made in the name of service improvement.

Our strategic objectives are to reduce health inequity by:

1. Listening to patient, public, service user and carer experiences to identify specific aspects of inequity which matter most to them. We raise these issues and hold commissioners and providers to account, ensuring they take action which will result in service improvement.
2. Improving the quality and use of patient and public insight, experience and involvement in Health and Social Care in Birmingham.



How we work - Delivering our Statutory Functions



Statutory Function	Service Area
1) Gathering the views and understanding the experience of patients and the public	Listening: Feedback Centre and Widget, Inform and Signposting Line, Community Engagement Investigations
2) Understanding the views of people who use services	Investigation Reports Right to Respond (Feedback Centre) Feeding back and reporting direct to providers through meetings
3) Promoting and supporting the involvement of people in the commissioning and provision of local Health and Care services and how these are scrutinised.	Quality Standard Key Challenge Questions Lay Member Project
4) Recommending investigations or special review of services via Healthwatch England or Care Quality Commission	National Database CRM System Red Flag Reporting (National Issues) Referral Safeguarding and CQC
5) Providing information and signposting about services and supporting informed choice.	Information and Signposting Line Website Community Engagement
6) Making the views of people known to Healthwatch England	National Database CRM System Regional and National Healthwatch Network meetings Investigation Reports

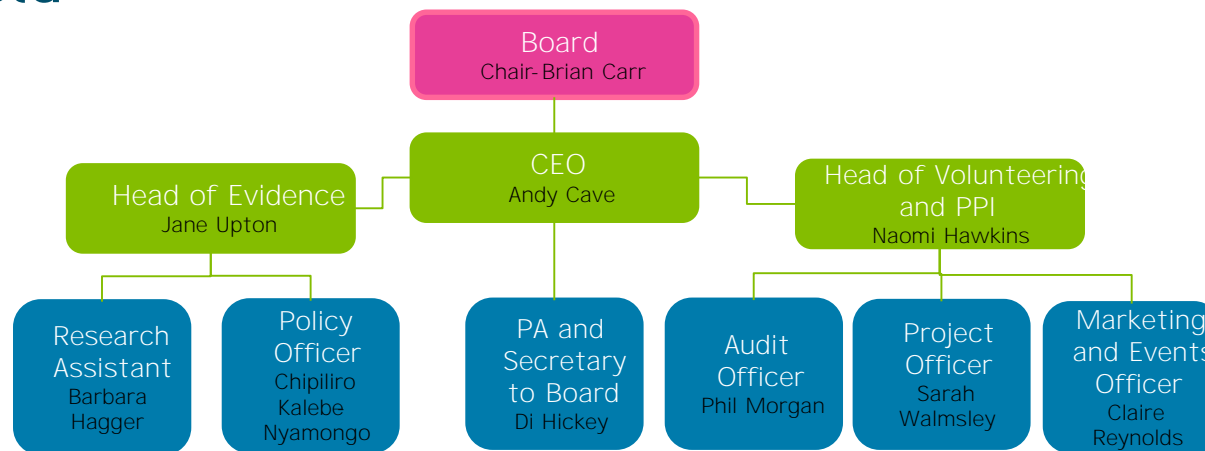
Governance and Staff

Healthwatch Birmingham Board

- “ Our Board has 6 Non-Executive Directors (NEDs)
- “ Full governance review completed in June 2016
- “ NED recruitment planned for Quarter 3 16/17

Healthwatch Birmingham Staff Team

- “ Full staff team from June 2016
- “ Clearly defined specialist staff roles; all experts in their field



Volunteers

- “ Volunteers are central to our strategy and a crucial part of our growth as an organisation
- “ 29 active volunteers
- “ Quality assurance and volunteer development systems are in place - right volunteer at the right time with the right skills.
- “ Volunteer activity is aligned to our objectives around listening to people’s experience
- “ Continually recruiting volunteers through:
 - “ BVSC
 - “ Do-it volunteer recruitment website
 - “ Local universities and colleges
 - “ Directly with third sector organisations
 - “ NHS Jobs



How we listen

Public, patient, service user and carer and experience is at the heart of everything we do. We listen more and more by using our:

- “ Website
- “ Feedback Centre
- “ Feedback Centre Widget
- “ Social Media
- “ Information and Signposting Line
- “ Community Engagement



How we listen - Engagement

Proportionate Universalism

To ensure we hear from everyone, and in particular the groups most likely to experience health inequities, we monitor and identify gaps and target our engagement work accordingly.

In particular we are interested in:

- “ Diversity groups (seldom heard)
- “ Geographical spread (every district)
- “ Areas of deprivation

Districts Covered:
Voices heard from all 10
Districts

Community Engagement
activity in 7/10 districts

Focused collection through
identified groups:

Young people

Mental Health

Asian Women

Parents (Children under 5)

Areas of Deprivation:

Top 5 most deprived
districts covered



How we listen - Engagement



Community Engagement

“ Between May - August 2016 there have been 11 Community Engagement Sessions across 7 districts of the city.

“ Engaging a total of 685 individuals



Website

“ On average we receive around 5500 page views per month on our website.



Social Media

“ We have a total of 3367 followers on Twitter



E-Bulletin

“ Our stakeholder mailouts go out on average to 250 readers from across the Health and Social Care Sector.



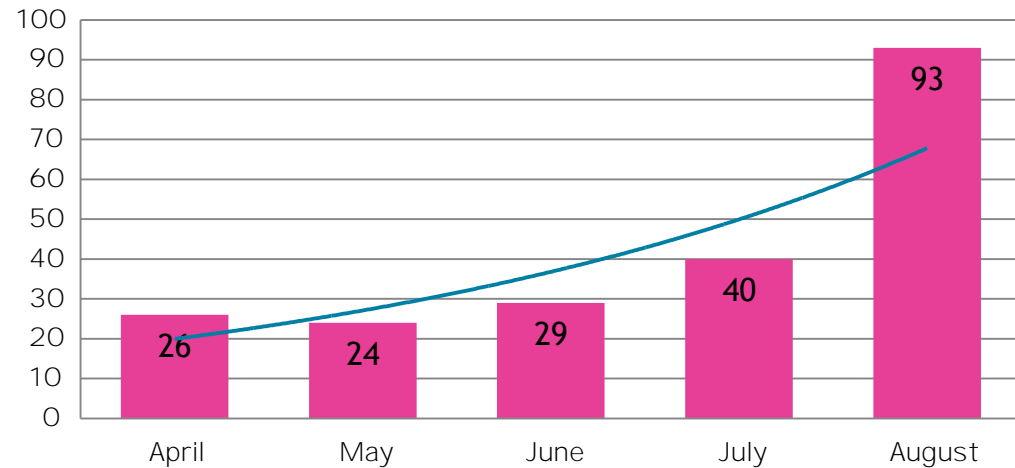
Listening more and more

From April - August 2016 we have seen a continuous growth in the number of people leaving feedback.

#FeedbackonFriday

In August we launched our #FeedbackonFriday campaign to encourage people to take 5 minutes to feedback about the services they have accessed.

Total Number of Experiences Heard



In September we launch our advertisement campaign on Birmingham buses.

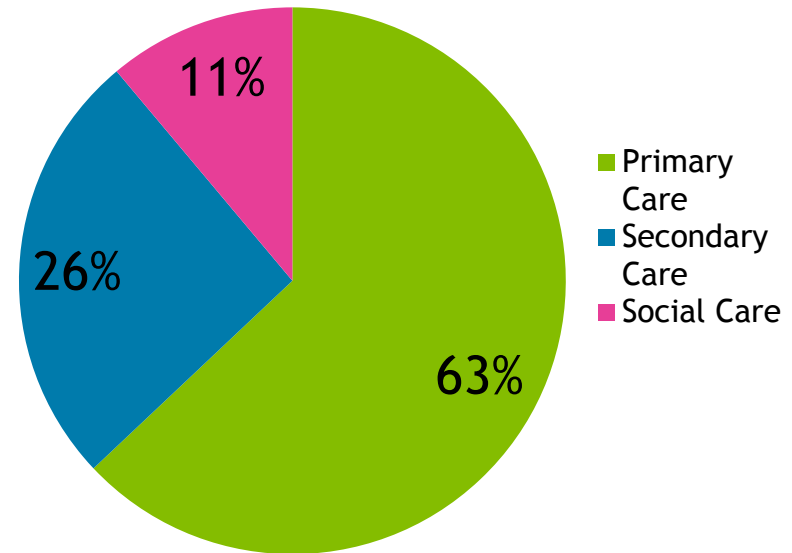


What we have heard

We listen to experience to identify shortcomings in care that could be a cause of inequity.

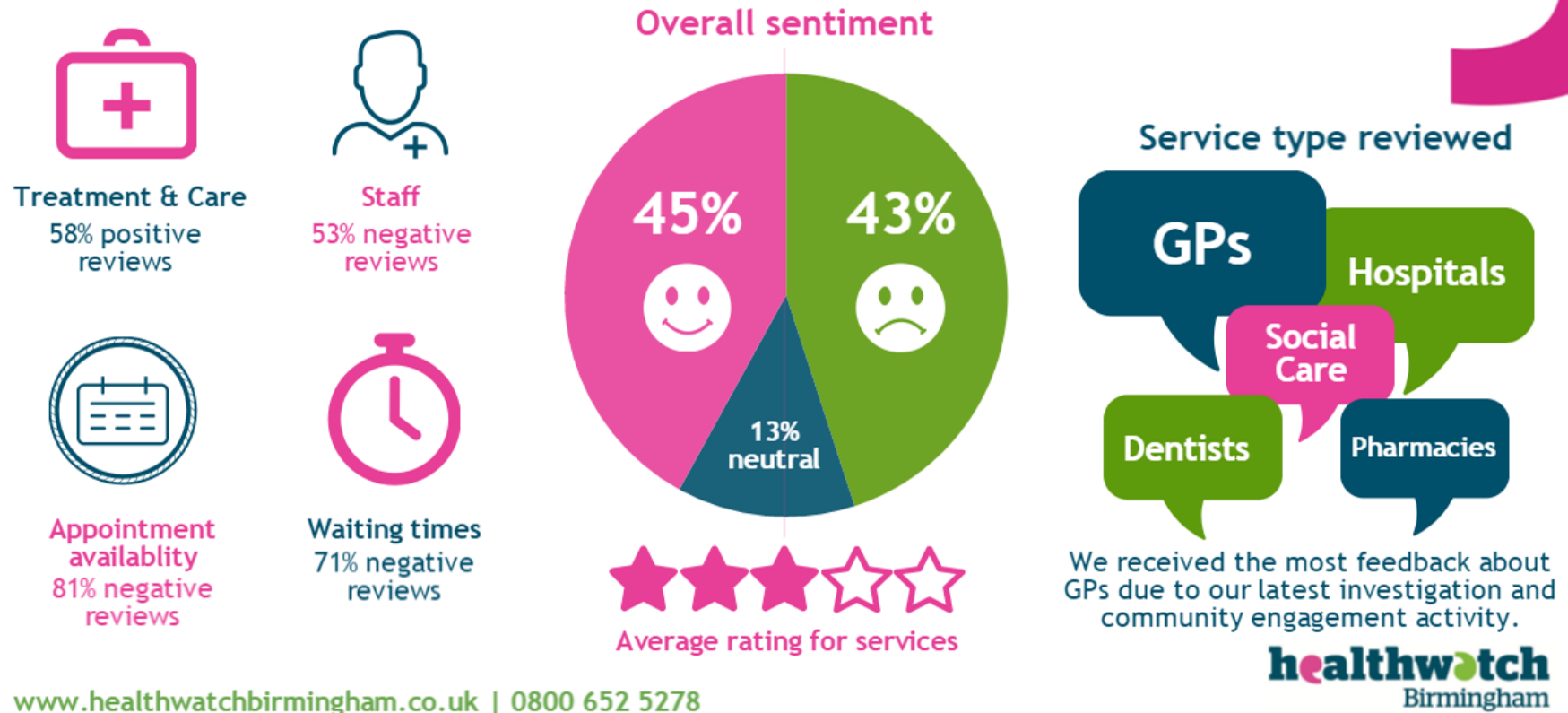
What we are hearing about services via our Information and Signposting Line:

- “ Quality of Treatment - 35%
- “ Complaints Process - 28%
- “ Staff Attitude - 19%
- “ Access to Services - 17%
- “ Diagnosis - 16%
- “ Service Co-ordination - 11%



Your experiences of health and social care August 2016

What have people been telling us about their experiences, through our Feedback Centre?

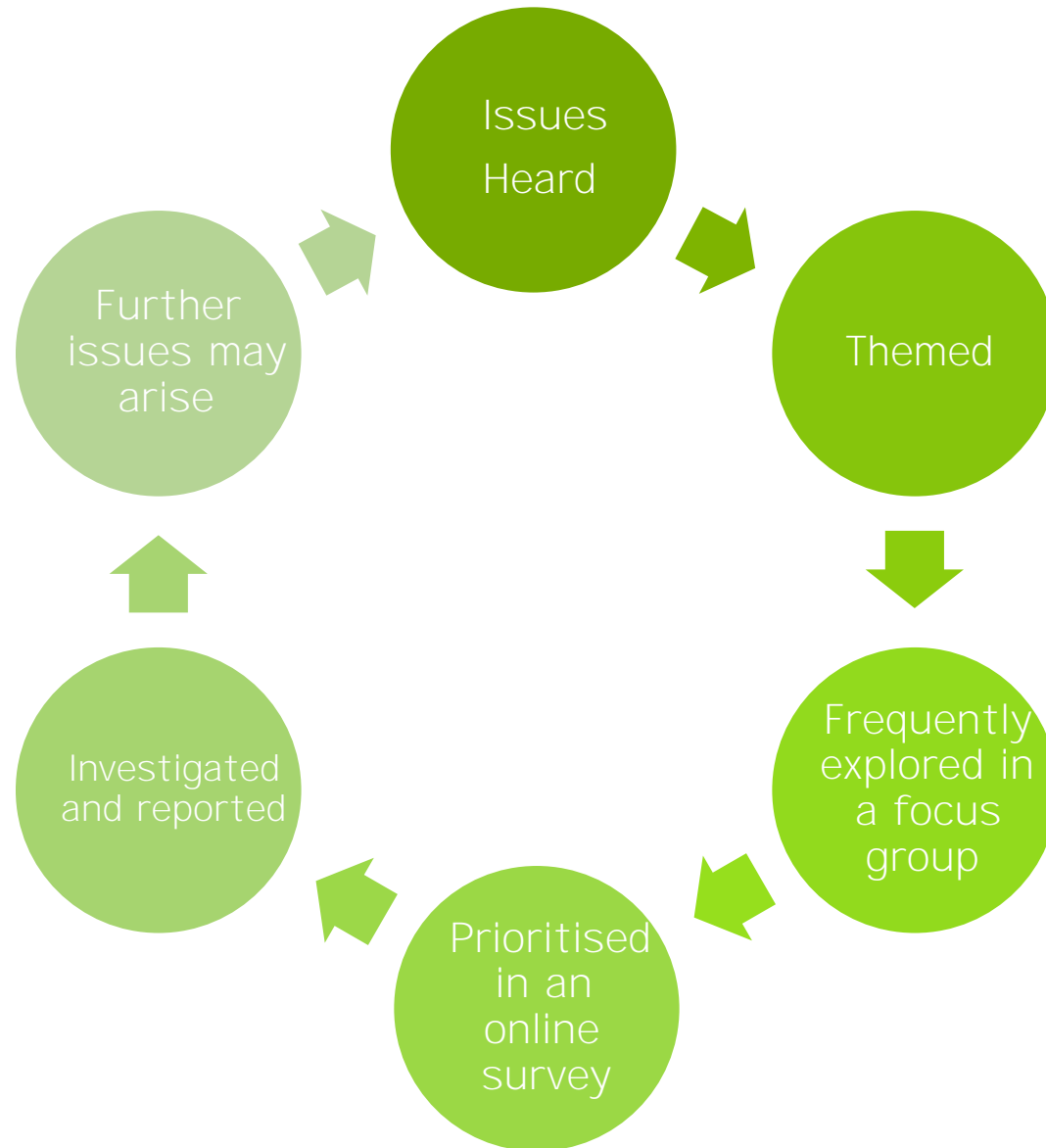


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Direct reporting of data to:
Commissioners and Providers
Right to Respond - Feedback Centre
Healthwatch England

CQC
Numerous boards and Meetings
Consultations

How topics are prioritised by the public?



Healthwatch Birmingham Survey - what would you like us to investigate in Autumn 2016?

* 1 Please select **THREE** topics that you feel need to be improved in the health and social care system in Birmingham.

- The quality of communication between General Practitioners (your family doctor) and hospitals regarding patient's medical records
- The quality of after care in audiology (hearing) departments
- The ease of complaining to the Clinical Commissioning Groups (CCG) in Birmingham about health services they commission
- The ease of complaining to Birmingham City Council about social care providers they commission
- The level of respect that some staff show people with learning disabilities who use the services provided by the Birmingham Community Healthcare Trust
- The quality of involvement of patients and the public in consultations about proposed changes to chiropody and physiotherapy services
- The quality of specialist treatment provided by district nurses to patients in the community
- The quality of discharge following medical and surgical procedures received by patients in hospitals
- The quality of care and attitude towards patients by dentists
- Delays in MRI scans in hospitals
- Patients rights to access and challenge what is written in their hospital medical records
- Poor integration of care between service providers, patients, and family post-discharge, which may leave patients without support

How do we explore variation in quality of Health and Social Care services that may lead to health inequity?

We identify the relevant local policy. For example the following is a section from one of our recent reports

healthwatch
Birmingham

What is the relevant local policy that guides whether care plans are provided to people with SMI under the care of BSMHFT?

The most recent publically available version of the Birmingham and Solihull Mental Health Foundation Trust's Care Management and CPA policy (March 2013) aims to provide effective care planning for ALL service users.²

What does the policy say?

One of the stated principles of the policy is to ensure equitable and appropriate access to services, interventions and information through

Health inequity refers to the inequalities in health that

How do we explore variation in quality of Health and Social Care services that may lead to health inequity?

We collect robust evidence



Young people & patient centred care in General Practices

- 304 young people interviewed about patient centred care

Care plan provision for people with serious mental illness

- Chief Executive of the local Mental Health NHS Trust interviewed & data obtained
- Commissioner at CCG interviewed & data obtained

GP emergency appointments

- 66 patients told us their experiences of trying to make an emergency appointment
- 56 GPs completed an online questionnaire

We report our findings

3. We highlight where the local policy has been implemented in such a way to lead to variation in services that may lead to health inequities. Examples:

Young people & patient centred care in General Practices

- e.g. The level of patient centred care is not consistent or good enough. 1:5 young people rate the level of patient centred care as either 'poor' or 'fair'.

Care plan provision for people with serious mental illness study

- e.g. Although all patients with a SMI and registered on the 'Care Plan Approach' at BSMHFT should have a care plan, 20% do not.

GP emergency appointments

- A draft report is currently being sent out to stakeholders. We therefore can not share the findings in this slide set as we take a 'no surprises' approach. The data describe variability in service provision and focus on particular population groups. that may be particularly affected by this issue.

We report our findings and hold to account

1. We send a draft report to key stakeholders
2. We revise the report to include the actions providers and/or commissioners have said they will take as a result of the report.
3. The report is sent out widely: relevant Boards, Third Sector organisations, volunteers and stakeholders, and is available on our website.
4. If appropriate we will revisit the issue to follow up these actions.

How is this report being used as a lever for positive change within Birmingham?

As a result of Healthwatch Birmingham's exploration of this topic, BSMHFT will put this report through their formal governance process and provide a work programme through either the Trust's Quality Committee or Full Trust Board. This will give a formal feedback loop.

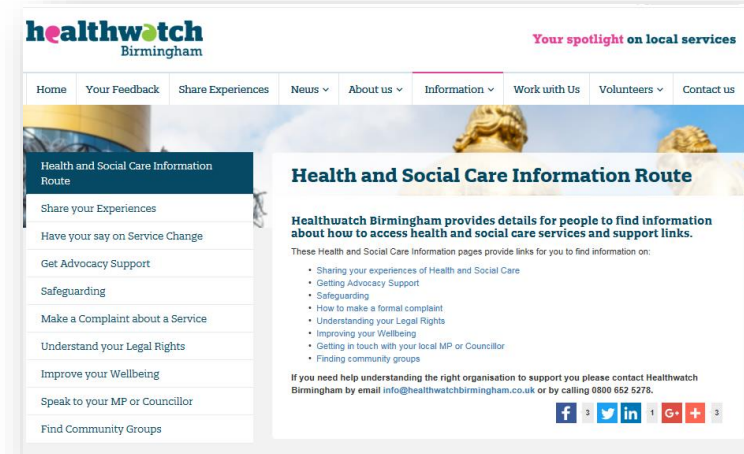
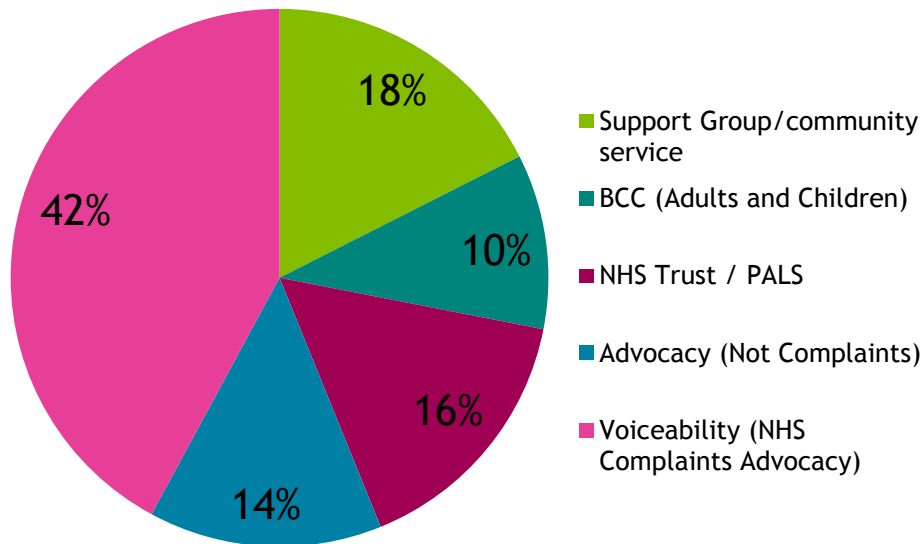
We will follow up on the Trust's work programme, and report any changes in the proportion of people with SMI that have care plans. A follow-up report will be written in early 2017, and if no changes are found relevant regulatory bodies in Birmingham will be notified.

Information and signposting

Access Map

Easy to navigate, self help section of the website directs individuals to where they can find the most up to date information.

Information and Signposting Line



Signposting Audit

We are interested in the level of service individuals receive through advocacy providers.



Raising the level and quality of patient and public insight, experience and involvement.

Healthwatch Birmingham's Quality Standard

- “In the pilot phase of the Quality Standard: using patient and public insight, experience and involvement to reduce health inequality and to drive improvement.
- “14 West Midlands CCGs are completing a self-assessment against the objectives Quality Standard as part of the NHS England West Midlands CCG Assurance process.
- “Later this year we are testing the Quality Standard with a large NHS Provider Trust, Social Care and a regulatory board in Birmingham.



Our role on Boards and meetings



Identify any potential health inequity

Challenge the quality and impact of PPI in making decisions and service change

Meetings Attended

- “ West Midlands Quality Surveillance Group
- “ Birmingham Health and Wellbeing Board
- “ Healthwatch England Advisory Task and Finish Group
- “ Birmingham HOSC
- “ Joint HOSC - Solihull / Sandwell
- “ Birmingham Adult Safeguarding Board
- “ Birmingham Children’s Safeguarding Board
- “ BVSC - Third Sector Assembly
- “ Primary Care Commissioning Committee S&WB CCG, BXC CCG, BSC CCG
- “ Birmingham Better Care Fund
- “ West Midlands Urgent Care Network



What's next

Hearing more and more

Volunteering

“ Increase the number of active volunteers in key listening roles, ensuring recruitment from across Birmingham populations.

Marketing

“ Continue with our marketing plan to raise the profile of Healthwatch Birmingham and feedback routes including: Bus Campaign, #FeedbackonFriday, Hospital Radio.

“ Increase the number of providers with the Feedback Widget

Community Engagement

“ Continue to increase the number of engagement activities by targeting all 10 districts, areas of deprivation and key population groups.



What's next

More impact leading to improved services

Investigations

- “ Complete the current round of our Topic Identification Prioritisation System for investigation.
- “ Generate high quality reports to hold commissioners and decision makers to account for service improvement.

Quality Standard

- “ Complete the testing of the Quality Standard with 14 CCGs, a NHS provider Trust and social care.
- “ Deliver a launch event of the Quality Standard in early 2017.
- “ Roll out a programme of self-assessment and audit.



For more information



Healthwatch Birmingham Annual Report

“ For more information about Healthwatch Birmingham and the way we work. Please see our [annual report](#).



Healthwatch Birmingham Reports

“ For more copies of Healthwatch Birmingham reports please see our [reports page](#).

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