

	<b><u>Agenda Item: 8</u></b>
<b>Report to:</b>	<b>Birmingham Health &amp; Wellbeing Board</b>
<b>Date:</b>	<b>30<sup>th</sup> June 2015</b>
<b>TITLE:</b>	<b>Healthwatch Birmingham Update Report</b>
<b>Organisation</b>	<b>Healthwatch Birmingham</b>
<b>Presenting Officer</b>	<b>Candy Perry, Chief Officer (Interim).</b>

<b>Report Type:</b>	<b>For Information</b>
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<b>1. Purpose:</b>
To update the Board on the approach to and progress of developing a new strategic direction for Healthwatch Birmingham.

2. Implications:		
BHWP Strategy Priorities	Child Health	
	Vulnerable People	Y
	Systems Resilience	Y
Joint Strategic Needs Assessment		
Joint Commissioning and Service Integration		Y
Maximising transfer of Public Health functions		
Financial		
Patient and Public Involvement		Y
Early Intervention		
Prevention		

<b>3. Recommendation</b>
The Health & Wellbeing Board is asked to note this update report.

#### **4. Background**

- 4.1 Healthwatch Birmingham is commissioned by Birmingham City Council to provide the 6 statutory Local Healthwatch Functions (listed in paragraph 4.2 below). It is part of the regulatory and scrutiny function of health and social care and as such forms part of a national network of Local Healthwatch represented by Healthwatch England which sits as a committee of the CQC. All Healthwatch Birmingham reports are shared with Healthwatch England and are used by the CQC to inform their work in hospitals, Adult Social Care and Primary Care Services. Healthwatch Birmingham is a social enterprise by statute of the Health and Social Care Act 2012. As it enters its third year the need for a clear and focussed strategic approach and intention are deemed imperative by Healthwatch Birmingham's Board of Trustees, Birmingham City Council, and Healthwatch England. This paper recognises recent investigative and analytical work before outlining the emerging key themes of a new strategy.
- 4.2 Healthwatch statutory functions: Local Healthwatch were / are intended to hold both commissioners and providers of services to account through their role on health and wellbeing boards by delivering the 7 statutory functions:
- a. Gathering the views and understanding the experiences of patients and the public.
  - b. Making people's views known.
  - c. Promoting and supporting the involvement of people in the commissioning and provision of local health and social services and how they are scrutinised.
  - d. Recommending investigation or special review of services via Healthwatch England or directly to the Care Quality Commission.
  - e. Providing advice and information (sign posting) about access to services and support for making informed choices.
  - f. Making the views and experiences of people known to Healthwatch England and the Local Healthwatch network, and providing a steer to help it carry out its role as national champion.
  - g. *N.B. A 7th function relates to commissioning of complaints advocacy which is not included in Healthwatch Birmingham's contract.*
- 4.3 That is, the 7 functions describe a coherent set of activities to help patients and the public speak up and help make sure people who plan and pay for services listen, in order to lever improvements in health and social care services. Healthwatch Birmingham's strategy development has been to consider what part or parts of the health and social care system it applies these functions to, and how, in order to drive patient and public lead service improvement. A key part of the investigative and analytical work has sought to answer the question, "if a Local Healthwatch is the solution, what was, or what is, the problem?"

<b>5. Compliance Issues</b>
<b>5.1 Strategy Implications</b>
<p>This report is designed to update the HWBB on an emerging new strategic direction for Healthwatch Birmingham. As a Local Healthwatch, Healthwatch Birmingham is the patients and publics champion and a statutory member of the HWBB. The strategic approach employed by Healthwatch Birmingham in pursuit of being the consumer's champion as part of the regulatory and scrutiny system, is likely to be of interest to commissioning and provider partners throughout the local health and social care system.</p>
<b>5.2 Governance &amp; Delivery</b>
<p>This Update Report is for information. However the final strategy will propose and commit to annual outcomes measures which will have been developed and agreed with Birmingham City Council who commission Healthwatch Birmingham to provide statutory Local Healthwatch functions. If desired these outcomes measures could be shared with the HWBB if required and once agreed.</p> <p>The Board of Healthwatch Birmingham is responsible for ensuring the strategy is delivered through effective operational implementation delegated to the Chief Officer and their team. Regular progress meetings with members of Birmingham City Council ensure effective progress information, provide a means of escalating or seeking support as necessary, and permits flex as needed.</p> <p>The strategy is in development. However two strands are emerging which may be of particular interest to the HWBB and merit regular reports once underway.</p> <p>(1) Progress and impact of Healthwatch Birmingham's programme of publicly identified and prioritised themed reviews</p> <p>(2) Healthwatch Birmingham's investigative work into public and patient involvement at a systemic level across the City.</p>
<b>5.3 Management Responsibility</b>
Board: Healthwatch Birmingham Day-to-day: Healthwatch Birmingham CO
<b>6. Risk Analysis</b>
This update report is for information and does not therefore discuss risk.
<b>Appendices</b>
None

<b>Signatures</b>	
<b>Chair of Health &amp; Wellbeing Board (Councillor Paulette Hamilton)</b>	
<b>Date:</b>	

The following people have been involved in the preparation of this board paper:

Brian Carr,  
Chair (Acting) - Healthwatch Birmingham

Candy Perry  
Interim Director - Healthwatch Birmingham  
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## **Update Report on Healthwatch Birmingham Impact, Strategic Direction and Intention.**

Healthwatch Birmingham's annual report of the year 2014/15 will show the organisation has met many of the targets it set itself in the annual business plan, and that it can demonstrate some evidence of the impact of these activities on the lives of those residing or working in the City. Specifically it has:

- Attended 155 community engagement events.
- Undertaken 17 Enter and View visits.
- Undertaken 6 pieces of research in and across 97 districts.
- That activity via and data arising from the Feedback Centre is growing and becoming more usable.
- That Officers or delegated, trained and supported Volunteers have been directly involved in consultations on HEFT Surgical Reconfiguration, LD Maternity Journey, Homelessness Enquiry, 0-25 consultation, NHS Complaints Advocacy, and Carers Strategy.
- Received and responded to 115 calls seeking information and advice.
- Published and distributed a well-reviewed care services Directory.

Healthwatch Birmingham has recently undertaken a complete review of its governance, services and operating practice. This has resulted in a refresh of the board of non-executive directors (with more NEDs due to be recruited in coming weeks). Brian Carr, the chief executive of BVSC - which is Healthwatch's sole member organisation - is currently acting as chair pending recruitment of a permanent chair, which will be carried out once the new strategy direction has been fully agreed. Candy Perry is in post as interim Director pending recruitment to the permanent chief officer post, which is currently underway.

Strategic work has focussed on understanding what it needs to change, what it needs to change to, and how it will cause the change to happen. The purpose of the review has been to establish how to more effectively use its statutory functions, including its seat on the Health and Wellbeing Board, to make sure patients and the public are at the heart of all changes to health or social care commissioning or provision which is made in the name of service improvement; and to provide patients and the public, directly or through voluntary sector organisations, with the means to raise the issues and concerns which matter most to them, and of holding 'the system' to account for taking action to address their issues – within and recognising resource constraints.

Findings of the review have been consistent with the recently published, DH commissioned, Kings Fund report of the status of Local Healthwatch nationally (*Local Healthwatch: progress and promise* Kings Fund, 2013) which concluded that the effectiveness and impact of Local Healthwatch organisations varies widely, identifying clear disparities about how they interpret their role, how this is understood in their local health and social care systems, and their effectiveness in carrying out their statutory activities.

A key stage has been developing an understanding of what the problem is (or was), if a Local Healthwatch was or is the solution. I.e. what the policy intentions were as Local Healthwatch emerged out of the Health and Social care Act 2012.

Strategic work has been undertaken using a whole systems approach to understand some of the human systems dynamics operating within Birmingham's system (as opposed to trying to map structural inter-relationships). This has enabled a clearer

plotting of many of the Local Healthwatch statutory functions within the wider system. Namely:

- Making sure all voices are listened to at every stage of decision making including:
- Making sure the public are involved in design and redesign of services. And...
- Making sure the public know and understand service changes and understand how to modify their consumption of services accordingly.
- Making sure their voice is heard, as it relates to taking action where required as a result of their reported experience of care.

As a result of its review Healthwatch Birmingham is developing a new strategy which aims to enable it to drive service improvements which mean the most to patients and the public across the region.

Healthwatch Birmingham is increasingly interested in the effectiveness of organisations operating within 'the system' at engaging patients and the public at every stage of decision making. I.e. How effective they are at getting patients and the public at the heart of health and social care, an aim supported by numerous current policy and legal guidance directed at providers and commissioners strategically and operationally.

Two strands of work are emerging:

1. Enabling, supporting and holding organisations in the system to account for the effectiveness of their Patient and Public Involvement. Working with local and national stakeholders within the system to better understand what is preventing – at a systems level – effective public and patient involvement, and developing solutions to relieve some of those barriers. An Away day is planned for the 18<sup>th</sup> June which is being carefully designed to unpick some of these issues. Members of the HWBB and its Operations Group, Better Care Fund Board, CCG and Trust Chairs and CEO, VSO CEOs, Healthwatch Birmingham Board, Staff and Volunteers have all been invited to this co-design event, along with relevant people from the CQC, NHS England and Healthwatch England. Some respondents are additionally bringing members of their patient experience groups.
2. Listening to and taking action on the issues which matter most to the public and patients as they experience care in the system.

Whilst much of Healthwatch Birmingham's current work is already in this area, in future this will adopt a more systematic, research based approach. Current work, including work in hard to reach communities, is being adapted to identify topics for a series of thematic reviews and ways to prioritise and conduct these are being investigated. There will be opportunities for Commissioners and providers to suggest topics at the Away Day on the 18<sup>th</sup>. Topics identified through very recent work with the public include investigating incidence of pressure ulcers on admission and discharge; possession and understanding of personalised carer care plans, or personalised long term conditions care plans; communication during procedure delays and cancellations (verbal and written). Topics suggested by professionals working within the system include opportunistic use of complaints to identify need for systemic and isolated improvements; and routing

and resolution of safeguarding concerns reported by the public. Additional suggestions should be forwarded to the Chief Officer or Chair of Healthwatch Birmingham.

Healthwatch Birmingham is also expanding and investing in its ability to listen more effectively across the patch. This is likely to happen in two ways. (1) By expanding and linking its community engagement work more deeply into established voluntary sector services and (2) By strongly encouraging mainstream adoption of Healthwatch Birmingham's Patient Experience Platform (The Feedback Centre) by all Health and Social Care Commissioners and CQC-registered Providers across the City of Birmingham.

The Feedback Centre has many front-end similarities to Trip Advisor. It harnesses public desire to share their experiences and is accessible by mobile phone, PC and tablets and via the Healthwatch Birmingham website. It was designed by Healthwatch Birmingham to be part of a much larger data capture system which collects and triangulates data across social media platforms like Twitter and Facebook, and Public Observatory data. 22 Local Healthwatch are using the Feedback Centre to ground their own listening strategies.

The original idea was that this system would enable Healthwatch Birmingham to identify and report publicly felt consequences of service changes as well as identify and trigger a programme of investigative work.

Healthwatch Birmingham also developed a 'Widget' which can be easily added to any website providing organisations who do so with the immediate ability to collect and analyse their own service-specific patient experience data as well as contribute to a City of Birmingham dataset. Healthwatch Birmingham is building capability to roll out and support mainstream adoption of the widget which is being made available free of charge. Any support which helps rapid adoption would be welcomed by the Board.