



Healthwatch Birmingham

Annual Report 2018-19



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Message from our Chair

We are delighted with all that we have achieved in the last twelve months. This has resulted in us winning the continued contract to deliver Healthwatch Birmingham services for the citizens of Birmingham.

We have continued to grow, and have established ourselves firmly in the local health and social care system as a key strategic partner. This is represented by our involvement in the working groups for the Birmingham and Solihull Sustainability and Transformation Partnership (STP), where we have continued to raise the need to have citizens at the heart of all decisions and involved in the process to improve health and social care services for the future.

Our position to share best practice across the Healthwatch Network has further strengthened our relationship within the Healthwatch Network. We have shared our expertise through the national Healthwatch England conference and have played a key role in writing the forthcoming network research training programme.

Our focus on delivering quality services for the citizens of Birmingham has also been recognised at a national level. This year we were delighted to receive Highly Commended at the National Healthwatch Network Awards for our project to build confidence and motivation amongst our volunteer team. The Patient Experience Network National Awards (PENNA) also recognised us: we achieved runner-up for our Community Offer project. We also achieved Healthwatch Organisation of the Year.

None of this success would have been possible without the hard work and dedication of our staff and volunteer team. Our volunteers are at the heart of what we do. The developments we have made to better support volunteers is indicated



*Danielle Oum - Chair,
Healthwatch Birmingham*

by our achieving the Investing in Volunteers Quality Standard.

As we move into a new chapter in the Healthwatch Birmingham journey, we are developing our new Three-Year Strategy. This will be launched in autumn 2019. This new strategy will outline our ambitions to grow as an organisation. This will build on our existing strong track record, advancing our capability to deliver greater impact for Birmingham citizens. Our work will result in more improvements to local health and social care services as a result of patient, public and carer experience, ensuring citizens are at the heart of decisions made in health and social care. We will continue to reach into all communities of Birmingham; focusing on supporting citizens to have the confidence and skills to share their views, and empowering them with information and signposting to organisations that can help them.

In my second year as Chair of Healthwatch Birmingham, I am proud of the achievements outlined in this report, which demonstrate our continued success. My thanks go to the Healthwatch Birmingham Board, staff team and volunteers for their commitment and passion for our role and our City. I look forward to our future continued ability to influence the local health and social care services to meet the needs of our local communities.

Message from our Chief Executive

I am proud to present the achievements of Healthwatch Birmingham in 2018-19, which has resulted in our most successful year to date.

This annual report demonstrates our continued growth. We have heard 59% more individual experiences of health and social care compared to the previous twelve months. We have also empowered more people from the most vulnerable and diverse populations of our City to speak out about the care they receive. This year saw the development of our Community Offer, which embodies our commitment to build skills and assets within our communities. We are pleased this innovative approach has been recognised as best practice at a national level.

Through our Quarterly Reports, we have directly shared more of the feedback we have heard with the local health and social care system. This means that more citizen views are used in commissioning decisions and service changes. We have also worked with a range of service providers to use our locally developed Quality Standard to improve their mechanisms to use patient and public insight, experience and involvement and to drive improvement.

Our investigation reports have resulted in more impact this year for Birmingham citizens. These reports outline the changes made to local services and commissioning because of citizen experience. This year, our investigations covered a wide range of services including; Direct Payments with Birmingham City Council, experiences of patients using hospital waiting rooms and people's experiences of using general practices in Birmingham. The specific achievements of these projects are outlined in this report.

All of our success this year has been as a result of our continued support from a range of stakeholders. I would like to thank our partners in health and social care for their continued support, which has increased the value of our work. I would also like to thank all of the Birmingham citizens that have taken the time to share their experiences with us, without whom we would be unable to achieve the great work we have.

Finally, my thanks go to our Board members, volunteers and staff team, whose passion and dedication for improving services for the people of Birmingham drives our ability to grow and improve.



*Andy Cave - Chief Executive Officer,
Healthwatch Birmingham*



**Highlights from
our year**

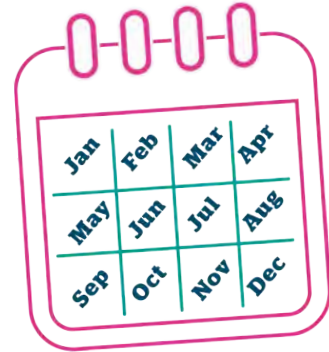
Healthwatch
Please fill in the following details about yourself. These will remain absolutely confidential and are stored securely. This information will help us to ensure that our surveys at Birmingham fit best for you. Please send the response that best represents you.

Age: 1-49
50-59
60-69
70-79
80-89
90-99
100+
Gender: Male Female
Ethnicity: White Black Asian Other

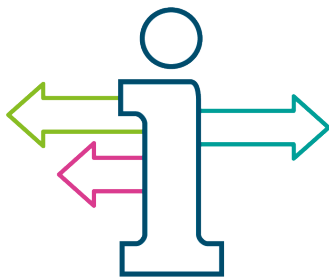
Find out about our resources and the way we have engaged and supported more people in 2018-19. **Our resources:**



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.



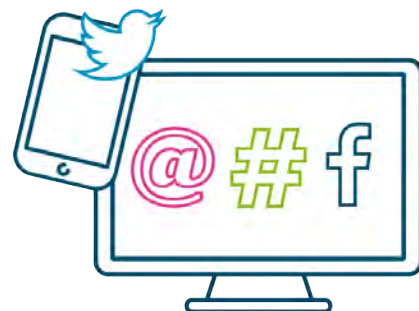
Over **380** people contacted our Information and Signposting Line with questions about local support. Our online Information Route had over **2,800** visits.



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



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



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



Who we are



Healthwatch Birmingham

Healthwatch Birmingham is the independent champion for health and social care services. We exist to ensure people are at the heart of care. We provide patients and the public with ways to feed back and have a stronger say about the services they use.

We listen to what people like about services, and what could be improved. This could be about general practices, hospitals, dentists, opticians, pharmacists, nursing and residential homes, or care received in the community.

We have the power to ensure that the organisations that design, run or regulate health and social care listen to people's views and act on them. People's experiences prompt and lead our activities and investigations, with our reports focusing on improving services for everyone. We also encourage services to involve patients and the public in decisions that affect them.

Through our Information and Signposting Line, Healthwatch Birmingham also helps people find out the information they need about services in their area.

When people share their experiences, it can make a big difference. Our aim is to help make health and care services better for patients, their families and their community.

Rainbow Bridge LGBT Group meeting



Our vision

Patients, the public, carers and service users are at the heart of every change made in the name of service improvement in health and social care in the City of Birmingham.



Our statutory functions:

- + Promoting and supporting the involvement of local people in the commissioning, provision and scrutiny of local care services.
- + Enabling local people to monitor the standard of provision of local care services, and how they could and ought to be improved.
- + Gathering the views of local people regarding their need for, and experiences of, local care services and, importantly, to make these views known.
- + Making reports and recommendations about how local care services could or ought to be improved. These are directed to commissioners and providers of care services and people responsible for managing or scrutinising local care services. We also share our reports with Healthwatch England.
- + Providing information and signposting about access to local support services so people can make informed choices about their care.
- + Making recommendations to Healthwatch England to advise the Care Quality Commission (CQC) to conduct special reviews or investigations, or, where the circumstances justify doing so, making such recommendations direct to the CQC.
- + Providing Healthwatch England with the intelligence and insight it needs to perform effectively as a national advocate for the issues local Healthwatch organisations raise on behalf of the public.



deafPLUS Coffee Morning

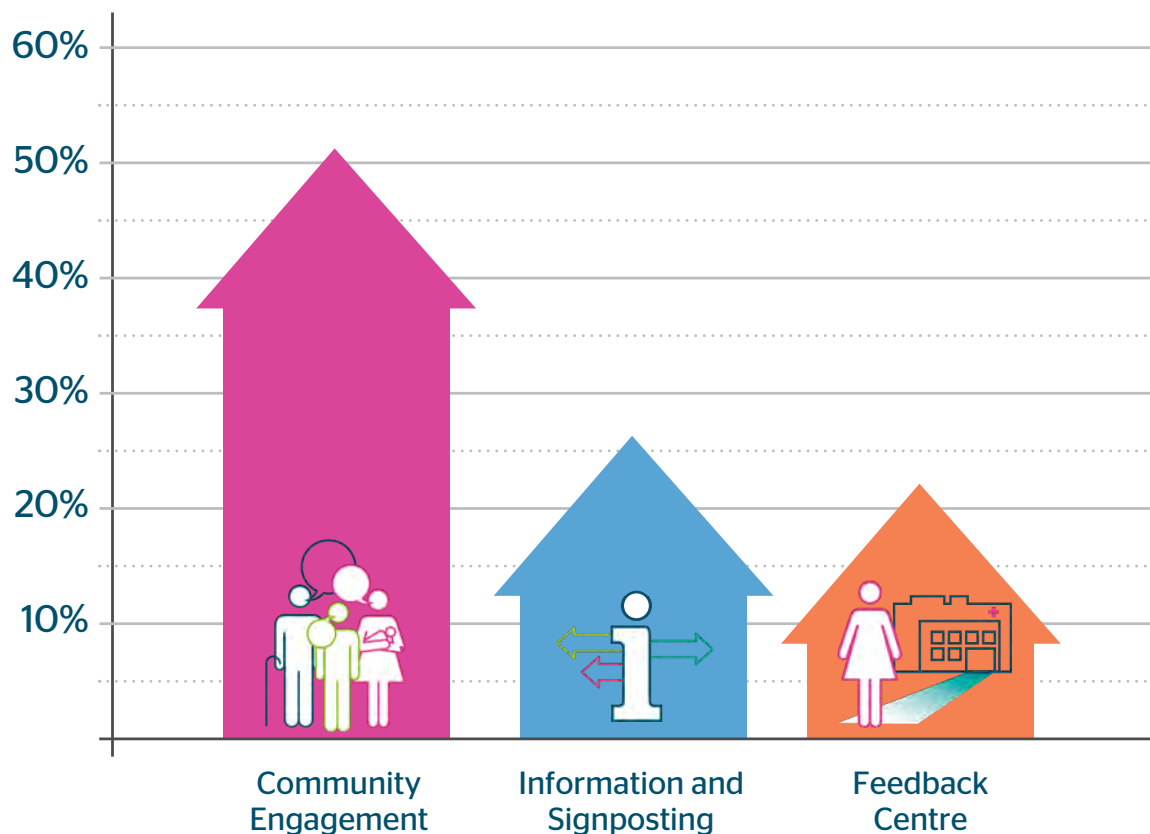


How we have made a difference

Listening to people

In 2018-19, we saw a **59%** increase in feedback heard via all routes. In total, we heard **1,449** individual pieces of feedback about Birmingham health and social care services during this period.

Feedback by %



We are a visible and accessible presence in local communities across Birmingham, enabling people to easily share their experiences of health and social care. We collect views on health and social care through several routes: our online Feedback Centre, Information and Signposting service, and our Community engagement activity.

In 2018-19, we participated in a variety of events and community engagement activities across the 10 districts of Birmingham. Through this activity we engaged with 3,154 people raising awareness among different communities. This resulted in 190% more feedback being heard through our community engagement activity in 2018-19, with 739 individual's experiences being heard.

We also increased the quality of the feedback heard to ensure that this is meaningful experience data that is both useful for our work and to the wider health and social care system.

We disseminate feedback widely through the local health and social care sector via our quarterly reports. These reports categorise our data for each three-month period and are an important component of our quality monitoring process. The reports are circulated to key stakeholders, including CCGs, Birmingham City Council and the Care Quality Commission (CQC).



'Thank you for your Quarterly Report. Having reviewed the content I think this will be really valuable to our quality intelligence.'

Thank you for sharing.'

Michelle Carolan, Chief Officer (Quality), Sandwell and West Birmingham CCG

Feedback Centre and Widget

Healthwatch Birmingham's online Feedback Centre allows members of the public to share their views about what is good about the services they use, and what improvements are needed. People can submit their experiences anonymously, so the Feedback Centre is a very effective tool for gathering people's genuine opinions and experiences of local services. Because Birmingham is a diverse city, our Feedback Centre translates into over 100 languages, which strengthens our capacity to listen to more people. In 2018-19, we published 989 patient and service user reviews online.

We have continued to broaden access to our Feedback Centre using the Widget - a facility that is set up (without charge) on a provider's website and that links feedback left there to our online Feedback Centre. This means that when service users leave feedback on a provider's website, that feedback is automatically shared with Healthwatch Birmingham. This has increased the range and amount of feedback we gather and makes it available to anyone visiting our website.

We continue to encourage more service providers to demonstrate the value of patient feedback by adopting the Widget, and so gaining a better understanding of how people are using their services, and improving their engagement with patients and members of the public.

Importantly, we also saw more service providers publicly responding to feedback on our website. This allows them to acknowledge good reviews and provide solutions to any issues raised by patients.

As well as informing providers about patient views, the Feedback Centre also provides services users, commissioners and those who inspect services with real-time data to help them understand what people are experiencing when they use Birmingham's health and social care services. Feedback provides intelligence to influence decision-makers and help to focus resources on areas of need.

Promoting the Widget

We offer the Widget for free to all CQC-registered organisations in Birmingham to support them in accessing real-time data on the service-user experience, and insights into how people are rating the specific services they provide.

In December 2018, we delivered two webinar training sessions with Birmingham City Council to promote our Widget and PPI Quality Standards to local social care providers. The webinars proved extremely successful, and we gained four new widget adopters as a result.

Community Engagement and our Community Offer

Community Engagement

We value everyone who takes the time to share their experiences: community engagement events are vital in building a picture of where health and social care services are working well and where improvement is needed. By participating in community engagement events, we can reach specific groups to talk about what we do and listen to their particular experiences. Over the course of the reporting year, we have engaged with:

- + Black, Asian and minority ethnic (BAME) groups
- + asylum-seekers and refugees
- + carers
- + pregnant and nursing mothers
- + dementia patients and carers of people with dementia
- + people with mental health conditions
- + people who are homeless
- + people with problems of substance misuse
- + people with learning, sensory and/or physical disabilities
- + young people and students
- + members of the lesbian, gay, bisexual and transgender (LGBT) community
- + families with children aged under 5
- + older people.

Based on the reporting year's data, we have been able to analyse where there might be gaps in the representation of different communities. Our data shows clearly that we are successful in hearing from our targeted populations and is representative of the City's overall demographic:

- + **Ethnicity:** the breakdown of feedback heard across Birmingham is comparable to the 2011 census, demonstrating our ability to reach all communities in the City.
- + **Age:** we have a good spread of feedback across the age groups, with a greater proportion of older people leaving feedback than the census population.
- + **Religion:** we saw a representative spread of religions in our diversity monitoring for Birmingham.
- + **Sexual orientation:** we had previously identified the LGBT community as a key population for increased engagement and have worked closely with Birmingham LGBT Centre. Our monitoring shows an increase in LGBT people leaving feedback with us and reflects the demographic estimates of around 10%.
- + **Disability:** we had previously identified a need to increase feedback from citizens with sensory impairment. As a result, we made links with deafPLUS and attended a coffee morning with a BSL interpreter to collect feedback from members of the deaf community. Our feedback from this activity was featured in a Healthwatch England Intelligence and Policy report.



Have your say

Share your ideas and experiences and help services hear what works, what doesn't, and what you want from care in the future.

w: www.healthwatchbirmingham.co.uk

t: 0800 652 5278

e: info@healthwatchbirmingham.co.uk



To see our presentation about this project visit: <http://patientexperiencenetwork.org/wp-content/uploads/2013/11/Engaging-and-Championing-the-Public-Healthwatch-Birmingham-Community-collaboration-to-empower-seldom-heard-groups-F.pdf>

Bournville College Mental Health Awareness Week

Community Offer

We launched our award-winning Community Offer in May with an information session, from which four organisations were selected to progress the work. These were Inside Recovery (HMP Birmingham), Malachi Community Trust, Home Group Support for Mental Health Carers, and the Refugee and Migrant Centre. We trained 25 volunteers as Community Engagement Champions, through a robust plan of recruitment, training, communications (including interpreting) and evaluation to ensure we can both achieve our shared objectives: to support more people to play an active role in the provision of health and social care services.

One of our priorities is to engage meaningfully with some of the most marginalised groups in Birmingham in order to expose health inequalities, and to make their voices powerfully heard. Engaging with these seldom-heard groups requires an understanding of the unique needs and issues of each community, as well as sufficient time to build trust in order to engage meaningfully.

This can be challenging: Birmingham City Council is one of the biggest local authorities in Europe, and Birmingham is one of the most diverse cities in the UK, with over 90 languages spoken. However, with Birmingham's vibrant Voluntary, Community and Social Enterprise (VCSE) sector we recognised that by working in partnership with key VCSEs that have built strong and trusting

relationships with vulnerable and marginalised groups, we could gain access to such groups in order to hear and represent their views and experiences.

Our deployment of VCSE volunteers who belong to marginalised communities themselves means we are listening better: people feel more comfortable and willing to speak with those to whom they can relate, and it also means we are collecting feedback from communities we would otherwise struggle to reach.

However, our partnerships with VCSEs were not simply a means to access the views of seldom-heard groups: as an assets-based model, our Community Offer also aims to increase capacity in the third sector, promote community cohesion and add social value by building transferable skills among the communities we serve. Thus, our partner organisations participate by encouraging their current volunteers or service users to become Community Engagement Champions, representing the unique link between the partner organisation and Healthwatch Birmingham.

We offer these volunteers comprehensive training for the role, which enables them to listen confidently to their local community's healthcare needs on an ongoing basis, raise awareness of Healthwatch Birmingham's work, help to remove the obstacles to public engagement with health and social care services, and improve access for vulnerable individuals to appropriate information and signposting support.

Malachi Community Trust is a community-facing organisation that have worked in communities across Birmingham for 25 years providing family support.

Whilst undertaking family support work, workers often have to step in and help families find the external support they need to enable families to progress. This help will range from debt, housing and sometimes help in getting medical conditions diagnosed etc.

'The Healthwatch Birmingham Community Offer offers us a way of getting that help for clients when they feel they've reached the end of their rope and feel they have nowhere else to turn, and a way for us to help spread the word about the wonderful impartial service that HWB provide as a health broker that will enable the client/community to achieve a positive outcome.'

Evonne Powell, Malachi Community Trust

Our trained Community Offer Champions have been raising awareness of our work, helping more people to access support through our Information and Signposting service. Supporting everyone - including the 'quieter voices' - to speak up about their experiences of health and care, and empowering people to get involved and help us shape and improve health and social care services in our City. Their work has made it possible for us to collect feedback from carers, people affected by poor mental health, families with children, offenders, the long-term unemployed, people living in poverty, and refugees and asylum-seekers.

For our part, we have been able to offer our volunteers additional training opportunities, such as access to accredited ASIST Suicide Prevention Training (delivered by Common Unity and Forward for Life), Mental Health First Aid and a safeguarding awareness talk (delivered by Birmingham and Solihull Mental Health NHS Foundation Trust). Regular partnership meetings have facilitated shared discussion and problem-solving, and have ensured that progress is made in a context of appropriate and mutual support. We were proud to receive Investing in Volunteers accreditation this year on the back of this work.



'There are always opportunities for you to learn more. Before you go to an event you are well prepared.'

Volunteer, Healthwatch Birmingham

This joint work has made it possible for us to hear from people from more communities and demographics than ever before, and to understand and highlight sometimes overlooked issues that affect members of seldom-heard groups. With over 50% of our feedback coming through community engagement initiatives, we

consider that our Community Offer has delivered a win-win result, both expanding our coverage and insight, and bringing new skills and inclusion to marginalised communities.

'I initially decided to take part in the Community Offer, because it allows me to meet new people and gain more confidence in interacting with people. It allows people to give their views and experiences on using healthcare services through a safe platform. It has improved my self-confidence and talking to new people in a professional setting.'

Deeka, Volunteer, Home Group



Case study: Improvements to Nicotine Replacement Therapy at HMP Birmingham

Inmates at HMP Birmingham will now see improved access to Nicotine Replacement Therapy (NRT) and a range of other supportive interventions following a review of how the treatment is administered.

Through feedback received, we had been made aware that inmates felt that access to NRT was inequitable. The leadership team at HMP Birmingham was also aware of the complex nature of this issue, and this combination of drivers led to a review and subsequent

improvements in the process of distributing quitting therapies across the prison.

'The link with Healthwatch Birmingham will underpin and validate the information that the Inside Recovery team receive in terms of healthcare services. What works well, what does not work well and how they can be improved in partnership with those who use healthcare services. This will allow aspects of services to be developed and be truly co-designed.'

Trevor Urch, Inside Recovery, HMP Birmingham



A cyclical process: Learning, evaluating, monitoring

The increase in the quantity, range and diversity of views being fed directly into our investigations has prompted actions and improvement in the wider health and social care system. We also believe that our Community Offer has established the benefits of collaborative partnerships, not least by combining resources and expertise in a financial climate of limited budgets. Our development of data-sharing agreements with community organisations has also been a valuable exercise, as has working with decision-makers in community organisations to establish a shared vision and objectives.

The benefits have also been seen by our partner organisations. Their access to feedback trends and data on gaps in provision will support them in the development of new and innovative services, and demonstrate their understanding of the needs of the communities they serve and their social impact.

This initiative is integral to our future Strategy and Business Plan. Our commitment to this

asset-based approach of growing partners and Champions will provide organisations such as NHS trusts, CCGs and the CQC with deeper insights into local health and social care issues, and maintain our focus on local people by ensuring that they are at the heart of service improvement.

'This has been a fantastic opportunity for our volunteers to upskill and access more training. We took part in order to help shape, change and innovate services our volunteers and service users engage with in the health and social care sector. Volunteers have gained in confidence and are empowered to give service users confidence and a voice. They have a purpose and sense of pride to help others to have their say.'

Joanne, Home Group



Raising awareness

Social media engagement

2018-19 was a year in which we made our social media presence stand out in order to continue to raise awareness of our services online. We also continued to raise our profile with key stakeholders in the sector.

We commissioned the social enterprise Citizen Click to audit our social media presence and usage, which provided us with invaluable insights and continues to underpin plans to develop our social media strategy further.

Through involvement in Twitter conversations such as:

#PrisonStorm,
#MentalHealthAwarenessWeek,
#HealthcarePrisons,
#ExpofCare, and
#CarersWeek,

and local and national news stories, such as the CQC's State of Care and Healthwatch England's Carer Briefing, we have been able to increase the amount of online content that promotes our local activity and impact.

Stakeholder engagement

Some of our most significant stakeholders in the professional and political realm include Healthwatch England, Birmingham City Council, NHS trusts, councillors and MPs, Clinical Commissioning Groups, and voluntary and community organisations.

During the reporting year, we raised our profile among stakeholders by circulating our Annual Report 17-18 and Impact Summary. Our Annual Report 17-18 was sent to over 700 contacts through direct digital marketing, supplemented by additional mail-outs of the Impact Summary. Our Annual Report promotional content achieved over 6,300 impressions and over 50 pieces of engagement between July and August 2018.

In September, we launched our quarterly online Stakeholder Bulletin. This is an important mechanism to continue to promote our achievements to ensure health and social care partners understand our role, purpose and reach. It went to over 280 contacts across the health, social care and VCSE sectors, achieving an estimated click-rate of at least 20% for the first edition, growing for subsequent editions.

Content for inclusion in the bulletin was sourced from across Healthwatch Birmingham's team

and developed in consultation with our key stakeholders. Our Bulletin includes features on:

- + patients' stories
- + case studies
- + feedback trends
- + impact summaries
- + details of our investigations
- + how we're making people's views known.



Promoting our services

Between April and September 2018, we issued over **5,000** pieces of informational material to services across Birmingham, not including material issued through community engagement. This is over **50% growth** compared with the total for 2017-18. Healthwatch Birmingham's marketing resources are displayed by health and social care providers across the city, including Birmingham's major hospitals, community venues, primary care surgeries, and mental health and adult social care facilities.

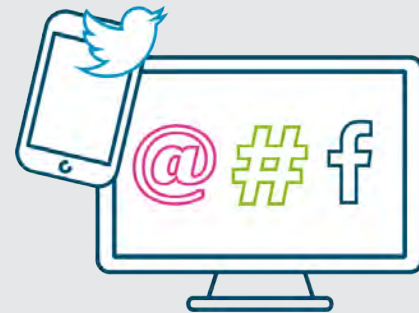
Marketing materials and Information and Signposting information have been issued to a broad range of VCSEs: Home Group Male Carers Support Group, Birmingham LGBT and Rainbow Bridge, Health Exchange, Birmingham Mental Health Leisure Forum, Birmingham Mind, Every Step of the Way, Headway, Healthy Minds South, BSMHFT Service User Strategy Group and See Me teams, Gateway Family Services and EDS Group.

Website

Our website received **93,000** visits in the reporting year.

We have continued to develop our website to ensure stakeholders have access to the latest information about Healthwatch Birmingham. This year, we updated and launched new sections for:

- + Healthwatch Birmingham responses to consultation, engagement activities and NHS Trusts Quality Accounts.
- + Healthwatch Birmingham Quality Standard.
- + Healthwatch Birmingham Information Route



Promoting the service at Caribbean Cultural Day



Our investigations

Healthwatch Birmingham's choice of topics for investigation reflect the views of our most important stakeholders: patients and service users of health and social care services.

In August 2018, we conducted a Topic Identification and Prioritisation Survey (TIPS) to select the subjects of Healthwatch Birmingham's next investigations. Members of the public across the City were invited, online and through community engagement, to choose from five central issues. **Over 680** votes were cast.

The most popular topic was the quality of mental health provision provided by general practices, with **over 200 votes (31%)**. This was followed by the quality of service in the waiting rooms in Birmingham hospitals, with **over 160 votes (24%)**.

The remaining topics were prescription management, the Patient Advice and Liaison Services (PALS) service, and the quality of care in specific general practices in the City.

These, alongside a larger investigation about Direct Payments and other follow-up investigations, have formed a very significant part of our work this year.

What matters most: support people want from general practices in Birmingham

For this investigation, we were particularly interested to hear the views of people with the following conditions: a mental health condition, autism, brain injury, a developmental learning disability, and dementia. We wanted to hear about their experience of their general practice and whether they feel it provides the support and referrals they need to manage their condition.

To gather feedback, we used questionnaires, telephone interviews and focus groups. We also accessed patients and carers through VCSE bodies, including MIND, Gateway Family Services, SIFA Fireside, Home Group, Road to Recovery Group, Every Step of the Way, Experts by Experience and Connecting Communities. We collected views from 124 patients, service users and carers, with all of our target areas covered.

Before publication, Healthwatch Birmingham met with the City's CCGs to discuss our findings, obtain their comments, and seek their commitment to the report, which was published in April 2019. Our findings indicated that in relation to their GP, patients and carers affected by these conditions value:

- + a consistent, high-quality, person-centred approach for everyone: currently, there is

variation across different general practices

- + being able to make appointment easily, especially when in crisis, or when a longer appointment is needed
- + stability of services and continuity of care
- + swift referrals to specialist and community services: some patients had positive experiences, but patients with autism in particular had struggled to receive a diagnosis, assessment and specialist support
- + being seen by a GP who has knowledge and training in understanding the condition.

'It's hard enough to talk about mental health issues to anyone, let alone a doctor I've never met before.'

To read the full report visit:
<https://healthwatchbirmingham.co.uk/wp-content/uploads/2019/05/Healthwatch-Birmingham-GP-FINAL-REPORT-F-Online.pdf>

Following this investigation, we have discussed with CCGs the development and distribution of high-quality patient information and access cards to help patients and carers overcome some of the issues they face when getting support from their GP. This is complemented by proposals announced earlier this year that will see all health and care staff undertake mandatory training.

Karen Helliwell, Director of Integration, Birmingham and Solihull CCG

'The CCG's aim to improve the health and well-being of local people requires us to understand, and act on, what really matters to them; this report will really help us to work with our GP practices and further improve services to patients. We look forward to working with Healthwatch Birmingham, patients and other local organisations on delivering the practical and helpful recommendations highlighted in the report.'

What is it like being in a hospital waiting room? People's views

'Waiting times are way too long, and you often end up waiting without food or drink with children, for example. People with autism who struggle in noisy waiting rooms will have difficulties. Not always enough seating space.'

Members of the public asked us to evaluate the quality of service in waiting rooms in Birmingham's hospitals. Our reports present the key findings across nine Birmingham hospital Trusts, including over 480 people's views, recommendations and the Trust's responses.

There are common issues experienced by patients across all hospitals, but some hospitals are managing the waiting experience better than others. People's comments featured illustrate some of the negative experiences people told us. We heard about:

- + long waiting times, and lack of communication about the expected length and reason for delays
- + Poor conditions, overcrowded, dirty or uncomfortable waiting room environments
- + poor access and limited help for people with visual and hearing impairments (e.g. signage, interpreting services, communications)

- + few concessions for people with problems such as anxiety or noise phobia
- + poor attitudes of some NHS staff.

'When they call your name out, it's never loud enough. They do not come over and get people, there are so many people.'

'It would be helpful if staff collected patients from their seats.'

We heard from patients at all the hospitals featured. The experiences of people with a disability were less positive than those without, so we organised five focus groups for people with hearing and/or sight impairment. This group had been identified as experiencing specific inequalities in this setting.

Our investigation shows there is good practice happening, but improvements need to be made. We made recommendations to the NHS Hospital Trusts in Birmingham to:

- + review the management of appointments for clinics with long running times
- + allocate a wheelchair-only space in every waiting area
- + improve the quality of signage, in consultation with patients

- + consider installing an electronic signage system that has both sound and visual prompts and that updates patients on waiting times
- + offer patients with a hearing impairment a buzzer so that they know when it is their turn
- + make fresh drinking water readily available to all patients
- + deploy a dedicated staff member or volunteer on each shift with a brief to monitor the food and hydration needs of vulnerable people
- + ensure that staff undertake customer service and disability awareness training annually
- + prioritise any patient who needs a BSL interpreter to ensure they access their appointments on time, so that interpreters can support patients for the whole consultation
- + arrange for staff to collect patients with visual impairment in order to guide them to their appointments.

Some Trusts have already acted on our findings. Birmingham Midland Eye Centre is improving its signage to RNIB standards, and the Queen Elizabeth Hospital is working with a local deaf charity to consider the benefits of the deaf information card to help identify patients' specific needs.

'Thank you for these very helpful reports. We will make sure that they are considered appropriately at our Quality and Safety Committee and Board Meetings. We will certainly look at the areas for further improvement you suggest while taking pride in the real advancements that have been made in a number of key areas.'

Dame Yve Buckland, Chair, Royal Orthopaedic Hospital NHS Foundation Trust

To read the full report visit:

Summary Report: <https://healthwatchbirmingham.co.uk/wp-content/uploads/2019/05/HW-Birmingham-Hospital-Waiting-Room-Summary-Report-2019-F1.pdf>

Individual hospital reports: <https://healthwatchbirmingham.co.uk/about-us/reports/>

f [Visit Amritpal's interviews on our Facebook page:](#) including her experiences of visiting hospitals.

[Visit Bhavana's interviews on our Facebook page:](#) including her views on how the NHS should improve support for deaf people.

Direct Payments in Birmingham: Choice, control and flexibility

Direct Payments (also known as 'personal budgets') were introduced by the Department of Health to give patients and service users greater autonomy in the way they commission and use services, while also achieving agreed outcomes.

With the support of Birmingham City Council, we collected feedback to investigate the support offered to people who are using or are responsible for administering Direct Payments. Using a variety of face-to-face, online and telephone channels, with interpretation services where required, we asked a key question: 'Are Birmingham personal budget users being supported to take control over the services they access?'

We surveyed a cross-section of people, including service users, carers, VCSE managers and caseworkers. We found that recipients and others involved with Direct Payments faced problems such as:

- + low awareness of the existence of Direct Payments
- + a lack of clear, consistent information and guidance about entitlement
- + a need for greater support and guidance in the application process
- + delays in receiving assessments from social care

- + difficulties in accessing a service of choice
- + a lack of informed, shared decision-making
- + in some cases, an increased burden of responsibility on families and carers using Direct Payments.

We presented our initial results to the Health Overview & Scrutiny Committee (HOSC) in January 2019, and subsequently published the results of our investigation in April 2019. We also shared the report with all the providers, service users and carers that had taken part and provided us with feedback.

Birmingham City Council welcomed the report, and indicated that it will be used to shape the future customer journey and support the roll-out of work programmes such as its Three

To read the full report visit:

<https://healthwatchbirmingham.co.uk/wp-content/uploads/2019/05/HWB-DP-Report-F-Online-Version-F.pdf>

Conversations, Neighbourhood Networks and Locality models. We have followed up with further questions for the Council on the timescales for improvement, the plans for raising awareness and knowledge of Direct Payments among both Council staff and service users and carers, and how the revised work programmes will be evaluated and monitored. Healthwatch Birmingham will publish a follow-up report in September 2019.

'The research undertaken by Healthwatch Birmingham on Direct Payments has contributed helpful and insightful evidence to the work of our Scrutiny Committee. An effective Direct Payments scheme is one of the City Council's key performance requirements, and our Committee is keeping a close eye on how effective and appropriate the scheme is for service users.'

Councillor Rob Pocock, Chair, Birmingham HOSC

Impact case study - Mental Health Services for Birmingham Service Users



Initial report: 'Initial Impact of Investigation to Improve Mental Health Services in Birmingham'.

This investigation was initiated following feedback, specifically in relation to the Zinnia Centre in Birmingham, from a carer whose father has a diagnosis of schizophrenia. The Zinnia Centre provides important services such as assessment, specialist support and care for local people with mental health issues, such as psychosis and depression.

We asked local third-sector organisations providing services to people with a mental health condition for feedback about the services they receive from the Zinnia Centre. The findings were published in July 2018. These included the immediate changes BSMHFT made to its services as a direct result of our investigation. A selection of these are included in Table 1 below.

Table 1.

Issue	BSMHFT actions
Medication was dispensed late, pick-up times were inflexible, and the wrong medication was given.	<p>The community mental health team (CMHT) and pharmacy are working together to improve timely dispensing. Changes to the system are being trialled, including requests for more flexibility for people picking up their medications outside the drop-in clinic times.</p> <p>A dedicated community psychiatric nurse (CPN) is now leading on improving systems and better communication with service users if medication is not available.</p>
Service users said they could not get through on the telephone, and calls were not returned.	<p>The phone system was due for an upgrade in July 2018, to improve the time it takes for receptionists to answer calls. The trust's management commissioned a specific project across teams to agree on a new phone response protocol that supports service users, carers and visitors in getting a timely and appropriate response.</p> <p>Calls are now answered more quickly, and voicemail messages now contain signposting information about crisis support.</p>
Service users report poor follow-ups, including missed home visits, not be able to get appointments and unsafe discharge.	<p>The trust is working towards ensuring that staff follow the policy for missed appointment. The trust's managers have stated they are happy to meet with service users to discuss the issues if that helps with their future care.</p>
Some members had a poor attitude.	<p>The trust management spoke with relevant members of staff to improve staff attitudes.</p>

Follow-up Impact Report: Investigation to Improve Mental Health Services Birmingham Service Users

In response to our initial report outlined above, Healthwatch Birmingham published a follow-up impact report in February 2019.

Key progress made by Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT) included:

- + Improvements in medicine management, including dedicated staff leading on developing better systems for ordering and delivering medication.
- + More patient-centred, flexible times for service users to drop in and access medication.
- + Better communication, with increased information for patients about what to do out of hours or when calling in crisis.



Healthwatch Birmingham will continue to track progress. It is vital that we continue to hear from service users about their experiences of integrated community care and recovery services in all venues to ensure improvements are in place, and to bring the benefits to service users all across the City.

'Our report emphasises the importance of the Healthwatch role to ensure the issues people face are heard, and that we hold services to account for planning improvements. This update by BSMHFT really shows the value of services listening to patient feedback and the powerful influence it can have. It shows a true commitment to responding to the views of services users and making access to community mental health support better for local people.'

*Dr Jane Upton, Head of Evidence,
Healthwatch Birmingham*

'Providing an excellent, high-quality service is at the heart of everything we do. To help us to achieve this, it's really important that we actively listen to and work with our service users, their families and carers to improve services.'

We welcome the role that Healthwatch plays in helping us to understand the views of people who use our services and to improve their experience, as demonstrated by this report.'

*Sue Hartley, Executive Director of Nursing,
Birmingham and Solihull NHS Foundation
Trust*



Athac Womens Group meeting

To read the full report visit:
<https://healthwatchbirmingham.co.uk/wp-content/uploads/2017/08/zinnia-centre-final.pdf>

To read the follow-up report visit: <https://healthwatchbirmingham.co.uk/wp-content/uploads/2019/02/HWB-MH-CMHT-Follow-Up-Report-F-1.pdf>

Responses to consultations

Through our responses to local and national consultations, we ensure the views and experiences of patients and the public are at the centre of decision-making in the commissioning of health and social care in Birmingham.

This year, we responded to 19 local and national consultations.

In addition to responding ourselves, we actively encourage members of the public to respond to consultations to increase their participation and make sure the patient voice is heard.

Among the responses we provided were those to consultations on:

- + proposed changes to GP (including closures and relocations) and Urgent Treatment Centres (UTCs)
- + the extension of patients' legal right to a personal budget

- + proposed changes to the service specification for Child and Adolescent Mental Health Services
- + the NICE Quality Standard for adult social care service
- + Birmingham City Council's Community Cohesion Strategy
- + surveys of family support services and special educational needs and disability (SEND) services
- + General Pharmaceutical Council's consultation on online prescriptions
- + NHS's digital-first primary care strategy and its implications for GP payments
- + Birmingham City Council's Carers' Vision and Commissioning Strategy 2018
- + In- and out-of-hours dental care services
- + Local Government Association's Green Paper on adult social care and well-being
- + Birmingham and Solihull CCG's communication and engagement strategy.

Selected items from this list are discussed in more detail below.

Co-designed care: Response to consultation on the NICE Quality Standard for adult social care

In our response to this consultation on people's experience of using adult social care services, we commended NICE's proposal to involve people more closely in the design of adult social care services and plans for improvement. Our response highlighted the importance of ensuring that:

- + the standard focuses on high-quality care
- + service-user feedback is sought at all key decision-making points
- + staff are trained in collecting and using feedback, to gain buy-in across organisations on the importance of service-user feedback
- + equality and diversity considerations identify and address the consequences of service design and development on health inequalities and barriers to improvements in health outcomes

- + a statement on the involvement of carers and family members is included explaining how their insights will influence decision-making.

We provided the example of our work with Birmingham City Council on its new framework for social care, which takes independent feedback data from providers' websites (via our Widget), supplemented by our Enter and View visits to providers. One shortcoming is that the providers we visited did not have systems in place for telling service users how their feedback had influenced decisions - 'You Said, We Did'. We continue to work on the challenge of broadening feedback data to encompass all decision-making and to ensure that service users are aware how they can influence a wide range of decisions that affect them.

Digitally yours: Response to consultation on NHS England's Digital-first Primary Care Strategy

General practices are increasingly offering patients online access to services such as booking appointments, obtaining repeat prescriptions and viewing medical records. This is part of a growing 'consumer' trend in how people prefer to access services in many areas of their lives. Although this consultation focused on the implications of increasingly sophisticated technology for payments to general practices, in our response we wanted to highlight the potential benefits and drawbacks for patients themselves.

We were able to share a significant amount of the feedback we have received from service users on the difficulties they face in getting emergency appointments in particular, and in accessing online and telephone consultations. This feedback demonstrates that although there are benefits to online services, these are more appropriate for some individuals than others: the NHS needs to understand the needs and preferences of different groups, and it is these needs (rather than the technology) that should underpin decisions about how GP payments are made.



On-spec: Response to consultation on the relocation and conversion of Walk-in Centres to Urgent Treatment Centres

This consultation was a great opportunity for us to influence the shape of the new Urgent Treatment Centres (UTCs) that will replace Walk-in Centres. We were particularly concerned to influence the specifications and contracts that CCGs were drawing up to tender for services to manage and operate UTCs.

We were able to highlight the benefits of our current partnership work with Walk-in Centres, which we proposed should be made a formal requirement in the UTC contracts. Table 2 below shows other aspects of the proposals that we commented on and were able to influence.

Table 2.

Proposal	Healthwatch Birmingham response
Location of UTCs	The general intention is for UTCs to be in the same location as the Walk-in Centres they will replace. However, we expressed concern that some locations might change due to developments under Birmingham and Solihull CCG's Primary Care Access Transformation Plan. We asked that a full consultation should take place if there were proposed re-locations, and that this consultation should be written into any contract.
Scope of service and workforce requirements	Given the variability in current provision at Walk-in Centres, we asked for greater clarity on the services that UTCs will offer. We welcomed the inclusion of mental health staff and paediatrician in the specification for UTCs, but believe that the specification is not clear on the minimum requirements for staff.
Waiting times	We asked for more clarity on waiting times and the requirement to undertake triage. The CCG has undertaken to re-draft the service specification in response to our comments.
Patient satisfaction	We said that as well as requiring UTCs to carry out patient surveys and have a complaints procedure, they should be required to demonstrate how they use the data collected, and to display or make visible information to patients how they can lodge a complaint. The CCG agreed that re-drafts of the service specification will extend the requirements placed on service providers in line with our suggestions.



The patient journey: Response to consultation on SEND services

This consultation was conducted jointly by Birmingham City Council, Birmingham and Solihull CCG, Birmingham Children's Trust and Birmingham Community Healthcare NHS Foundation Trust. It arose as a result of Birmingham City Council receiving a judgement of 'inadequate' following a joint Ofsted and Care Quality Commission (CQC) inspection of its Special Educational Needs and Disability (SEND) provision.

In our response, we shared the feedback we had received from service users of the Council's SEND services. The main issues raised were:

- + failure to diagnose appropriately
- + lack of early intervention
- + long delays in referrals by GPs to specialist services and support
- + long delays in getting assessments and education, health and care (EHC) plans
- + poor follow-up support following assessments
- + lack of clarity on EHC plans on who is responsible for which parts of the plan
- + carers feeling overlooked and ignored
- + a lack of understanding and expertise among caseworkers
- + lack of cohesion across different health and social care services
- + generally poor-quality or unreliable provision
- + lack of respite care.

We also highlighted people's concerns about the quality of SEND services. Some carers told us they really struggled to get the right support they need for their children, particularly in receiving intervention for children aged under 5. In some cases, people told us that children's needs were not always accurately identified. This meant there were delays in getting an EHC plan in place, and in securing appropriate educational provision, which meant some parents were obliged to home-school their children. We also identified problems for people in understanding the processes around the

local offer. In all these cases, we included feedback that spoke about the impact on people's lives: on their health and well-being, their finances, their relationships and their social life.

In many of the above cases, Healthwatch Birmingham had to send out information on the EHC process, including information on statutory waiting times, how to challenge assessments, how to complain about staff conduct, and information about the referral process.

We welcomed the aims and objectives of the SEND strategy, in particular plans to co-design services with carers and the development of different ways of communicating with carers. We did, however, ask the Council to clarify how communication with service users will be coherently linked to key decision points, and how this will be used by the Council to understand and meet the discrete needs of different groups.



Working with our partners

In the reporting year, we have continued to foster positive relationships with a range of stakeholders. Without these, we would be unable to fulfil our role.

This year has continued to see changes with our key stakeholders in the city, so our ability to forge trusting relationships continues to be a priority. Our work in engaging with local leaders and policymakers is increasing awareness of Healthwatch Birmingham and securing the importance of our role in the City. Our success is measured by the improvements made in health and social care as a result of our work.

Key principles of our partnership role

- + **Critical friend:** we consider ourselves to be a 'critical friend', providing patient- and public-centred evidence to cast a light on areas for improvement and to hold commissioners and providers to account.
- + **Our 'no surprises' approach:** we believe that the most effective way to influence change is by working collaboratively with stakeholders across health and social care. Acceptance of our model and way of working by commissioners and providers prompts proactive challenge and allows us to maximise our impact.
- + **Honest, open conversations:** we need to understand the wider landscape in which we work. This helps us to focus our resources on areas where we can make a difference. Our relationships within the health and social care sector allow us to have honest, open conversations about which patient-identified issues the system already knows about, and which services they are looking to change in the future. As a result, our focus is on highlighting areas that are not currently under review, so that we avoid duplicating areas that are already under close examination.
- + **Right to respond:** our online Feedback Centre creates an outlet for patients' stories and their

resolution, and we also offer service providers the opportunity to respond to the feedback about them. We see this as our way of supporting the role of the citizen voice in influencing provision, in order to effect policy change both within the system and at grassroots level.

Relationships with regulatory bodies

Our relationships within the wider regulatory and scrutiny system mean that we can have greater reach and impact outside our field of influence. Working closely with the CQC and local safeguarding boards' means that when we hear patients' feedback about experiences that we feel compromise individuals' safety, we can escalate this efficiently and cause action to be taken.

We also have a clear strategy to use our seats at board and committee meetings effectively. We see our role at these meetings as being to:

- + seek assurances of the quality and effectiveness of public involvement and engagement in service design and commissioning decisions
- + share information relating to potential or actual issues we have identified in the course of undertaking our statutory functions.

Some of the meetings we have attended this year are:

- + Birmingham and Solihull STP working groups
- + Birmingham Health and Wellbeing Board
- + Birmingham Older People's Programme Board
- + Birmingham Health and Adult Social Care Overview and Scrutiny Committee
- + Birmingham and Solihull CCG Primary Care Co-commissioning Committee
- + Sandwell and West Birmingham CCG Primary Care Co-commissioning Committee
- + Birmingham Safeguarding Adults Board
- + NHS England Quality and Surveillance Group.

Recognition of our work

Our work has received increasing recognition this year, with the achievement of several prestigious national awards.

Local Health Champion

Our work to provide transformative coaching for our volunteers was recognised nationally this year, when Healthwatch Birmingham was shortlisted at the Healthwatch Network Awards 2018, which had a record-breaking 170 entries this year.

Our nomination and shortlisting for the Local Health Champion award recognises our investment in volunteers to support their confidence and motivation to boost effective community engagement.

The coaching project, delivered by Minara Coaching, has resulted in volunteers feeling

more equipped to be involved in community engagement activities and to feel more valued: with over 75% of volunteers reporting an increase in their interest in volunteering. The skills our volunteers acquire during the course of their work is of great benefit to their work and personal life.

'Investing in our volunteers is a priority. Having a team of skilled and motivated volunteers helping us engage across local communities is vital to our success. The impact of the coaching to increase volunteers' social, communication and engagement skills is really positive. We are delighted to have our work recognised as part of the national awards and congratulations to our fantastic volunteers and staff.'

**Andy Cave, Chief Executive,
Healthwatch Birmingham**

National Patient Experience Network Awards

We were awarded Runner Up at the national Patient Experience Network (PEN) Awards 2018-19, for our Community Offer Project.. We are delighted to have this national recognition for our work, highlighting our asset-based approach as best practice. It represents a massive achievement for the team and is a credit to the hard work of our staff and volunteers.

'The hard work and commitment of staff and volunteers continues to be recognised beyond our City. Achieving Runner Up in the PEN national awards has enabled us to highlight the importance of working closely with communities and local people and the value it adds to improving NHS services.'

**Danielle Oum, Chair,
Healthwatch Birmingham**

The PENNA Judges also awarded us Healthwatch Organisation of the year 2019, which we are extremely proud of.

Read more about our Award at: <https://healthwatchbirmingham.co.uk/news/healthwatch-birmingham-achieves-big-patient-experience-awards/>

Investing in Volunteers

We are thrilled to have successfully achieved Investing in Volunteers accreditation this year for the high quality of our volunteering. To achieve this, we benchmarked our current practice and developed an action plan to expose areas where we needed to improve the way we work. We shared our draft action plan with our volunteers, whose comments and suggestions helped this to be a genuine grassroots plan and supported us in its effective implementation. We also produced new, comprehensive Volunteer Policy and Volunteer handbooks, into which both staff and volunteers had a valuable input.

The Investing in Volunteers auditor visited our offices to assess our practice, and we would like to thank those volunteers who attended interviews with the auditor and shared their experiences of volunteering with us.

‘Achieving such an accreditation is testament to the hard work and commitment of volunteers and staff working together.’

‘Our volunteer team is a key part of all of the successes we have achieved. Their skills, life experience and passion for supporting people are making such a difference in engaging and listening within local communities.’

Hanna Nadershahi, Volunteer and Community Officer, Healthwatch Birmingham

Setting the standard for best practice

We are increasingly being seen as a beacon of excellence in the Local Healthwatch Network. Our work has been cited in multiple Healthwatch England Reports, meaning the views of Birmingham citizens are heard at a national level. We have also worked with Healthwatch England to develop its new Local Healthwatch Quality Framework, and have delivered workshops to the network on our Community Offer and Quality Standard.

In 2018-19, we were delighted to support Healthwatch England in developing its new Local Healthwatch Quality Framework, by testing the Framework and sharing our best practice. We will continue to support this project to drive improvements across the Healthwatch Network.

There is national interest in the way we deliver community engagement activity, and in particular our use of a number of different methods to ensure we hear from the right people at the right time. In October, we delivered two workshops at the National Healthwatch England Conference. These workshops covered the impact gained through using our Quality Standard and our Community Offer.

We also took part in a sharing best practice session, where we shared our experiences of motivating and supporting our volunteers. We were delighted to receive a Highly Commended for our work with volunteers at the Healthwatch Network Awards 2018.

We have also been acknowledged for our high quality research and have supported Healthwatch England to write a new research training package for the Healthwatch Network.



Our PPI Quality Standard

Background

In 2016, Healthwatch Birmingham worked in partnership with NHS England to develop patient and public involvement (PPI) Quality Standard to highlight what 'good PPI looks like'. The fundamental aim of the standards was to drive up the quality of patient and public involvement undertaken by health and social care organisations.

NHS England subsequently used these PPI Quality Standards as a framework for assessing the PPI practices of all 14 CCGs in the West Midlands, as part of its annual quality assurance process.

During 2017, Healthwatch Birmingham took this work further by developing benchmarking tools to support the implementation of the standards. These provide health and social care organisations with a step-by-step guide to the processes, systems and policies that are required to evidence high-quality PPI, and can be used independently or in consultation with Healthwatch Birmingham.

In the reporting year, we have continued the successful roll-out of the PPI Quality Standards and gained the commitment of the following organisations to work with us:

- + University Hospitals Birmingham NHS Foundation Trust

- + Birmingham and Solihull CCG
- + Royal Orthopaedic Hospital NHS Foundation Trust
- + Birmingham and Solihull Mental Health NHS Foundation Trust
- + Birmingham Community Healthcare NHS Trust
- + Care First Class (residential care homes)
- + Spires Little Aston Hospital.

This innovative collaboration has seen our independence and expertise in PPI used to ensure that the newly merged CCG continues to strengthen its commitment to involving local people in the development of local healthcare services. This is helping to ensure the CCG effectively meets its statutory duty to consult with patients and the public.

Over the last 12 months, we have worked in collaboration with our partners to review their PPI processes against the PPI Quality Standards and developed PPI action plans for each. It is extremely important that partners implement the action plans, and to this end we established a six-monthly review cycle. This system ensures that partners continue to prioritise the implementation of their PPI action plan, while also offering us the opportunity to measure the impact our Quality Standards have had on improving PPI practice.



Impact

Over the last 12 months, our partners have carried out a number of significant changes to the way they administer their PPI duties. These changes have greatly improved the quality of their PPI practices and has resulted in patients having a greater opportunity to influence service delivery and design.

Birmingham Royal Orthopaedic Hospital has:

- + produced a PPI strategy and related policies and procedures that outline how the trust will engage with patients, and how it will ensure that participation is truly reflective of the patient population
- + designed a training module to strengthen employees' personal responsibility for involving patients in all service decisions. The module is now part of the trust's regular induction for new members of staff
- + consolidated PALS, Complaints and FFT data to gain a full picture of the patient experience, so that it can identify trends and act promptly when poor practice occurs
- + developed a PPI activity register that will support existing quality assurance activities and help to coordinate their PPI activities across the trust.

Birmingham and Solihull Mental Health Trust has:

established working groups to develop an engagement strategy for the trust.

'The Royal Orthopaedic Hospital NHS Foundation Trust has benefited greatly from the expertise and input from Healthwatch Birmingham.'

'The team has provided helpful resources and suggestions on how to improve patient involvement and they have been integral to the development of our new strategy. The relationship is friendly and honest, allowing both Healthwatch and the hospital to develop real partnership working for the benefit of all patients who come here.'

'There is a real sense of genuine care for patients and their families, which provides confidence in their ability to provide evidence-based information that makes a real difference to patients and staff alike.'

Lisa Keeley, Patient Services Manager, Royal Orthopaedic Hospital NHS Foundation Trust



Carers Conference

Case study: PPI Quality Standards

As part of the development and implementation of PPI Quality Standards, Healthwatch Birmingham has worked extensively with NHS England (West Midlands) to support its assurance process and to share best practice across the West Midlands CCGs, namely Birmingham South and Central CCG, Birmingham CrossCity CCG and Solihull CCG.

Our work involved a review of the merging of these three CCGs' external engagement processes. We conducted an evaluation of the CCGs' methods of engaging with patients and the public, and if those engaged feel that they are able to influence CCG decisions. We also highlighted the challenges of working in a diverse city, with the need to introduce consistent demographic reporting in PPI activity and to ensure that CCGs strengthen their commitment to sharing with people how their views are being used to improve services.

With our expertise in PPI, we worked with the CCGs to evaluate and benchmark their current PPI processes, identify areas of good practice and provide recommendations on how practices could be implemented more effectively.

The resulting actions and recommendations were shared across the whole CCG to support a coordinated approach and a joint commitment to future actions. This initiative also proved very useful in sharing best-practice PPI activities that are already in place. This positive, enabling approach supports the dissemination of key learning by CCG staff with their colleagues, and supports consistent, effective engagement with local people.

Our recommendations have been taken on board and resulted in the following impact:

- + The CCG website now feed backs to people as to how their views have influenced decisions.
- + The service user engagement group has been relaunched and now has effective processes to collect demographic information from members to ensure participants reflect the diversity of the community.
- + The communication and engagement strategy highlights the need for sharing people's feedback across the whole CCG. Meetings will now take place across departments where all patient feedback will be analysed for trends and issues.
- + A menu of engagement activities has been established, with routine collection of demographic information to help ensure that wider perspectives are collected. This includes strengthening digital communications channels, such as social media.
- + There are plans in place to engage with local community organisations to listen to more patient feedback; this significant commitment will result in more people having the opportunity to have their views heard.
- + A workshop was run to support Patient and Participation Group (PPG) members to provide tips for effective community engagement, increasing their ability to engage with local people and influence decision-making.
- + The CCG will ensure that reports from cross-department meetings, which include patient feedback analysis, are presented to its committees and Governing Body, in order to support a 'from the top' culture of continuously improving PPI.

We will be using our PPI Quality Standards to review progress and remind the CCG of the recommendations.



Helping you find the answers

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Feedback Widget
Support Summary
Working health and social care
services added value and insight
into patient and public experience

Information and Signposting service

Our Information and Signposting service provides patients and service users with a range of ways to contact the Healthwatch Birmingham team: telephone, email, website submission and post. In total, across all access routes, **383** individuals contacted our Information and Signposting services to provide feedback, resulting in a **7% increase** in feedback heard through this service.

As well as listening to patients' experiences, the service provides members of the public with policy information, while also signposting individuals to appropriate organisations where they can access further help and support.

Case study: Taking control

When Mrs F contacted us about concerns with her local GP, we supported her to understand her patient rights, raise concerns about her care and provide links to help her personal well-being.

Mrs F lives with long-term mental health issues and following an operation was provided with medication by her GP. She told us that the medication made her feel worse, and that her relationship with the service had begun to deteriorate as a result of challenging decisions about her medicine management. All this had made her anxiety worse and contributed further to poor mental health.

In sharing her experiences with us through our Information and Signposting service, Mrs F told

us she was keen to leave her GP surgery but wasn't sure how to do so, or what her rights were. We provided her with details about how to change services and her patient rights. We also signposted her to the CCG customer complaints service, with details about how to raise her concerns.

This advice gave Mrs F the information she needed to make an informed choice about the best way forward and to take control to resolve the issues she faced. We also referred her to a mental health advocacy service for support. By listening and understanding her needs, we identified gaps in her current treatment, and referred her to support organisations in the community that can help.



Case study: Experiences of waiting

Mrs J's son has autism and epilepsy. They had attended a specialist hospital for an assessment following a recent seizure. She contacted us via our Information and Signposting service to report her serious concerns not just about her son, but also about other patients she encountered during her visit to the hospital.

Mrs J and her son waited for three and a half hours. Mrs J shared how difficult lengthy waiting periods can be for her son, due to his disabilities, because long waits can unsettle him.

When the assessment finally took place, Mrs J felt that it was not sufficient to draw a comprehensive conclusion about her son's needs. She was then asked to wait for a further assessment and they

were moved to two different waiting areas. In total, Mrs J and her son had spent 12 hours waiting for assessment. At no point was she offered refreshments.

As well as sharing her own experience, Mrs J also told us about the lack of attention given to other patients in the waiting areas. She told us that she had herself attended to the needs of several other patients because there were no staff available. She had seen people trip over wires trailing from an observation machine that had been left out, and reported that prepared food had been left to sit in areas where she had seen people vomiting.

Concerned by Mrs J's experiences Healthwatch Birmingham escalated the case to the CQC to report the findings. The local CCG was also made aware of what had happened at the hospital, so it could carry out its own investigation.

Case study: British Sign Language (BSL) interpretation services

Mrs N, who is deaf, came to us through a community engagement event, looking for help with a situation that was causing her considerable anxiety.

Mrs N was pregnant at the time and attending Birmingham Women's Hospital for regular check-ups. She requires a BSL interpreter every time she attends the hospital for a period of around two hours.

Mrs N sent us screenshots of a text relay conversation she had held with the hospital, which clearly stated that the BSL interpreter was booked for 30 minutes. Mrs N's response shows that she knows she will have to wait around 30 minutes to be seen, and that therefore the interpreter would have to leave before her consultation even began. Mrs N knew that without a BSL interpreter, the consultation would not be clear. She had suffered a miscarriage on a previous occasion and had not had it communicated to her in an appropriate manner, so she felt considerable anxiety at the thought of a consultation without a BSL interpreter present.

The Information and Signposting team recognised a failure in procedure and a health inequality issue within Mrs N's account and evidence of her experiences. We contacted the PALS team at the Women's Hospital, copying in the Chief Nurse with whom we had previously developed a good relationship. The Chief Nurse responded with a request to meet with Mrs N to discuss her situation and resolve the problems.

The Healthwatch Information and Signposting team's action resulted in a meeting, at which the Chief Nurse made recommendations for a full review of the policy related to current practice for deaf patients at the hospital. She also offered a review of the current supply of BSL interpreters. She further offered Mrs N support in attending ante-natal classes, a list of numbers that she could text every time she visited, and finally guaranteed to Mrs N that BSL interpreters would be available every time she came.

The team contacted Mrs N to ask how she felt about the meeting, having been so anxious about her treatment beforehand. We were pleased to discover that Mrs N had felt a great sense of relief and comfort following the meeting, and had been made to feel that she was in control of her care and treatment. We promised to keep in touch with Mrs N and asked her to update us on any further issues that we could assist with.

Case study: Transparency and accountability concerns

Mrs D contacted Healthwatch Birmingham's Information and Signposting service about her son, whom she believed had suffered a failure of care while being in hospital.

Mrs D's son had been admitted to hospital following a cardiac arrest, which had led to him being in a coma for five weeks. Whilst in the coma, her son had suffered organ failure, which ultimately led to a decision to amputate his leg.

Mrs D believed that the reason her son's health had deteriorated during his time in hospital was due to the lack of a correct risk assessment when he was admitted. She had been seeking

accountability and answers from the hospital, but in sharing her experiences, Mrs D told us she has felt let down by the system and was not being listened to by the team responsible for her son's care. She had found this frustrating and wanted to relieve her concerns. Mrs D told Healthwatch Birmingham she felt that there was a lack of transparency and clarity about what had led to her son's decline whilst in the care of the hospital.

Healthwatch Birmingham was concerned by the experiences shared by Mrs D. The decline of her son's welfare whilst under the care of the hospital and her feedback about the lack of transparency offered by the professionals involved highlighted serious concerns. As a result, we escalated the issues to the local CCG and the CQC. Both have contacted Mrs D to find out more about her situation, with a commitment that her experiences would be investigated.

Online Information Route

Our free online Information Route helps people find information quickly about health and social care in their area. The Information Route was visited over 2,000 times and includes information on:

- + how people can share their experiences, views or concerns about health and social care services, including via links to NHS Choices
- + local advocacy support, community groups and other peer support organisations

- + safeguarding information, if people want to raise concerns about an adult or a child
- + raising a formal complaint, including links to guidance from NHS England, the Parliamentary and Health Service Ombudsman and the CQC
- + patients' legal rights in relation to the Care Act 2014, personal health budgets and patient choice
- + how to access local councillors and MPs.



Are you looking for help?

If you have a query about a health and social care service, or need help with where you can go to access further support, get in touch. Don't struggle alone. We are here for you.

w: www.healthwatchbirmingham.co.uk

t: 0800 652 5278

e: info@healthwatchbirmingham.co.uk



**Our plans for
next year**

We are delighted that we have successfully retained the contract to deliver the Healthwatch Birmingham contract. This will enable us to continue our work to hear more experiences of health and social care services and influence positive change for the citizens of Birmingham.

This is a time to celebrate our current achievements to date. It is also a time for us to reflect on how best to drive improvement and growth in the future. Winning the contract to deliver future Healthwatch Birmingham services means that at the start of 2019-2020 we will be busy developing our new Three-Year Strategy (2019 - 2022).

Our plans and ambitions are based on our robust and in-depth experience of the Birmingham Health and Social Care system and its population. We will continue to:

- + be an effective, powerful and independent local voice for the people of Birmingham
- + promote better outcomes for both adults and children in Health and Social Care
- + be representative of the diverse communities within Birmingham; and
- + demonstrate we have the appropriate level of skills and competencies required to deliver our functions to the highest possible level.

2019-2020 is an important year in our journey and we will strive to achieve greatness for our city. Through our new strategy, the citizens of Birmingham will benefit from:

1) Increased awareness and confidence in Healthwatch Birmingham

We will continue to build awareness of Healthwatch Birmingham, our work and our achievements to enable citizens to access us when they need us. We will develop innovative ways to reach out into the diverse communities of Birmingham. This will increase public involvement in our work. We will produce more marketing and publicity campaigns and be present in communities through increased partnerships with the voluntary and community sector and our health and social care colleagues.

2) More Birmingham citizen's experiences being heard, increasing the feedback heard from the quietest (seldom-heard) voices in the city

Our engagement, publicity and community development activity will increase the volume of citizen feedback we hear. We will develop our systems to further analyse and understand what

the public is telling us and share these themes more with Health and Social Care decision makers. Our work will continue to be centred on hearing from the most vulnerable in our communities. This will ensure individuals are empowered to share their experiences when otherwise they wouldn't have done so.

We will also work with health and social care partners to improve their mechanisms for using patient, public and carer insight, experience and involvement. This will result in more citizens being involved in improving services for the city.

3) More positive impact, measured through the changes we provoke in Health and Social Care services

We have made large strides forward to ensure our work leads to lasting positive change to services for patients and the public. We will select and design our investigations to maximise the impact and the change to services they result in. We will hold commissioners and providers to account for making improvements, and celebrate these widely.

We will use the feedback we receive to respond to local and national engagement and consultation activity, thereby increasing the voice of the citizen in our work. We will use our seat at health and social care meetings effectively to ensure citizens are at the heart of decisions made.

4) Increased social value across Birmingham through the work we deliver

Our conscientiousness to ensure our work brings benefits to local people means that our work will continue to build assets and skills within communities. We will grow our reach through the development of local people, thereby increasing the numbers and range of our volunteers.

We will continue to roll out award-winning Community Offer for local community groups. This work is helping to build skills in those groups. It also enables us to hear continuously the experiences of diverse groups of individuals. This work will further empower individuals and lead to lasting change for the citizens of Birmingham.



Our people



Our Board March 2019

The Healthwatch Birmingham Board has held quarterly meetings and continues to operate with clear strategic leadership, a robust risk management process and effective financial management.

The full board has also met for workshops to look at quality and impact, service prioritisation and models of working.

This year we have welcomed four new Board members and said goodbye to four. The Board continues to change as new members arrive and members leave, due to a mixture of terms of office ending and personal reasons. We welcome our new members and thank those who have left Healthwatch Birmingham for all their hard work and commitment and wish them well for the future.

Danielle Oum - Chair

Brian Carr⁵

Carol Burt³

Catherine Weir

Charles Ashton-Gray¹

Dr. Peter Rookes

Gareth Dellenty¹

Graham Parker¹

Jasbir Rai - Company Secretary

Jenny Jones⁴

Les Lawrence⁴

Neelam Heera²

Qadar Zada¹

Tim Phillips - Volunteer Representative²

¹ - From June 2018

² - From January 2019

³ - To July 2018

⁴ - To October 2018

⁵ - To February 2019



Our volunteers

This year saw a 200% increase in volunteering hours. We greatly value our volunteers: we want to ensure that we are providing a culture that supports volunteers within their roles, and enables them to grow new skills and confidence, and to enjoy volunteering for us.

This year, we conducted a number of volunteer training sessions on a range of topics (e.g. interview skills, suicide prevention,

transformational coaching, safeguarding and community engagement). A Volunteer Impact Survey conducted this year has indicated that:

'My experience has been very positive. My time volunteering at Healthwatch helped me gain confidence and taught me many skills.'

'Taking part in talks increased my knowledge of different healthcare systems.'

'I enjoyed participating in a group training session, and being part of making a difference in an organisation.'



In 2018-19 we ran volunteer workshops that, in line with our principles of seeking out under-represented groups, were geared towards discrete groups of people who face barriers to volunteering and participation more generally.

Our first workshop was consequently open to women only, designed to provide a safe and nurturing space where women were able to speak freely and openly. Among the feedback we received were comments that appeared to validate the benefits of providing a safe space:

- + feel empowered, energised and inspired to move towards 'I'm Enough'
- + understand what it means to transform from inside out
- + start to release fears and limiting beliefs
- + connect with other volunteers who are on a similar journey of self-discovery, development and growth
- + plan for the future from a place of inner calm, strength and resourcefulness.

'I enjoy being part of such a diverse team of volunteers. I have never been part of a team with people from so many different backgrounds. It's one of the things I enjoy most about it.'

By providing alternative development opportunities, we aim to have an overall positive impact in the way volunteers felt about themselves and their future prospects. We wanted our volunteers to feel valued and motivated to keep volunteering with us and hoped that their improved self-confidence will transfer into their role as Community Engagement Volunteer, resulting in improved engagement activity and increased receipt of feedback heard.

The immediate evaluation after the workshop is very encouraging:

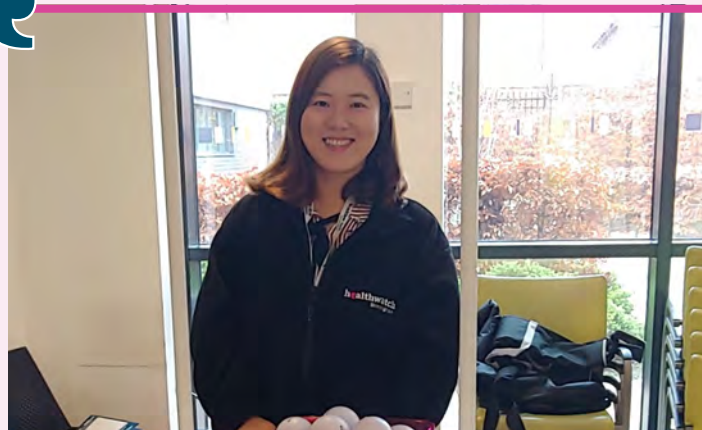
- + **78%** said that their interest and motivation in volunteering had either greatly increased or increased
- + **56%** stated that the course greatly increased or increased their confidence in dealing with people.

Finally, we have created a seat on the Healthwatch Birmingham Board specifically for a Volunteer Representative, to ensure that volunteers' experiences and views are fed into all our future strategic decision-making. The post will empower volunteers to more actively participate in shaping the direction of our organisation. Tim Phillips has successfully been appointed as Volunteer Board Representative for the forthcoming year.

'I feel happier about what life has in store for me now. I only wish I had attended a course like this years ago. I must admit I never really felt valued. But I do now. Everything I have learned, I will now take forward in my life. So leave some space, 'There's a new girl in town', thanks to you. I really do appreciate everything. The training, which is being provided, is more than welcome from me.'

Volunteer, Healthwatch Birmingham

Sumi Kim - Student Placement



My name is Sumi Kim and I'm from South Korea. I'm on placement with Healthwatch Birmingham as part of my Masters' studies on Policy into Practice with Integrated Placement at the University of Birmingham

"I came to Healthwatch Birmingham to learn more about the process of how people's and patients' voices can impact on the quality of care and policy decision-making in practice.

"I've worked with HWB's research and policy team to learn how to do the research with service users' experience and how it can make an impact on providers and stakeholders ... It was also a great opportunity for me to learn how health and care policy can be implemented in practice and to hear service users' experience about health and care service provision in Birmingham.

"Back in Korea, I work at the National Health Insurance Service (NHIS), which has 178 branch offices in every region in Korea. I believe the NHIS can take responsibility for advocating and listening to citizens' voices to improve the quality of healthcare services in each local area. Moreover, NHIS knows and gathers the information regarding health and long-term care provision, so we could provide information and signposting services to people as well, as Healthwatch does.

'I will definitely share with my colleagues how Healthwatch Birmingham engages with communities and people to make a difference to health and social care service provision in its local area.'

Authorised Enter and View Representatives (2018-19)

Volunteers:

Tina Brown-Love, Patricia Coyle, Mohammed Jobbar, Mark Lynes, Fatemeh Mossavar, June Phipps, Michael Tye.

Staff:

Andy Cave, Chipiliro Kalebe-Nyamongo, Jane Upton.



Healthwatch Birmingham receiving our award at the 2019 PEN National Awards

Our staff team March 2019

Andy Cave: Chief Executive Officer

Chipiliro Kalebe-Nyamongo: Policy Officer

Claire Reynolds: Marketing and Events Officer

Di Hickey: PA to the CEO and Secretary to the Board

Gary Rogers: Information and Signposting Officer

Ghazanfar Sami Khan: Research Assistant

Hanna Nadershahi: Volunteer and Community Officer

Jackie Spencer: Head of Patient and Public Involvement

Jane Upton: Head of Evidence

Sarah Walmsley: Project Officer





Our finances

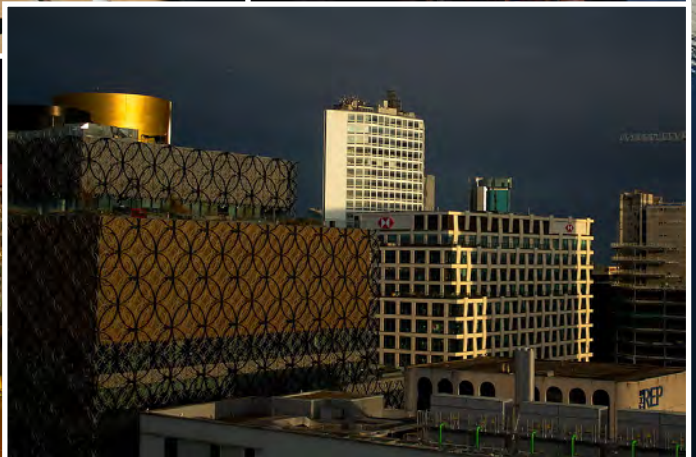
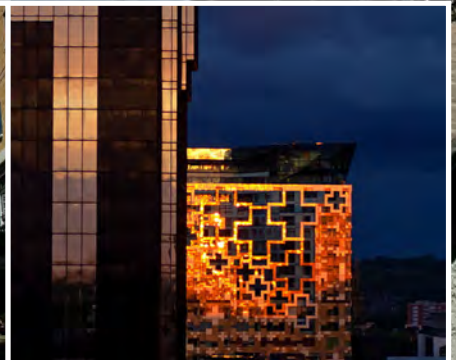
Healthwatch Birmingham Financial Report 2018-19

Income	£
Funding received from Local Authority to deliver local Healthwatch statutory activities	445,385
Other income	8,670
Total income for the year	454,052

Expenditure	£
Operational costs	67,270
Staffing costs	339,558
Office costs	50,094
Total expenditure for the year	456,922

Corporation tax paid	-
Surplus/Deficit for the year	(2,870)





Acknowledgements

Photographs of Birmingham supplied by Daniel Sturley

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England and Shutterstock

Design by Nick Drew Design

Our annual report will be publicly available on our website by 30th June 2019. We will also be sharing it with Healthwatch England, CQC, NHS England, Clinical Commissioning Groups, Overview and Scrutiny Committee 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.





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