healthwatch Birmingham & Solihull

9th June 2026

Written evidence submitted by Healthwatch Birmingham and Solihull (HB15)

Dear Committee Members,

Evidence in relation to Clause 65 of the Health Bill – Abolishing arrangements with Local Healthwatch Organisations and Schedule 10.

We are writing to submit this report on behalf of Healthwatch Birmingham and Healthwatch Solihull as evidence to the Health Bill Committee.

This report is rooted in the experiences of tens of thousands of local people who have shared with us what it is like to seek, receive and rely on health and social care. It demonstrates not only the scale of public engagement achieved through local Healthwatch, but the practical value of an independent patient and public voice in improving services, surfacing risk, identifying inequality and strengthening accountability.

We urge the Committee to recognise that independent voice is not a peripheral feature of the health and care system. It is one of the few mechanisms through which people can speak openly, safely and credibly about their experiences outside the organisations responsible for delivering care. That independence matters. It allows concerns to be raised without fear, uncomfortable truths to be heard, and the lived realities of patients, carers and families to be brought into decision-making in a way that is trusted by the public and respected by the system.

The evidence within this report shows clearly that independent public voice leads to better care. It has helped identify safety concerns, expose inequalities, improve access, strengthen communication, and support individuals who might otherwise have been left unheard or unsupported. At a time when health and care services are under immense strain, weakening this function would not reduce duplication or simplify the system - it would remove a vital line of sight into what people are actually experiencing, particularly those least likely to be heard through formal structures alone.

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As set out in the Executive Summary, this is ultimately a question of what kind of system we want to build: one that listens only to itself, or one that remains answerable to the people it exists to serve. The evidence we submit strongly supports the latter. We therefore commend this report to the Committee as a clear and practical case for retaining and strengthening independent patient and public voice in the health and care system.

We would, of course, be pleased to provide any further information that may assist the Committee in its deliberations.

Yours sincerely,

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Chief Executive
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Evidence Report to the Health Bill Committee

A review of Healthwatch Birmingham and Solihull Annual Reports 2017 – 2026

June 2026

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Executive Summary

Protecting Independent Patient Voice: A System Safeguard, Not an Optional Extra

Across Birmingham and Solihull, independent public voice has transformed tens of thousands of lived experiences into real improvements in care. This evidence is not theoretical - it is grounded in what people have told us, and what has changed as a result.

Over recent years, Healthwatch Birmingham and Healthwatch Solihull have heard from over 60,000 people about their experiences of health and social care. That figure reflects a simple reality: when people are given a trusted, independent route to be heard, they use it - and they need it.

Why this matters now

The health and care system is under unprecedented pressure:

- Long waiting times
- Increasing complexity
- Growing health inequalities
- Rising demand on staff and services

In this environment, it is easy for the system to become internally focused, to rely on performance data, and to lose sight of what care actually feels like for patients, carers and families.

Independent patient voice is what keeps the system grounded in reality.

What independent voice delivers

Healthwatch Birmingham and Solihull provides three functions that no other part of the system can replicate in the same way:

1. It reaches people the system does not naturally hear

We engage directly in communities - in food banks, colleges, mosques, care homes, warm hubs, refugee settings and local events - ensuring that those most affected by inequality are not excluded from shaping services.

2. It identifies risks and failures early

From hospital safety concerns to barriers in accessing care, independent insight surfaces issues before they escalate - particularly for those least likely to complain formally or report directly to the NHS or service provider.

3. It turns experience into action

This is not passive listening. Independent evidence from Healthwatch Birmingham and Solihull has led directly to:

- Reduced missed hospital appointments for children in deprived areas
- Improvements in cancer care, mental health services and maternity provision
- Changes to urgent care, pharmacy access and GP referral pathways
- Greater focus on inequalities within system planning and decision-making

These are tangible improvements that affect people's access to care, quality of treatment and overall outcomes.

Supporting people when they need it most

Healthwatch Birmingham and Solihull also provides a vital Information and Signposting service, helping thousands of people each year who are:

- Unable to access NHS services
- Navigating complex pathways (e.g. mental health or neurodevelopmental assessments)
- Trying to resolve poor care or raise concerns
- Seeking urgent advice on their rights and options

These are often individuals who would otherwise fall through the gaps - people who need independent, practical support, not another referral or signpost.

Stepping up in times of crisis

During the Covid-19 pandemic, and again during the cost-of-living crisis, Healthwatch Birmingham and Solihull adapted rapidly:

- Supporting thousands of people with urgent advice and access to care
- Providing real-time intelligence to NHS and local authority partners
- Reaching isolated and high-risk groups when traditional engagement routes closed

In moments when the system was under greatest strain, independent voice ensured people were still heard.

A high-value, low-cost function

This impact is delivered by a small, highly skilled team supported by volunteers drawn from local communities.

Volunteers contribute hundreds of hours each year, while also gaining:

- Skills and confidence
- Work experience and employability
- Stronger connection to their communities

This creates not only better services, but stronger, more resilient communities.

The critical issue for the Committee

Independent patient and public voice is not duplication. It is not discretionary.
It is a core part of a functioning, accountable health and care system.

Without it:

- Fewer people will be heard
- Risks will be identified later
- Inequalities will widen
- Trust in services will weaken

- Decision-makers will be further removed from lived experience

This is particularly true for those who are already most disadvantaged.

Conclusion

The evidence from Birmingham and Solihull is clear:

Independent voice improves care.
Independent voice protects patients.
Independent voice strengthens accountability.

At a time when the system faces the greatest pressures in a generation, this function should be protected and strengthened - not reduced or absorbed into the system it is designed to challenge.

Evidence Report to the Health Bill Committee

Why Independent Patient and Public Voice Must Be Protected - A Review of Healthwatch Birmingham and Healthwatch Solihull Annual Reports 2017 - 2025

1. Introduction

1.1 Health and social care work best when they are shaped by the people who rely on them. That principle sits at the heart of this evidence. Across Birmingham and Solihull, local people have shared their experiences of care - often at moments of vulnerability, frustration, fear, confusion or crisis - and those experiences have been turned into action, improvement and accountability through the work of Healthwatch Birmingham and Healthwatch Solihull.

1.2 This report makes a clear case for retaining an independent patient and public voice in the health and care system. The evidence from the Healthwatch Birmingham and Healthwatch Solihull annual reports shows that independent voice does three things no other part of the system can do in the same way. First, it reaches people whose voices are otherwise missed. Second, it identifies patterns of harm, inequality, delay and poor communication that routine structures often fail to see. Third, it turns those experiences into evidence that can influence providers, commissioners, regulators and system leaders.

1.3 The lesson over time is clear: as the system has become more pressured, more complex and more integrated, the need for independent public voice has become more urgent - not less.

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2. Our story and history as organisations

2.1 Healthwatch Birmingham and Healthwatch Solihull were established as independent champions for people who use health and social care services. Their purpose has remained consistent for over a decade: to make sure that people's experiences help make health and care better, and to ensure that decision-makers hear and act on what local people say.

2.2 In Birmingham, early annual reports show an organisation steadily building its reach, credibility and method - collecting feedback across the city, developing a strong investigation model, responding to consultations,

supporting people through information and signposting, and helping shape patient and public involvement across local services. By 2018/19 and 2019/20, Healthwatch Birmingham had gained national recognition for its work with volunteers and its contribution to the NHS Long Term Plan.

2.3 In Solihull, the annual reports show a similarly purposeful development: building local visibility, gathering experiences across communities, supporting local residents with information and signposting, investigating access barriers and service quality, and growing steadily into a stronger presence within the wider Birmingham and Solihull system. By 2021/22, Solihull's annual report explicitly states that the organisation had become "a much stronger presence in the local health and social care system", with its role set to increase further through the new Integrated Care System.

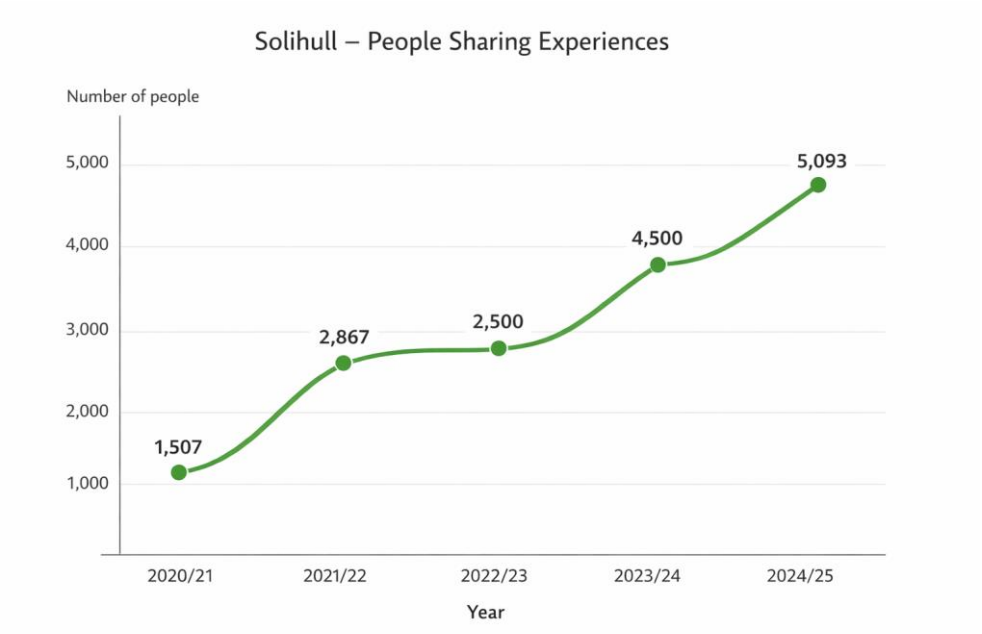
2.4 Over time, both organisations moved beyond simply "listening" into something more significant: they became a **trusted, independent bridge between communities and system leadership**. Their annual reports show them holding representation at the **Integrated Care Board**, **Integrated Care Partnership**, **Place Committees**, **Health and Wellbeing Boards**, **Safeguarding structures**, and wider quality monitoring processes. That evolution is important. It means local people's experiences are not merely recorded – they are carried, independently, into the rooms where change can happen.

3. How many people we have heard from over the years

3.1 One of the clearest messages from the annual reports is growth: more people have used Healthwatch as a trusted route to be heard year after year.

Birmingham – people sharing experiences

Solihull – people sharing experiences



3.2 These figures tell an important story. They show not only sustained growth, but growing public reliance on an independent route for raising concerns, sharing experiences and helping shape services. In Birmingham, the progression from 909 experiences in 2017/18 to 11,333 in 2024/25 is especially significant. It reflects the scale of demand, the strength of public trust, and the growing necessity of a body that is outside service delivery and therefore able to hear concerns people might not otherwise share.

3.3 Another important pattern emerges in the combined Birmingham and Solihull story. These are not static organisations doing the same work each year. They are listening at greater scale precisely because the pressures on people - and on the health and care system - have intensified. As waiting lists, access barriers, communication failures and inequalities have become more visible, so too has the need for somewhere independent to turn.

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4. Community engagement: why it matters, and what it looks like on the ground

4.1 Community engagement matters because health and care systems do not automatically hear everybody equally. People who are most likely to experience poor care, poor access or poorer outcomes are often the least likely to be represented in formal channels. Healthwatch Birmingham and Solihull annual reports repeatedly highlight the importance of hearing from those "who do not always have their voice heard", and of gathering feedback from communities who experience the greatest inequalities.

4.2 Healthwatch Birmingham and Solihull have taken that responsibility seriously by going out into local communities and meeting people where they are. Across the annual reports, this includes engagement in:

- hospitals and other health settings
- GP practices and primary care environments
- colleges, sixth forms and universities
- mosques and masjids
- warm hubs and dementia cafés
- food banks and soup kitchens
- cultural celebrations and community festivals

- Black history and Windrush events
- homelessness settings
- care homes and supported living
- rural community events
- carers' events
- drop-in centres for asylum seekers and migrants
- disability organisations and mental health recovery settings.

4.3 In Birmingham in 2023/24, Healthwatch reported speaking with over 13,200 local people at 267 different sessions and events, and hearing from people in all 69 wards, with more feedback coming from the city's most deprived wards than the least deprived. The annual report also states that feedback was received from all of Birmingham's main ethnic groups and faiths.

4.4 In Solihull, community engagement included visits to supported living settings, older people's groups, warm hubs, students at Freshers and careers events, carers' events, Hong Kong community celebrations, dementia cafés and local fairs. The reports make clear that these activities are not just awareness-raising exercises; they are deliberate attempts to hear experiences that mainstream systems often miss.

4.5 This kind of engagement matters because it builds trust where trust is often absent. It creates space for people to speak in settings that feel safe and familiar. It allows services to hear not only what went wrong, but what it felt like when something went wrong. And it ensures that local intelligence is rooted in the lived reality of communities, rather than being filtered solely through service performance data or formal consultation responses.

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5. The range of reports and topics we have investigated

5.1 The breadth of issues shown across the annual reports demonstrates the unique value of an independent patient and public voice. Healthwatch Birmingham and Solihull have investigated and reported on some of the most important pressure points in local health and care services.

5.2 These include:

- access to GP appointments and emergency primary care
- access to NHS dentistry and dental affordability
- hospital waiting rooms and accessibility for people with sensory impairments
- vision impairment rehabilitation services
- mental health services, including community mental health and children and young people's mental health
- support for young people who have self-harmed
- day opportunity services for disabled people
- complaints handling and PALS services
- Direct Payments and adult social care personalisation
- health inequalities affecting Somali, African-Caribbean and other communities
- maternity care for Black African and Black Caribbean women
- urgent care and urgent treatment centres
- prostate cancer pathways and post-treatment support
- community pharmacy and Pharmacy First
- GP to hospital referrals, discharge, care at home, ADHD/ASD assessment pathways and transport barriers to children's care.

5.3 This is more than a list. It shows that Healthwatch Birmingham and Solihull is often working exactly where the system is most fragile: at the points where people are delayed, confused, overlooked, poorly communicated with, or left to navigate fragmented care on their own.

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6. The impact and change we have influenced - and what that means for local people

6.1 The value of independent voice is not simply that it gathers testimony. Its real value lies in what changes because of that testimony.

6.2 In Birmingham, the investigation into hospital waiting rooms led to improvements across trusts, including better signage, more support for sensory-impaired patients, patient-held call systems, and actions to address clinic overruns. For local people, that meant safer, more dignified care for people already facing barriers in busy hospital environments.

6.3 In Birmingham's visual impairment rehabilitation work, Birmingham City Council responded by recruiting an additional Visual Impairment Rehabilitation Officer, improving information and access routes, and increasing engagement with people on the sight loss register. For local people, that meant better support to maintain independence and navigate everyday life with greater confidence.

6.4 The reports on children and young people's mental health identified delayed responses, long waits, poor communication and support that did not meet need. In response, service changes included closer work with service users, improved staff awareness and the introduction of peer support roles. For families, this meant a stronger chance that care would be shaped by lived experience rather than by assumptions about what young people need.

6.5 The work on University Hospitals Birmingham is one of the clearest examples of why independent voice matters. Healthwatch Birmingham and Healthwatch Solihull were among the first to publicly raise serious concerns about patient safety and staff culture at the trust, helping prompt independent reviews into patient safety, staff culture and leadership. Those reviews resulted in recommendations for changes in governance, leadership, staff support and openness in reporting concerns. For local people, this was not simply about oversight; it was about making sure serious problems were not hidden behind institutional silence.

6.6 The annual reports from 2023/24 and 2024/25 show increasingly measurable impacts. In Birmingham, work on transport support for children's hospital appointments helped reduce the rate of missed appointments from 22% to 4%, improving attendance for families in deprived communities. Work on community mental health led to reduced waits, more personalised care planning, and improvement activity around talking therapies and community support. Work on prostate cancer pathways led to more holistic needs assessments, additional support workers and improved post-treatment communication.

6.7 In Solihull, urgent care work led to improved signposting, public messaging and stakeholder engagement. Pharmacy work fed into changes to public awareness, communication and Pharmacy First integration. Prostate cancer findings were followed by improvements in diagnostic capacity, specialist support and post-treatment care.

6.8 What this means for local people is simple but profound. It means fewer missed appointments, clearer routes into care, better support after treatment, more responsive services, more culturally competent maternity care, more accessible urgent care, and a stronger chance that what people experience will lead to improvement rather than be quietly absorbed and forgotten.

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7. Impact Case Studies: Independent Voice Driving Change

7.1 These case studies demonstrate a consistent pattern:

When people's experiences are heard independently, services change.

They show that Healthwatch does not simply gather feedback — it:

- Identifies risks early
- Gives voice to those most affected
- Influences decisions at system level
- Delivers measurable improvements

This is the real-world value of independent patient voice - and why it must be protected.

Case Study 1. Holding a Major NHS Trust to Account – University Hospitals Birmingham

The issue

Healthwatch Birmingham and Solihull heard repeated concerns from patients and staff about patient safety, care quality and organisational culture at one of the largest NHS Trusts in the country.

What we did

- Gathered and escalated patient and staff concerns through independent reporting
- Worked with regulators and system leaders to highlight risks

- Called publicly for urgent investigation and accountability

The impact

- Independent reviews commissioned into:
    - Patient safety
    - Staff culture
    - Leadership
- Recommendations for:
    - Stronger governance
    - Better staff support
    - Improved reporting of safety concerns

What this means for local people
This is independent voice at its most critical. Without it, serious systemic issues risk remaining hidden. With it, patients are safer, staff are heard, and the system is held accountable when it falls short.

Case Study 2. Reducing Health Inequality – Children's Hospital Transport Support

The issue
Families in Birmingham's most deprived communities were missing hospital appointments due to transport barriers — not because of indifference, but because of cost and logistical challenges.

What we did

- Gathered lived experience from families about transport difficulties
- Produced evidence showing the link between deprivation and missed appointments
- Worked with system partners to propose targeted solutions

The impact

- Transport support implemented for families
- Missed appointment rate reduced from 22% → 4%

What this means for local people
Fewer missed appointments means earlier treatment, better outcomes and reduced pressure on services. Most importantly, it shows how independent voice can turn inequality into actionable change.

Case Study 3. Transforming Mental Health Support for Young People

The issue
Young people and families reported:

- Long waiting times
- Poor communication
- Care that did not meet needs
- Limited support during crisis

What we did

- Heard from over 200 young people, parents and carers
- Investigated the Forward Thinking Birmingham service
- Produced a report highlighting systemic gaps

The impact

- Service changes including:
    - Improved communication with patients
    - Greater understanding of neurodevelopmental needs
    - Recruitment of additional staff
    - Introduction of peer support roles

What this means for local people
This work helped shift mental health services towards a more person-centred, responsive approach — where young people are not just processed, but understood.

Case Study 4. Improving Maternity Care for Black African and Black Caribbean Women

The issue

Black African and Black Caribbean women reported:

- Poor staff attitudes
- Lack of interpreters
- Limited choice in care
- Delays in referrals

What we did

- Worked directly with women to capture lived experience
- Investigated maternity services in partnership with communities
- Escalated findings to providers and system leaders

The impact

Services implemented:

- Recruitment of more midwives from Black African backgrounds
- Creation of a Patient Experience Midwife role
- Improved access to interpreters (including virtual options)
- More accessible antenatal support

What this means for local people

This work helped create safer, more inclusive maternity care - addressing long-standing inequalities and ensuring women feel respected, heard and supported.

Case Study 5. Improving Prostate Cancer Care Through Patient Experience

The issue

Men using prostate cancer services reported:

- Poor information about treatment options
- Limited support after treatment

- Lack of holistic care

What we did

- Gathered feedback through surveys and direct engagement
- Highlighted gaps in patient experience and support
- Shared findings with NHS Trusts and ICS partners

The impact

- Introduction of:
    - Holistic needs assessments
    - Additional specialist support staff
    - Improved post-treatment communication
    - Better access to information

What this means for local people
Patients now receive more joined-up, personalised care, improving both clinical outcomes and emotional wellbeing during and after treatment.

Spotlight: Transforming Adult Social Care Through Independent Voice

The issue
People receiving care at home and in care homes told us a consistent story: care is often compassionate, but too often constrained by staffing pressures, lack of continuity, outdated care plans and limited follow-through on feedback. These issues affected dignity, independence and safety - particularly for those relying on care every day.

What we did
As an independent voice, we brought together lived experience from across Adult Social Care:

- 112 residents and families across 17 care homes
- 63 people receiving care in their own homes, supported by interviews and community engagement

We identified clear system-wide themes:

- Kindness vs capacity (compassionate staff but overstretched services)
- Continuity and dignity (impact of seeing multiple carers)
- Care that doesn't adapt (outdated plans and limited involvement)
- Feedback without action (people heard, but not always acted on)

The impact
Our evidence led to direct system action across Birmingham and Solihull:

✓ Stronger quality monitoring and oversight of care providers
✓ Commitment to improve staffing capacity and continuity of care
✓ Improvements to care planning, reviews and user involvement
✓ Increased focus on training and professional standards
✓ Clearer expectations on how feedback must lead to visible change

What this means for local people

- More consistent carers → greater dignity and trust
- Better care plans → support that reflects real needs
- Improved oversight → earlier action when care falls short
- Stronger voice → people shape the care they depend on

Why this matters

Adult Social Care often happens behind closed doors.
Without independent voice:

- These issues remain hidden, not understood
- Patterns of poor care emerge too late
- The most vulnerable individuals are least heard

Independent voice ensures that care is not just delivered - but continually improved through the lived experiences of those who rely on it most.

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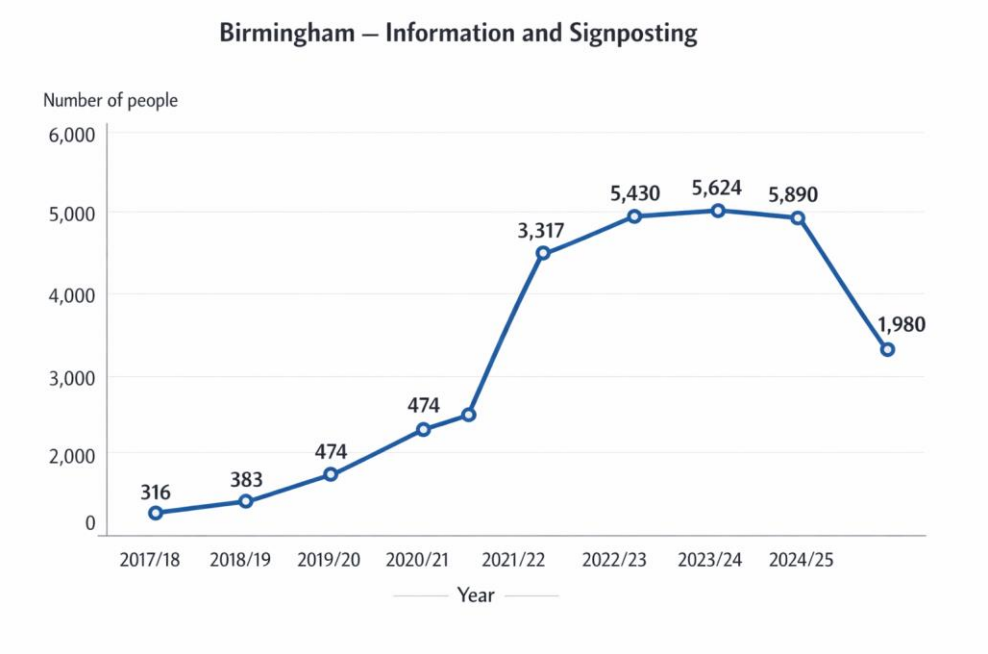
8. The value of our Information and Signposting service

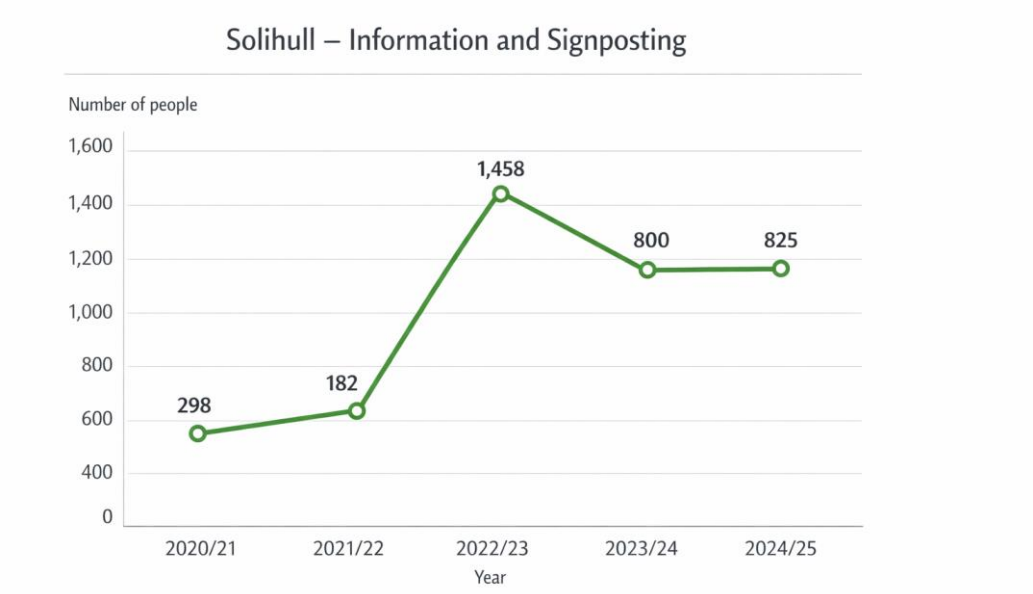
8.1 The Information and Signposting service is where policy meets lived reality. It is often the first place people turn when they feel confused, unheard or stuck. Since 2017 Healthwatch Birmingham and Solihull has supported

nearly **27,000 individuals** to navigate the complex health and social care system to get the help and support they needed.

Birmingham – Information and signposting figures



Solihull – advice and signposting figures



8.2 The case studies captured by Healthwatch Birmingham and Solihull reveal the human importance of this service.

8.3 In Birmingham, Healthwatch supported a resident removed from an NHS dental list after illness, helping them understand how to find NHS and

urgent dental care. It supported a parent trying to understand the ADHD/ASD assessment process so that she could navigate her child's waiting list and next steps. It provided safeguarding and advocacy information to a caller worried about her brother's move into a care home and repeated hospitalisations.

8.4 In Solihull, Healthwatch supported a woman distressed by a mistaken message suggesting a possible cancer diagnosis, helping her understand how to raise a complaint and seek resolution. It helped a pensioner wrongly charged for NHS dental care obtain a refund and apology. It also helped reconnect a man discharged from mental health care with his family and coordinated the support needed to improve his care and quality of life.

8.5 Earlier case studies show the same pattern: people facing fertility issues, GP complaints, unclear mental health rights, lack of diagnosis, poor hospital experiences, difficulties accessing dentists, delays in treatment and uncertainty about where to turn were all supported with information, rights-based advice, contacts, advocacy pathways and follow-through.

8.6 This service matters because many people do not need another leaflet or another website. They need a human conversation with somebody independent, knowledgeable and patient enough to listen properly and help them take the next step.

Information & Signposting Case Studies – Real Lives, Real Impact

Regaining Access to NHS Dental Care

The issue
A resident had been removed from their NHS dental list after missing appointments due to long-term illness and COVID recovery. They had contacted multiple practices but were unable to find a new NHS dentist and were at risk of going without essential care.

What we did
We provided:

- Clear guidance on how to find local NHS dental services
- Information on accessing urgent dental care
- Practical advice on navigating the system and next steps

The impact
The individual reported feeling:

- More confident navigating NHS pathways
- Better informed about their rights and options

What this shows
Independent advice prevented someone from being **excluded from essential healthcare**, helping them re-engage with services they were unable to access alone.

Helping a Parent Navigate ADHD/ASD Assessment Pathways

The issue
A parent was uncertain about their child's referral for ADHD/ASD assessment. Although their son was already on a waiting list, they did not understand which pathway he was on or what to expect next, leaving them anxious and unable to progress.

What we did
We provided:

- Clear explanation of local neurodevelopmental pathways
- Guidance on how to confirm referral status
- Information on who to contact for updates

The impact
The parent:

- Felt more informed and reassured
- Was able to take proactive next steps
- Gained confidence engaging with services

What this shows
Independent support helps families **navigate complex care systems**, reducing uncertainty and enabling them to advocate effectively for their children.

Supporting Safeguarding Concerns in a Care Home

The issue
A caller raised serious concerns about her brother, who had been moved into a care home without her knowledge. Since the move, his health had deteriorated, and he had been hospitalised multiple times. She did not know how to raise concerns or challenge the situation.

What we did
We provided:

- Information on how to raise safeguarding concerns
- Guidance on accessing independent advocacy
- Support on understanding her rights and available routes for escalation

The impact
The caller:

- Felt more confident in taking action
- Understood how to safeguard her brother's wellbeing
- Was empowered to challenge decisions affecting his care

What this shows
Independent advice plays a critical role in protecting vulnerable individuals, helping families **act on safeguarding concerns and hold services to account**.

Resolving Diagnostic Uncertainty and Financial Hardship

The issue
A woman had undergone multiple procedures over two years without receiving a clear diagnosis. As a result, she lost her livelihood, experienced mobility issues, and was unable to access support from the Job Centre due to lack of medical clarity.

What we did
We:

- Connected her with Citizens Advice Bureau and relevant advocacy services
- Supported communication with healthcare professionals
- Helped navigate the system to secure a formal diagnosis

The impact
The outcome was transformational:

- She received an official diagnosis
- Secured backdated financial support
- Accessed appropriate medical care
- Regained stability and clarity

"I was getting nowhere… now I know what's been wrong with me and I've got my money back."

What this shows
Independent support can change life outcomes — not just improving access to care, but **restoring financial security, health, and dignity**.

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9. Our ability to step up at times of crisis - Covid-19 pandemic and the cost-of-living crisis

9.1 The strongest systems are tested in moments of crisis. These annual reports show that Healthwatch Birmingham and Solihull stepped up precisely when people needed independent support most.

9.2 During the Covid-19 pandemic, Healthwatch Birmingham and Solihull rapidly adapted how they worked. They moved from face-to-face engagement into virtual outreach, online surveys, telephone support, social media communication, Zoom sessions and remote links with communities and care homes. Birmingham reported engaging 13,769 people online in 2020/21 and running 17 online sessions with partner organisations to provide care information and hear from marginalised groups. Solihull reported supporting over 10,500 people during the pandemic, while also building new trusted relationships with care homes so that residents' voices could still be heard in one of the most isolated and high-risk settings.

9.3 The information and signposting role became even more important during this period. People were calling about vaccines, access to appointments, lack of shielding support, treatment delays, NHS dentistry, GP access, face-to-face contact and how to cope with a constantly changing system. Both organisations documented how they linked people to

emergency support, reliable information, practical help and urgent local services at a time when confusion and anxiety were widespread.

9.4 The reports also show that Healthwatch Birmingham and Solihull used insight gathered during Covid to influence recovery planning. That included concerns about hospital discharge, communication with patients on waiting lists, care home visiting, access to medication, socially isolated people, and the impact of digital barriers on access to care. In Birmingham, Covid-related engagement also supported targeted vaccination work, including local sessions and video resources for communities experiencing inequality.

9.5 The same pattern appears in the cost-of-living crisis. Healthwatch Birmingham and Solihull investigated how rising costs were affecting people's physical and mental health, including the cost of prescriptions, travel to appointments and access to treatment. Their reports show that local authorities and NHS partners responded by committing to raise awareness of available support. This was particularly important because financial pressure was not simply an economic issue - it was becoming a barrier to staying well, attending appointments and receiving care.

9.6 The message here is important for the Committee: in times of crisis, independent voice becomes not less relevant, but more indispensable. When systems are under pressure, people still need somewhere to turn that is outside those pressures, and able to say clearly what people are living through.

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10. Our people - local people involved, skilled teams and strong governance

10.1 The annual reports consistently show that both organisations are staffed by relatively small teams with significant reach and system influence.

10.2 Healthwatch Birmingham and Solihull has a staff team of 13 people supported by over 70 passionate and enthusiastic volunteers, recruited from local communities.

10.3 A Board of 11 Non-Executive Directors oversees the organisation. This is not simply corporate governance. It is local accountability. The annual reports make clear that Healthwatch governance is rooted in public concerns and public priorities, with volunteers and local people helping shape investigation topics.

10.4 The people involved in these organisations are also clearly local system leaders. Healthwatch representatives sit on:

- Birmingham and Solihull Integrated Care Board
- Integrated Care Partnership
- Birmingham and Solihull Place Committees
- Health and Wellbeing Boards
- Safeguarding Adults Boards
- ICB Quality Committee and System Quality Group.

10.5 As services become more integrated and decision-making becomes more centralised, these roles become even more important. They ensure that public voice is not lost inside large systems and that decision-makers remain connected to what local people are actually experiencing.

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11. Volunteers, local people being involved, and the wider social value created

11.1 Volunteers are one of the strongest pieces of evidence in this story. They show that Healthwatch Birmingham and Solihull is not just speaking for communities - it is built with communities.

11.2 Across Birmingham and Solihull Healthwatch is supported by over 70 volunteers.

11.3 The volunteer contribution is practical and significant. Volunteers attend community events, listen to people's experiences, help collect and analyse data, support surveys and reports, contribute to governance and strategic conversations, and expand organisational reach into communities that staff alone could never cover. Birmingham's 2024/25 report records 1,056 volunteer hours and involvement in 165 Birmingham community events. Solihull's 2024/25 report records 335 hours and involvement in 71 community events.

11.4 But the wider social value is just as important. The reports and volunteer testimonies describe how volunteering builds:

- confidence
- empathy

- communication skills
- knowledge of health and care systems
- professional experience
- a sense of purpose
- employability
- connection to community.

11.5 Birmingham's 2018/19 report was particularly explicit: volunteer feedback recorded increased desire to learn, stronger social and communication skills, increased knowledge of health and social care systems, greater self-confidence, and reported gains in employability and mental wellbeing.

11.6 Later reports show the same pattern through personal testimonies. Volunteers describe rebuilding careers, gaining confidence in a new country, strengthening public health commitment, and feeling part of something that makes "real meaningful change". Healthwatch Birmingham and Solihull were recognised through the Investing in Volunteers quality mark, showing that volunteers are not only welcomed but valued, developed and supported properly.

11.7 This matters because Healthwatch does not only improve services. It also creates community leadership, skills, confidence and social capital. It turns local people into active participants in shaping care, and in doing so strengthens the civic foundations on which better services depend.

Volunteer Case Studies

Volunteer Case Study 1: Building Confidence and Finding Purpose in a New System

One volunteer described joining Healthwatch Birmingham after initially volunteering elsewhere in the NHS during the pandemic. They wanted to better understand the healthcare system and connect with their local community.

They spoke about the warm welcome and ongoing support from the team, and how volunteering gave them opportunities not only within Healthwatch, but externally — including training programmes and wider development initiatives. Through attending events and engaging with communities across Birmingham, they developed their communication skills and gained confidence speaking with people from a wide range of backgrounds.

They described the experience as "life changing", highlighting how it strengthened their personal and professional skills, and opened up opportunities to pursue a career in healthcare and community engagement.

> ***"Volunteering with Healthwatch Birmingham has been life changing… it's boosted my confidence and communication skills and helped me understand the healthcare system."***

Impact:
This case study demonstrates how Healthwatch volunteering acts as a pathway into employment, skills development and civic participation. It creates opportunities for people to gain experience, confidence and a sense of belonging — while directly contributing to improving services for others.

Volunteer Case Study 2: Giving Back While Rebuilding Confidence

Another volunteer explained that they came to Healthwatch Solihull during a period where they were unable to work due to health reasons, but still wanted to do something meaningful with their time.

For them, volunteering was about having a voice and helping others who might otherwise be overlooked. They described a strong motivation to support people who struggle to access care and to make sure those experiences are heard and acted on.

Through their involvement, they:

- Spoke with people in the community
- Supported surveys and feedback gathering
- Helped shape insight that influenced local services

They emphasised that being part of Healthwatch gave them:

- Purpose and structure
- Connection with others

- A sense that they were making a real difference

"I wanted to help make sure people who struggle to access healthcare are heard and not left behind."

Impact:
This case highlights the wellbeing and social value of volunteering. It shows how Healthwatch provides opportunities for people who may be excluded from the workforce to rebuild confidence, contribute meaningfully, and stay connected to their community - while ensuring vulnerable voices are not lost.

Volunteer Case Study 3: From Volunteer to Community Leader

A long-standing volunteer described their journey of becoming involved with Healthwatch Birmingham after retiring from a local authority role. What initially appealed was the opportunity to promote fairer access to health and social care services.

Over time, their role expanded to include:

- Attending community engagement events in hospitals, mental health services and local venues
- Acting as a volunteer representative, bringing volunteer perspectives into Board discussions
- Supporting the development of new volunteers

They described feeling valued, respected and actively listened to, and highlighted the importance of creating informal, accessible routes for people to share their experiences.

"Healthwatch gives people an independent voice… it helps people share their experiences, whether formally or informally."

Impact:
This case shows how volunteering can evolve into leadership and governance roles, strengthening the organisation and ensuring it remains grounded in real community experience. It also demonstrates how Healthwatch builds ongoing civic leadership capacity, not just one-off engagement.

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12. Key trends, messages and the wider story

12.1 Across all the Healthwatch Birmingham and Solihull annual reports, a powerful overarching story emerges.

1. Reach has grown dramatically

The number of people sharing experiences has increased sharply over time, particularly in Birmingham, where annual reported experiences rose from 909 in 2017/18 to 11,333 in 2024/25. Solihull's figures also show clear growth over time. This reflects increasing trust, growing demand and a widening recognition that independent voice matters.

2. The public need for support has deepened

Information and signposting demand rose markedly during and after the pandemic, showing how many people need help not just to complain, but to navigate a system that can feel fragmented, inconsistent and inaccessible.

3. Independent voice has moved from consultation to infrastructure

The earlier reports show strong engagement and investigation work. The later reports show something even more important: Healthwatch evidence feeding into formal quality structures, ICS processes, and multi-agency improvement conversations. Independent voice is no longer peripheral. It is part of the system's capacity to improve.

4. The work is increasingly outcome-focused

The 2024/25 reports are especially strong in showing measurable outcomes: reduced missed appointments, pathway changes, personalised care plans, workplace and governance changes, improved access and better public communication. This is evidence of impact, not just activity.

5. Healthwatch's independence is what makes all of this possible

The most difficult and consequential work shown in these reports – University Hospitals Birmingham concerns, inequalities, complaints, safeguarding, discharge, mental health, dentistry, long waits, barriers in deprived communities - is only possible because Healthwatch Birmingham and Solihull is trusted to sit outside provider and commissioner interests. If that independence weakens, trust will weaken with it.

13. Conclusion: the case for keeping an independent voice

13.1 The evidence across these Healthwatch Birmingham and Solihull annual reports leads to one unavoidable conclusion: **independent patient and public voice is an essential part of a safe, responsive and fair health and care system**.

13.2 Without it, thousands of experiences would never have been heard. Harmful patterns would have remained hidden for longer. Patients and carers would have had less support navigating distressing or complex situations. Quality and safety concerns would have reached decision-makers later - or not at all. Communities facing the deepest inequalities would have had less chance of shaping the services that affect them most.

13.3 Healthwatch Birmingham and Healthwatch Solihull show what independent voice can achieve when it is trusted, persistent and properly connected into decision-making. They have heard from tens of thousands of people. They have influenced pathways, services, governance and system priorities. They have supported individuals, strengthened communities, developed volunteers, and brought truth from the lived edge of the system into the centre of power.

13.4 The Health Bill Committee therefore has a clear choice. It can protect and value the independence of public voice - recognising it as a vital safeguard and a source of improvement - or it can allow that voice to be weakened at the very moment when the system most needs honesty, trust and challenge.

13.5 This evidence from Healthwatch Birmingham and Solihull strongly supports the first course. **Independent voice must be kept - and kept strong.**

Appendix - Healthwatch Birmingham and Solihull Annual Reports

Healthwatch Birmingham

2017-2018	https://healthwatchbsol.org.uk/report/annual-report-2017-2018/
2018-2019	https://healthwatchbsol.org.uk/report/annual-report-2018-2019/
2019-2020	https://healthwatchbsol.org.uk/report/annual-report-2019-2020/
2020-2021	https://healthwatchbsol.org.uk/report/annual-report-2020-2021/
2021-2022	https://healthwatchbsol.org.uk/report/annual-report-2021-2022/
2022-2023	https://healthwatchbsol.org.uk/report/annual-report-2022-23/
2023-2024	https://healthwatchbsol.org.uk/report/annual-report-2023-24/
2024-2025	https://healthwatchbsol.org.uk/report/annual-report-2024-2025/

Healthwatch Solihull

2020-2021	https://healthwatchbsol.org.uk/report/healthwatchsolihull-annualreport-2020-21/
2021-2022	https://healthwatchbsol.org.uk/report/solihull-councils-draft-housing-strategy-2/
2022-2023	https://healthwatchbsol.org.uk/report/healthwatch-solihull-annual-report-2022-23/
2023-2024	https://healthwatchbsol.org.uk/report/annual-reports/
2024-2025	https://healthwatchbsol.org.uk/report/26488/