

REPORT FOR: HARROW HEALTH AND WELLBEING BOARD

Date of Meeting: 1 August 2013

Subject: **HEALTHWATCH HARROW
INFORMATION REPORT**

Responsible Officer: Ash Verma, Chairman HiB and Interim
Chair, Healthwatch Harrow

Exempt: No

Enclosures: Healthwatch Harrow Performance
Monitoring Framework (Appendix A),
Healthwatch Harrow Business and
Community Engagement Plan
(Appendix B),
Healthwatch Harrow Newsletter
(Appendix C)

Section 1 – Summary

This report sets out:

The background to Healthwatch Harrow, including governance and management arrangements, our priorities, marketing and communication, and outreach activities as well as progress in the first quarter.

FOR INFORMATION

Section 2 – Report

Background to Healthwatch Harrow

1. Healthwatch Harrow is part of a 152 strong national network who liaise with Healthwatch England at a national level. Healthwatch is set up with independent statutory powers to act on behalf of both adults and children giving citizens and communities a stronger voice to influence and challenge how health and social care services are provided.
2. Healthwatch Harrow is the new independent consumer champion for both health and social care in the Borough set up in April 2013 *to help improve and shape health and social care.*
3. Our **mission** is:

“To establish Healthwatch Harrow as an organisation rooted in Harrow that is open to all and makes a real difference to people’s lives through championing the health and wellbeing of Harrow residents”.

4. Our mission is guided by our overall vision and longer term aspiration for Healthwatch Harrow which:
 - Is accessible to all people
 - Has a real impact on health and social care
 - Genuinely meets public priorities and needs
 - Hears the voices of everyone, knows what people think and understands their health and social care priorities
 - Is transparent and accountable to the people it serves.
 - Has a working relationship with statutory providers
 - Influences a changing health and social care agenda

Priority Outcomes

5. Healthwatch Harrow has developed strategic objectives within a dynamic work plan, as well as key milestones towards the achievement of agreed quantifiable and qualitative targets and measures for the following **three priority outcomes**:
 - Outcome 1: Engagement and Influence – The Consumer Champion
 - Outcome 2: Information and Advice – Signposting
 - Outcome 3: Implement effective linkages with Complaints Advocacy

Governance and management arrangements

6. Healthwatch Harrow is funded by Harrow Council and is led and managed by Harrow in Business (HiB) the 30 year old local social enterprise agency that helps to start, fund and grow local businesses, social enterprises, voluntary and community organisations and support

those that are looking for investment and bi-lateral trade activities in emerging markets in partnership with Gateway Asia.

Lead Body - Harrow in Business (HiB)

7. HiB is accountable for the overall stewardship, performance and financial management, quality assurance and marketing and communication of Healthwatch Harrow.

Delivery Board

8. A **Stakeholder Consortium Delivery Board** comprising local voluntary and community sector partners and providers across the Borough has been established in line with our consortium bid, and includes:

- Age UK Harrow;
- Harrow Mencap;
- Harrow Mind;
- Harrow Association of Disabled People (HAD);
- Harrow Carers;
- Carramea,
- Kids Can Achieve (KCA);
- Harrow College

Delivery Board – roles and responsibilities:

9. The Delivery Board has been delegated a range of policy, performance and outreach responsibilities, as below.
 - Provide policy and strategic direction;
 - Approve and monitor the Healthwatch Harrow Work Plan and performance;
 - Approve and monitor the Community Engagement Plan (CEP);
 - Provide professional health and social care knowledge, experience and expertise;
 - Share and disseminate information to users, stakeholders and partners;
 - Promote and add value to the Marketing and Communication Plan by for example, linkages with your websites; participation at appropriate/bespoke organised events;
 - Champion Healthwatch Harrow.

Delivery Board – Development

10. It is intended that the Delivery Board will have 15 members and include lay people and an independent Chair. A recruitment and selection process has been agreed by the Delivery Board and is underway, with a

view to appointing a permanent Chair and new members by October this year.

Delivery Model and Process

11. A delivery framework has been established on a **hub and spokes** model. The **main hub** is based at HiB Offices in Stanmore and acts as a physical and virtual one stop, information, access and contact point. A **second hub**, potentially to be located at Harrow College's Lowlands Road site is under discussion.
12. Delivery Board members act as spokes, and others will also be established over the coming months. Activities within the spokes include:
 - Virtual sites, such as the websites of Healthwatch Harrow and partners
 - Communication and information systems, based on key communication preferences of people in Harrow – for example telephone, text-phone, Twitter, Facebook and/or email.
 - Premises, including premises of partners and other sites in Harrow used for regular or occasional delivery. Those will be geographically spread, and meet disability and other accessibility needs.
 - Drop in sessions and forums.

Performance Monitoring

13. A quarterly **Performance Monitoring Framework - PMF** has been agreed with the London Borough of Harrow - see **Appendix A**
14. Key performance Indicators (KPIs) are a feature of the PMF and range from: % of local people who have heard of Healthwatch Harrow; how many users satisfied with the service; Enter and View Visits; recommendations to commissioners and providers after visits; improvements in partner services; number of issues reported; inclusion of unmet needs in future JSNA, and so on.

Marketing and Communication

15. Healthwatch Harrow recognises that it needs to be known by local people before it can be owned by them, and that success will depend on quality of promotion to key stakeholders. For this reason, we have developed a proactive marketing and communication plan based on:
 - Channels audit, messages, issues
 - Getting data and feeding it back
 - Publishing strategy
 - Communicating to key stakeholders and more widely
16. Underpinning our marketing and communication plan is the Healthwatch Harrow **Business and Community Engagement Plan (BCEP) – Appendix B** that will help us to specifically target:

- Residents of Harrow
- Commissioners of services
- Providers of services
- Users of services

17. The main thrust behind the BCEP is to map needs and gather evidence in order to:

- Ensure that we involve, engage and reach out to all parts of our diverse communities, including the hard to reach and the seldom heard;
- Ensure that patients and users of health and social care and the wider local public's views are heard loud and clear by those who plan, run and regulate health and social care provision in the Borough;

Progress April to June 2013

18. The main objective for Healthwatch Harrow during the first quarter was to implement the Transition Plan, including the governance structure and associated arrangements through introducing systems and procedures. This has been done.

19. Protocols and agreements have been reached through a series of meetings with statutory service providers and commissioners and lead officers.

20. Healthwatch Harrow has commenced establishing its presence within the statutory sector by attending localised and regional meetings and events and is developing an engagement strategy with the community sector. Further opportunities offered by consortium partners to have a Healthwatch presence at its events were taken up where physical resources were available otherwise leaflets and posters have been made available to promote Healthwatch. Over 2,500 leaflets have been distributed at events, outreach meetings and consortium partner network; further leaflets will be distributed to libraries, care homes, GP and dental practices capturing a wider audience in the next quarter.

Early indicators of issues and concerns

21. The following highlight some of the issues and concerns that we have gathered:

- Booking appointments with own GP ~ this is an on-going issue which will be discussed with the CCG before large scale monitoring through patient forums is undertaken.
- Concerns about issues in the September 2012 Northwick Park Hospital Quality Safety audit report. Healthwatch Harrow has requested an update for comparison from NWLHT regarding their latest figures before further investigation.
- Carer's plan for mental health service users allegedly not being completed correctly and patient records not being transferred to GP on

a timely basis. Healthwatch Harrow held discussions with the Integrated Care Pilot team who are due to carry out an audit on care plans in July. A report will be shared of their finding as soon as it is available. A meeting has also been arranged with the local Mental Health service manager to discuss the care plan concerns.

Priorities for Healthwatch

22. The Delivery Board have set priorities for Healthwatch Harrow based on research (CCG prospectus, latest Joint Strategic Needs Analysis report) and feedback received in form of intelligence and concerns from members of the public who have contacted Healthwatch Harrow directly. The feedback also includes those received from our consortium partners.
23. The current key top priorities are promoting the awareness of:
- Circulatory disease: mostly heart disease and stroke;
 - Cancer: with the highest being breast, lung, prostate and bowel cancers; and
 - Respiratory disease: mostly chronic airways disease and pneumonia
24. We also intend to raise awareness of diabetes, mental health and dementia through a series of workshops and/or joint events with service providers and commissioners. The overall objective is to ensure more people are aware of the underlying factors through prevention and effective cure where possible.

Communication and Outreach

25. A comprehensive Marketing and Communication Plan has been developed and is being implemented. The following are key highlights to date:
- Healthwatch Harrow has released several press releases and e-newsletter through its network of 1,600 people, more if members of the consortium partners are included. The first Healthwatch Harrow communication release was on 25th April to 1,452 people on its database informing them about Healthwatch. The second release was a 15 page e-newsletter on 31st May to those on its database – see document titled **Healthwatch Harrow News – Issue 1 April – May – Appendix C**.
 - Further communications have been through press releases on 23rd April titled **“The new independent consumer champion Healthwatch launches in Harrow”** and on 2nd May in the Harrow Times titled “Healthwatch Harrow to ensure people’s views on health are heard say chairman” (circulation reach to 52,991 people) and also in Harrow Observer titled “Healthwatch Harrow becomes the new eyes of patient care” on 2nd May (circulation estimated to 47,000 plus online readership of approximately 78,000).
 - 1,556 Hits 30 days after Launch Message on Healthwatch Harrow website. 1,323 hits of which 80% are new visitors. Twitter 368 followers with 865 tweets sent out and 9 likes on Facebook Page.

Airtime coverage

26. Healthwatch Harrow had air time coverage through its Interim Chair on 16th May on Sunrise Radio (UK's and Europe's leading Asian Network Radio station) covering 2 million listeners across the continent and beyond. A detailed interview was also given on Radio Northwick Park on 30th May which has 13,000 online listeners.
27. Further promotion and coverage of Healthwatch Harrow is expected in the near future when the filming of the Under One Sky event on 30th June (commissioned by Gateway Asia and HiB) is broadcast by Star TV (the leading Asian TV Channel in the UK and Europe). Star TV has a reach of millions across the world.

Outreach work

28. Presentations were given at Carers Revival event on 3rd July engaging with 40 plus people. Main issues revolved around services for carers and users. Issues around lack of communication with service providers were dealt with by Healthwatch much to the group's satisfaction at the Chair's Patient Participation Group meeting at Enderley Medical Centre.
29. Formal update on Healthwatch Harrow was provided to members of the Information, Advice and Advocacy forum on 3rd July, which was well received. Regular updates will be provided as required. Membership of the forum includes several consortium partners so flow of information exchange will be more effective.

Business and Community Engagement Plan - BCEP

30. Healthwatch Harrow has produced a Business and Community Engagement Plan which has been approved by the Delivery Board – see document titled **BCEP at Appendix B**.
31. The main thrust behind BCEP is to assess local health and social care, and general well-being needs amongst residents, businesses and the wider community through a series of meetings and focus groups, and to map these and produce appropriate evidence based, qualitative and quantitative reports for relevant parties.

Other work

32. **Quality Accounts** - Healthwatch Harrow was invited by St Luke's Hospice, CNWL, NWLHT, RNOHT, and the Integrated Care Organisation to comment on their annual Quality Accounts, which it did on behalf of the local community and service users.
33. **Bespoke Database** – Healthwatch Harrow have held discussions with various providers to produce a bespoke database which incorporates logging in queries, concerns and signposting to services. The database will be a single point of access for handling and storing data as well as signpost people to appropriate services.

Section 3 – Further Information

34. Decisions on the award of the contract were delayed and these had some impact on subsequent discussions and negotiations between the London Borough of Harrow and HiB, but were concluded satisfactorily in early March 2013 allowing HiB to develop and implement a an agreed Transition Plan.
35. The budget for Healthwatch Harrow is £350,000 for a two year period from April 2013 to March 2015, with a contribution of £10,000 towards start-up costs. In line with our proposal, HiB and Delivery Board members, and others, anticipate contributing at least £50,000 over the two year period in cash and in-kind to ensure that the multi-faceted priorities, challenges and key performance indicators (KPIs) detailed in the Performance Monitoring Framework at Appendix A are met as fully as possible.
36. Given the nature of the new Healthwatch initiative in general, and similarities between it, and previous Harrow LINK arrangements, the two Harrow LINK staff previously employed by Parkwood Healthcare were transferred over to HiB from April 2013. A comprehensive Resource Plan has been agreed with the London Borough of Harrow.
37. Healthwatch Harrow will produce information reports for each meeting of the Health and Well Being Board.

Section 4 – Financial Implications

Set out the financial implications of the proposed decision, in particular:

NONE

- The total revenue and/or capital cost in current and future years
- The total revenue and capital funding in current and future years#
- Where there is an intention to fund the proposal from savings elsewhere in the budget, set out exactly how the savings will be achieved and whether they are ongoing
- The potential implications for the Medium Term Budget Strategy (MTBS) if there is insufficient provision in the current budget – you should not make any assumptions about the outcome of future budget rounds
- Other financial issues such as tax, income collection etc
- Wider resource implications (staff, accommodation, IT etc)
- The proposed procurement route where relevant

Section 5 - Equalities implications

Was an Equality Impact Assessment carried out? No

If yes, summarise findings, any adverse impact and proposed actions to mitigate / remove these below:

If no, state why an EqlA was not carried out below:
(please check Equalities Implications with Mohammed Ilyas if you have any concerns/clarification of points)

Section 6 – Corporate Priorities

Please identify which corporate priority the report incorporates and how:

- Keeping neighbourhoods clean, green and safe.
- United and involved communities: A Council that listens and leads.
- **Supporting and protecting people who are most in need.**
- Supporting our town centre, our local shopping centres and businesses.

Section 7 - Contact Details and Background Papers

Contact: Ash Verma, Interim Chair Healthwatch Harrow. 020 8427 6188

Background Papers: None