

## Appendix A - HiB Healthwatch Harrow Workplan – 2014- 2015

### KEY PRIORITIES TO BE MET IN YEAR 2

1. Whole Systems Integrated Care
2. GP Accessibility
3. Personal Budgets
4. Care Homes
5. Influencing planning and commissioning processes

	Priorities	Tasks (tasks groups to be formed, including responsible parties as mentioned in column 4)	Available Methodology (for use as appropriate)	Responsible Parties/Individual	Risk Identified	Deadline/completed by	Outcome
1.	<a href="#">Whole Systems Integrated Care</a>	<ol style="list-style-type: none"> <li>1. Recruit Healthwatch Champion</li> <li>2. Initial set up task group meetings monthly then bi-monthly via conference call/Skype/webinar/face to face</li> <li>3. Attend WSIC workshops</li> <li>4. Engagement and awareness building with public</li> <li>5. Promotion in e-newsletters/e-bulletins</li> <li>6. Consultation with Harrow Patient Participation Network (HPPN), Clinical Commissioning Group (CCG), Health &amp; Wellbeing board (HWWB), North West London Hospital Trust (NWLHT), Royal National Orthopaedic Hospital (RNOH), Health and Social Care Scrutiny committee, Public Health, Central and North West London Foundation Trust (CNWLFT)</li> <li>7. Publish findings and recommendations</li> <li>8. Carry out impact assessment and evaluation</li> </ol>	<ol style="list-style-type: none"> <li>1. Healthwatch Champion inductions</li> <li>2. Surveys</li> <li>3. Questionnaires</li> <li>4. Leaflets</li> <li>5. Reading groups</li> <li>6. User Forums/Healthy Harrow Day</li> <li>7. Focus Groups</li> <li>8. Enter &amp; View</li> <li>9. Delivery partner user experience</li> <li>10. E-newsletter &amp; bulletins, social media, website, twitter</li> </ol>	Delivery Board Members (TBD) Volunteers x 2 (TBD) Staff member (TBD)	<ol style="list-style-type: none"> <li>1. Finance</li> <li>2. Staff Attrition</li> <li>3. Lack of public involvement</li> <li>4. Change of local &amp; central government</li> <li>5. Change of governance (CCG)</li> <li>6. Any changes from NHS England</li> <li>7. Obsolete consultations</li> <li>8. Unforeseen health and social care issues that require immediate attention</li> </ol>	Task group set up by 27 <sup>th</sup> June 2014  Further dates to be confirmed once the group is set up  WSIC workshops have begun and are ongoing	<ul style="list-style-type: none"> <li>• Health and services are demonstrated influenced delivery of consumer v through HF services that the patient service use experience</li> <li>• Ensure pro effective er is in place p involvement participatio sections of community existing hea social care</li> <li>• Identificati customer e</li> </ul>
	Priorities	Tasks (tasks groups to be formed, including responsible parties as mentioned in column 4)	Available Methodology (for use as appropriate)	Responsible Parties/Individual	Risk Identified	Deadline/completed by	Outcome

2.	GP Accessibility	<ol style="list-style-type: none"> <li>1. Recruit Healthwatch Champion</li> <li>2. Initial set up task group meetings monthly then bi-monthly via conference call/Skype/webinar/face to face</li> <li>3. Check all GP surgeries have clear complaints procedures that are visible and accessible to patients</li> <li>4. Conduct/engage with HPPN, Delivery Partners &amp; public</li> <li>5. Raising awareness for all sectors of community e.g. vision impaired, vulnerable adults</li> <li>6. Raise awareness of third Hub and access pro's/con's</li> <li>7. Liaise with Practice Manager/CCG</li> <li>8. Findings/results from surveys &amp; questionnaires</li> <li>9. Feedback to Practice Managers, CCG and HPPN</li> <li>10. Publish findings and recommendations</li> <li>11. Carry out impact assessment and evaluation</li> </ol>	<ol style="list-style-type: none"> <li>1. Healthwatch Champion inductions</li> <li>2. Surveys</li> <li>3. Questionnaires</li> <li>4. Leaflets</li> <li>5. User Forums/Healthy Harrow Day</li> <li>6. Focus Groups</li> <li>7. Enter &amp; View</li> <li>8. Delivery partners user experience</li> <li>9. E-newsletter &amp; bulletins, social media, website, twitter</li> </ol>	<p>Delivery Board Members (TBD) Volunteers x 2 (TBD) Staff member (TBD)</p>	<ol style="list-style-type: none"> <li>1. Finance</li> <li>2. Staff Attrition</li> <li>3. Lack of public involvement</li> <li>4. Change of local &amp; central government</li> <li>5. Change of governance (CCG)</li> <li>6. Any changes from NHS England</li> <li>7. Obsolete consultations</li> <li>8. Unforeseen health and social care issues that require immediate attention</li> </ol>	<p>Task group set up by 27<sup>th</sup> June 2014</p> <p>Further dates to be confirmed once the group is set up</p>	<ul style="list-style-type: none"> <li>• Identification of customer experience</li> <li>• User experience reported to Practice Managers, HPPN</li> <li>• Publicly available information date and content</li> <li>• Ensure processes effective and in place for patient involvement participative sections of community existing health and social care</li> <li>• Membership increases through embedding working closely with patient participation groups, neighbourhoods and other partners</li> </ul>
	<b>Priorities</b>	<b>Tasks (tasks groups to be formed, including responsible parties as mentioned in column 4)</b>	<b>Available Methodology (for use as appropriate)</b>	<b>Responsible Parties/Individual</b>	<b>Risk Identified</b>	<b>Deadline/completed by</b>	<b>Outcome</b>
3.	Personal Budgets	<ol style="list-style-type: none"> <li>1. Recruit Healthwatch Champion</li> <li>2. Initial set up task group meetings monthly then bi-monthly via conference call/Skype/webinar/face to face</li> </ol>	<ol style="list-style-type: none"> <li>1. Healthwatch Champion inductions</li> <li>2. Surveys</li> <li>3. Questionnaires</li> <li>4. Leaflets</li> </ol>	<p>Delivery Board Members (TBD) Volunteers x 2 (TBD) Staff member (TBD)</p>	<ol style="list-style-type: none"> <li>1. Finance</li> <li>2. Staff Attrition</li> <li>3. Lack of public involvement</li> <li>4. Change of local &amp;</li> </ol>	<p>Task group set up by 27<sup>th</sup> June 2014</p> <p>Further dates to be confirmed once the group</p>	<ul style="list-style-type: none"> <li>• People get information require</li> <li>• Publicly available information</li> </ul>

		<ol style="list-style-type: none"> <li>3. Engage with CNWL</li> <li>4. Working with Delivery Partners in raising awareness i.e. Age UK, HAD's, MIND &amp; Mencap. Pathway to access personal budgets for service users.</li> <li>5. To establish the possible concerns/complaints that may arise in accessing personal budget.</li> <li>6. Publish findings and recommendations</li> <li>7. Carry out impact assessment and evaluation</li> </ol>	<ol style="list-style-type: none"> <li>5. User Forums/Healthy Harrow Day</li> <li>6. Focus Groups</li> <li>7. Enter &amp; View</li> <li>8. Delivery partners user experience</li> <li>9. E-newsletter &amp; bulletins, social media, website, twitter</li> </ol>		<p>central government</p> <ol style="list-style-type: none"> <li>5. Change of governance (CCG)</li> <li>6. Any changes from NHS England</li> <li>7. Obsolete consultations</li> <li>8. Unforeseen health and social care issues that require immediate attention</li> </ol>	is set up	<p>date and co</p> <ul style="list-style-type: none"> <li>• Evidence of recommendations made to pr commission</li> <li>• Evidence of to recomm</li> <li>• Make recommendations Healthwatc</li> </ul>
	<b>Priorities</b>	<b>Tasks (tasks groups to be formed, including responsible parties as mentioned in column 4)</b>	<b>Available Methodology (for use as appropriate)</b>	<b>Responsible Parties/Individual</b>	<b>Risk Identified</b>	<b>Deadline/completed by</b>	<b>Outcome</b>
<b>4.</b>	Care Homes	<ol style="list-style-type: none"> <li>1. Recruit Healthwatch Champion to perform Enter &amp; View with executive team</li> <li>2. Initial set up task group meetings monthly then bi-monthly via conference call/Skype/webinar/face to face</li> </ol>	<ol style="list-style-type: none"> <li>1. Healthwatch Champion inductions</li> <li>2. Surveys</li> <li>3. Questionnaires</li> <li>4. User Forums/Healthy Harrow Day</li> <li>5. Focus Groups</li> </ol>	<p>Delivery Board Members (TBD) Volunteers x 2 (TBD) Staff member (TBD)</p>	<ol style="list-style-type: none"> <li>1. Finance</li> <li>2. Staff Attrition</li> <li>3. Lack of public involvement</li> <li>4. Change of local &amp; central government</li> <li>5. Any changes from NHS</li> </ol>	<p>Task group set up by 27<sup>th</sup> June 2014</p> <p>Further dates to be confirmed once the group is set up</p>	<ul style="list-style-type: none"> <li>• HWH Public reports of c</li> <li>• Evidence of recommendations made to pr commission</li> </ul>

		<ol style="list-style-type: none"> <li>3. Compile list for Enter &amp; View places and assess</li> <li>4. Publish open day for Care Homes 20<sup>th</sup> June 2014 (National Care Home Open Day) – creating awareness for the residents and local communities</li> <li>5. Gather intelligence from HWH database and public meetings</li> <li>6. Promotion of best practice</li> <li>7. Research of CQC reports</li> <li>8. Publish findings and recommendations</li> <li>9. Carry out impact assessment and evaluation</li> </ol>	<ol style="list-style-type: none"> <li>6. Leaflets</li> <li>7. Enter &amp; View</li> <li>8. Delivery partners user experience</li> <li>9. E-newsletter &amp; bulletins, social media, website, twitter</li> </ol>		<p>England</p> <ol style="list-style-type: none"> <li>6. Obsolete consultations</li> <li>7. Unforeseen health and social care issues that require immediate attention</li> <li>8. Closures of care Homes</li> </ol>		<p>following v</p> <ul style="list-style-type: none"> <li>• Enter and V prioritised evidence fr collective is received fr public</li> <li>• Evidence of to recomm</li> <li>• Make recommend Healthwatc to advise th carry out sp reviews or investigat areas of co</li> </ul>
	<b>Priorities</b>	<b>Tasks (tasks groups to be formed, including responsible parties as mentioned in column 4)</b>	<b>Available Methodology (for use as appropriate)</b>	<b>Responsible Parties/Individual</b>	<b>Risk Identified</b>	<b>Deadline/completed by</b>	<b>Outcome</b>
<b>5.</b>	Influencing planning and commissioning process	<ol style="list-style-type: none"> <li>1. Recruitment of Healthwatch Champions</li> <li>2. Monthly Public Board meetings</li> <li>3. Quarterly public forums (Examples: PALS, Ambulance Service, Integration, Shaping a Healthier Future) subject to be decided.</li> <li>4. Healthy Harrow Business Programme to include: Master Class for Takeaway, Master Class</li> </ol>	<ol style="list-style-type: none"> <li>1. Surveys</li> <li>2. Questionnaires</li> <li>3. User Forums/Healthy Harrow Day</li> <li>4. Focus Groups</li> <li>5. Leaflets</li> <li>6. Enter &amp; View</li> <li>7. Delivery partners user experience</li> <li>8. E-newsletter &amp; bulletins,</li> </ol>	<p>Delivery Board Members (TBD) Volunteers x 2 (TBD) Staff member (TBD)</p>	<ol style="list-style-type: none"> <li>1. Finance</li> <li>2. Staff Attrition</li> <li>3. Lack of public involvement</li> <li>4. Change of local &amp; central government</li> <li>5. Change from NHS England, Healthwatch England</li> <li>6. Unforeseen health and</li> </ol>	<p><b>Public Board Meetings</b></p> <p>20<sup>th</sup> June 2014 – Venue TBA</p> <p>18<sup>th</sup> July 2014 – Venue TBA</p> <p>19<sup>th</sup> September 2014 – Venue TBA</p> <p>24<sup>th</sup> October 2014 – Venue TBA</p> <p>21<sup>st</sup> November 2014 – Venue TBA</p>	<ul style="list-style-type: none"> <li>• Analysis of advocacy c identify are service imp (collate info etc reports</li> <li>• People in H know about its role is a perceived t</li> </ul>

<p>5.1</p>	<p>Complaints (How to complain and who to complain to)</p>	<p>for Indian Restaurants, Events promoting the LHWC</p> <ol style="list-style-type: none"> <li>5. Healthy Harrow Day</li> <li>6. Healthwatch Harrow Annual report</li> <li>7. Report findings and recommendations to Health &amp; Wellbeing Board, Scrutiny committee, CCG, CQC, NHS England, Healthwatch England</li> <li>8. Carry out impact assessment and evaluation</li> </ol> <ol style="list-style-type: none"> <li>1. Recruit Healthwatch Champions in community (i.e. BAME/Faith) groups to lead on awareness raising</li> <li>2. Get clear guidelines from NHS England</li> <li>3. Ensure complaints procedures are clearly accessible through service sites i.e. Hospital, GP surgeries, social care providers</li> <li>4. Raise awareness through forums</li> <li>5. Raise awareness through delivery partners</li> </ol>	<p>social media, website, twitter</p> <ol style="list-style-type: none"> <li>1. Complaints pathway road map</li> <li>2. Leaflets</li> <li>3. E-newsletter &amp; bulletins, social media, website, twitter</li> <li>4. Posters</li> <li>5. Partnership working with advocacy.</li> </ol>	<p>Staff members</p>	<p>social care issues that require immediate attention</p> <ol style="list-style-type: none"> <li>1. Finance</li> <li>2. Staff Attrition</li> <li>3. Lack of public involvement</li> <li>4. Change of local &amp; central government</li> <li>5. Change from NHS England/Healthwatch England</li> <li>6. Unforeseen health and social care issues that require immediate attention</li> </ol>	<p>19<sup>th</sup> December 2014 – Venue TBA</p> <p><b>Public Forum dates</b></p> <p>27<sup>th</sup> June 2014 – Venue TBA</p> <p>26<sup>th</sup> September – Venue TBA</p> <p>12<sup>th</sup> December– Venue TBA</p> <p>27<sup>th</sup> March– Venue TBA</p> <p><b>Healthy Harrow Business Programme</b></p> <p>Quarterly Workshops for each subject, Locations will be Kenton, Queensbury, Edgware, Roxeth, Greenhill &amp; Rayners Lane.</p> <p><b>Annual Report</b></p> <p>YR 1 End of June 2014</p> <p><b>Impact Assessment and Evaluation</b></p> <p>April 2015</p> <p>Recruitment to be completed by end of June 2014</p>	<p>credible or</p> <ul style="list-style-type: none"> <li>• People get information require</li> <li>• Publicly available information date and co</li> </ul>
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