

*“Improving
and shaping
local health
and social
care”*



Annual Report 2013/14



	Page
1. Foreword	6-7
2. Introduction	8
3. Background	9
4. Governance	10-11
HiB	
Consortium Partners	
Roles and Responsibilities	
Local Authority	
Delivery Model	
5. Priorities	12
Strategic	
Performance Management Framework	

© Healthwatch England 2013

The text of this document (this excludes, where present, the Royal Arms and all departmental and agency logos) may be reproduced free of charge in any format or medium providing that it is reproduced accurately and not in a misleading context.

The material must be acknowledged as Healthwatch England copyright and the document title specified. Where third party material has been identified, permission from the respective copyright holder must be sought.

Any enquiries regarding this publication should be sent to us at enquiries@healthwatch.co.uk

You can download this publication from www.healthwatch.co.uk

	Page
6. Delivery Model	13-15
Hub	
Spokes	
Marketing and Communication	
Business and Community Engagement Plan (BCEP)	
7. Achievement	16-21
Addressing Health Inequalities	
Key Highlights in Delivering Core Business	
Signposting	
Partner Delivery	
8. Resources & Sustainability	22
9. Future Plans	23
10. Budget	24



	Page
11. References	25
12. Consortium Partners and Executive Team.....	26-27

Our mission...
"...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."

1. Foreword

Welcome to the first annual report of Healthwatch Harrow (2013/2014). Healthwatch Harrow began operating as a new independent consumer champion for health and social care in the London Borough of Harrow on 1 April 2013. We are part of a 152 strong national network of Healthwatch organisations established under provisions in the Health and Social Care Act 2012.

Healthwatch Harrow was set up as a collaborative venture and delivery model by a consortium of leading voluntary and community based providers, who have been dealing with health and social care matters for decades. The Delivery Board includes [Age UK Harrow](#); [Harrow Mencap](#); [Mind in Harrow](#); [Harrow Association of Disabled people \(HAD\)](#); [Harrow Carers](#); [Harrow College](#); [Carramea](#), [Kids Can](#)



[Achieve \(KCA\)](#) as well as lay members from the local community.

Healthwatch Harrow is led and managed by the local thirty year old social enterprise agency, [Harrow in Business](#) (HiB), which is accountable to the London Borough of Harrow as the commissioning body.

Harrow faces unique challenges, as its population is one of the most diverse in the UK, with almost 69.1% from black and minority ethnic (BAME) communities, features a minimum of 137 languages spoken and has a wide range of faiths that are celebrated in the borough.

Therefore we recognised at the outset, that no matter how representative our core organisation may be, we had a long way to go to ensure we reach out more widely into the community itself over 20 square miles and to the circa 250,000 population, to ensure their views can be heard. The challenge for us is that many, including elderly or disabled people, may be living in isolation, may feel cut off as no-one nearby that they know speaks their language.

Also, research now tells us some diseases like [diabetes have an ethnic dimension](#) which may be particularly relevant to our borough and our people. Some of the most vulnerable people, those who are or should be users of these health and social care services may not be able to access them, may have had unsatisfactory experiences of them and may be unaware of who they can speak to about this, in order to help improve

and shape the services they need. This is our job: to make sure disadvantaged, vulnerable and seldom heard people are reached and represented.

One of our early tasks was to develop a Transition Plan and a Work Plan, underpinned by an overarching Communications Plan as the basis on which to provide a voice for the people, patients, local business owners and other consumers of the Borough's health and social care services. The Work Plan and related Performance Monitoring Framework highlight our priorities, targets and outcomes. Both plans included appropriate governance and delivery arrangements during the embedding in process and the on-going communication and consultation process with local residents, stakeholders and partners about our plans and aspirations.

Our overall marketing and communications strategy, underpinned by a dynamic community engagement plan and the Performance Monitoring Framework, is helping us to gather and understand opinions and experiences of local users and stakeholders. These views are conveyed in detail to all those statutory bodies who plan, run and regulate health and social care provision in the Borough, be it at local or national level.

We are also liaising regularly with statutory bodies to ensure Harrow is taken into account, reaching out to the public through as many channels as we can, which has been an important part of our first year's activity. Apart from community engagement, one of our core activities has been to ensure that we build effective relationships with the Health and Well Being Board, the NHS, CCG and many other stakeholders and providers.

Any new organisation starting on a journey of this magnitude faces logistical

challenges and a period of transition and embedding in. Overall, Healthwatch Harrow has been active in its goal of establishing itself as a well-known and authoritative channel of communication between local people and the health service decision-makers. We are mindful that if we are to become a strong consumer voice helping to determine the nature of health and social care services, underpinned by independent statutory powers to act on behalf of both adults and children, then we will only achieve this through an intensive and comprehensive programme of outreach, community engagement and intervention.

Helping to shape and improve local health and social care is both complex and complicated, especially at a time when some of the biggest changes to Britain's health and social service in a generation are being undertaken, and amidst continued public sector funding constraints that continue to impact on a range of local services. We are committed to fulfilling our plans and aspirations and playing our part. This annual report describes what practical first steps we have taken during our first year in existence, so I thank you for your interest and I hope you find this report helpful and informative.

With your support, we will build on our first year of operation and continue the process of helping to shape and improve local health and social care services based on new and additional information and evidence gathered from local people.

Ash Verma

Interim Chairman of Healthwatch Harrow
And Chairman of HiB



2. Introduction

Content

Healthwatch Harrow, along with the other Healthwatch organisations, is required to deliver an annual report under section 222(7) of the [National Health Service Act 2006](#). Our first annual report here, which covers our inaugural year 2013/2014, contains the following content:

- **Background** on the formation of Healthwatch Harrow
- The **governance** arrangements of Healthwatch Harrow, including its composition, partners, roles and responsibilities, the role of the local authority and delivery model being used
- The **priorities** of Healthwatch Harrow, including its strategic direction, targets and Performance Management Framework (PMF)
- Details of our **Delivery Model** including our hub-and-spoke framework, the marketing and communications strategy, including the use of our branding and trademark, and our Business and Community Engagement Plan (BCEP)
- Our **achievements** including work on health inequalities; highlights in delivering the core business; our stakeholder mapping exercise; work plan for engagement and involvement including task, focus, action groups and forum; details of our hub and spoke model and its various centres of activity; how our work has impacted on the commissioning

provision and management of services; improvements made as a result of our work; how we are shaping and influencing health and social care; how we are gaining the views of local people and particular groups; how Healthwatch Harrow has been fulfilling its role as a member of the local [Health and Wellbeing Board](#), [Clinical Commissioning group](#) etc; details of any special reviews or investigations and actions arising; cross-border working and providers/people not providing information requested

- Details of our **resources** including the local authority, set-up costs, Harrow in Business, our spokes, staff, interns and volunteers, contact details of sub-contractors and sustainability issues including defining the true cost and added value of Healthwatch Harrow
- Our **future plans**, including issues and challengers, areas for improvement, opportunities, priorities and sustainability



3. Background

Context

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 within their locality.

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.

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

The Healthwatch Harrow journey began in autumn 2011 when a number of local voluntary and community organisations began discussions about how best to ensure that there would be a local organisation or consortium that could take on the challenge of creating a local voice and consumer champion of health and social care.

Our mission...

"...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."

One of the key considerations was to ensure that all parts of the community - the young, old, hard to reach, ethnic minorities, people with disabilities, carers and the cared for, and the local business community - could be better engaged in health and social care matters. The reach and strength of existing voluntary and community bodies and HiB's longstanding experience of wider business and community work were deemed to be a new and innovative way to move forward, hence the Consortium Model.

4. Governance

Harrow in Business

Healthwatch Harrow has an open and transparent decision-making structure and is actively seeking to evolve processes for effectiveness and accountability.

Following a tender process, the contract to establish Healthwatch Harrow and deliver the functions provided for in legislation was awarded to Harrow in Business (HiB) which was the lead organisation of a consortium of local voluntary and community groups and Harrow College. HiB is responsible for the overall stewardship, performance, marketing and promotion of Healthwatch Harrow.

Consortium Partners, lay persons and volunteers

The Groups represented within the Consortium and represented on the Delivery Board include:

- Age UK Harrow
- Harrow Mencap
- Mind in Harrow
- Harrow Association of Disabled People
- Harrow Carers
- Harrow College
- Kids Can Achieve
- Carramea
- Heinz Grunewald - Lay Member
- Marie-Claire Sekely - Lay Member
- Julian Maw - Lay Member
- Mo Girach - Lay Member

* Please see Delivery Board Members Profile on Page 26-7

Roles and responsibilities

The Consortium Delivery Board duties include:

- Approve and monitor the Healthwatch Harrow Work Plan
- 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 stakeholder websites, participation at appropriate/bespoke organised events
- Champion Healthwatch Harrow



Local Authority

Harrow is the 12th largest borough in London. [Harrow Council](#) is our funding body and, as such, it has a number of [expectations](#) about how Healthwatch Harrow should operate, which include:

- being independent of the council
- paying due regard to regulation, quality assurance and engagement activity in the borough when it launches and engages with the public
- developing a clear identity, operating standards and a performance framework
- adopting a governance framework that, within the requirement to deliver outcomes, enables communities in Harrow to shape its policies and activities
- conducts its business openly and transparently and report its activities and the impact that they have had to Harrow Council on a regular basis
- seeks to achieve value for money through delivering its services as efficiently and effectively as possible
- promotes equality of opportunity and observes the requirements of equalities legislation and
- works collaboratively with other agencies

Delivery Model

A delivery framework has been established, based on a hub and spokes model. The main hub is based at the 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.

Delivery Board members act as spokes, and others will be in year 2 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

5. Priorities

Strategic

Healthwatch Harrow has developed a set of related strategic objectives within a dynamic work plan that will shape delivery and management processes over the coming months, as well as key milestones towards the achievement of agreed quantifiable and qualitative targets and measures for these 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

Performance Management Framework

A quarterly Performance Management Framework - (PMF) has been agreed with the London Borough of Harrow. Key performance Indicators (KPIs) are a feature of the PMF and range from: 20% of local people have now heard of Healthwatch Harrow; attempting to establish how many users are 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.

The purpose of the PMF is to provide a holistic and integrated account of progress and

- Support the on-going development of

the Hub and Spokes Model and a data collection framework (DCF)

- Capture information, statistics, feedback and views from as wide an audience as possible about the health and social care consumer journey, experience and specifically the availability and access to health and social care services, understanding of the presenting need, quality and standards of provision including waiting times for assessment and/or intervention, cleanliness, catering, sufficiency of staff and effectiveness in terms of outcomes
- Provide analytical reports and the Annual Report for stakeholders, partners and statutory bodies Identify gaps in provision; and
- Improve and shape provision and delivery

“Established community partners with an interest in health and social care”

6. Delivery Model

Hub

The nerve centre of Healthwatch Harrow is the Harrow in Business (HiB) organisation that acts as the hub of its delivery model. Here a dedicated team of staff use the HiB premises as a headquarters to run Healthwatch Harrow centrally, along with its various resources and activities.

The team of 4 staff members:

Programme Director Rhona Denness, Director Healthwatch Harrow Jaswant Gohil, Information and Communications Officers Jenny Boxall and Antonetta Fernandes reduced to 3 later in the year.

Spokes

The primary spokes of our delivery model are the established community partners with a long-standing interest in health and social care issues in the community, including:

Age UK Harrow

which campaigns on behalf of the needs of our ageing population



Carramea

the local organisation representing 28 registered user groups with an interest in well-being, health and social care services for different communities



Harrow Association of Disabled People

which carries out advocacy work on the access and availability of services for disabled people in Harrow



Harrow Carers the independent voluntary organisation which offers services to support unpaid carers living in Harrow caring for a loved one in order to improve their health, economic well-being and quality of life



Harrow College

for students aged 16 and above which has an important role in training and developing the future employees and volunteers in the health and social care sector



Harrow Mencap

the primary campaigning organisation for people with learning disabilities and their families in Harrow



Kids Can Achieve

which supports and provides services for children and young people with special needs and their carers and families



Mind in Harrow

which provides information & support and campaigns with people in the borough experiencing mental health problems



The ‘spokes’ and key lay members are represented on the Delivery Board which ensures joined-up working to enable Healthwatch Harrow to achieve its aims.



Marketing and Communications

Healthwatch Harrow recognised that it needed to be known by local people before it can be owned by them, and that success would also depend on the 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

A key issue in establishing our identity was to ensure all of our marketing and communications materials, both physical and online, adhered to a recognisable set of branding guidelines, as [set out by Healthwatch England](#).

This has been used on our literature (leaflets, posters etc) and our electronic communications (website, social media etc), all designed to ensure Healthwatch Harrow, as a new organisation, can increasingly be recognised by the local community we serve.

In our first year we have launched our [website](#), social media channels on [Facebook](#) and [Twitter](#) channels, produced a series of newsletters, e-bulletins, leaflets and promotional material and held a series of public meetings in the community. These have all been to both increase awareness of Healthwatch Harrow as a community voice, and reach

out into the population to meet specific groups of people and get their views on a wide range of health and social care issues that affect them.

Business and Community Engagement Plan (BCEP)

Underpinning our marketing and communication plan is the Healthwatch Harrow [Business and Community Engagement Plan \(BCEP\)](#) that is helping us to specifically target:

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



One of our newsletters

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

The BCEP sets out the aims, objectives, methodology, activities, timelines, who is involved and the outcomes of:

- Promoting the Healthwatch brand
- Gathering the views, understandings and experiences of carers and service users
- Making people's views known, including those from excluded and under-represented communities
- Promoting and involving people in the monitoring, commissioning and provisioning of local care services
- Recommending investigation or special review of service providers via Healthwatch England or directly to the [Care Quality Commission](#)
- Providing non-clinical advice, signposting and information to all service users about access to services and support in making informed choices

- Signposting to a professional independent NHS Complaints Advocacy Service

During our first year Healthwatch Harrow has had stalls or presented at a variety of 3rd party events borough-wide, including the Under One Sky summer festival, Action Alliance Dementia, Harrow College health events, and hosted stakeholder and awareness raising sessions on safeguarding adults and children and cancer.

Our website has had **294,451** hits, we have acquired **720** Twitter followers and posted nearly **3,000** tweets.

As part of the BCEP we have reached out to circa **62,000** people so far, including **450** through hosting five awareness raising sessions. This outreach has been aided by established networks of local GPs promoting out events to their patients and the local council and delivery board partners promoting the work of Healthwatch Harrow and its feedback channels amongst their own membership channels and networks.

“Involve, engage and reach out.”

7. Achievements

Addressing Health Inequalities

According to the 2012-13 [Harrow Primary Care Trust annual report](#), there are a number of underlying health issues that affect many of the population of the borough. People living in different social circumstances experience differences in their health and well being and in their life expectancy. Men in West Harrow can expect to live for five and a half years longer than men in Greenhill ward. As well as big variations in life expectancy, Harrow's population of around 215,000 is projected to grow over the next ten years, with the greatest growth in the older age groups (45-59 and 60+). There is also a predicted increase in numbers of children under 15 but a predicted reduction in the 15-44 age group.

More than half of Harrow's population is from black and minority ethnic groups, making Harrow one of the most ethnically diverse boroughs in the country. The largest group, after white, is Indian. There are huge inequalities in life expectancy within Harrow. Women in inner south Harrow can expect to live more than 10 years longer than women in Wealdstone.

Demographic changes in Harrow present new and different social and economic challenges. The same is true of the acute financial pressures that NHS Harrow faces and the growing demands being made on it. The NHS "funding formula" has worked against us as it has not taken account of the demographic dynamics and current and future healthcare needs in Harrow.

This is why Healthwatch [Harrow and Harrow Clinical Commissioning Group \(CCG\)](#) announced in autumn 2013 they were joining together to mount a campaign to gather views and evidence to build a new business case for more equitable investment in healthcare for Harrow's residents and communities.

Work is on-going, but to date the two organisations have:

- Met the Chair of the Mayor of London's Health Committee to discuss our concerns and ideas for what needs to be done to reduce health inequalities across the Capital in general, and Harrow in particular
- Engaged with patients groups, voluntary and community groups, GP Practice Managers, seldom-heard groups, Harrow Council and others to gather evidence of needs
- Undertaken initial surveys across the Borough to assess issues and health and social care needs faced by providers, residents and stakeholders



Steve Porter - Harrow College, Navin Shah - GLA member for Brent & Harrow, Ash Verma - Chair HiB and Interim Chair Healthwatch Harrow, Dr. Onkar Sahota - GLA member for Ealing and Hillingdon & Chair of Mayor of London's Health Committee, Devan Pillay - Harrow Mencap and Jaspal Dhani - HAD

Key highlights in Delivering core business

As part of its awareness raising campaign Healthwatch Harrow has issued press releases about its launch and objectives which have gained coverage in key local media including the Harrow Times (circulation **52,991**) and Harrow Observer (circulation **47,000** plus **78,000** online) as well as the Chairman being interviewed on the radio, including key West London Asian station Sunrise Radio (audience **1,249,000**).

Regular e-bulletins outlining the work and activities of Healthwatch Harrow and describing how people can get in touch and take part have been circulated to a **1,600** strong stakeholder database.

We have carried out Enter and View visit to a High Dependency Unit at Royal National Orthopedic Hospital with their patient group members. Detailed background information reports and updates have been submitted during the first year of Healthwatch Harrow's operation to the Health and Well-Being Board, Clinical Commissioning Group, Healthwatch England and other stakeholder and statutory bodies.

The reports covered progress on



implementing governance, Delivery Board and marketing and communication arrangements in line with the agreed high level work plan and other developments.

Since its launch in April 2013, Healthwatch Harrow has been conducting a detailed mapping exercise to get a full understanding of where all the relevant institutions are in Harrow that we need to reach out to, including care homes, doctors' surgeries, dentists, hospitals, children's centres, pharmacies, the many voluntary and community organisations, together with the local business community.

This has provided invaluable intelligence for the comprehensive outreach campaign to all areas of the community in Harrow to give everyone affected a chance to give their views on the Borough's full range of health and social care provision.



The Healthwatch Harrow team has been reaching out via a range of meetings, including in:

- June 2013 alone a Parliamentary launch, with over 100 GPs, health professionals, health and wellbeing board members, community pharmacists, local government representatives, MPs and other Healthwatch representatives to raise awareness of diabetes amongst the South Indian and Muslim communities during the month of Ramadan
- a Harrow Council Local Safeguarding Adults Board
- and the Under One Sky local summer festival which drew 8,000 visitors.

In July 2013, as well as participating in a CCG public event with over 200 people, Healthwatch Harrow was also networking at the Harrow Mencap Market Place event at the North Harrow Methodist Church, at an all-day event at the Royal College of Physicians in London collaborating on responses to the Francis Report into improving care standards, and attending a pan London Healthwatch meeting at Southside with representatives from NHS England and NHS London examining GP licencing and how patient participation groups can be involved.

Healthwatch Harrow has been an active representative on both Harrow Health and Wellbeing Board and the CCG, both in terms of making suggestions and recommendations relating to community engagement methodologies, and probing on progress and performance against

existing and new initiatives detailed in the various business and performance plans.

A number of recommendations were made, for example around training, outreach and taking a holistic approach.

We have followed up on issues relating to backlogs around Looked After Children with Community Services, CCG and Harrow Council. We have raised concerns at HWBB and CCG Board meetings.

Following receipt of 'CQC Patient Survey Report 2013 on Maternity Services', Healthwatch asked NWLHT to explain poor ratings on Maternity Care.



A series of questions were submitted to CNWL (Harrow Mental Health Adult Services) relating to care coordinators understanding of personal budget, staff training including cultural competency within mental health recovery approach, court diversion process, supporting the needs of mild to moderate learning disability patients, support by CNWL for patients eligible for Freedom Passes, and some GPs not taking on responsibility for CNWL patients following their discharge. Healthwatch Harrow has contributed to the work of the CCG's Equalities



"Healthwatch Harrow has been an active representative on both Harrow Health and Wellbeing Board and the CCG."

and Engagement Committee. We have also assisted the Estates Team in its deliberations on proposals concerning the Belmont Hub. This is part of the Shaping a Healthier Future (SaHF) which requires each CCG to develop a Primary Care Strategy to ensure there is sufficient infrastructure to deliver Out of Hospital Services and enhanced GP services.

The development of the Healthy Harrow Business Programme and the Healthy Harrow Day, which we hope will become a bi-annual event in 2014/15, were initiated by Healthwatch Harrow as part of broader collaborative working, and also as a means of engaging the wider public to help shape and influence the JSNA.

Signposting

Since launch we have 92 people recorded on our database of concerns, requests for information and intelligence. This averages 9 per month although only complaints and signposting calls have been logged, this process is being reviewed and all calls will now be registered.

100% of callers who have phoned in have been satisfied with the response they received from Healthwatch at the time.

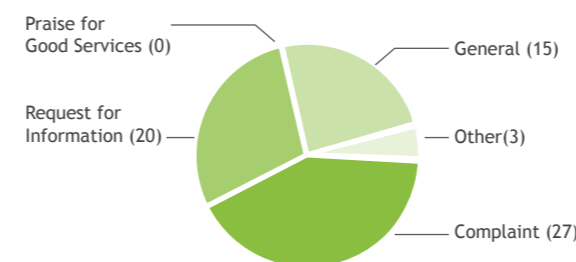


Fig 1 - Types of Signposting

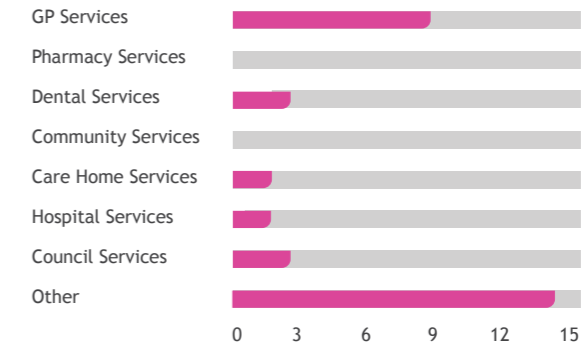


Fig 2 - Types of Organisation

Healthwatch Harrow has been working with a local secondary school, conducting 350 health questionnaires covering the ages of 11-18, 51% female 49% male. The purpose was to discover their views on local health and social care services and to gauge any personal concerns they may have. Top concerns were:

1. Drugs
2. Sexual health
3. Personal safety i.e. roads, streets
4. Diet
5. Stress

Other interesting data collected:

Q. Where would you go to find out about a health question?

54% answered the internet only 34% said their doctor.

Q. If feeling depressed, where would they go for help?

41% said parent, 33% friend interestingly only 3% said their doctor.

Healthwatch Harrow intends to continue collecting intelligence from other schools throughout the borough.

Partner Delivery

Each spoke has carried out its own activities.

Harrow Carers

Harrow Carers leads the Healthwatch Harrow's contribution to the Whole System Integrated Care initiative. Last year Harrow Carers were involved in:

- A presentation to 50 people at a local community centre
- A carer's revival event at a local church attended by over 30.
- Carers Action Group information session on the work of Healthwatch, a variety of information events during Carers Week in June 2013, distributing Healthwatch leaflets to GP training events and all GP practices in Harrow from January to March 2014 and attendance at integrated carer programme events including steering groups and workshops in April 2014.

Mind in Harrow

MIND in Harrow working in collaboration with the Harrow User Group (HUG) undertook a review of NHS primary and secondary services by people experiencing mental health problems.

The following are some of the key findings:

- Almost 50% respondents reported they would like a family member to be involved in developing their care plan
- Service users want choice and control over who attends the Care Programme Approach (CPA) meetings
- GP's to be involved in CPA's

As a Delivery Board member, Mind in Harrow has been a regular participant at Board meetings to raise a wide range of issues brought to our attention by mental health service users. We have also worked with Healthwatch Harrow to a present to around 100 people at our AGM in December 2013. We provide a couple of specific examples of more in-depth collaboration below. Mental Health Service User Survey 2013-14.

Mind in Harrow's User Involvement Project undertook a consultation with mental health service users in 2013, with the aim of capturing their experiences of

GP services and specialist mental health services, provided mainly by CNWL NHS Foundation Trust.

The views and feedback were collated from over 150 Harrow mental health service users via questionnaires and focus groups and compiled into a report with recommendations, which can be viewed on Mind in Harrow's website www.mindinharrow.org.uk

Mind in Harrow shared some of the findings from the survey report with Healthwatch Harrow to include in feedback to CNWL NHS Foundation Trust's Quality Account assessment in 2014. Mind in Harrow will continue to collaborate with Healthwatch Harrow to implement the report recommendations with Harrow CCG and CNWL NHS Foundation Trust in 2014. The User Involvement Project Coordinator presented the report findings and recommendations to Harrow CCG Equality & Engagement Committee in 2014, which has expressed their support for the report.

Mind in Harrow is planning a half-day workshop in June 2014 involving a Harrow CCG commissioner, mental health GP lead, community engagement lead and Harrow Council commissioning manager to meet with local refugee and migrant community patient representatives to discuss ways of establishing sustained engagement with public sector bodies. We have involved Healthwatch Harrow to explain the new NHS structures to refugee community representatives so they could be as effective as possible in communicating their communities' health & well-being needs to Harrow CCG's commissioning and GP leads.

We held a very successful half-day workshop in June 2014 involving a Harrow CCG commissioner, mental health GP lead, community engagement lead and Harrow Council commissioning manager to meet with local refugee and migrant community patient representatives to discuss ways of establishing sustained engagement with public sector bodies.

The workshop aims to address inequalities in relation to mental health provision for these communities. In addition to the intended local beneficial outcomes of this project, it is proposed

that the learning gathered could be applied to develop best practice for the engagement of refugee communities with public services nationwide through Mind's national refugee programme. In this way, Harrow could be identified as an area of best practice.

Please visit Mind in Harrow's website to see our refugee and migrant local needs assessments and project evaluations: www.mindinharrow.org.uk/our-reports.asp#.UwM-IE3ivcs

Age UK Harrow

Age UK Harrow has played an important part in advising the team on the issues and challenges faced by older people, in particular.

Community engagement and promotional activities linked directly to Healthwatch Harrow, including:

- distribution of leaflets at monthly outreach sessions
- Dissemination of Healthwatch Harrow activities through the Age UK Harrow newsletter to a 700 membership base
- Promoted Healthwatch Harrow as part of the Advocacy project
- Organised Healthwatch related focus groups and talks at social activities groups with some 40 people
- Promoted Healthwatch Harrow through the Home Not Hospital project to clients
- Provided advice and guidance on the build up to the Whole Systems Integrated Care initiative
- Undertaken surveys with clients using the Domiciliary service and Reablement as part of improving local social care

Harrow Mencap

Harrow Mencap, as with other consortium partners, has been an active promoter of the Healthwatch Harrow brand and activities. The following are examples of the nature of involvement:

- Organised 2 health market places for people with learning disabilities and their carers attended by over 60 people

- Cancer screening workshops attended by over 50 people supported by Healthwatch harrow
- 6 health living workshops for young people with learning disabilities attended by 25 young people
- Organised a forum dedicated to the changes in the health team for people with learning disabilities in Harrow so people understood the changes and could express their concerns
- A forum on how to register and how to vote in the local elections so people could have a say in how decisions are made in their local area
- The advocacy service supported 178 people to speak up about the social care and health services they were receiving. This included difficulty accessing, not getting appropriate service or making complaints

Other Delivery Consortium members have played an active part in promoting the work of Healthwatch Harrow through their engagement activities.

Ealing Hospital NHS Trust and The North West London Hospitals NHS Trust Merger

Healthwatch Harrow has been active member of the consultation group comprising other NW London HWs and commenting and guiding the development of the business case, as well as disseminating to local stakeholders and partners via our newsletters/e-bulletins.

Harrow Patient Participation Network

Healthwatch Harrow attends the local Chairs network for the patient participation groups in Harrow. We have signed a Memorandum of Understanding with the group and have been instrumental in helping them to formalise as Harrow Patient Participation Network and to work closer with the Clinical Commissioning Group. Healthwatch Harrow's Programme Director and the chair of Harrow Patient Participation network meet regularly to discuss issues. The network will enable Healthwatch Harrow to reach over 160,000 households through surveys and focus groups.

8. Resources & Sustainability

Resources

HiB, as the Accountable Body and Consortium lead, secured a two year contract through open tender with Harrow Council worth £350,000, with an additional £10,000 for start-up costs in year 1. Total expenditure for the year was c £203,700 with £185,000 from Harrow Council and a c £18,700 contribution from HiB.

Two employees were transferred over under TUPE from the previous organisation. The long term absence through ill health of the Director of Healthwatch Harrow inevitably had an impact on aspects of delivery and put pressure on an already tight contract. See page 24 for budget breakdown.

The budget does not include the value of the financial and non-financial contribution made by each of the Delivery Board members, including lay colleagues, in the wide ranging and complex work of Healthwatch Harrow. This, along with HiB's contribution, represents significant added value to our first year of operation.

We will build on this to explore new, different and cost-effective ways of community engagement and helping us to realise our plans for making a difference in year two, especially by engaging with the local and wider business community, and the public sector through sponsorship and income generation activities as part of longer term sustainability.

Sustainability

Longer term development and sustainability is an unknown factor as

funding for Year 3 is not ring-fenced. Furthermore, the on-going and wider and local public sector expenditure constraints and merger and integration plans within the sector, both locally and sub-regionally, will inevitably have an impact on how Harrow Council will both prioritise this role and fund it. It is not clear at this stage either whether the Council will seek to re-tender or invite us to propose an options analysis for future funding and sustainability.

However, we believe that the Hub and Spokes model of existing and new stakeholders and partners, including the local and wider business community, will continue to evolve into a good practice model of private, public and third sector collaboration.

The following represent our current planning and proposed actions on sustainability matters:

- Commence contract discussion and negotiations in September 2014
- Identify a core group of collaborators, including Consortium Members, Harrow CCG, Public Health and the business community who will look to "invest" in, and collaborate, with a consumer champion function by pooling resources and designing and delivering fee charging services by October 2014
- Define niche role for years 3 and beyond by December 2014, including the potential growth and roll-out of the HiB/Public Health Healthy Workplace Training Programme and research and engagement services

9. Future Plans

The Delivery Board has identified a range of priorities and targets for 2014/15 that are both relevant and cost-effective, but above all achievable given the many and varied pressures and increasing demands on the team and its members. These are:

- Whole Systems Integrated Care
- GP Accessibility
- Personal Budgets
- Care Homes
- Influencing planning and commissioning process

A task group for each priority will be set up. The priorities will have a nominated Delivery Board champion, as well as volunteer champions from the local community to support the range of tasks associated with each priority.

Monitoring of these priorities will be an integral part of our 2014/15 Performance Monitoring Framework. The work Plan includes: key tasks; methodology; who will lead the activity; risks associated with delivery; when action will be completed, but above all, what the outcome or difference will be.

Progress will be monitored monthly and reported on a quarterly basis to the Delivery Board. Delivery Board meetings will be open to the public and progress and budgetary information available on our website, as well as at the bi-annual Healthwatch Harrow Forum. The combined impact of the activities will be to strengthen our patient, carer

and cared for and user information, together with evidence in assisting the design of services and influence amongst funders and service providers.

As reported in the resources and sustainability sections, and apart from the above priorities, the Delivery Board will establish detailed plans for on-going strategic development of the Hub and Spokes Model; revenue generation and sustainability, so that we can begin to meet our aspiration of becoming a best practice model of a voluntary and community consortium led Healthwatch.



10. Budget

Budget Breakdown

Actuals Year 1

LBH Healthwatch Harrow	£175,000
Start up Funding	£10,000
Total Income	£185,000
Telephones, set up of new telephone system, broadband	£3509.34
IT, (Hardware, Software, bespoke database)	£4530.06
PR (Twitter, Radio, local paper)	£8239.40
Consultancy (set up of policies, processes)	£2185.00
Miscellaneous (press photos, staff costs)	£5059.66
Total Start up costs	£23,523.46
Project Management (HH)	£35,000.00
Delivery & Development (HH)	£34,750.00
Information & Communications Officer (HH)	£22,246.00
Information & Communications Officer (HH)	£17,000.00
Outreach and site visits, training events, conferences, management and operational meetings etc	£2450.00
Volunteer inductions, staff inductions, consultant development, regulatory and statutory updates	£1705.00
Healthwatch Hub rent, utilities, insurance	£10,000
Marketing, outreach engagement (partner and spoke activities), research	£8636.26
Website, PC's, Social media forum, presentation equipment, CRM database	£5814.35
Telephones, broadband, printing, stationery, insurance and professional services (monthly management accounts and audit).	£6553.77
Room hire, refreshments	£1020.00
Governance, co-ordination of marketing and communication, quality assurance including performance management, overheads, contract and performance management, and longer term sustainability issues.	£35,000.00
Total Expenditure	£180,175.38
Plus Start up costs	£23,523.46
Grand Total	£203,698.84
HiB Subsidy	£18,698.84

11. References

1. Healthwatch Harrow website <http://www.healthwatchharrow.co.uk/>
2. Health and Social Care Act 2012 <http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>
3. Age UK Harrow website <http://www.ageuk.org.uk/harrow/>
4. Harrow Mencap website <http://www.harrowmencap.org.uk/>
5. Mind in Harrow website <http://www.mindinharrow.org.uk/>
6. Harrow Association of Disabled people website <http://www.had.org.uk/>
7. Harrow Carers website <http://www.harrowcarers.org/>
8. Harrow College website <http://www.harrow.ac.uk/>
9. Carramea website <http://carramea.org.uk/>
10. Kids Can Achieve website <http://www.kidscanachieve.co.uk/>
11. Harrow in Business website <http://www.harrowinbusiness.com/>
12. Diabetes and Ethnicity, Diabetes.co.uk <http://www.diabetes.co.uk/diabetes-and-ethnicity.html>
13. National Health Service Act 2006 <http://www.legislation.gov.uk/ukpga/2006/41>
14. Harrow Health and Wellbeing Board http://www.harrow.gov.uk/info/100010/health_and_social_care/499/health_and_wellbeing_board
15. NHS Harrow Clinical Commissioning Group (CCG) website <http://www.harrowccg.nhs.uk/>
16. Healthwatch England website <http://www.healthwatch.co.uk/>
17. Harrow Council website <http://www.harrow.gov.uk/>
18. Harrow Council Drat Service Specifications of Healthwatch <http://www.harrow.gov.uk/www2/documents/s100310/Healthwatch%20specification%20-%20App%20A.pdf>
19. Healthwatch England brand guidelines http://www.healthwatch.co.uk/sites/default/files/local_healthwatch_guidelines_final_0_1.pdf
20. Healthwatch Harrow's Facebook page <https://www.facebook.com/HealthwatchHarrow>
21. Healthwatch Harrow's Twitter feed <https://twitter.com/HealthwatchHarr>
22. Healthwatch Harrow Business and Community Engagement Plan (BCEP) http://www.harrow.gov.uk/www2/documents/s109260/Healthwatch%20Appendix%20B_BCEP.pdf
23. Care Quality Commission website <http://www.cqc.org.uk/>
24. Harrow Primary Care Trust annual report 2012-13 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/253890/Harrow_PCT_Annual_Report_and_Accounts_2012-13.pdf

12. Healthwatch Harrow Consortium Partners & Executive Team

Healthwatch Harrow is led by HIB Harrow in Business with a consortium of partner organisations from the local voluntary sector. Providing excellent links with health & social providers, commissioners and local authority.

Our partner organisations play a vital role in the Healthwatch Harrow mission, below are details of delivery board members are:



Ash Verma - Chairman of HiB and Interim Chairman of Healthwatch Harrow.

Ash is a social entrepreneur, businessman and former senior British Civil Servant. He was included in the first ever publication of the Asian Power 100 in September 2005 and again in September 2007 as one of a select number of key influencers on Asian affairs in the UK for his overall contribution to regeneration, entrepreneurship, economic development and international trade.



Mark Gillham - Chief Executive, Mind in Harrow (Partner)

“Mind in Harrow is a committed partner to Healthwatch Harrow, a very important new champion for 1 in 4 Harrow residents who experience mental health problems as well as those who may care for them. Mark Gillham has lived in Harrow for 15 years and currently lives in Hillingdon. He has worked in Harrow for 20 years and is Chief Executive of Mind in Harrow. Mind in Harrow provides information & support and campaigns with people experiencing mental health problems who live in Harrow. Mind in Harrow engages with thousands of local residents each year, including 4 projects collaborating with Harrow’s diverse ethnic and cultural communities.”



Deven Pillay - Chief Executive, Harrow Mencap (Partner)

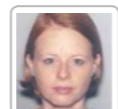
“Harrow Mencap is excited to be involved in this unique partnership, which includes the local voluntary, community, education and business sectors to ensure that the citizens of Harrow are at the heart of the development of their health and social care services. This partnership with its range of networks and years of experience of responding to Harrow residents’ needs is well placed to enable Healthwatch Harrow to be an effective consumer champion.” Harrow Mencap is a local independent Charity, set up by parents and carers in late 1940

and is recognised as the primary campaigning organisation for people with learning disabilities and their families in Harrow. The organisation also provides a range of services including advocacy for children, young people and adults. Deven whilst not residing in the borough has worked in Harrow for over 12 years. He has worked in the Health, Social Care, Housing and charitable Voluntary and Community Sectors for over 35 years, initially as a trained nursing professional.



Avani Modasia - Chief Executive, Age UK Harrow (Partner)

Avani has been in the third sector for over 25 years and has also worked in the statutory sector. She has held many positions as a Trustee and Director of other organisations and comes with a vast level of experience in running projects such as this. PPI which was the first initiative after the Community Health Councils were disbanded was run by Age UK Harrow which Avani was involved in not only in Harrow but also in Hertfordshire. Although a resident in another borough, through her work as the CEO of Age UK Harrow, Avani is well aware of the health and social care needs in Harrow. “Age UK Harrow is pleased to be a partner in Healthwatch as it sees it being the voice for the many older people in Harrow in shaping the health and social care services provided by all in a changing, challenging and uncertain environment that we find ourselves.”



Vanessa Robinson - Advocacy Service Manager & Disability Advisor, Harrow Association of Disabled People (Partner)

“Harrow Association of Disabled People (HAD) is delighted to be part of a local consortium of partners who are committed to representing the needs of people they work with in delivering Healthwatch for Harrow. “Some disabled people have specific access needs to healthcare which are very often not addressed well enough, and our participation will allow the voice of local disabled people to be better heard.” Vanessa lives in Harrow, she is the advocacy service manager at HAD and also manages the Harrow Health Advocacy and Children and Young people’s Advocacy Services, which are provided by HAD, Age UK Harrow and Harrow Mencap, working in partnership.



Tony O'Hara - Carramea Co-ordinator
Tony O'Hara lives in central Harrow, has lived in Harrow for just under 50 years. Representing an organisation which

currently has twenty eight diverse registered user groups, many of which have been involved in health issues for several decades and which currently provide a range of well-being, health and social care services to different communities within Harrow.



Lee Janaway - Head of Department, Business, English, Media & Health Studies

Harrow College is excited to work with such a varied range of healthcare partners. The College has an important role in training and developing the future employees and volunteers in the Health & Social Care Sector. Lee joined Harrow College as a senior manager in 2012, has an MSc in Management and his role includes strategic responsibility for health and well-being programmes within the college, Harrow College takes students from 16 upwards from Harrow and surrounding boroughs



Mike Coker - Chief Executive, Harrow Carers

Michael Coker lives in Buckinghamshire. He has been CEO of Harrow Carers charity since 2005. He has been involved in charities and community work for over 30 years as a volunteer, staff member and consultant. He is a Member of the Institute of Fundraising and volunteers in various roles both in Harrow and elsewhere. He has experience as a service user and as a carer and many years experience in commercial business. Mike says “I believe Healthwatch Harrow is a very exciting opportunity for Harrow’s voluntary and community sector to show how we can work together to support people in the community and improve services.”



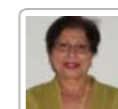
Julian Maw - Chair of Shaping a Healthier Future, PPRG for NW London

Julian Maw is a Harrow resident and was Chair of Patient and Public Involvement in Health from 2003 - 2008, Chair of Harrow LINKs from 2008 to 2013 and is currently the Chair of the Shaping a Healthier Future PPRG for North West London.



Mo Girach - Interim Chief Executive of PELC

Mo has a BSc (Hons) in Podiatric Medicine, an MBA in Business Administration, holds membership of the Institute of Directors, is an accredited assessor for Investors in People and is a Special Advisor to the NHS Alliance. He is also an Associate Consultant with the Kings Fund and more recently an Associate Consultant with Health 2020 and Office of Public Management (OPM). Mo has advised and worked with over a number of Clinical Commissioning Groups. He has written and spoken on the subject of Commissioning locally and nationally, including De-commissioning, Health Watch and Social Prescribing and is currently working with Manchester CSU on Innovative Revolution and with York and Humberside CSU on GP federated Models and Governance, Out of Hours and Social Income Bonds.



Marie-Claire Sekely - Lay Member

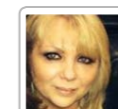
Marie-Claire has worked for the NHS for 45 Years as a Nurse, Midwife, Midwifery Manager and Clinical Audit and Research and Development Lead. She was also an Executive Member Harrow LINKs. She has now retired from the NHS. Marie-Claire is currently a Lay member of Harrow HW Delivery Board and a member of the Board of Trustees of Crossroad Care Harrow.



Heinz Grunewald - Lay Member

Heinz has been a resident of Harrow since 1963. Heinz volunteers for Brent CAB and was previously treasurer of the board for 4 years. He was a part-time carer to a disabled elderly friend and neighbour.

Healthwatch Harrow team



Rhona Denness is the Programmes

Director at HIB/Healthwatch. Rhona is responsible for managing the Healthwatch team and co-ordinating business initiatives and linking these to community engagement and outreach as part of capacity building for local voluntary and community sector organisations. Rhona has a mix of private and public sector experience, especially customer relations, project development and management, communication and media applications. Rhona has worked as manager for Harrow in Business since 2002 and lived in Harrow from 1967 until 1990 and has lived in Hillingdon on the Harrow border ever since.



Jaswant Gohil is the Director of Healthwatch Harrow and was the Development Manager at Harrow LINK. Jaswant has some 30 years experience of working in the public sector, the

last ten in the voluntary, health and community sector. His role is to support the HiB Chairman and the Delivery Board by providing information, reports and advice on how to help to improve and shape health and social care provision through community engagement activities.



Antonetta Fernandes is the

Information & Communications Officer and is responsible for producing regular newsletters, community engagement and outreach activities, including stakeholder and consumer feedback. Antonetta has extensive experience and knowledge of modern IT and social media applications gained over 30 years of experience across the private, public, voluntary and community sectors. Antonetta worked previously for LINK’s Harrow before coming to work for Healthwatch. She has been a Harrow resident for many years and is a carer to family members and friends



Jenny Boxall is the Information & Communication Officer and has been

with HiB for 11 years. Jenny is an experienced events and workshops organiser and co-ordinator and will support the various local health and social care events, conferences and activities led by Healthwatch Harrow, including customer feedback.



HIB Advice Centre

Stanmore Place, Howard Road
Stanmore, Middlesex HA7 1BT
Tel 020 3432 2889
info@healthwatchharrow.co.uk

www.healthwatchharrow.co.uk