

Working Draft Annual Report 2015/16

Report to the Health and Social Care Sub-Committee

Introduction

This is work in progress. The draft report for the Health and Social Care Sub-Committee aims to inform the Committee about the work of the Healthwatch Harrow service commissioned by Harrow Council and managed by Harrow in Business, and supported by the Advisory Board comprising various voluntary sector partners and local residents.

The report is in draft at this stage, as there are some final refinements to be made, and is subject to approval by the HiB Board and the Healthwatch Harrow Advisory Board. In addition, the report will be fine-tuned in terms of design protocols and guidelines provided by Healthwatch England and will include further examples, with additional photographs and illustrations of our work and impact, prior to presentation to the Sub-Committee on 27 June and wider circulation by 30 June 2016

The report follows national guidelines and complements the background briefing paper by Council officers, and covers:

- Message from the Chair, HiB
- Message from the Chair, Healthwatch Harrow
- The year at a glance;
- Who we are;
- Listening to people who use health and care services;
- Giving people advice and information;
- How we have made a difference;
- Our work in focus;
- Our plans for the next year;
- Our people;
- Our finances;

Message from the Chairman, HiB

As the corporate entity and accountable for the Healthwatch Harrow service, which is a core function of HiB's business, and on behalf of my Board and colleagues on our Advisory Board, I am pleased to present this report to the local community, stakeholders and partners.

Apart from providing a detailed account of the various activities undertaken by a wide range of colleagues from a wide spectrum of backgrounds, experience and interest, the report also highlights some of the issues that are prevalent. These include: *the need to manage expectations within the substantially reduced budget over the three year period of this contract; developing innovative ways of maintaining a proactive voice and consumer champion for health and social care in Harrow; and exploring ways to address issues of sustainability.*

Now in our third year of operation, we believe we have become an established part of the local scene, though our remit remains wide and challenging. We continued to face financial and operational challenges, but as the report shows, we have delivered a wide range of activities in our three core priorities of; *community engagement and visibility; enter and view visits; and workplace wellbeing*, as well as contributing to, and helping to shape the Health and Wellbeing Strategy for Harrow 2016 – 2020 and the work of Harrow CCG and others.

We have amalgamated a core group of voluntary sector partners, lay people and volunteers who work as part of a holistic and integrated management and operational structure that also comprises paid staff, external consultants, to meet these challenges and deliver an added value service. As we move forward, we this will help us to maximise on the following:

- Highly credible working relationship with the HWBB and CCG in line with the HWBB Strategy;
- Co-location with Harrow Mencap and its professional fund raising and outreach expertise and vast network of experienced volunteers;
- Enter and View mechanism for evidence gathering and community and business engagement;
- Wellbeing in the Workplace Initiatives as part of the "Work Well" element of the HWBB Strategy;
- Outreach to communities, residents and businesses, especially those that are under-represented or not represented at all by established voluntary, community and other groups;

The complex and challenging nature of the national and local healthcare system, coupled with the adverse impact of continuing pressures on public expenditure at all levels, will require us to continue to be agile, flexible and responsive. We are grateful to the Board of Trustees at Harrow Mencap for their financial and non-financial support in accommodating our operation on their premises which are in close proximity to the heart of the town centre.

Our future aspirations and direction of travel, will continue to be in tune with national areas of work of most concern to the Healthwatch Network, such as, although not

exclusively: GP Services; Mental Health; Hospital and Unsafe Discharge; Young People's Mental Health and Wellbeing; Care Homes; and Patient Transport, as well as those that are unique to us in Harrow.

In addition, as a responsible, proactive and innovative organisation, we will:

- Initiate and promote “prevention rather than cure” activities and communications whenever possible;
- Reach out community groups that are not well represented by existing arrangements;
- Seek opportunities to reach out to the seldom heard;

Despite the possibility of the three year contract now not continuing, pending the outcome in September 2016 of Harrow Council’s mapping and review of Information, Advice and Advocacy services across the Borough (including Healthwatch Harrow), with a view to new commissioning arrangements from April 2017, we will pursue all avenues to:

- Strengthen our ethos of “*Bringing Business and Communities Together*”;
- Mitigate as best as possible cash flow pressures that uncertainty inevitably brings
- WOrk towards establishing a Health and Wellbeing Investment Fund for future activities.



Ash Verma
Chairman,
HiB

Message from the Chair, Healthwatch Harrow

I am pleased and take some pride in presenting Healthwatch Harrow's third year annual report covering the last twelve months till April 2016.

Since taking up my role as Independent Chairman nearly two years ago I continue to feel privileged to be able to contribute to trying to make local health and social care services more responsive to and meet Harrow's needs. I continue to learn from meeting and listening to local people about their experiences and views on health and social care.

I remain very grateful for the contributions and experiences shared with Healthwatch Harrow whether through the various events that we have organised or at our Public Engagement Forums and meetings, as well as other external meetings and public engagement/consultation activities.

This allows us to fulfil one of our main purposes - to act as a local consumer champion by representing local concerns and aspirations and influencing key decision makers and service providers.

We will also make sure we are up to date with developments and understand local context, its social and health economy and national developments. We also try and identify any possible opportunities and risks by learning from data and updates available to us through agencies such as CQC, Healthwatch England, as well as local intelligence through council papers and the Joint Strategic Needs Analysis.

We use a range of activities in understanding local needs and interests which includes sampling and surveys, attending and taking part in related meetings in the public and voluntary sectors, taking part in local consultations and relevant public meetings of interest.

This approach helps us to make effective use of our membership of Harrow Councils' Health and Wellbeing Board and our local Clinical Commissioning Group. Feedback from members suggests that we have made good progress in bringing informed representation and championing of local needs.

Examples of interventions and issues we have raised meetings include; mental health including introduction of SPA, local health and wellbeing communications strategy, importance of local perspective in regional Co-Commissioning, sexual health and patient experience, increasing TB infection rates in the borough as well as the high rates incidents rates of Diabetes, proposed additional walk-in centre/s in Harrow including East Harrow

We have been very pleased with the expertise commitment and determination demonstrated by the local leadership in striving to develop and deliver appropriate and high quality health social care services in Harrow.

We have continued to build on our public engagement forums and these have now become a quarterly highlight of our activities and enjoy high levels of public attendance and participation. These meetings benefit from visiting speakers who

have a senior leadership responsibility in one of the main health and social care sectors in and around Harrow. This ensures that members of the public and interested stakeholders have an opportunity to enter into a direct conversation with key decision makers.

As indicated in this report, our public meetings are well attended and always rich with invaluable insights and experience of local health and social care services. Visiting speakers/senior leaders are invited on thematic basis so that local communities are kept up to date and involved in key developments and service providers.

I am pleased to report good progress in strengthening our working partnership with the Care Quality Commission (CQC) and have agreed working protocols including quarterly review meetings and well as better risk and information sharing. This echoes national developments of closer working together between Healthwatch England and CQC.

I am also very pleased with our growing and effective working partnerships with Harrow Council and its Health and Wellbeing Board, CCG, NWLHT, CNLW and Public Health. This has allowed for open and focused discussions to take place, where resident wellbeing and patient interests has always been the primary objective. This partnership led to jointly organising and holding a major Health & Wellbeing Engagement Event in June 2015. The discussions and public contributions at this event helped shape Harrow's Health and Wellbeing Strategy.

I am very grateful to our wider team - Advisory Board of lay members and voluntary sector partners, staff, volunteers and HiB, all of whom devote so much of their time, energy and experience.

In moving forward, we will be continue to put greater emphasis on raising our visibility further through our Advisory Board partners, lay members, volunteers, the many voluntary and community sector groups in the borough and the business community through high profile campaigns and events and on- line activities.

Continuing to understand and effectively represent Harrow and its communities in more depth and its key stakeholders in the voluntary and public sector will remain a central priority and reference point for Healthwatch Harrow.

I would welcome your feedback and suggestions and involvement.
Looking forward to working with and for you.

Arvind Sharma
Independent Chairman
Healthwatch Harrow

The year at a glance

Social media

1. Healthwatch Harrow has a database of some 1,500 individuals, organisations and partners with a reach of over 70,000 people. We had 131,219 website hits; 1,094 Twitter followers and 3,180 Tweets and 52 Facebook likes, and we issued 12 e-bulletins and 4 e-newsletters.
2. The Healthwatch Harrow website and social media infrastructure is strengthened by HiB's own social media activities, website and communications channels, which in turn have benefitted from promotion via partners own on-line communications.

Enter and View

3. The Advisory Board decided that for this year, it would focus on care homes. A team of volunteers, staff, members of the Healthwatch Harrow Advisory Board and HiB, undertook 8 enter and view visits to various care homes across the Borough between August 2015 and March 2016. Over 70 days (average of 3 days per visit, per team member) plus administrative and follow-up support was devoted to these visits.

Public Forums

4. We held five Public Engagement Forums as part of the Advisory Board's governance process, and at which visiting speakers were invited to present, discuss and listen to various areas of concern, interest and priority during part 1 (Part 2 focused on performance and related matters). The Forums included:
 - LWNHCT who provided an overview of the Trust's priorities and key developments including areas identified for improvement such as A&E
 - Harrow Borough, focused on health services as a whole and mental health services in particular.
 - Harrow CCG provided a detailed overview of the work, priorities and resources of the CCG.
 - Harrow Council's Public Health speaker provided the board an overview of the work of the Health and Wellbeing Board and the JSNA.
 - The Chief Executive LNWHCT explained the rationale for creating the LNWH Trust, its strategy development, its priorities, the historical context and challenges, as well as financial sustainability.

Policy groups

5. We have been active members and participants on the CCG's equality sub-committee, NWL co-commissioning Group and engaged in helping shape the local Sustainability Transformational Plan – led by CCG and Harrow Council.

Events

6. We engaged with over 200 residents, businesses and local stakeholders and partners on a number of health, care and wellbeing matters at various events between September 2015 and March 2016, such as the:

- NatWest Business Bus (town centre)
- Health & Fitness Day, Grange School, targeted at parents
- Harrow Means Business
- CCG Healthcare Event
- Wealdstone Day of Action
- Age UK Information Day
- VCS Forum

Workplace wellbeing

7. The HiB team, with input from Brunel University, Public Health and local businesses, has developed a Health Check/Diagnostic Toolkit for small business owners, as well as a bespoke engagement and research plan targeted at business owners and employees, as part of links with the GLA's and others work in this growing area of concern and action.

Who we are

8. Our purpose is enshrined in the Health and Social Care Act 2012, which sets out the following statutory functions for the Healthwatch network:
 - i. Promote and support the involvement of local people in the commissioning, the provision and scrutiny of local care services
 - ii. Enable local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved
 - iii. Obtain the views of local people regarding their needs for, and experiences of, local care services and importantly to make these views known
 - iv. Make reports and recommendations about how local care services could or ought to be improved to commissioners and providers of care services, and people responsible for managing or scrutinising local care services and shared with Commissioners, Regulators, Healthwatch England etc.
 - v. Provide advice and information about access to local care services so choices can be made about local care services
 - vi. Formulate views on the standard of provision and whether and how the local care services could and ought to be improved; and sharing views with stakeholders and partners and statutory bodies using a variety of techniques, including Enter and View visits
 - vii. Making recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC); and to make recommendations to Healthwatch England to publish reports about particular issues
 - viii. Provide Healthwatch England, the local CCG, Health and Well Being Board and others, with the intelligence and insight it needs to enable it to perform effectively
 - xi. Produce an Annual Report

Strategic objectives

9. Our **mission** is guided by our overall objectives and aspirations 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.

Our Mission is:

“To be an independent voice and champion for local people and influence noticeable change in health and social care through effective engagement and evidence gathered from across the diverse Harrow community, including businesses and employees”

Our priorities

10. Our priorities, which Commissioner’s communicated at our April 2015 Healthwatch Harrow Advisory Board Meeting held in public, are set out below:

- Enhanced visibility of Healthwatch Harrow via the Advisory Board voluntary sector members, focusing on key theme(s) for the JSNA process based on the perceptions/concerns of users, as well as other community/voluntary groups, through surveys, focus groups etc.
- Delivery of a programme of 8 Enter and View visits
- Developing and implementing a programme of wellbeing in the workplace activities

Outcomes

11. We have a Performance Monitoring Framework (PMF) that includes key performance indicators (KPIs), milestones and measures for the following three priority outcomes:

- Engagement and Influence – The Consumer Champion
- Information and Advice – Signposting
- Implement effective linkages with Complaints Advocacy

Listening to people who use health and care services

Gathering experience and understanding people's needs

12. The following examples capture and highlight the various methods we have used to hear people's views about their needs.

Public Engagement Forums

13. The following is a list of our speakers at the five Public Engagement Forums held between April 2015 and February 2016.

- Dame Jacqueline Docherty, Chief Executive Officer and Simon Crawford Director of Strategy – London North West Hospital Trust
- Javina Seghal, Chief Operating Officer Harrow CCG
- Tanya Paxton, Borough Director Mental Health CNLW/Harrow
- Sara Crouch, Public Health Consultant JSNA
- Dr Ballu, Wellbeing and Single Point Access

14. The following is a summary of the key issues of interest and concern that seemed to be a priority from individual and wider feedback from our Public Engagement Forums, as recorded at the five meetings, at which between 15-20 people attended.

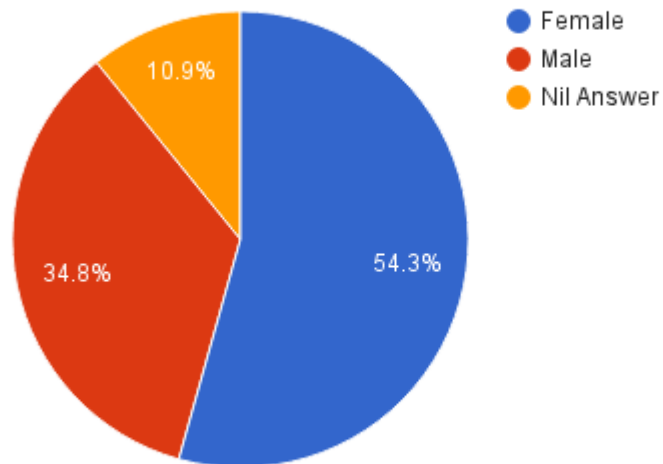
- Concern surrounding diabetes, TB and dementia
- Continued concern and vigilance over performance in areas such as A&E, mental health and social care provision
- Desire for further and deeper engagement with decision making and commissioning bodies such as HWBB and CCG
- Need for wider and deeper engagement with the local community so that HWH can act as effective consumer champion
- Need for better engagement with the local voluntary sector
- Need to get the link between clinical care and social care right, through effective clinical and discharge policies and practice, coupled with an equally effective and high quality care.

Surveys

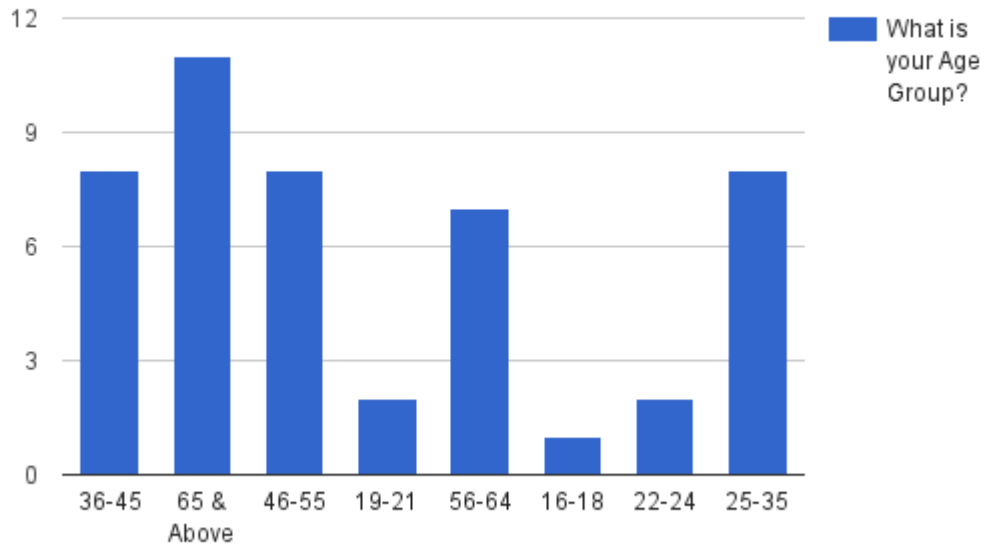
15. ***The top three concerns raised by some 51 people surveyed at different events between September 2015 and March 2016 were: Appointments – GPs/Hospitals; Diabetes; Cancer.***

16. Here is a snapshot of what people said, and to a large extent, mirror a cross-section of the local community's views on a range of matters.

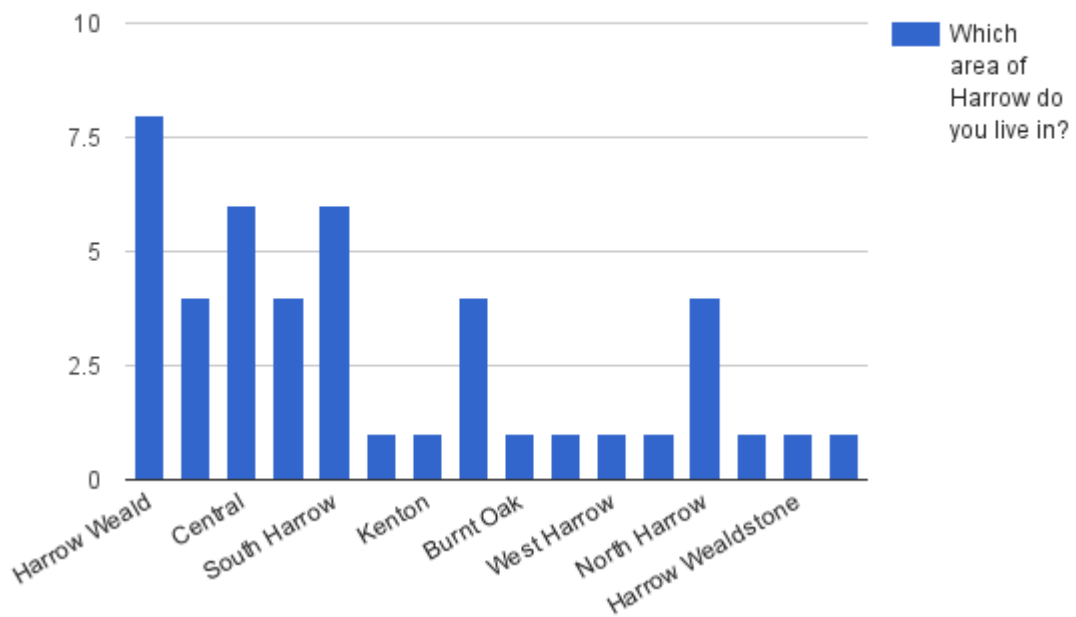
What is your gender?



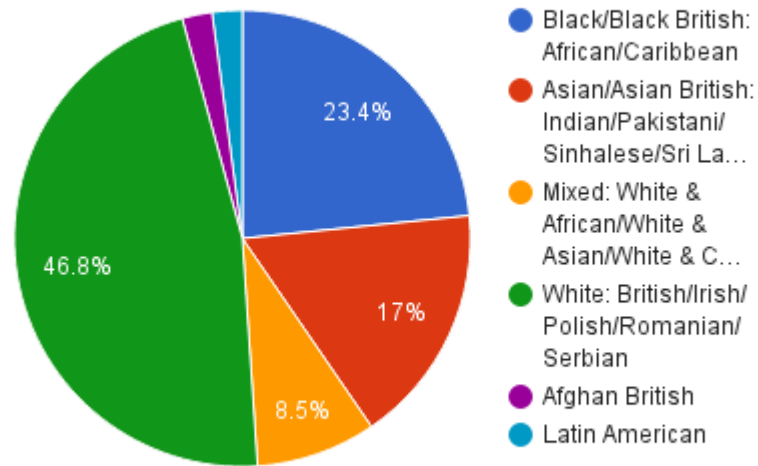
What is your Age Group?



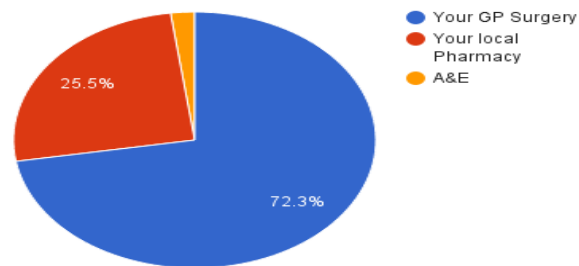
Which area of Harrow do you live in?



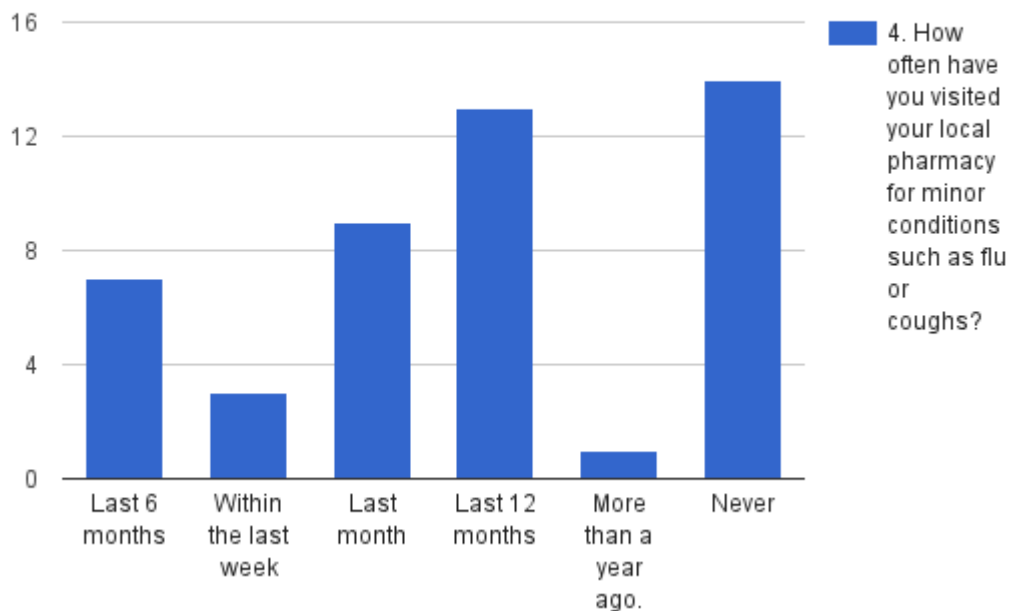
What is your ethnicity?



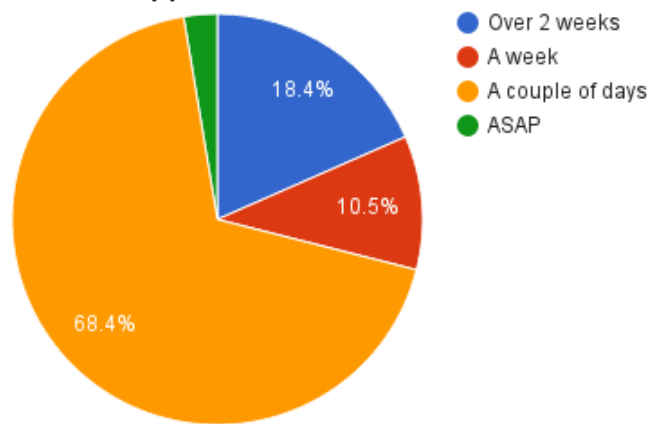
If you were feeling unwell, which of the following would you consult first?



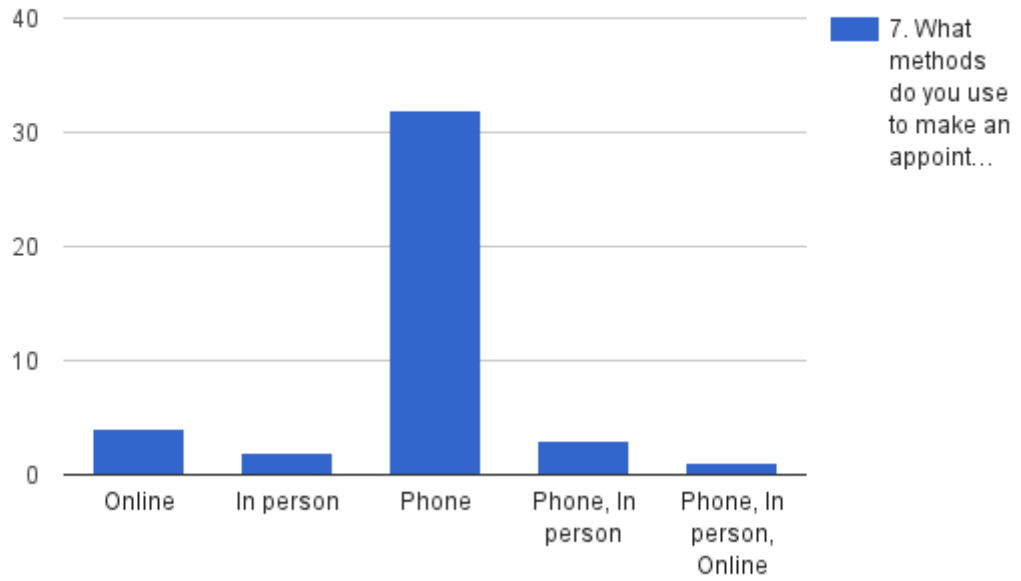
How often have you visited your local pharmacy for minor conditions such as flu or coughs?



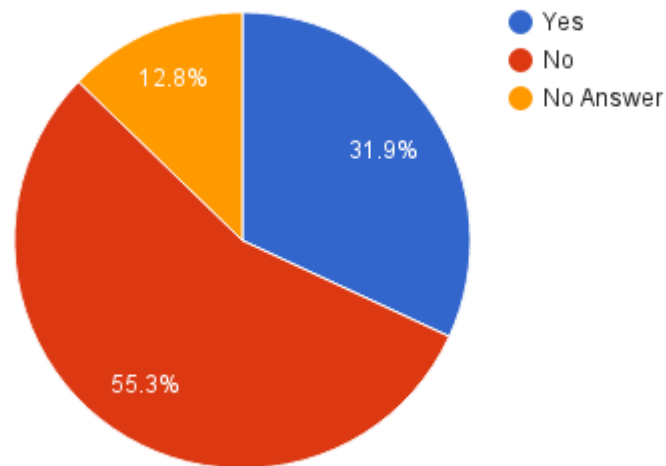
The last time you booked a Doctor's appointment, how long did it take you to get your Doctor's appointment?



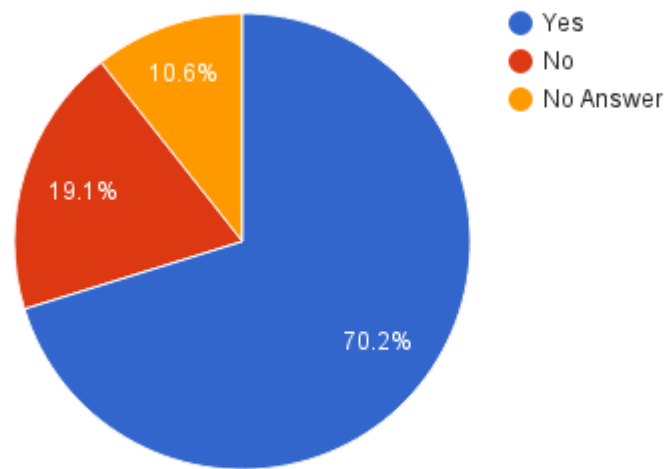
What methods do you use to make an appointment?



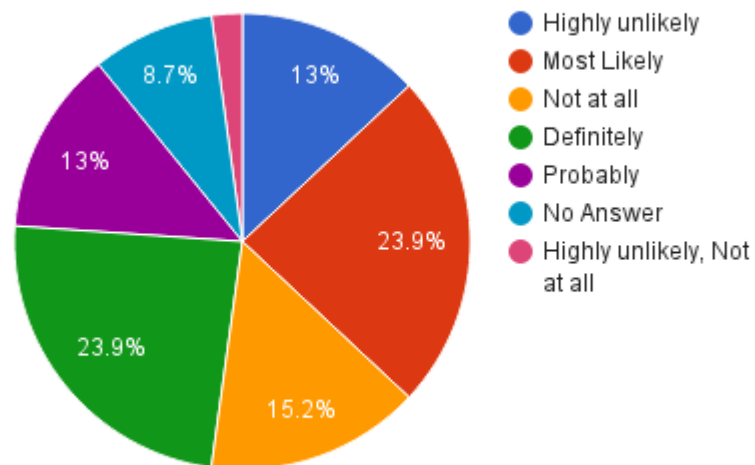
Were you able to see the same Doctor during your last two or three visits?



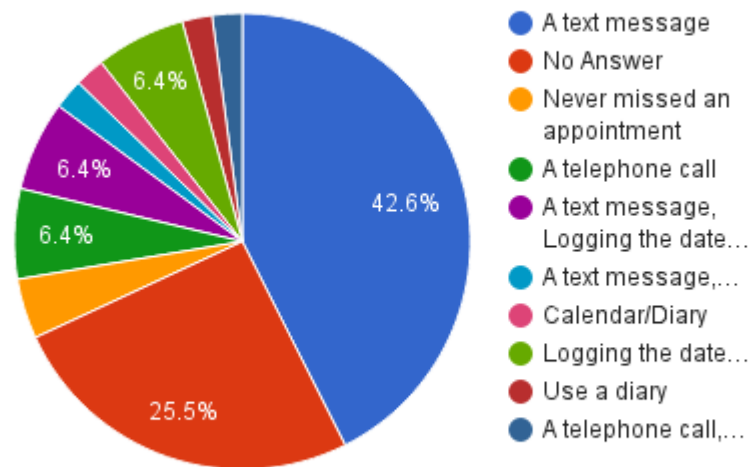
Was your health issue/symptom that you raised with the GP treated effectively?



How likely are you to use your GP services over the weekend, if your GP practice opens 7 days a week?



If you have missed your appointment previously, which of the following could help to remind you of future GP appointments?



Wellbeing in the workplace activities

17. The following summarises the progress made by the Chairman of HiB and his Board colleagues and business volunteers, with regard to designing the wellbeing in the workplace portfolio of activities that will begin to be delivered from April 2016.

- Preliminary discussions with the CE of Harrow Council and his team as part of supporting the Council's drive for commercialisation and business and community engagement, regeneration and wellbeing matters, especially in the workplace.
- HiB, as a partner with Harrow Council, initiated and hosted the Networking Breakfast attended by some 20 stakeholders, partners and businesses and launched by the Deputy Portfolio Holder for Regeneration. HiB's plans, as the accountable body for HH, for building on its pilot activities of wellbeing workshops for local businesses and related research, were outlined and promoted as part of HiB's wider support offer to local SMEs. These were also formed part of the general advice offered during the day at The Civic Centre.
- Harrow Mencap AGM and MPs Forum - HiB Chairman attended both events and promoted HH and our current work and plans for wellbeing in the workplace and put related questions to the Chair of the CCG and HWBB. This is being followed up with a view to building on the preliminary work that we have undertaken with Harrow Council, RBS, BT plc, Brunel University, the GLA and others and the 300 business people from various SMEs across North West London that we engaged with during six bespoke workshops on wellbeing in the workplace last year. These highlighted the following key issues and concerns.
- Need for greater awareness of healthy working practices;

- Better understanding amongst business owners and employees of the impact of stress on business performance and family life;
- Development of bespoke activities and programmes to support wellbeing in the workplace.
- Collaborative research venture with Brunel University to examine the effect and impact of wellbeing in the workplace, especially stress, mental health and sickness on business performance, and on business owners in the SME community and their families, and to make recommendations for initiatives and solutions to address these within a public, private and voluntary sector partnership framework and to implement a programme of "Health Checks", using a Diagnostic Toolkit that we have developed for businesses.
- Supported, in collaboration with Brunel University, Harrow Council, and others, such as the NHS, British Heart Foundation, the Chair of the GLA's Health Committee and its November 2015 London Healthy Workplace Charter Conference.

What we have learnt from visiting services

Enter and View

18. For 2015/16 we focused our Enter & View visits to primarily care and residential homes in the Borough. The rationale to focus on this area was to increase our knowledge and understanding of the quality of provision provided as well as experiences of individuals and patients in care, and identify best practice. We recognized that this is a highly vulnerable group and demographically one which will continue to increase.
19. Harrow has a significantly large older resident population and demographic trends that this growth will continue to increase and therefore the role of care homes will play a growing role in supporting residents in need.
20. The approach we took in identifying providers to Enter and Visit included any local feedback or concerns we may have received, as well as using CQC regular updates on their ratings of local providers. We tried to gather evidence from a good cross section of providers ranging from those found to be outstanding to those deemed to be cause for concern or inadequate. The table below provides details of the 8 Enter & View visits that we carried out. One report is still subject to agreement with the provider.

Date	Establishment	Enter & View Team
5th August 2015	Kent House, Augustine Road	Arvind Sharma Avani Modasia
9th September 2015	Rowanweald Nursing Home 1 Weald Lane, Harrow Weald, Harrow, Middlesex HA3 5EG	Arvind Sharma Antonetta Fernandes Jenny Boxall
21st September 2015	Concept Care Solutions 29 - 45 High Street, Edgware, Middlesex, HA8 7UU	Ademola Adeniji Marie-Claire Sekely
30th September 2015	Stanmore Medical Centre 85 Crowshott Ave, Stanmore, Middlesex HA7 1HS	Arvind Sharma Heinz Grunwald Mary Leung
19 th October 2015	Honister Gardens Care Home 6 Honister Gardens, Stanmore. Middlesex HA7 2EH	Antonetta Fernandes Marie-Claire Sekely Mary Leung
26th October 2015	Woodland Hall, Clamp Hill, Stanmore, Harrow HA7 3BG	Julian Maw Mary Leung Nannette Spain
10th November 2015	Stanmore Residential Home, 2-6 Jersey Avenue, Stanmore, HA7 2JQ	Ash Verma Ademola Adeniji

14 th March 2016	Norwood, 30 Old Church Lane, Stanmore HA7 2RF	Arvind Sharma Julian Maw
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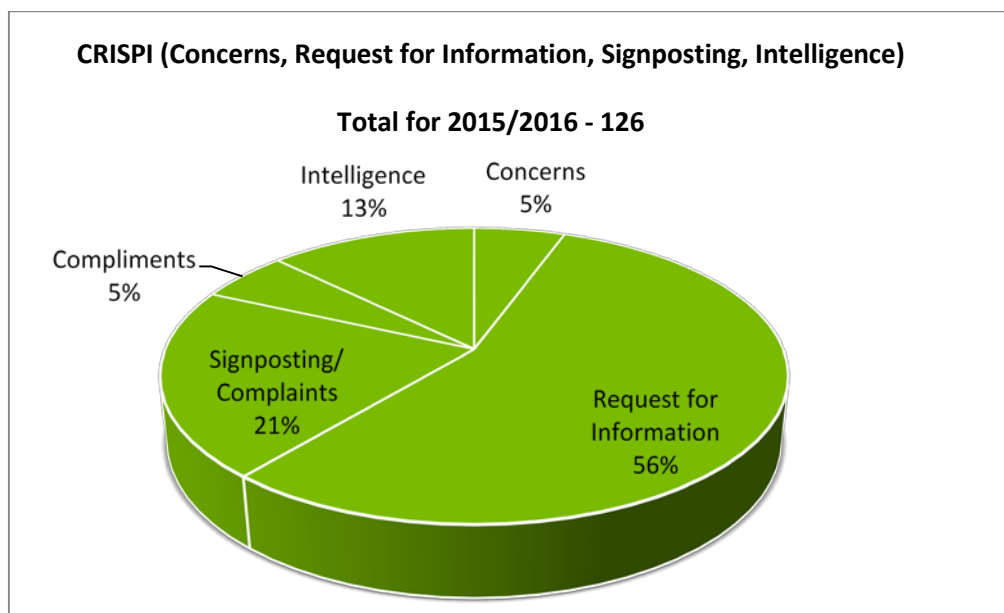
21. Key findings and lessons learnt include:

- There are innovative and caring models of staff and resident interaction in most homes
- Follow-up visits post CQC inspections, where appropriate, have merit in ensuring that agreed action plans are implemented diligently
- Our visibility and engagement is meaningful
- Need to communicate findings and recommendations in amore timely manner to external parties
- Practices and procedures for residents from neighbouring areas and subject to other Council's requirements, can often lead to confusion

Giving people advice and information



Information and Advice



22. We encourage local people to use a variety of methods to contact us – visit to the office, telephone, via our partners, social media, local publications, and participation at events, signposting and our regular e-bulletins and e-newsletters.
23. Last year we recorded 126, with a 100% satisfaction rate, enquiries on our CRISP database (concerns, requests for information, signposting and intelligence). The chart below summarises these.



Improvements in local health and social care

24. We interviewed over 50 local people at various events, to establish their views on local healthcare matters. We asked: **What improvements would you like to see in health and social care in Harrow? Here are the responses.**

 Appointment system is totally unacceptable and the time to discuss patients concerns is very, very vital as one can't wait for each and every concern to wait and wait for months. This is not the right way in the present NHS system. 

 Less waiting time in surgery. 

More joined up working and information sharing, especially in mental health field.

Blood tests undertaken at doctor's surgery not at a clinic as at present (clinic is further away). Nurse to be available at all times and not part-time as at present. Smear tests to be available at Doctor's if women are over 70 - not to be referred to private hospitals.

More funds to make sure that services are not cut.

GP appointments more frequent and easier to access.

Moorfields needs to be seamless.

More consistency in GP's knowing my medical history.

How we have made a difference

Healthcare system

25. Measuring impact and assessing change, is neither a short-term activity, nor one that can necessarily point to immediate benefits. However, the following are examples of the areas in which we have either sought, or achieved, greater involvement and credibility, and which feature in our Operational Plan for 2016/17.
- Taking a leading role in taking forward and championing one part of the HWBB Strategy – Integrated Communications work, to improve joint communications and promote effective engagement with all Harrow residents
 - Playing a significant role with HiB in the planning and delivering of a major, collaborative community engagement event introducing the HWBB Strategy 2016-20 on 16 July 2015, and facilitating a conversation and Q&A session with some key leaders from the health and social care sector and local people. This included the Chair of the HWBB, senior leaders from LNWHCT and Harrow Council, CNWL and CCG.
 - Regular engagement on a 1-1 basis with senior personnel in the healthcare arena, on such issues as: Diabetes, TB, Sexual Health, possible contribution to GP practices self-assessment exercise, end of life strategy and care plan at LNWHCT, and Membership of the Harrow Contraceptive and Sexual Health Network
 - Regular monitoring of A&E performance of A&E via active involvement in their patient experience committee (PEC)

Workplace wellbeing

26. HiB is leading, with support from Brunel University, local MPs, Harrow Mencap, the GLA, neighbouring Councils and Public Health Departments, Regeneration Teams, business associations and others, on the workplace wellbeing agenda, engagement and promotional activities.
27. HiB and Healthwatch Harrow were invited to the Harrow Mencap Forum with the MPs on 27 November 2015 – **Hear My Voice**, attended by some 60 participants who were keen probe local MPs on such matters as: access to employment for people with learning difficulties; welfare reforms, care act; mental health; and priorities for the CCG.



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Extract from a tweet:

“A great success – a view shared by the National Mencap reps and the MPs, who were given some very probing questions to answer and challenges from your members and staff. Ash Verma spoke about the HiB/HH message and the work we are doing generally on engagement and community healthcare championing matters, and specifically on the wellbeing in the workplace agenda, which Ash will follow-up with Bob, Gareth and Nick – all of whom Ash know well as part of the work that Brunel University, us and the GLA, hopefully, will be engaged on in the NY.”

Working with other organisations

28. We support the work of many partners in the third sector. Here are a few examples of our work last year.

Harrow Mencap AGM 8 November 2015

29. HiB/Healthwatch Harrow attended the Harrow Mencap AGM, which attracted some 100 people ranging from users, carers, staff, stakeholders and partners and professionals. The evening focused on:

- Harrow Mencap’s activities, performance, celebrating achievements (prize giving)
- Networking;
- Listening to, and questioning, the Guest speakers, Dr. Amol Kelshiker, Chairman of the CCG and his colleague, Dr Dilip Patel and Cllr. Anne Whitehead, Chair of the HWBB.

30. Key issues raised from the floor and responses during a 15 minute Q&A session, included:

- Mental health – assurances that this would be given top most priority. Both Amol and Dilp gave this.
- HWBB strategy to be meaningful, my words. Both Amol and Anne gave commitments to ensure this.
- Promotion of prevention, rather than cure approach.
- Junior doctors – current political issue. Amol suggested that junior doctors are unlikely to strike.
- Wellbeing in the workplace, raised by HiB, especially around how the CCG strategy would look to address this important area of work, given how mental health, stress etc. impacts on the system, business performance, and local economies and families/communities.

Other areas

31. The following is a summary of some of further examples of activities, meetings, consultations and tasks we undertook.

- Current and on-going contribution to helping shape our local Sustainability Transformational Plan – led by CCG and Harrow Council

- Submission of a formal response to Quality Statements for Harrow CCG, NWLHCT and Royal National Orthopaedic Hospital
- Participation at Mind in Harrow's Afghan Women's Project
- Pride in our Staff Excellence Awards evening (LNWHCT)
- Harrow's Public Health Commissioner (Sexual Health)
- Adult Social Care Directorate CQC looking at ways of sharing information on places that were to be inspected by CQC.
- Public Health Consultation; areas under discussion were Physical Activity Support Service, Health Check Service and Healthy Schools Programme
- Healthwatch Harrow nominated by the Health and Wellbeing Board to oversee the development and implementation of a local communication and community engagement strategy
- Patient Experience Committee [PEC] at Northwick Park
- Age UK Harrow's AGM and 40th Anniversary
- Review Meeting - Coral McGookin Business Manager Harrow Safeguarding
- Harrow Community Click Launch
- Health & Wellbeing Board Development Workshop
- Overview meeting with Dame Jacqueline, CEO and Peter Worthington Chairman LNWHCT
- Shaping a Healthier Future, Vaughan Neighbourhood Resource Centre West Harrow
- Harrow Mencap Lunch, Facilitating and recording health concerns
- 4 Place Assessments
- Contribution to a quality improvement Mock Inspection with Royal National Orthopaedic Hospital
- Provision of formal evaluative statements on quality accounts of CCG, LNWHCT and RNOH
- Contribution to the consultation exercise commissioned by Harrow Council on Evidence for the Independent Healthcare Commission
- Developing a protocol for the working relationship between Scrutiny, Health & Wellbeing Board and Healthwatch Harrow
- Renewed working protocol with Care Quality Commission and have sent up regular briefing and update meetings with CQC's regional lead inspectorate team
- Membership and participation of CCG's equality sub-committee, NWL co-commissioning Group
- Representation on HPPN (Harrow Patient Participation Network)

Our work in focus

How people's experiences of health or care services have improved in the past year due to local Healthwatch activity.

32. The demands and expectations on the Healthwatch Harrow service remained as varied and complex as ever, but despite the challenges posed by a 43% reduction in budget, we managed to deliver a range of cross-cutting activities and outputs.

33. The following are examples of how our interventions are or have helped local people. We are analysing a cross-section of reacted examples and will add to the following.

Public Engagement Forums

These will prove to be an important catalyst for providers, the community and partners to engage in providing directly, first hand input into necessary improvements, but ensuring that their voice is heard.

Ravi Patel – Health & Wellbeing Engagement Event 16th July

“Pleasure meeting you and team, I really found the meeting to be informative and engaging. I look forward to attending more events and getting involved with Healthwatch. All the best for now”.

Elvin Sorkin – Assistance with health issue

“Dear Jenny -Thanks to your intervention, they contacted me, saying I had completely confused the. All I did was explain the situation to save me an awkward journey to Welwyn Garden City for no reason. I have reinstated the issues I have, and hope to receive a response. Many thanks for your support.”

Our plans for next year

34. We have reverted back to producing a more detailed Operational Plan and Business and Community Engagement Plan (BCEP) as a vehicle for shaping, directing, recording, reporting and communicating next year's priorities.

35. The new plan has been shaped around the HWBB Strategy's mission and themes (***Start Well, Live Well, Work Well and Age Well***) and our collective intelligence, as well as supporting prevention rather than cure activities by others such as the Harrow CCG Board, Public Health, Harrow Safeguarding Board, Shaping a Healthier Future' programme (SaHF), or other emerging initiatives from our own outreach work and other initiatives from Healthwatch England and Care Quality Commission. These are:
 - Championing and raising visibility and engagement through bespoke surveys, Public Engagement Forums and a programme of Enter and View visits
 - Targeted engagement work with 'hard to reach' and seldom heard groups
 - Workplace wellbeing initiatives

36. We will take account of the Shaping a Healthier Future' programme (SaHF) report recommendations in our BCEP activities, dovetailing with others, to avoid duplication, in so far as these impact on Harrow, especially the following:
 - A&E performance at Northwick Park Hospital
 - Capacity issues at Northwick Park Hospital
 - Out of hospital investment
 - Out of hospital strategy
 - Impact of changes implemented by the SaHF programme on local social care
 - Access to primary care and GP services
 - The role of Urgent Care Centres in the model of health service provision
 - Integrating health and social care services in Harrow and joint planning

37. We will also introduce proportionate, fit for purpose and affordable governance arrangements that the reduced budget will allow, as well as giving due priority to how best to maximise on the benefits of co-location and close proximity to the town centre, ensuring that outreach activities are equally visible around the Borough.

Summary of Health and Wellbeing Board Ambition 2016 - 2020

Mission: To provide the leadership to enable everyone living and working in Harrow to join together to improve health and wellbeing.

Vision: To help all in Harrow to start, live, work and age well concentrating particularly on those with the greatest need.

Objectives:

Start Well

We want children from the womb to adulthood to be safe, happy and have every opportunity to reach their full potential.

Live Well

We want high quality, easily accessible health and care services when we need them and sufficient and good quality housing, green and active spaces, healthy high streets and neighbourhoods.

Work Well

We want to help people to be financially secure by finding good jobs and staying in work in an organisation which promotes health and wellbeing.

Age Well

We want to enable older people to remain well, connected to others and independent in their own homes for longer and enable dignified deaths.

Priorities:

1. Use every opportunity to promote mental wellbeing
2. Empower the community and voluntary sector to collaborate to deliver alternative delivery models and funding solutions
3. Provide integrated health and care services

Performance:

It is proposed that the Harrow Health and Wellbeing Board monitor and evaluate implementation of this strategy as follows:

- ★ **Monitor local health and wellbeing outcomes:** This is not a performance management tool but will focus attention on overall population health and wellbeing and health inequalities and inform future work.
- ★ **Monitor implementation of specific annual actions:** Quarterly and annual monitoring of actions will be established and an annual action plan will be refreshed by December each year.
- ★ **Undertake an annual partnership health check:** An annual partnership appraisal will be conducted to show we are serious about collaborative working.

Principles:

- ★ We will work in partnership, where possible sharing resources
- ★ We will use evidence of what works to inform our actions
- ★ We will act to have a long term sustainable impact
- ★ We will innovate but evaluate
- ★ We will be flexible and review action according to changing need and context.
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Process:

- ★ **We will explore new health and wellbeing innovation forums** in the community to enable a much wider group of residents and stakeholders to get involved in the work of the Health and Wellbeing Board.
- ★ **We will create networked groups:** We will support the development of networks to connect those interested in 'start well', 'live well', 'work well' and 'age well' themes.
- ★ **Themed agendas:** Where possible, the Health and Wellbeing Board agenda will be split according to the start, live, work, age well themes.
- ★ **There will be a clear relationship between the Health and Wellbeing Strategy and the approach of the Health and Wellbeing Board:** Board members will review all papers considering the three priority areas, the start, live, work and age well themes, the influence of the social determinants of health and impact on inequalities.
- ★ **We will explore new ways of communicating with residents:** A digital newsletter summarising the work of the Health and Wellbeing Board will be produced every 3 months and we will explore other new ways of communicating with residents including through social media.
- ★ **We will co-ordinate health and wellbeing engagement:** We will try to bring people together once to discuss several issues rather than separately for each organisation and have connected plans for engagement available to all our stakeholders.



Clinical Commissioning Group



Voluntary sector
Logo(s)

Our people

Decision making

38. HiB, is the social enterprise and corporate body accountable for the overall leadership, governance and stewardship of Healthwatch Harrow, including: financial and staff management, commissioning of outsourced activities; Quality Assurance; performance management; leading the development and delivery of wellbeing in the workplace initiatives.
39. In addition, HiB, through its Chairman, is responsible for addressing on-going and longer term sustainability issues, such as financial and risk management, including cash flow, and sharing regular management reports on income and expenditure including monthly management accounts.
40. As part of its sustainability responsibility, HiB has continued to identify and develop additional partnership opportunities so as to benefit from pooled resources, increased capacity and expertise, and has taken some early steps towards establishing a “Health and Wellbeing Investment Fund”

Advisory Board

41. The previous Delivery Board, was renamed as the Healthwatch Harrow Advisory Board, charged with providing specialist knowledge, experience and expertise to support various core functions. A combination of operational pressures and other challenges faced by various colleagues, have made it difficult for the Advisory Board to meet regularly and function as envisaged and tasked, although the Public Engagement Forum mechanism has been a success, and provides scope for further development and impact. A number of milestones such as setting up thematic groups and appointing Vice Chairs for specified tasks have not materialised, and performance related dialogue, analysis and forward planning have been a challenge.
42. The AB’s role and structure and responsibilities are currently being reviewed and we will aim to improve the effectiveness of the AB in a number of areas, especially:
 - Refreshing and widening our board members so that they reflect a diverse community of Harrow
 - Improving the effectiveness of our quarterly business meetings so that they are a lot more rigorous and focussed on performance
 - Providing regular updates and intelligence on our community needs, concerns and aspirations particularly from colleagues who lead our voluntary sector organisations and board members to continue and add to the contribution they make in terms of volunteering and attending meetings and representing HWH and supporting our E&V work
 - Continuing to seek from our voluntary sector board members information and intelligence they have on their respective client groups

Staff

43. At the heart of our operation, will be a newly appointed Project Manager, supported by an in-house office manager, with externally sourced support for specified marketing, communications and research and survey capacity, as and when required.

Volunteers

44. We will put greater emphasis on collaborating with partners and their networks of volunteers, and as at present, deploy work placement and interns on an as and when basis.

Our finances

45. This was the first of a three year contract that saw a 43% reduction in funding. As in previous years, financial and non-financial contributions were made by HiB and certain Board members and associates in a voluntary capacity. Some 90 days, which were not funded from the Healthwatch Harrow budget, and are not costed in the table below, were spent on developing a strategy, activities and influencing external partners, on Priority 3 – workplace wellbeing and sustainability matters. The value of this contribution is £20,000 (£5,000 cash and the rest as in-kind).

46. Harrow Mencap invested £4,000 in premises improvements and towards the cost of refitting space on one of its floors to accommodate HiB and Healthwatch Harrow from October 2015. This allowed us to make some 38% savings, which were directed at Priorities 1 and 2 - engagement and enter and view visits, respectively.

INCOME		£
Funding received from local authority to deliver local Healthwatch statutory activities	100,000	
B/F from 2015	5,669	
Total income	105,669	
EXPENDITURE		
Operational costs (includes management fee of 10%)	35,969	
Staffing costs	62,409	
Office costs (rent and rates, cleaning)	12,315	
Total expenditure	110,693	
Deficit	-£5,024	

Contact us



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Harrow in Business

Bringing Business and Communities Together