



Annual Report 2014/15

Improving and shaping local
health and social care





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We will be making this annual report publically available by 30th June 2015 by publishing it on our website and circulating it to Healthwatch England, CQC, NHS England, Clinical Commissioning Group/s, Overview and Scrutiny Committee/s, and our local authority.

We will also be advising the many organisations and partners with whom we work about this report as part of on-going engagement with all parts of the community and as a vehicle for seeking their support in building a sustainable Healthwatch.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the license agreement.

If you require this report in an alternative format please contact us at the address on the back of this annual report.



Message from the Chair of HiB



HiB is the social enterprise and corporate body accountable for the overall governance, stewardship, quality assurance, including performance management and sustainability of Healthwatch Harrow.

I am pleased to report that we were able to appoint Arvind Sharma as the Independent Chair for Healthwatch Harrow in August 2014. Arvind's experience of the Healthwatch network elsewhere, coupled with his background in the public and related sectors, meant that we were able to forge new alliances, not least of all with the HiB Board and make further inroads into our statutory functions. Arvind's role has been wide and varied – providing strategic direction to our Delivery Board, which is the champion of our mission, supporting the development of the operational plan and leading the team and volunteers in delivering a range of activities and functions. Arvind's arrival coincided with internal restructuring that was needed for various operational reasons and helped to ease the considerable pressure on the team in supporting day to day delivery of key priorities.

Harrow's population of circa 250,000 is one of the most diverse in the UK, with almost 70% from Black, Asian, and Minority Ethnic communities, 137 languages spoken and a wide range of faiths. The community – residents, employees and businesses are spread across 20 square miles. The HiB Board is committed to Bringing Business and Communities Together and we will further strengthen our partnership and collaborative working with the Healthwatch Harrow team, Commissioners, NHS, GLA and the wider community.

The report highlights a number of achievements, not least of all securing funding for a further three years from April 2015, albeit substantially reduced. However, the certainty of a longer term commitment by commissioners will allow the HiB Board and Arvind and his colleagues, staff and volunteers, to build for the future and make a difference in the local wellbeing agenda in the coming years and to respond, within our capacity, to the many and varied concerns that local people have.

Ash Verma
Chair, HiB



Message from the Chair of Healthwatch Harrow

I was appointed in August 2014 as the Independent Chair for Healthwatch Harrow. I am delighted to present our year two report.



Some nine months into the role, I continue to enjoy meeting and listening to local people about their health and social care concerns, whether through the various events that we have organised or been invited to, or at our Delivery Board meetings in which members of the public participate, or indeed at the Clinical Commissioning Group and Health and Wellbeing Board meetings. I have also been privileged and very impressed by the level of goodwill and support given by all the individual organisations I have met and worked with including the Health and Wellbeing Board and its staff and volunteers.

Getting to know Harrow and its communities in more depth and its key stakeholders in the voluntary and public sector has been an important part of my journey. I am humbled by their commitment, determination, professionalism and focus on genuinely wishing to improve health and wellbeing experience and outcomes for Harrow residents. Our wider team, the diverse Delivery Board of lay members and voluntary sector partners, staff and community and business volunteers and HiB, all of whom devote so much of their time and experience, are passionate about Harrow.

The following is a summary of some of our key highlights of the many and varied statutory functions that we are required to perform and these are covered more fully in the report. These have been achieved through a combination of literally walking the streets and talking to people in shopping centres, promoting our work at bespoke events organised by us and/or our partners, as well as attending meetings.

- Healthy Harrow Day – You and Your Health
- Delivery Board Meetings in Public - gathering views and concerns, sharing views with key decision makers
- GP services - undertake survey and sampling public perception and priorities
- Missed GP Appointments - surveyed shoppers at St. George's
- Whole Systems Integrated Care
- Monitoring Merger of Ealing Hospital Trust - Integrated Care Organisation and London North West Healthcare Trust - and developing strategic partnership with senior leadership
- Contribution to quality improvement process at Royal National Orthopaedic Hospital Trust
- Facilitate public involvement in the JSNA information gathering process
- Active participation and contribution in Health and Wellbeing Board and CCG

Succeeding in securing further 3 years of funding in a competitive tendering process is both deeply satisfying, as well as an opportunity to learn and build on our achievements to date. The



potential to roll forward an extension of a further 2 years of funding allows us the stability to consolidate our role in Harrow and our effectiveness in acting as the local consumer champion for health and social care representing the collective views and aspirations of people who use local health and social care services.

We will be putting greater emphasis on raising our visibility further through our Delivery Board partners, lay members, volunteers, the many voluntary and community sector groups in the borough, the business community through high profile campaigns and events, and a programme of controlled and justified Enter and View visits.

We aim to play an effective part in seeking to achieve continuous improvement and development of provision which meets the concerns and aspirations of our community.

I would welcome your feedback and suggestions on how we can continue to listen to and support all parts of the local community.

Arvind Sharma

Independent Chair
Healthwatch Harrow



About Healthwatch Harrow

Our role is to help to shape, improve and influence decisions and processes that are designed to make health and social care better for all communities. We do this through talking and listening to people in a variety of ways and by contributing to discussions and decisions about local services based on what people tell us.

As a statutory watchdog we strive to ensure that local health and social care services, and the local decision makers, put the experiences of people at the heart of their care. In some ways, we are a critical friend to many stakeholders and partners.

In Year One we developed a comprehensive Business and Community Engagement Plan (BCEP) as the basis of trying to reach out to as many parts of the community as possible - the residents, patients, health and social care users, carers, new arrivals, unemployed people, people in work and the local sizeable small business community and which, along with its families and children, also face many challenges, whether in the workplace or at home.

Purpose

Our purpose is enshrined in the Health and Social care Act 2012, which sets out the following statutory functions for the Healthwatch network, as below:

1. Promote and support the involvement of local people in the commissioning, the provision and scrutiny of local care services.
2. 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.
3. Obtain the views of local people regarding their needs for, and experiences of, local care services and importantly to make these views known.
4. 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.
5. Provide advice and information about access to local care services so choices can be made about local care services.
6. 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.
7. 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.



8. 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.
9. Produce an Annual Report.

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 welfare of Harrow residents”.

Strategic Objectives

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

Outcomes

We have agreed a Performance Monitoring Framework (PMF) with commissioners 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

The Team

Details about our wider team - Delivery Board and our small operational team, which is supported by a number of volunteers from the local and wider resident and business community and various partners, are provided on pages 33-36.



Engaging with people who use health and social care services

Engagement and involvement of local people is at the heart of our work. This section sets out how we have gone about our work and gathering information and evidence from local people about their concerns and how we have fed this back to those concerned as part of our influencing role.

It shows a range of qualitative and quantitative information on how many people have heard of Healthwatch Harrow and contacted it for information or raised a concern.

Last year we had...

- 11,379 website hits
- 832 Twitter Followers, 3,061 tweets sent out
- 36 Facebook likes

Issued...

- 12 eBulletins
- 2 eNews

Organised and/or participated in...

- 22 events
- 6 presentations
- 30 key local meetings
- 9 regional and national meetings/conferences
- 6 Whole Systems Integrated Care Workshops
- 6 Health and Wellbeing Board
- 6 CCG Board Meeting
- 5 Healthwatch Harrow Delivery Board Meetings (5 in public)

Reached out to...

- Over 62,000 people
- 2,000 contacts on our database

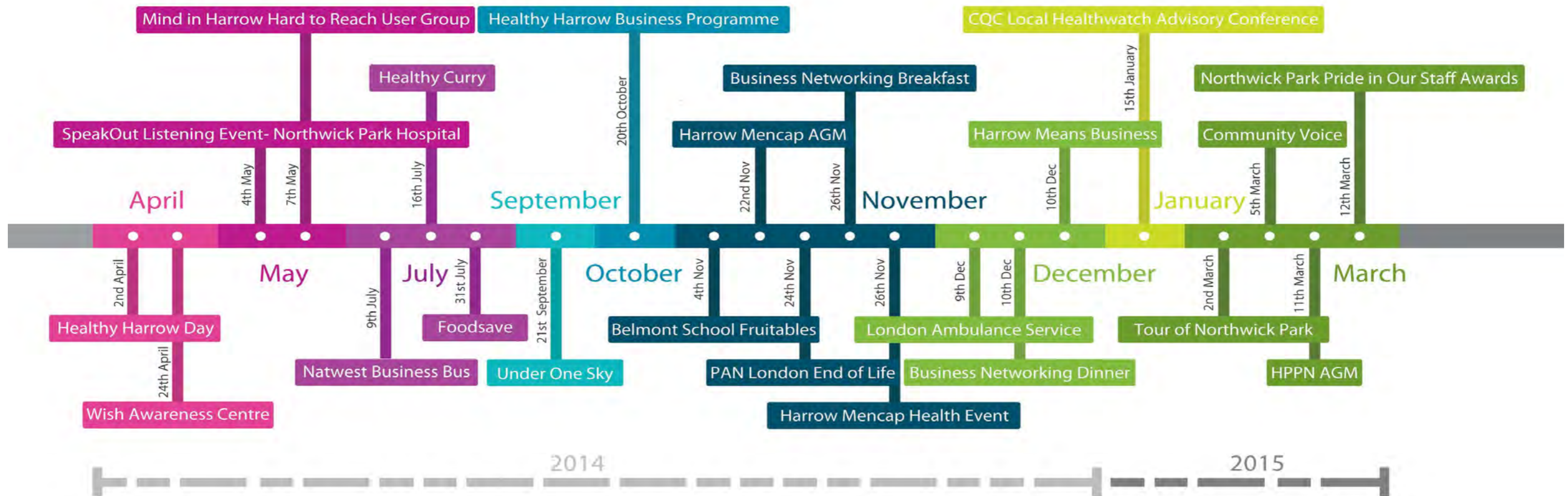


Understanding people's experiences

We have deployed a range of communications channels and mechanisms, as below, for gathering information and intelligence on the views and experiences of patients and the wider community and sharing this appropriately and effectively with key health and social care providers.

- Bespoke events, workshops and focus groups
- Face to face meetings and discussions and surveys
- CRISPI – Concerns, Request for Information, Signposting and Intelligence database
- Delivery Board Meetings in public
- Social media, especially Twitter
- E-bulletins and e-newsletters

Processes such as those described above form the cornerstone of our engagement strategy and



in informing and keeping stakeholders, partners, professional, the Healthwatch Harrow Delivery Board and team and the community at large up to date. The team strives to raise the visibility and impact of Healthwatch Harrow through social media, bespoke events, as well as those that other organisations have as part of their own channels of communication and for reaching out to communities so that we can better understand their particular experiences.

Events Timeline

The events timeline below captures some of the most important events – some 22 in all, that we either initiated (50%) or participated in (50%) as part of our engagement, information and evidence gathering role and general involvement with the community.

The following is a snapshot of key findings from some of the events, meetings, surveys and workshops – all of which have provided important information on people's experiences that have been shared with the HWBB, CCG, Hospital Trusts and the public and contributed to the Joint Strategic Needs Assessments process, as appropriate.



Healthy Harrow Day – You and Your Health

This two part event was the first event of its kind in Harrow that brought together commissioners, CCG, Public Health and members of the Healthwatch Harrow Delivery Board under one roof to promote their services and hear from the wider public about their concerns and suggestions for improvements in local health and social care.



Healthy Harrow Day

Exhibitors included the Healthwatch Harrow Consortium members, CCG, Public Health, St John’s Ambulance, Harrow Leisure Centre and many others in Harrow Council’s Members Lounge. Presentations and demonstrations were held in adjoining Committee Rooms and The Council Chamber on various topics, such as: You and Your Health; Leisure; Reflexology and Nutrition. One to one advice and guidance was also provided, with information and practical tips on accessing local health and social services, healthy living and generally learning about the healthcare scene in Harrow.

Around 100 people participated during the first part. A 20% sample of visitors’ views of the event highlighted the following:

- 60% found the overall experience “Very Useful” and 40% “Quite Useful”
- 50% found the exhibition “Very Useful” and 50% “Quite Useful”
- 50% found the presentations and demonstrations “Very Useful” and 50% “Quite Useful”
- 100% felt that the venue was “Good” or “Excellent”
- 70% said they would “Visit Again”



Healthwatch Harrow Information Leaflet



Part two concluded in a homage to BBC 'Question Time' with around 30 members of the public and Harrow service providers able to listen to responses to some 35 questions that members of the public had submitted before the event as well as others that were posed in the evening.

Key concerns and challenges centred on:

- NHS funding for healthcare in Harrow, and whether it is adequate to meet local needs
- Care for the elderly
- Cancer
- Dementia and older people
- Mental health problems
- Diabetes
- GP surgeries
- Blood disorders
- Healthy living
- How young people can become involved



Question Time Council Chamber



SpeakOut Listening Event – Northwick Park Hospital – HASVO/CQC/HH

This event was organised to support the inspection of North West London Hospital NHS Trust including Central Middlesex Hospital, Northwick Park Hospital and St Marks Hospital. The CQC approached Harrow Association of Somali Voluntary Organisations (HASVO) to arrange a focus group and interviews with the local Somalis group and Healthwatch Harrow was invited to attend as an observer. Participants were asked to focus on recent health care experiences related to Northwick Park Hospital; (e.g. when was the visit; what led to the visit; which department/ward they had visited; which staff they had encountered) and to rate that visit. 12 participants ranging from 26 to 55 age groups took part. Ethnicity: African. Gender: 2 Male and 10 Female. Average rating of 2.5 out of 10.

Observations and Recommendations

- Concentrate on Triage – waiting times.
- Complaints – how to make them.
- Competency of staff – are they qualified?
- Interpreters – communication issues
- Urgent care /emergency
- Hygiene

Whole Systems Integrated Care (WSIC)

Harrow Carers took the lead on this on behalf of the Healthwatch Harrow Delivery Board and participated at the various workshops along with other Delivery Board members, lay board members and staff. The implication and the likely impact of WSIC is of such significance, that Healthwatch Harrow continues to work on this area as a matter of priority. All the feedback we have received supports this position. Patient experience alongside with clinical intervention and management of discharging patients and ensuring individuals and their carers receive high quality, seamless and appropriate support remains one of the key challenges for service providers.

Delivery Board meetings

The Delivery Board met five times, with four meetings in public. The diagram adjacent shows the range of key topics of discussion and concern as part of engaging with local people learning about people’s concerns and listening to, and questioning, invited speakers from a range of health and social care stakeholders and providers, as well as commissioners.



The following is a summary of the main observations and concerns at our Delivery Board meetings.

- **July 2014** – need for the merger team to provide simple and regular communication on progress and benefits
- **September 2014** – the JSNA process needs to use more up to date data, ideally using a survey approach, and engage a wider audience, as well as proactively informing the commissioning process
- **December 2014** – Healthwatch Harrow to initiate open dialogue in shaping the JSNA and monitor progress
- **March 2015** – standardisation of pathways and process for Integrated Clinical Departments across the two Trusts; improve patient care; and feedback from Commissioners on future priorities: increased visibility via partner activities to promote the championing role; avoid duplication; programme of Enter and View visits; contribute to JSNA; wellbeing in the workplace programme.

Wellbeing in the Workplace

The GLA's London Mental Health of Report 2014, says:

“Mental ill health is the single largest cause of disability in the UK, contributing up to 22.8% of the total burden of disease, compared to 15.9% for cancer and 16.2% for cardiovascular disease.”



NatWest Business Bus Event

Mental ill health impacts on business and industry, through sickness absence, loss of productivity, loss of earnings, worklessness, and affects our relationships with others. Indeed, the effects of mental ill health impact upon each and every aspect of our lives.

Wellbeing in the workplace, for employees and business owners alike, is therefore an important issue across all parts of local economies and communities. The Harrow business community, over 11,000, is

sizeable – in fact it has the greatest proportion of small businesses (those employing less than 4 people) is no exception. Most of these are owned by local people, a significant number from BAME communities which account for over 50% of the resident population. These communities



Delivery Board Meetings





Launch of the Healthy Harrow Business Programme



experience health inequalities and issues such as diabetes, dementia, stress, obesity and heart conditions and generally above local, regional and national levels.

This background and context provided the basis for our collaboration with Public Health, the GLA, local businesses and their families, and others, to develop a pilot programme to raise awareness of such issues through a series of workshops and bespoke events focusing on: stress and management; healthy cooking, including Healthy Curry; and good HR practices - and at the same time, meet with one of our commitments to the HWBB to begin to explore this important aspect of engagement and involvement in relation to local healthcare matters.

Some 300 local business owners were engaged in the process over six separate events, including the NatWest Business Bus in Harrow Town Centre. Key issues and concerns include:

- Need greater awareness of healthy working practices
- Better understanding amongst business owners and employees of the impact of stress on performance and family life
- Development of bespoke activities and programmes to support wellbeing in the workplace

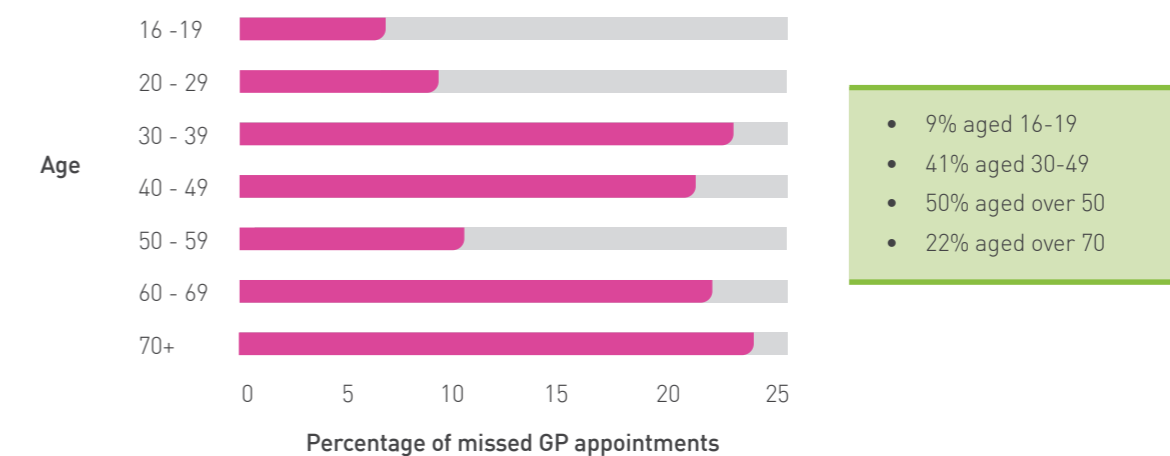
Further research and activities, sponsored by the business community and others will be undertaken next year to better inform the HWBB strategy, as well as Healthwatch England's work plan for the future.

Surveys

We undertook two surveys - Missed GP Appointments and GP Services survey. Here are some of the key findings.

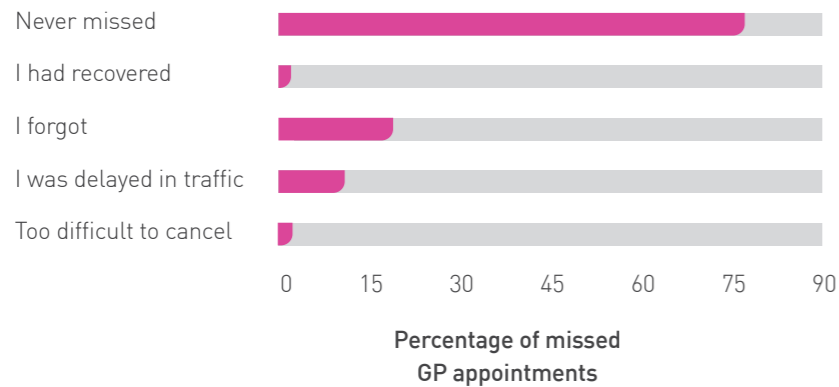
Missed Appointments

Age range of the 102 respondents





Reasons for missed appointments



- 75% never missed
- 17% forgot
- 8% other reasons

Suggestions and recommendations

- Improve waiting time when making telephone appointments
- Need same day appointments for children
- Use website for making appointments
- More GP centres

GP services

Of the 102 respondents:

- 63% were female
- 63% were able to book ahead to see a doctor
- 73% were able to book ahead to see a nurse
- 29% booked by phone
- 11% came to the surgery
- 24% were satisfied/very satisfied with booking system
- 43% never missed an appointment

Suggestions and recommendations

- Need mechanism for making appointments outside of surgery hours
- More evening and weekend clinics
- Undertake further investigation into the relatively low levels of satisfaction with appointments
- Review and establish reasons behind the 30% plus respondents who are unable to book GP appointments in advance



Enter & View

We established a small team of trained staff and volunteers, and members of the Delivery Board to participate and undertake this important aspect of our role.

Last year we conducted two Enter and View Visits, as below, primarily as part of intelligence gathering and understanding patients experience of the service they were receiving, as well as those of staff and relatives, as appropriate.

Denham Unit

Recommendations

- Carry on replacing the beds until all are new and more appropriate- e.g for rehabilitation.
- Carpets were cleaned on the day of the visit, but need replacing especially as the unit was not purpose built and carpets can get soiled quite often and can cause the rooms to be smelly, including the en-suite.
- This unit could do with more shower units
- Clutter management – from a Health and Safety point this needs to be addressed as soon as possible

Atkins House – Harrow Community Recovery Team

Recommendations

Introduce a Client Group

- Assesses how best to manage the lack of consistency of Medical input and how this in turn can limit disruption for users, and introduce arrangements for coping with these
- Ensure the Complaints Policy is readily available and accessible
- Ensure staff training schedule is readily available and accessible
- Develop and implement an appropriate monitoring strategy to see if staffing reflect the demographic changes of service users.

These visits are helping to shape a wider programme of engagement, monitoring and reporting to those concerned.



Providing information and signposting for people who use health and social care services

Helping people get what they need from local health and social care services.

As reported in the previous section, we use a range of methods to encourage local people to contact us – visit to the office, telephone, via our partners, and social media, as well as, participation at events organised by us, or signposting people to those organised by other organisations. Leaflet drops and regular e-bulletins and e-newsletters are a feature of our approach.

CRISPI



We interact with a large and wide range of local people who have concerns, questions and information needs. We capture these in our Concerns, Requests for Information, Signposting and Intelligence - CRISPI database. The following diagram illustrates the type of enquiries and concerns that have been recorded.

100% of callers who have phoned in have said that they are satisfied with the response they received from Healthwatch Harrow. Examples of positive feedback we have received:

“Dear Antonetta, Thank you so much for your letter of support and also thank Arvind Sharma.”

“Will you inform me of the analysis of the 100 completed surveys in due course? Once again thank you for your support”.

“To Arvind: Sexual Health Strategy - Many thanks for your kind feedback. This is very encouraging and we hope that our aspirations and strategic recommendations are reflected in a positive outcome for our local population. We hope to be in touch again at the implementation stage of different options; where we will seek your support in consulting relevant groups’, especially young people and BME communities. Once again, many thanks for your support. Best Wishes, Harrow Council”

“Dear Jenny, Thank you very much for getting back to me, and for providing me with this useful information, I will contact these bodies and find our more information. Much appreciated”.



Healthwatch Harrow Networking Event

“Tuberculosis Clinic: Many thanks for this useful piece of information and also the contact details, which you have provided to me and my family. I was lucky to have contacted you and indeed I remain grateful for the help you have given to me. I will contact the people involve and make an appointment for the TB test while I keep my fingers cross hoping that everybody’s result.”

“Thank you for your prompt reply. You are the first person in this whole sorry saga that has offered anything of any help so since you offered; YES PLEASE forward my e-mail to the appropriate organisation. Thank you again.”



Influencing decision makers with evidence from local people



Working with others

Healthwatch Harrow supported the following organisations in their public engagement activities and contributed to sharing changes and/or suggestions for improvements and provided contributions to a range of related issues.



This year marked Harrow Council's 60th Anniversary and local people came out in their thousands. We partnered with Harrow Mencap at the event to ask people about their views on living and working in the Borough and their views of local health and social care services.

We surveyed a wide range of attendees during the Under One Sky event and received both written and verbal feedback on issues of interest and importance to local residents.

It is important to acknowledge the support we received from a number of young people who were volunteering to support the overall organisation running Under One Sky. The support and contribution by these young people was of the highest quality, their commitment and patience, never flagging. Professionalism and dedication was inspiring.

Key messages merging from our sampling exercise include:

- Over 60% of respondents were able to make appointments in advance and in good time
- Over 70% were able to book ahead and see a clinical nurse
- It is significant from our sample only 24% were satisfied or very satisfied with the booking system
- 43% never missed an appointment

Belmont School

The team participated at the Third Sector Potential, Fruitables Project to ask parents about their experiences on GP Accessibility as part of our on-going survey. This project encourages children and their families to eat healthy foods. We asked parents about:



- Demonstrations on how to create healthy salads
- Let's Guess Competition
- Stalls providing information of local providers affecting Health
- Healthy meals recipes

Developing a strategy for P&PP – The London Ambulance Authority

Healthwatch Harrow supported the London Ambulance Authority in asking stakeholders how to improve service provision, focusing on: individual participation – people in control of their own care; public participation – communities with influence and public education; insight and feedback – understanding people's experience to improve services; governance and assurance – how we are accountable to the people they serve; to help improve service delivery and be more accountable to stakeholders.

A new strategy has been developed which highlights the following and Healthwatch Harrow has been asked to continue its involvement to ensure that the public's views are heard.

North West London Hospitals CQC

This risk summit, hosted by CQC and attended by some 40 people, discussed the findings of their recent inspection of North West London Hospitals Trust. The inspection revealed no serious problems except for two areas rated inadequate: Critical Care and Maternity. Critical care had problems of inadequate data collection on which to base outcomes.

The meeting was split into 3 groups to generate proposals for improvements in the following areas – findings are summarised.

Group 1: Critical Care

Suggestions: public confidence in performance, patient safety, use of nurse practitioners, as well as self-confidence of the organisation when under stress.

Group 2: Maternity Care

Suggestions: emphasized patient care, team working and improvements in communications to staff and public [for reassurance].

Group 3: Emergency Pathway

Suggestions: improvement in hubs, bed numbers, senior staffing conditions of employment [to reduce turnover], pathways, safety & quality, nurse practitioners.

Community Voice

The team participates at these meetings of this lobby group to pick up intelligence about a range of matters that concern local people, for example on: medical and dental services; News and future plans for the Lynda Jackson Macmillan Centre and diabetes.



CCG Harrow Equality and Engagement Committee

These partial confidential meetings, provide a good source of information and opportunities to influence commissioning decisions and developments, for example, on primary care, as well as to listen to issues raised by the Harrow Patient Participation Network (HPPN) and others.

PAN London End of Life – Alliance Annual Event

Some critical issues were addressed in relation to what is needed to give patients and families the right support, financial pressures and the need to include dementia and people with learning difficulties. This is particularly because London is well below the national average for end of life care, and Harrow scored very low compared with other London Boroughs, especially on:

- Quality of care varied greatly with one CCG being ranked the best nationwide while most CCG's ranked poorly
- Care received from GP's below national average
- Care received from district and community nurses below average
- Given enough help and support at the time of relative's death below average

Transforming primary care for London

The conference was well attended by healthcare professionals and a small number of patients. Key points of interest include:

- Acknowledgement that Primary Care is underfunded
- Accessibility of patients to see GP and impact of many GPs retiring in the next few years
- Better processing and care for patients with more than two health issues, especially elderly patients
- Introducing more internet appointments
- How to stop patients going to A&E when not necessary
- More effective management of resources
- Training more GP's because of workload pressures

Medicine Management

This event was aimed at CCG's GP's and Pharmacists from Inner and Outer London. Key findings include:

- 50 % of patients on long term medicines do not take their medicines or only some of it. Patients with a lot of medication and especially over the age of 70 should be assessed regularly to see if they need all the medicine, if they are taking them and if not, why not
- The public should be more responsible for taking medicine
- There is software called Pincer which should help GP's regarding medication
- Many care homes are not giving their clients the appropriate medicine at the right time



- Some GP practices have already engaged pharmacists to look at their prescription and change to generic options
- Over 90 % of patients are happy with generic alternative medicines
- There should be a more integrated IT service between hospitals and GPs

Mind in Harrow - Refugee Needs Project and NHS patients survey

- The team used this opportunity to learn more about the issues faced by refugees, especially about primary and secondary care mental health services.

Harrow Mencap Health Event and AGM

HH attended the Harrow Mencap Health Event (and AGM). Key issues covered included: transport in relation to healthcare.



Harrow Business Den



Harrow Mencap Health Event



Making a difference

Our approach in influencing key decision makers includes strengthening our strategic relationships with a range of stakeholders such as Harrow Council Commissioning Officer/s, CNWL, Royal National Orthopaedic Hospital, Shaping a Healthier Future initiative. With Public Health we are continuing to ensure that the current JSNA exercise benefits from as wide a contribution the community as well as voluntary sector input. We have placed this emphasis because we recognise that critical importance the Joint Strategic Needs Assessment plays in shaping the agenda and priorities for the Health and Wellbeing Board as well as commissioning priorities for CCG.

In addition we have begun to work with and explore how best to involve and represent views, concerns and aspirations of the groups and individuals who may have been traditionally under represented – young people, newly settled migrants, Victim Support Harrow, Respite for substance misuse and faith groups.

Healthwatch staff have similarly contributed to the momentum achieved described above by engaging with our community and gathering data and intelligence on local needs, concerns and aspirations. Staff have undertaken surveys looking at GP Accessibility and Missed GP Appointments and are also in the process of reviewing existing database – (CRISPI list) in order to establish emergent patterns and draw and share lessons.

Our overall aim is to be able to make tangible contributions to the improvement and shaping of local health and social care agenda. We will do this by providing further intelligence and representation where appropriate to activities such as the JSNA process. As part of our influencing role we will continue to make interventions and representations directly to the CCG and HWWB.

In addition it is important to acknowledge the role and contribution made by the wider membership of the public attending our meetings. This has formed for the Chair a key reference point to test out whether we are on course in accurately and diligently representing the wider views and aspirations of the public.

We have referred to various reports produced by us, and feedback from local people and businesses, surveys and activities throughout the report. These have enabled the team and me, to contribute on the following at the HWBB, CCG and other forums.

- Raising the profile of the Vision Strategy for Harrow by the Thomas Pocklington at CCG to ensure effective representation and influencing of funding agencies and service providers
- Supporting the JSNA process to help produce a more informed social and wellbeing context for HWBB
- Strengthened partnership working with Victim Support to develop initiatives which will help



to better understanding the health and wellbeing needs of offenders, including young offenders

- Contributed to the draft Sexual Health Strategy, especially the need to address the relatively higher rates of diagnosed HIV amongst males and females of African origin, as this was against the trend nationally and regionally in surrounding areas, where higher rates of HIV infection seem to lie within white male to male relationships. The Chair also shared his concern by the relatively large and seemingly increasing rates of STD's amongst Asian communities, presumably mostly males and did wonder what and how this may eventually impact females in the Asian community. It was interesting to note a mostly positive picture around sexual health as it relates to young people with prevalence rates seemingly much lower than national and local/regional comparators though it was noticeable that our progress in Harrow round teenage pregnancies seems to be patchy from year to year.



St George's survey on missed GP appointments

- Healthwatch Harrow has raised and discussed the need to ensure that local concerns and aspirations are taken into account with regard to Central and West London CCGs collaborative commissioning and working together arrangements. We have regularly raised and discussed these at both the Clinical Commissioning Group and at Health and Wellbeing Boards and argued that mechanisms must be put in place so that local representation is effectively considered and that policies and services are shaped and influenced by local residents and stakeholders.

Our plans for 2015/2016



Harrow Council decided in November 2014 to tender for a new, three year contract (with a further extension by two years subject to availability of funding), but with a substantial (42%) reduction in the budget, rather than continue funding for a third year, which was the original intention.

The Chairs' of HiB and Chair of HH, embarked upon a detailed analysis of existing structures, priorities and challenges that still remained and with the Delivery Board and the team, put together a comprehensive response to the Council's tender. We were successful. Our submission identified a wide range of priorities, as below.

Structure

- Reshape the Delivery Board into an Advisory Board
- Build on partnership working with HiB and its stakeholders and partners
- Avoid duplication

Delivery

- Fine-tune and roll-out the Work Plan
- Enhance the visibility of Healthwatch Harrow through current and additional voluntary and community partners
- Undertake 6-8 Enter and View visits
- Follow-up CQC reports and recommendations
- Monitor A&E services
- Strengthen volunteer programme
- Maximise collaboration with Harrow Patients Participation Network (HPPN) that reaches out to all residents via the 25 General Practices
- Build links with the Youth Parliament
- Collaborate with Victims' Support Group
- Develop and implement a programme of Wellbeing in the Workplace activities

Engagement and Involvement

- Be proactive in influencing contributions on the JSNA, HWBB, CCG and other stakeholders
- Contribute to sub-regional and regional developments
- Undertake impact of wellbeing in the workplace research on business owners and their families with Brunel University

Campaigns

- Periodic promotion and publication of findings and recommendations from surveys, focus groups, events etc.



- Healthy Harrow Day – You and Your Health
- Healthwatch Harrow Competition
- Wellbeing in the Workplace Conference



Healthy Curry Event

Sustainability

- Seek income generation activities
- Establish the Healthcare and Wellbeing Investment Fund as part of longer term sustainability
- Explore and introduce greater IT driven engagement solutions, for example, surveys and responses to emerging local, national priorities and issues and communication

Despite the substantial cuts in budget and the on-going challenges that the health and social care sector will continue to face, we believe that together, we will be able to make inroads into the above priorities.



Our governance and decision-making

Harrow in Business, the local social enterprise is the corporate body accountable for the overall stewardship, quality assurance, performance management and sustainability of Healthwatch Harrow, which has an independent Chair who leads the partnership centred Delivery Board (DB).

The two Chairmen work in partnership on the full range of functions and meet regularly and take joint decisions on delivery, engagement and financial matters guided by, and in collaboration with the Delivery Board (see below) and nominated HiB Board directors.

Our Board


The Delivery Board below met five times last year, with four meetings held in public.

The DB includes:

- Age UK Harrow
- Mind in Harrow
- Harrow Association of Disabled people (HAD)
- Harrow Carers
- Harrow Mencap
- Harrow College
- Carramea
- Heinz Grunewald – Lay Member
- Marie-Clare Sekeley – Lay Member
- Julian Maw – Lay Member, Vice Chair of HH
- Mo Girach – Lay Member

Apart from discussing and setting strategic priorities, the DB shared specialist knowledge and insight on key health and social care matters of concern to their users as part of gathering evidence to support our contributions at HWBB, CCG and more generally. The role of the DB continued to evolve and moved from a solely delivery focused decision making body to one more akin to specialist advisory functions. The following best captures the role of the DB.

- Provide strategic, technical and evidence based advice, guidance and direction for the development of the Work Plan, especially on matters associated with integration of health and social care.
- Represent Healthwatch Harrow
- Attend quarterly Delivery Board meetings, open to the public, and any ad hoc meetings (generally via webinar).
- Add value and impact to the influencing and patient engagement/empowerment work which we are already undertaking in a coordinated approach.

- 
- Engage with the wider public to collate views on key health and social care issues and provide feedback reports.
 - Provide advice on how best to hold to account providers of health, wellbeing and social care related services.
 - Support ideas and/or activities for future sustainability in line with their area of expertise.

How we involve local people and volunteers

The open and transparent public forum part of these meetings is an important vehicle for involving people. It has helped us to:

- Listen to participants' (usually around 20-30 at each meeting on average) concerns and constructive feedback on specified topics.
- Report on the invaluable insight and issues of concern and dissatisfaction within the community on to providers as part of our influencing, championing and shaping functions.



Launch of the Healthy Harrow Business Programme

The information obtained from these meeting and the range of communications and engagement activities mentioned in the report – surveys, focus groups, workshops, etc. provide the Chair with direct and relevant information that is disseminated at HWBB, CCG and other forums and key provider meetings and forums.

We have steadily built up a team of some 20 committed, experienced and community and business volunteers, and many of these attend the increasing and varied number of meetings and events and support in promotional activities.



Financial information

The Year two budget remained at £175,000 and was again supplemented by financial support from HiB, primarily because of the need to manage the considerable redundancy costs associated with the two senior staff who left for reasons of long term sickness and as part of the necessary restructuring exercise to create a fit for purpose team respectively.

The table below provides details for 2014/15.

INCOME		£
Local Authority		175,000
HiB		36,986
Total income		211,986

EXPENDITURE		
Office		24,605
Staffing		86,524
Direct delivery costs		46,678
Central services		54,179
Total expenditure		211,986
Balance brought forward		-



Consortium partners and executive team

Healthwatch Harrow

Healthwatch Harrow is led by HiB Harrow in Business with a consortium of partner organisations from the local voluntary sector that provide excellent links with health and social care providers, commissioners and the 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 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.

Arvind Sharma - Chairman Healthwatch Harrow



Arvind Sharma has held a number of senior management roles in the post 16 sector including Director of Student Services at University of East London, Head of Adult Education for Slough Council and Head of Student Services in a FE College in West London. In addition Arvind has worked as an Associate Inspector with Further Education Funding Council. More recently Arvind was the Director for Ealing Race Equality Council.

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.

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."



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."

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."

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."

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.

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.

Nigel Long, Director, 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." The Harrow Health Advocacy and Children and Young people's Advocacy Services, is 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.

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.

Staff Members

Healthwatch Harrow team



Antonetta Fernandes is the Information & Communications Officer 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 responsible for co-ordination and administration activities, including customer feedback, as well as organising events and workshops, and providing support at the various local health and social care events, conferences and activities led by Healthwatch Harrow.

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