



Annual Report 2017/18

Healthwatch Harrow



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Message from the Chair of EWL



On behalf of the Enterprise Wellness Board, I am pleased to present this report to our local community, stakeholders and partners.

As the body that manage the Healthwatch Harrow contract, this has undoubtedly been the most challenging and uncertain year for the Healthwatch Harrow service since we started in April 2013, due mainly to the reduction in our annual budget to £75,000 - £100,000 less than the initial funding.

The severe cut in funding meant that we could only resource a very small part-time team and provide a three day a week service for most of the year - something that was a huge disappointment and frustration for our hard-working team, but above all our local community.

Whilst the demands and expectations placed on us and the loyal and dedicated group of volunteers, naturally hindered the team's ability to juggle our agreed Engagement; Signposting; and Monitoring and scrutiny of health and social care services priorities and activities. we still managed to make an impact in several ways.

We continued to reach out to our local community, especially via our e-bulletins and newsletters and the Healthwatch Harrow Forums.

Some highlights of how we have made an impact:

- Healthwatch Harrow Forum launched, showcasing our GP Access Report and the second forum was held focussing on key local issues
- Regular attendance and contribution at HWBB and CCG
- Contributing to the Greater London Authority's plans for Work and Health
- Signposting - handling complaints, concerns and enquiries
- Information sharing through newsletters, e bulletins, emails, twitter and Facebook
- Raising awareness of the role of Healthwatch Harrow
- Engagement with Healthwatch England and the NWL Healthwatches – enabling shared best practice and identification of key areas of concern and trends

It became very clear to us by the late summer, that a sustainable Healthwatch for Harrow could only be achieved if we took radical steps, without which, as endorsed by Healthwatch England, we would not be able to do full justice to our statutory obligations.

Furthermore, the on-going pressures and other issues faced by many of the local voluntary and community sector organisations, meant that their ability to contribute to supporting our activities was limited, and in some cases, non-existent.

In September 2018 my Board and I reviewed our position. We agreed that as the local authority continued to face its own financial constraints, the time had come for us to examine a range of options for the future viability of the service.

We concluded that the benefits of co-location and joint working and investment, with Harrow Mencap during the past few years, but especially during 2017, and the strategic and community fit between the two organisations, should be formalised within a new strategic alliance. After careful consideration and consultation with Healthwatch England and commissioners, we decided that a merger was mutually beneficial for all concerned.

The new arrangements from April 2018 will maintain the independence of Enterprise Wellness and the Healthwatch Harrow service. And, despite the low level of funding, we will be able to provide a more accessible and full-time service and focus on the key statutory functions and the various priorities, activities and targets agreed with commissioners until March 2019, and beyond.

We look forward to further strengthening our community and business engagement, outreach activities and gathering information and evidence, so that these can add value to the local health and social care system.

Ash Verma
Chair
Enterprise Wellness

Message from our Manager

During a time of change within Healthwatch Harrow over the last 12 months we have continued to be very busy in ensuring the voice of Harrow residents are at the heart of Health and Social Care change and improvement by gathering their views and experiences in a variety of ways. This engagement has been via our website, social media, surveys, focus groups, attending key stakeholder meetings and holding 2 Healthwatch forum events. We have also continued to raise the profile of Healthwatch Harrow through our ongoing collaboration and engagement with the local statutory, voluntary and community health and social care partners and groups.

Key achievements

- + Focus on engagement with communities who are under-represented in statutory consultations on areas of Health and Social Care for example the Black and Asian communities
- + Increased the profile of Healthwatch Harrow, publicising our leaflets across all 33 GP practices
- + Consulted with patients to capture their experiences of GP access to produce the GP Access Report, the recommendations of which have been integrated into Harrow CCG Primary care work plan
- + Captured patients and carers experiences of diabetes services
- + Provided a graduate Public Health student placement
- + 2 Healthwatch Harrow forums held in September and November 2017 where we launched our GP Access Report and gathered the views of residents on what's working, not working and improvements they would like to see in their local Health and Social Care services
- + Presented the GP Access report to Harrow CCG Primary care co-commissioning group, Health and Social Care Scrutiny Sub-Committee and Health and Wellbeing Board



- + Captured and signposted patient complaints and concerns using our CRISPI (Concerns, Requests for Information, Signposting, Intelligence) database which enables us to identify trends and areas for concern
- + Produced and presented 2 Best Practice Guides to Harrow CCG on Pre-consultation and Engagements and consultations by commissioners and providers. These guides have been now introduced and adopted into Harrow CCG staff induction and commissioner training and their Equality and Engagement Strategy.

“Our key priorities for next year are to continue to deliver on our statutory functions by increasing the profile of Healthwatch Harrow, developing our community engagement and continuing with our monitoring and scrutiny of the wider Health and Social Care strategies.”

I would like to thank our Chair Ash Verma, EWL Operations Manager Marie Pate, and Antonetta Fernandes for their hard work and dedication during this time of transition and a special thanks to our volunteers for their continuing support and commitment.

Mina Kakaiya
Manager

Highlights from our year

3,886

This year we've reached 3886 people on social media



Our volunteers help us with everything from attending PLACE Assessments to attending stakeholder meetings



We've attended

192

meetings

Our reports have tackled issues ranging from

GP Access to Diabetes



A total of

236

residents participated in our GP Access Research and 93 people participated in 9 community focus groups

Have your say



We've met hundreds of local **people** at our Healthwatch Harrow Forums

Who we are

We all need our local health and social care services to work for us, our friends and our families in Harrow. That's why we want you to share your experiences of using health and social care services with us - both the positive and where it needs to improve. We use your voice to encourage those who run these services to act on what matters to you.

As well as championing your views locally in Harrow, we also share your views with Healthwatch England who make sure that the government put people at the heart of care nationally.

The Statutory activities of local Healthwatch:

- Promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local care services
- Enabling 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
- Obtaining the views of local people regarding their need for, and experiences of, local care services and importantly to make these views known
- Making reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services and people responsible for managing or scrutinising local care services and shared with Healthwatch England
- Providing advice and information about access to local care services so choices can be made about local care services
- Formulating views on the standard of provision and whether and how the local care services could and ought to be improved, and sharing these views with Healthwatch England
- 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
- Providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.

Our mission

“To champion concerns about health and social care provision based on focused engagement, signposting and monitoring and scrutiny activities gathered from the diverse Harrow resident, working and business community within available resources”.

Our priorities

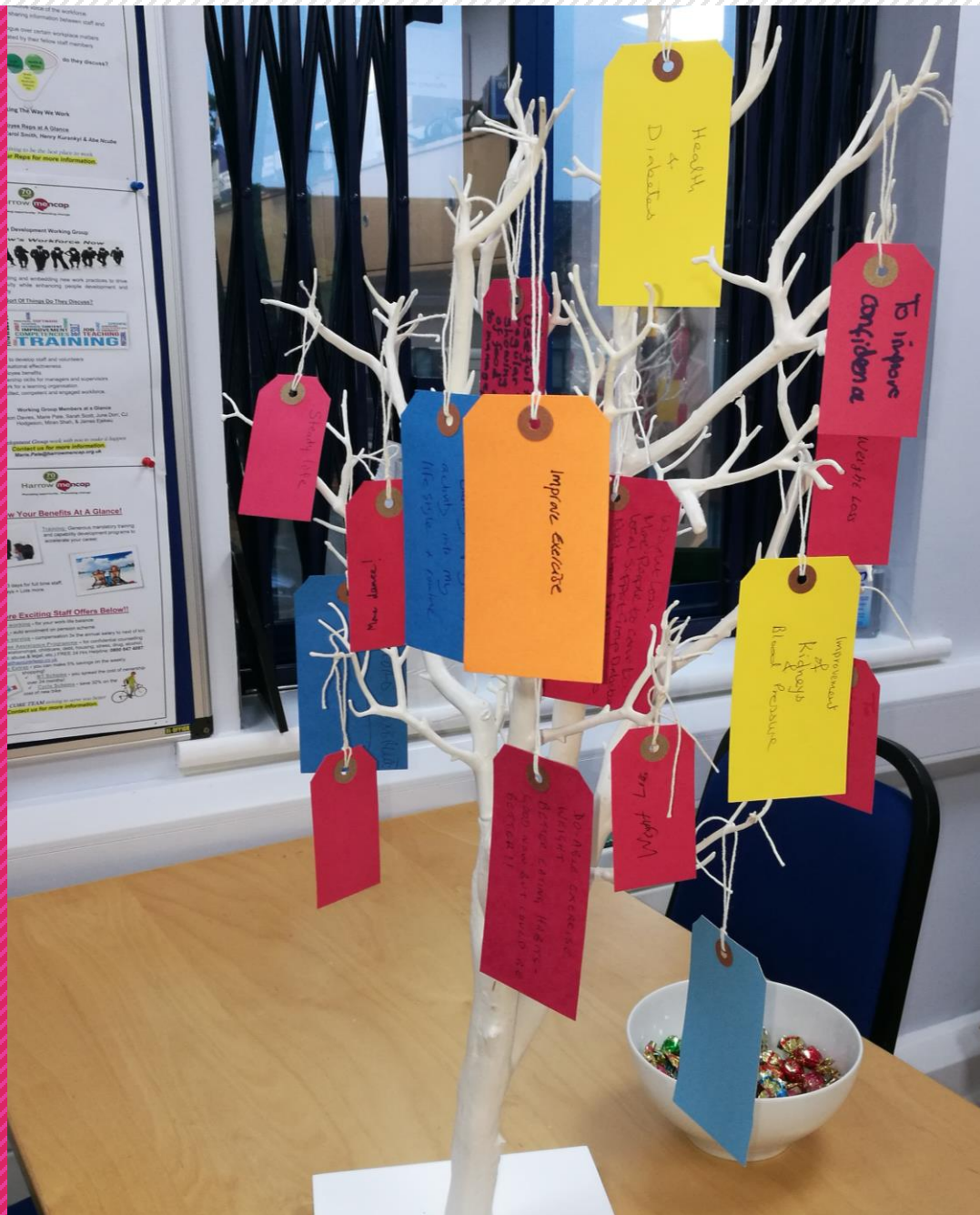
- + **Engagement** - To engage at a local level to gather intelligence and be the voice for local people around issues relating to health and social care in Harrow to influence commissioning of services:
 - Healthwatch Forums
 - Stakeholder Engagement
 - Intelligence Reports/Research Projects
 - Surveys
 - Workplace Wellbeing Events
- + **Signposting** - Provision of signposting service for queries/complaints and information sharing:
 - Signposting services for queries and complaints
 - CRISPI Database, (Concerns Request for Information, Signposting, Intelligence)
 - Information Sharing & Scrutiny Meetings
- + **Monitoring and Scrutiny** - Monitor and scrutinise specific aspects of HWBB, CCG and STP Priorities and targets
 - Policy, Strategy & Scrutiny Meetings
 - Healthwatch Annual Report
 - PLACE Assessments
 - Quality Accounts
 - Local Intelligence to CQC

Our Objectives

- I. To organise bespoke on-line surveys, focus groups, events and workshops and disseminate findings via e-bulletins and press releases;
- II. To provide a signposting service to local people via e-bulletins using CRISPI and other information sources;
- III. To monitor and scrutinise specific aspects of HWBB, CCG and STP priorities and targets being delivered through the Accountable Care Programme.



Supporting you to have your say



Listening to people's views

Engaging with the people of Harrow is fundamental to Healthwatch Harrow being able to capture the views of local people to ensure that we are gathering intelligence which can be used to influence commissioning of health and social care services to improve all our lives.

This engagement has been done through:

- a) Healthwatch Harrow Forums - engaging with community, commissioners, GP's etc.
- b) Research for the GP Access Report - working with various community groups and stakeholders to gain an understanding of patients and service users experience of GP services in Harrow
- c) Research for the Diabetes Care Report - undertaking a survey and meeting with local community groups
- d) Capturing complaints and concerns using our CRISPI Database which enables us to identify trends and areas for concern
- e) In addition we also have been involved in:
 - + **Public Forums** - Covering GP Access Report, HWH priorities, proposes service changes and improvement to Harrow Diabetes
 - + **Harrow CCG drop-in event**
 - + **World Diabetes Day CCG Event - St Ann's**
 - + **Pan London Healthwatch & GMC Event**
 - + **Patient and Public Voice Conference**
 - + **Diabetes Community Groups**

- + **PLACE Assessments** - Patient-Led Assessment of the Care Environment programme. The PLACE programme puts patient views at the centre of the assessment process and uses information received directly from patient assessors to report how well a healthcare facility is performing across a number of areas. Assessments for Central and Northwest London (CNWL) NHS Foundation Trust, Healthwatch Harrow took part in the following Place Assessments (PA):

- Roxbourne Complex (April 2017)
- Rosedale Court (April 2017)
- Northwick Park Hospital - Mental Health Unit (May 2017).



Healthwatch Harrow Forum

The purpose of the forum is to:

- + Champion HWH activities
- + Provide advice and guidance on key issues
- + Engage with the public to discuss and identify local issues around health and social care in Harrow
- + Feedback on Intelligence Reports/Research Projects.

Two forums were held, our first on the 27th September 2017 where we launched our GP Access Report and the second on 29th November 2017 where we focussed on four key areas:

1. Diabetes Care
2. Mental Health Care
3. Hospital Care
4. Other areas of concern.

We asked:

- A) What isn't working?
- B) What is working well?
- C) What needs to be changed/improved?



September 2017 Forum

The forum launched the GP Access Report, which stated that 60% of Harrow residents find it difficult to get an appointment to see their GP with an average waiting time of seven to ten days to see their preferred GP.

“The GP’s are pressurised to see a patient within a 10 minute window, there is no time for you to explain how you really feel. They will only attend to one physical condition.”

“ My GP offers me a take it or leave it service, I can never see the GP of my choice at a time/date convenient to me.”

Healthwatch Harrow recommended five areas that Harrow GP practices can improve the services they provide to residents.

1. Harrow GP practices must address patient’s frustrations and difficulties making and booking appointments, and improve their phone and online appointment booking systems to reduce patient waiting times. As well as reviewing the effectiveness of their GP texting service in reducing missed appointments.
2. They must provide clear and updated information in their surgeries and websites to help patients access services such as, walk-in centers, pharmacy services, translation services, and the complaints processes in adherence with the Accessible Information

Standard. The Accessible Information Standard was introduced by the NHS in August 2016, it legally requires all organizations that provide NHS care or adult social care, to provide information that is easy to read and understand to support people with disabilities.

3. They must make reasonable adjustments for patients and carers with disabilities as stated in the Equalities Act 2010.
4. GPs practices must improve accessibility to their health centres and services particularly for patients with language, mental health and learning disabilities.
5. They must develop and adopt better sharing of good internal standard models of practice across all GP surgeries to ensure consistent and good quality standards of practice.



November 2017 Forum

What is not working?

- “The Clinical Commissioning Group (CCG) is not working on preventative care”
- “Lack of access to services”
- “Not enough podiatry services”
- “Phone answer service - tardy responses”
- “Lack of awareness/education of Dementia”
- “Forgotten Group Age 30 - 40/50 years old, no support programme for them”
- “Safeguarding of vulnerable adults, identification is made but bad at following up to ensure person is supported and prevent reoccurrence”
- “Appointment - waiting list are far too long”

What is working well?

- “Specialist nurses are well trained, we get diabetes checks”
- “Wider access to patients”
- “Improvement in Podiatry Services”
- “Accessible Volunteering”
- “Recognition/Responsibility of Carers”
- “Self-checking is great and available in many languages”
- “Quick appointments for cancer and other serious diseases”
- “Complaints are dealt much faster”
- “Improvement of medicine discharge”
- “Triage system”

Improvement/changes?

- “Development of peer support groups”
- “BSL interpreters needed after surgery or consultations for Deaf person as Nurses/Drs cannot sign”
- “More communication re events and meetings”
- “What is needed to qualify to be a volunteer”
- “Sharing and implementing best practice”
- “Healthwatch to have greater influence”



Helping you find the answers



How we have helped the community get the information they need

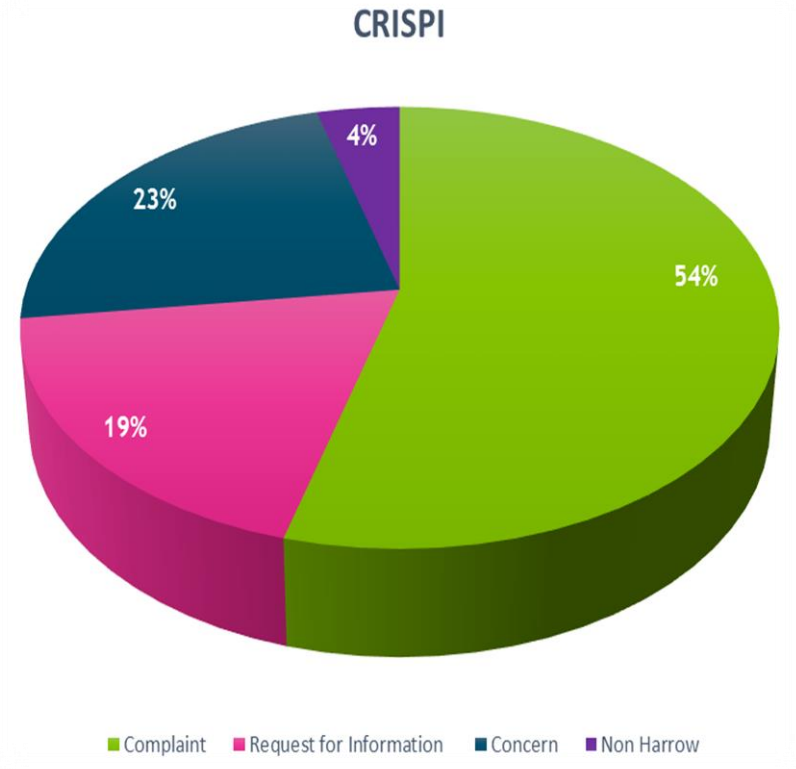
Our CRISPI Database is used to capture all queries, concerns and complaints that come to Healthwatch Harrow. CRISPI is Concerns, Request for Information, Signposting, Intelligence. We responded to queries by providing information and signposting and then capturing intelligence to identify key local issues and trends.

We encouraged local people to use a variety of methods to contact us:

- visit to the office
- telephone
- email
- via our partners
- social media
- local publications
- participation at events
- signposting
- regular e-bulletins and e-newsletters.

We categorised the enquiries, which highlights that 54% are complaints about health and social care services and 23% are concerns.

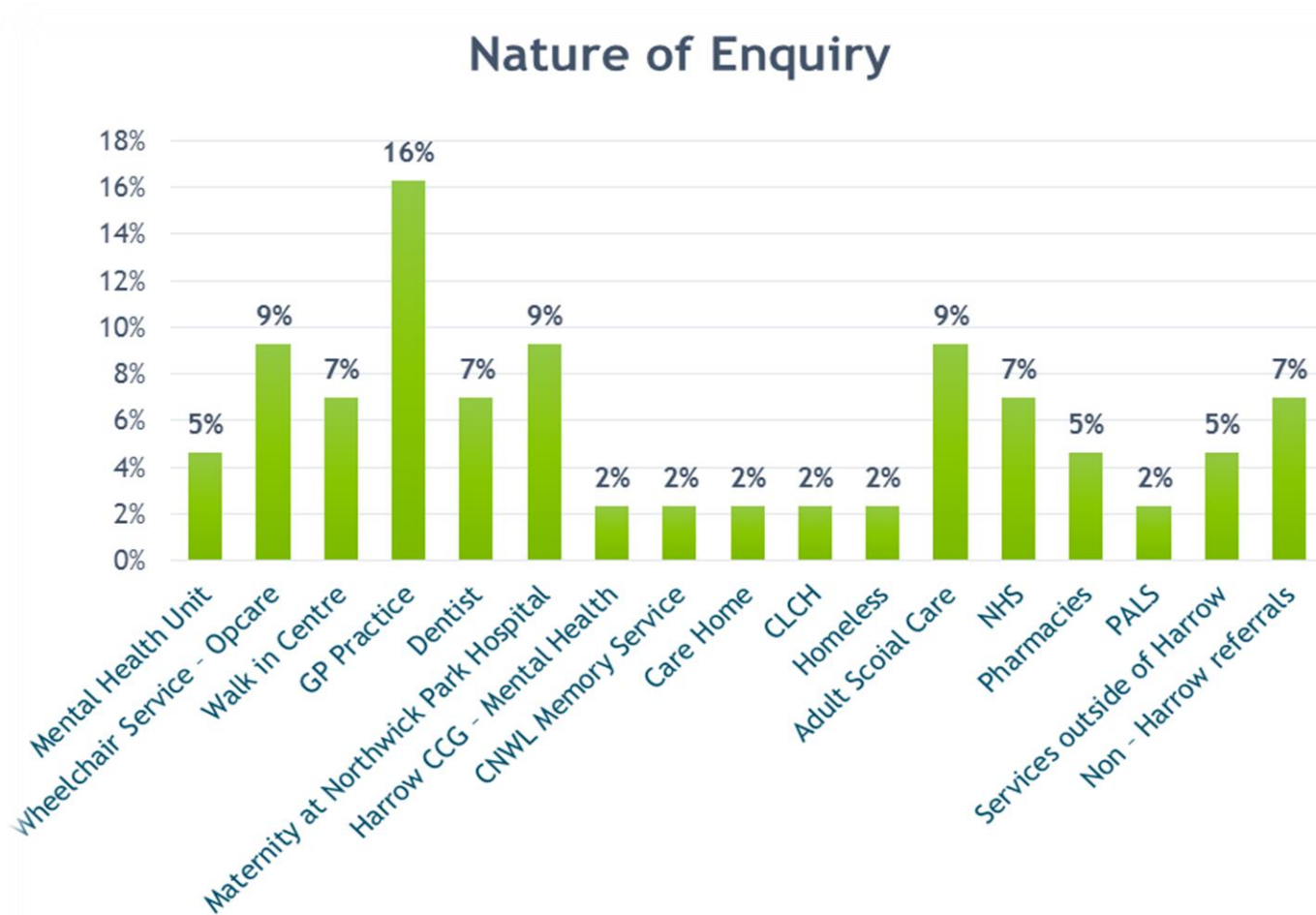
The nature and diversity of the enquiries impact on the time taken to signpost to appropriate organisations and recording the enquiry. HWH are often speaking to people who have contacted HWH as last point of call having exhausted other avenues of enquiries, exhibiting lack of clarity of where to take their concerns as they have not received satisfactory guidance or support from previous agencies presenting with frustration



Nature of enquiries

A diverse range of enquiries are received

Key themes identified were:



CRISPI Summary: Key Themes and Issues

A diverse range of enquiries are received ranging from local patients requiring counselling to support after failed IVF treatment and out of date medication being dispensed from a pharmacy. Key themes identified were:

- Changes in how repeat prescription are obtained - patients encouraged to go to their GP directly rather than the Community pharmacy and or register for GP online services to order repeat prescriptions or to book practice appointments. The use of electronic devices is part of the concern as specific groups of the population may have difficulty accessing this service as they may not have access or be unable to use electronic devices. There is also the potential lack of funds to access their GP rather than their local pharmacy e.g. cost of public transport to get there. In addition, there were concerns raised around the lack of notification and awareness of the change
- Hospital care - issues experienced by patients linked to poor treatment and discharge planning and seeking guidance on pursuing medical negligence following hospital operation procedure
- Homeless people not registered - Elderly person not registered with GP, as homeless and sleeping on friends sofa- referred to HPU, PALS
- Wheelchair Service Provider - difficulty in contacting provider via phone, no return calls, poor wheelchair repair service - issue wider than Harrow
- NHS charges for EU Nationals - who have resided in the UK over the last seven years
- Primary Care Issues - e.g. long waiting times for blood tests, unable to access results of blood tests on patient online services

- Autism Transitioning - gaps in service provision for children with Autism transitioning after leaving school
- District Nurses - lack of district nurse provision and enhanced care needs for palliative patients at early stages with associated long term conditions and neurological conditions
- Podiatry Services - lack of consistent referral access to footcare services from GP's to footcare services for older people
- Several enquiries requesting the telephone number for Belmont Walk in Centre. Healthwatch Harrow has requested for Harrow CCG to add contact numbers of all Walk in Centres on their website.



Listening to people's views

Your Stories:

- + Elderly couple with a diagnosis with Leukaemia and Alzheimer's shared their experiences of managing and attending both their multiple hospital appointments. Issues around safety and isolation within their home environment were highlighted. We raised their concerns with the Harrow Safeguarding Team and the Social Services Team.
 - + One patient diagnosis of cancer was missed by her GP over a period of 6 months and was then diagnosed and treated back in her home country of Poland.
 - + A patient felt that she had been treated very badly and received poor after care with no follow up counselling following her miscarriage at the Maternity Department at Northwick Park. She was signposted to PALS, NHS England, Health Advocacy, also Health Ombudsmen and the Miscarriage Association.
 - + Caller wanted to make a complaint against Harrow CCG Mental Health Commissioner for refusing to fund her adult son with Autism place of treatment and support in Harrow as he had been referred by his GP outside Harrow. She felt that the pathway for adults with Autism is not clear or efficient. She was advised she could contact Voiceability as they cover mental health in Harrow, Health Advocacy and NHS England.
 - + Patient reported assault from senior nurse in a mental health unit -we referred the case to CQC, Voiceability Health Advocacy, Harrow CCG safeguarding teams.
- + Caller received a letter from Northwick Park Hospital for request of payment following hospital treatment as her partner was deemed as an international visitor (Romanian). They submitted all relevant proof of residency and identification. However, as he's passport was out of date. They were referred to Harrow Health Advocacy for guidance on challenging the Hospital treatment charges.
 - + Enquiries around how to make complaints against dental practices and dental charges.

Making sure services work for you

All enquiries of concerns and complaints were signposted to the relevant key agencies. We are not funded to resolve issues but to signpost to the appropriate agency.

In the first instance they are advised to complain directly to the service provider to follow their complaints process. Where that has failed they are referred depending upon the circumstances to:

- NHS England Complaints Department
- CCG PALS Patient Advice & Liaison Service
- Parliamentary & Health Services Ombudsman
- General Medical Council
- Care Quality Commission
- Harrow Health Advocacy

In addition, where required, issues are escalated directly to the CCG Commissioning Body, the Health & Wellbeing Board and the Harrow Adults Safeguarding Team.

Making a difference together



How your experiences are helping to influence change

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 did 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, we attend the following meeting to ensure views are raised to influence the commissioning of future services:

- + CCG meetings
- + Harrow Health & Wellbeing Board
- + Overview & Scrutiny Board

GP Access Report

HWH presented its GP Access Report to local residents and arranged key speakers from Healthwatch England, Harrow CCG, CQC and Capable Communities.

GP Access Report Presentation - highlighted 3 key Headlines

- + Patients frustrations and difficulties making and booking appointments.
- + Lack of updated or clear information provided to patients on how to access of other triage services UCC, Walk-in Centres, pharmacy services, translation services, signposting to advocacy services, PPG's and complaints processes. To adhere with the Accessible Information Standard.
- + Lack of making reasonable adjustments for patients and carers in accordance with disabilities and adherence to the Equalities Act (2010).



[Click to access full report](#)

Working with other organisations

Current service gaps and needs have been identified working with Voluntary Action Harrow (VAH), Harrow VCS Forum, St Luke's Hospice and Indian Association:

- + Gaps in service provision for children with Autism transitioning after when leaving school.
- + Lack of district nurse service provision and enhanced care needs for palliative patients at early stages with associated Long-term conditions and Neurological conditions.
- + Difficulties in finding affordable and appropriate community spaces for communities to meet regularly.
- + Lack of consistent referral access to footcare services from GP's to footcare care services for older people.
- + Negative impact of only online and telephone support for changes over to Universal credit due to lack of access for 1-1 support.
- + General lack of translation availability within services and of information and breach of Equalities Act 2010.

How we've worked with our community

Through our local community and strategic engagement and intelligence gathered through concerns and complaints received, we identified areas of concern or issues, which then led to further investigations. Where required, these were then escalated to the key decision making bodies such as Care Quality Commission, Adult Social Care, Harrow Clinical Commissioning Group and Primary Care, for example the recommendations from the GP Access Report were integrated into Harrow Primary Care strategy.

Some specific examples:

- + Monitoring and scrutiny undertaken by HWH Representation at:
 - 25 Clinical Commissioning Group Meetings e.g. Clinical Commissioning Group Board, Equality & Engagement Committee)
 - 5 x Health & Wellbeing Board meetings
 - 1 Overview & Scrutiny Health & Social Care Sub Committee
 - Approximately 57 meetings e.g. NWL Health Programme Board, Commissioners, NWL SIP Health Programme Board, Integrated Lay Partners Groups, Joint NWL Health & Care Transformation, Pan London Healthwatch meetings etc.
- + 3 PLACE assessments carried out by our volunteers at Roxbourne Complex, Rosedale Court and Northwick Park Hospital- Mental Health unit.
- + Quality Assurance statement completed Royal National Orthopaedic Hospital NHS Trust.
- + Formal response on the impact of Harrow CCG Choose Wisely agenda on proposals to reduce prescribing of medicines and products that can be purchased without a prescription.

- + Healthwatch Harrow 2 Best Practice Guides on Pre-consultation and Engagements and consultations by commissioners and providers adopted into Harrow CCG staff induction and commissioner training and their Equality and Engagement Strategy.
- + Highlighting the Harrow Social Prescribing pilot model of care to support the Sustainable Transformation Programme strategic self-care agenda.
- + Influence improvements to Harrow CCG website on complaints processes and contact numbers for all Harrow Walk in Clinics.
- + Feedback given on Harrow CCG Communications and Engagement strategy, draft Diabetes strategy and public Sustainability Transformational Plan to include glossary and Easy read format.
- + Sharing information on changing services or policies to our wider stakeholder groups across Harrow.
- + 12 x Newsletters/mailshots - sharing key information.



It Starts With You



#ItStartsWithYou

Following on from the work undertaken in 2017/18 we will build on our local engagement, ensuring we connect with the wider and more diverse population in Harrow to capture their views.

With the launch of ItStartsWithYou campaign on 25th June 2018 we will aim to:

- + Raise awareness of the impact people can have on health and care support by sharing their views with Healthwatch Harrow.
- + Encourage more people to engage with Healthwatch Harrow and share their ideas, views and experiences about current and future care.

We will promote this campaign through our website, newsletter and social media and all our public engagements.

Through our local engagement network, forums and local media channels we will focus on real peoples stories to promote the value of speaking to Healthwatch Harrow about experiences of support.

We have already shared with you our stories from this year and are excited to raise awareness of this campaign and engage with more people as part of our local community engagement. Raising awareness on what we do and the impact we can have by bringing voices and stories together.



As a team HWH is excited to engage with this campaign and promote what we can do together!

Our plans for next year



What next?

In January 2018 the HWH Part Time delivery model was reviewed, resulting in a new High Level Delivery Plan for the 15 month period from January 2018 to March 2019.

Developing our community engagement to ensure we are connecting with the wide and diverse population of Harrow is a key priority for 2018

The updated delivery plan takes into account practice elsewhere and guidance from Healthwatch England. It has brought greater coherence and cost-effectiveness providing the service on a full time basis in terms of day to day access whilst dealing with severe cuts in funding.

Our Priorities:

- + Engagement - ensuring wider and more focussed community engagement, gaining increased and more diverse feedback on current services
- + Signposting - continuation of our signposting service and information sharing, ensuring responses are made within 24 hours Monday to Friday and information is captured in a concise way in our CRISPI database - ensuring clarity on our role of signposting but not resolution.
- + Monitoring and Scrutiny - through attendance at CCG Governing Board, Health and Wellbeing Board and the Health & Social Care Scrutiny Committee.

Objectives

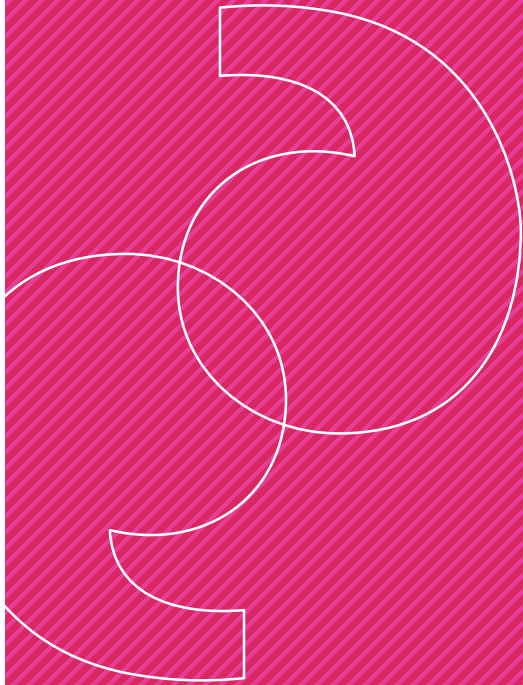
- + To organise bespoke on-line surveys, focus groups, events and workshops and disseminate findings via e-bulletins and press releases;
- + To provide a signposting service to local people via e-bulletins using CRISPI and other information sources;
- + To monitor and scrutinise specific aspects of HWBB, CCG and STP priorities and targets being delivered through the Accountable Care Programme.

Forward Plan

- + Delivery using our agreed Delivery Plan
- + Delivery of Diabetes Care Report - and representation at appropriate boards/meetings
- + Healthwatch Harrow Forums x 3
- + Development of community engagement network
- + Attendance at key strategic meetings
- + Ongoing discussions with commissioners and Healthwatch England regarding the 360 review as a tool to safeguard against future cuts in funding.



Our people



Decision making

Board and Senior Management - with responsibility for policy, strategy, accountability, lobbying and sustainability matters.

EWL Operations Manager - Marie Pate - with responsibility to oversee the operational running of Healthwatch Harrow and engagement in key strategy stakeholder meeting e.g. Health & Wellbeing Board. (This role is not funded by HWH).

Healthwatch Harrow Manager - Mina Kakaiya - with responsibility for local/community engagement (and strategic engagement where required) championing Healthwatch Harrow, identifying and managing specific Intelligence Reports /Research Projects and providing information for newsletters, E Bulletins and HWH Reports.

Information, Communication & Engagement (ICE) Hub - established to handle and support internal facing administration, signposting service for queries/complaints, surveys, management of CRISPI database and dissemination of key health and social care information to all stakeholders electronically via email, E Bulletins, Newsletters and website, including supporting the production of HWH Reports.

Project Researchers - to be engaged as required where specific pieces of research are identified. Researchers to be managed by the HWH Manager and operate to a specified brief.

Volunteers - a small but dedicated group of volunteers, without who's engagement HWH would not be able to function. They attend various stakeholder meetings, community groups, PLACE assessments and feedback to HWH via monthly volunteer meetings.

How we involve the public and volunteers

Through the HWH Forum, our volunteers meetings and monthly newsletters we involve the public and our volunteers in the work that we do, keeping them informed, seeking their views which influence our delivery plan and priorities.



Marie Pate



Mina Kakaiya



Antonetta Fernandes

Our finances



Our finances

The reduced budget meant that our prime focus was on delivering agreed statutory obligations in the two year Delivery Plan. Various staff, operational and sustainability activities could not be carried out or were curtailed, especially, training, community outreach, keeping abreast of wider local and national healthcare developments.

Financial and non-financial contributions were made by EWL and Harrow Mencap in order to ensure that we remained on track, with over 80% of the budget being devoted to engagement, signposting and monitoring activities.

| Income | £ |
|---|--------|
| Funding received from local authority to deliver local Healthwatch statutory activities | 75,000 |
| Additional income | 4,324 |
| Total income | 79,324 |
| Income | 79,324 |
| Operational costs | 31,010 |
| Staffing costs | 40,485 |
| Office costs | 7,829 |
| Total expenditure | 79,324 |
| Balance brought forward | |

Glossary

| | |
|--------|--|
| CCG | Clinical Commissioning Group |
| CLCH | Central London Community Healthcare |
| CNWL | Central & North West London NHS Foundation Trust |
| CQC | Care Quality Commission |
| CRISPI | Concerns, Request for Information, Signposting |
| EWL | Enterprise Wellness Ltd |
| GP | General Practice |
| HWH | Healthwatch Harrow |
| HWBB | Health & Wellbeing Board |
| HWE | Healthwatch England |
| NHS | National Health Service |
| NWL | North West London |
| PALS | Patient Advice and Liaison Service |
| PLACE | Patient-Led Assessment of the Care Environment |
| PPG | Patient Participation Group |
| STP | Sustainability Transformation Plan |
| UCC | Urgent Care Centre |
| VAH | Voluntary Action Harrow |
| VCS | Voluntary Community Sector |

Useful Links

Care Quality Commission <http://www.cqc.org.uk/>
Carramea <http://carramea.org.uk/>
Central & North West London NHS Foundation
<http://www.cnwl.nhs.uk/>
Enterprise Wellness Ltd. <http://www.enterprisewellness.uk/>
GLA Worth and health report <https://www.london.gov.uk/about-us/london-assembly/london-assembly-publications/work-and-health>
Harrow CCG <http://www.harrowccg.nhs.uk/>
Harrow Community Acton <http://www.harrowca.org.uk/>
Harrow Council <http://www.harrow.gov.uk/>
Harrow Health & Wellbeing Board
http://www.harrow.gov.uk/info/100010/health_and_social_care/499/health_and_wellbeing_board
Harrow Mencap <http://www.harrowmencap.org.uk/>
Health and Social Care Act 2012
<http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>
Healthwatch Harrow <http://www.healthwatchharrow.co.uk/>
Healthwatch England <http://www.healthwatch.co.uk/>
Isha Foundation <http://isha.sadhguru.org/uk-eu-inner-engineering/>
London North West Healthcare NHS Trust (Northwick Park Hospital)
<http://www.lnwh.nhs.uk/>
NHS England <https://www.england.nhs.uk/>
Royal National Orthopaedic Hospital Trust <https://www.rnoh.nhs.uk/>

Contact us

Get in touch

Healthwatch Harrow

3 Jardine House

Harrowian Business Village

Harrow

HA1 3EX

020 3432 2889

info@healthwatchharrow.co.uk

www.healthwatchharrow.co.uk

[@HealthwatchHarr](#)

Healthwatch Harrow is Managed by:

Enterprise Wellness Ltd.

3 Jardine House

Harrowian Business Village

Harrow

HA1 3EX

020 8427 6188

info@enterprisewellness.uk

www.enterprisewellness.uk

[@EnterpriseWell](#)

Our annual report will be publicly available on our website by 30 June 2018. We will also be sharing it with Healthwatch England, CQC, NHS England, Clinical Commissioning Group/s, Overview and Scrutiny Committee/s, and our local authority.

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 licence agreement.

If you require this report in an alternative format please contact us at the address above.

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**Enterprise
Wellness**

Business of Health

healthwatch

Healthwatch Harrow
3 Jardine House
Harrovian Business Village
Bessborough Road
Harrow
HA1 3EX

www.healthwatchharrow.co.uk
t: 020 3432 2889
e: info@healthwatchharrow.co.uk
tw: @HealthwatchHarr
fb: facebook.com/HealthwatchHarrow