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Havering
LONDON BOROUGH

HEALTH OVERVIEW & SCRUTINY SUB-COMMITTEE
AGENDA

7.00 pm	Tuesday 8 September 2015	Havering Town Hall

Members 6: Quorum 3

COUNCILLORS:

Conservative Group (3)	Residents' Group (1)	East Havering Residents' Group (2)
Dilip Patel (Vice-Chair) Jason Frost Carol Smith	Nic Dodin (Chairman)	Gillian Ford Linda Hawthorn

Andrew Beesley
Committee Administration Manager

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AGENDA ITEMS

1 ANNOUNCEMENTS

Details of the arrangements in case of fire or other events that might require the meeting room or building's evacuation will be announced.

2 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS

(if any) – receive.

3 DECLARATIONS OF INTEREST

Members are invited to declare any interests in any of the items on the agenda at this point of the meeting. Members may still declare an interest in an item at any time prior to the consideration of the matter.

4 MINUTES (Pages 1 - 8)

To agree as a correct record the minutes of the meeting held on 24 June 2015 (attached) and to authorise the Chairman to sign them.

5 ST GEORGE'S HOSPITAL

To receive an update on the St George's Hospital proposals from senior officers of Havering Clinical Commissioning Group (CCG).

6 INTERMEDIATE CARE

Senior officers from Havering CCG and North East London NHS Foundation Trust will update the Sub-Committee on intermediate care in Havering including the Community Treatment Team and Intensive Rehabilitation Service.

7 CCG UPDATE

- Chief Operating Officer, Havering CCG.

8 HEALTHWATCH HAVERING ANNUAL REPORT 2014/15 (Pages 9 - 44)

The Executive Director, Healthwatch Havering will present the organisation's annual report 2014/15 (attached).

9 URGENT BUSINESS

To consider any items of which the Chairman is of the opinion, by means of special circumstances which shall be specified in the minutes, that the item should be considered as a matter of urgency.

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MINUTES OF A MEETING OF THE
HEALTH OVERVIEW & SCRUTINY SUB-COMMITTEE
Havering Town Hall
24 June 2015 (7.00 - 9.00 pm)

Present:

Councillors Nic Dodin (Chairman), Dilip Patel (Vice-Chair), Gillian Ford, Jason Frost, Linda Hawthorn and Carol Smith

Ian Buckmaster, Director, Healthwatch Havering was also present.

Also present:
Sarah See, Director of Primary Care Improvement - Barking & Dagenham, Havering and Redbridge Clinical Commissioning Groups (BHR CCGs).
Dr Dan Weaver, Chair, Havering GP Federation
Dr Sue Milner, Acting Director of Public Health
Anthony Clements, Principal Committee Officer

1 **ANNOUNCEMENTS**

The Clerk to the Sub-Committee gave details of the procedure to be followed in case of fire or other event that may require the evacuation of the meeting room.

2 **APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS**

There were no apologies for absence.

The revised membership of the Sub-Committee was noted and the Chairman welcomed Councillors Hawthorn and Smith to their first meeting.

3 **DISCLOSURE OF PECUNIARY INTERESTS**

There were no disclosures of pecuniary interests.

4 **MINUTES**

The minutes of the meeting of the Sub-Committee held on 28 April 2015 were agreed as a correct record and signed by the Chairman.

5 PRIMARY CARE STRATEGY

The Director of Primary Care Improvement – BHR CCGs explained that a Programme Board was working in conjunction with Barking & Dagenham, Havering and Redbridge University Hospitals' NHS Trust (BHRUT) and health and social care directorates across the three boroughs. Each borough however had its own primary care strategy.

There were a number of key drivers around the primary care landscape. These included the ageing population, more patients with multiple long-term conditions, IT issues, information sharing, the NHS estate and workforce issues. The Royal College of GPs had also recently issued a blueprint for new GP arrangements. The College wished to have 8,000 more GPs working nationally. It also wanted GPs to be allowed to innovate, have better premises and to have increased time with patients.

There was a total of 47 GP practices in Havering which were all now commissioned locally by the CCG. Representatives of the Health and Wellbeing Board and Healthwatch Havering sat on the Commissioning Committee in order to avoid any conflicts of interest. It was clarified that pharmacists, optometrists and NHS dentists were still commissioned by NHS England.

The GP list size in Havering (5,383 patients) was lower than the national average but Havering was also below the national average for the numbers of GPs and Practice Nurses per patient. These combined figures totalled 0.67 medical staff per 1,000 patients compared to a national average of 0.85 staff per 1,000 patients.

It was accepted that it was difficult to recruit GPs in Havering. Around 20% of Havering GPs were aged over 60 and this was expected to rise to 27% in the next 10 years (higher than the national average).

A new GP contract needed to be negotiated nationally which would allow professional barriers to be broken down and GPs to work more closely with Social Care. The GP Federation could be used to provide some services differently and a Programme Board of stakeholders had been established to improve primary care provision. A programme of stakeholder engagement was also under way with regard to this and clinicians, patient groups and pharmacists had been asked to give their input. The CCGs were keen to have further patient and public engagement with regards to primary care provision.

A review of how local NHS properties and estates were being used was in progress and the CCGs wished to ensure that existing spaces were used as effectively as possible. There was a possible £1 billion NHS England investment in premises available nationally over the next four years but it was important that this linked with the CCG Estates Strategy. The Director would confirm when the review of local NHS premises was due to be

concluded and hence when the Estates Strategy would be available for scrutiny.

The Chair of the Havering GP Federation felt that difficulties in recruiting GPs locally were due to a number of issues. These were mainly related to working conditions and expectations of being based in an Outer London location. It was agreed that it would be useful to maximise GPs' relationships with Queen's and the Federation Chair felt that, if Queen's was continue to improve its image, this would be helpful to GP recruitment.

The Estates Strategy would assist with the procedure if GPs wished to move into new premises. It would also be helpful if the estates process could be streamlined as there were currently a lot of different organisations involved.

Most Havering GP practices had signed up to the Federation hub with 80% of practices, covering 89% of the local population now being members. Non-member practices were also kept informed and worked with. The Director of Primary Care Improvement did not feel there needed to be a move away from single handed GPs. While some practices were proposing to merge, the CCGs wished to keep the 'family doctor' model. It was though the aim for Practices to work together to provide services in order to meet the demand for planned and unplanned care. It was confirmed that one small GP practice had recently merged with the North Street Medical Centre.

It was clarified that the figure of 148 Havering GPs was based on returns by practices to NHS England. This figure also included part-time doctors. The CCG wished to develop a workforce audit with the Havering Local Medical Committee and the Sub-Committee asked for details of the workforce audit to be provided when these were available.

The targets of seeing GP patients within e.g. 48 hours were no longer in operation. It was accepted that there was not a specific definition of 'reasonable access' to a GP. Some practices had begun using phone consultations to manage demand and other models were also being tested. The Federation Chairman reported that only one third of calls in the trials needed to be seen by a GP but felt that the telephone consultation model may not be sustainable in the longer term. The demands on general practice were large and more GPs were needed in the system. Finding ways to lower Did Not Attend rates was another important issue.

It was confirmed that some pharmacists were able to prescribe a restricted list of medications. Some services were already commissioned from local pharmacies and pharmacists could also bid for e.g. an anti-coagulation contract from the CCG. There was however a lot of regulation and paperwork to be gone through and there was also the issue of insurance for pharmacies. A Pharmacy Federation had recently been formed. Some Public Health services such as smoking cessation were also commissioned from pharmacies by the Council.

Stitches removal was not specified in the current GP contract although the CCG was looking at this. It was clarified however that the budget for this service sat with the Harold Wood and Queen's Hospital clinics rather than with GPs. GPs would be interested in providing this service, if the budget was available. Most practice nurses were already at full capacity and so were unable to deliver stitch removal. There was also a shortage of practice nurses locally.

The suggestion that nurses in care homes be used to provide more medical services was noted but this would need to be explored with the Council as it may require a change to how care homes were commissioned.

The NHS dentist contract did not include any minimum number of patients that should be on a dental practice's NHS list. This area was the responsibility of NHS England.

The Sub-Committee **NOTED** the position.

6 HAVERING ACCESS HUBS AND WEEKEND GP PROVISION

The Chair of the Havering GP Federation reported that there was direct access available for patients to hub appointments. This was via a new phone number – 020 3770 1888. Access was also still available via the NHS 111 service.

There were now two GP hubs available in Havering – at the North Street Medical Centre and at the Rosewood Medical Centre in Abbs Cross Lane. The new service had received a lot of publicity support with Practice posters being produced and Practices being asked to mention the availability of hub appointments on their answerphone messages. Members suggested that libraries, community centres and Facebook could be also used to advertise the service. The GP Federation Chair agreed that more advertising was required. Living Magazine and the Council e-mail database could also potentially be used.

In September 2014, around 300 out of hours appointments per month had been provided. By May 2015, with the opening of the second hub, this had risen to approximately 5,000 appointments per month. Some 42% of people who used the service had indicated they would otherwise have gone to A&E so this had produced a financial saving for the local healthcare economy. The hub services had received good feedback for areas such as access and quality of staff. There was no peak time for the service as all patients were booked by appointment. There had been a lot of compliments received that people were able to obtain weekend GP appointments very quickly via the service.

Some 90% of weekday hub appointments in Havering had been used but this dropped to 41% at weekends. The weekend figures were in line with experience in other areas where demand for weekend appointments had been lower than anticipated. The originally planned 8 am – 8 pm weekend service was not therefore needed and appointments were available 12-4 pm on Saturdays and Sundays. It was clarified that there were no plans to close the weekend GP service in Havering.

The GP Federation, known as Havering Health, represented 38 of the 47 GP practices in Havering. As regards sharing of medical records, any IT issues had been resolved but data sharing protocols still needed to be agreed. This was a local issue that needed to be resolved between the commissioners and providers involved.

The Director of Healthwatch Havering reported that around half of Havering GP surgeries did not display a recent Healthwatch survey on GP access and only very poor responses had been received from most other practices. Responses that were received however had been very supportive of the hub and of the sharing of patient records. Many GP receptionists still did not appear to be aware of the hub and its out of hours services. The Federation Chairman expressed disappointment at this and would report this back to a practice managers' meeting.

The GP Federation wished to run the full triage service at Queen's A&E but this was not however consistent and the Federation only currently undertook the full triage service at certain times. The Federation Chair was keen to avoid instances of people being sent between A & E and the Urgent Care Centre and wished to see these services joined up in due course.

The GP Federations for Havering, Barking & Dagenham and Redbridge met every two weeks and joined together for some projects such as the triage service at Queen's A & E. The Urgent Care Centre at Queen's was open 8 am to midnight but worked at different capacities at different times. It was confirmed that patients who arrived during the last part of the evening could not usually be seen in the Urgent Care Centre. It was accepted that there was sometimes a lack of communication between A & E and the Urgent Care Centre and the GP Federation wished to negotiate with BHRUT to gain control of the full triage and reception functions at A & E. It was clarified that the Urgent Care Centre itself was operated by the Partnership of East London Cooperatives.

The Federation Chair agreed to amend the advertising poster for the hub out of hours service and send this to the Sub-Committee. This would use phrases such as 'central number, local service' and emphasise the times when the call centre was open. The Acting Director of Public Health would discuss with the Council's communications team about getting this information out.

The Sub-Committee **NOTED** the update.

7 JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE NOMINATIONS

It was **AGREED** without division that Councillors Dodin, Ford and Patel should be the Sub-Committee's representatives on the Outer North East London Joint Health Overview and Scrutiny Committee for the 2015/16 municipal year.

It was **AGREED** without division that Councillor Dodin should be the Sub-Committee's representative at any pan-London health scrutiny meetings that may be required during the 2015/16 municipal year.

8 APPOINTMENTS CANCELLATION TOPIC GROUP

The Chairman reminded the Sub-Committee that the next meeting of the topic group looking at appointments cancellation was scheduled for Tuesday 28 July at 6.30 pm.

The Chairman reported a number of issues he had been advised of concerning appointments at BHRUT. There had been incidents reported of where an appointment not was not available within 12 weeks, patients not being put on the system and being asked to telephone every day to check availability. This was of course impractical for many people. Other issues included chose and book appointments made direct by patients then being cancelled by the Trust and continuing delays at the call centre in answering calls.

It was felt it would be useful if the BHRUT Assistant Chief Executive could attend the next meeting of the topic group to explain the administration process and how problems were being resolved. This would include the large reduction in the variety of appointment letter types that had previously been sent by the Trust.

It was **AGREED** that the clerk to the Sub-Committee would circulate to Members the notes of the previous meeting of the topic group. Members would then decide on which issues they wished to discuss during the topic group meeting.

9 COMMITTEE'S FUTURE WORK PROGRAMME

In addition to the draft workplan circulated with the agenda papers, the Sub-Committee **AGREED** that the following items should be added to its workplan for the 2015/16 municipal year:

Joint Health and Wellbeing Strategy
Joint Strategic Needs Assessment
CCG Estates Strategy/Property Review

The clerk to the Committee would circulate to Members a revised version of the workplan for information.

10 **URGENT BUSINESS**

There was no urgent business raised.

Chairman

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ANNUAL REPORT, 2014/15

Making a difference…

Presented in accordance with
"The Matters to be Addressed in Local Healthwatch Annual Reports Directions, 2013"

Healthwatch Havering is the operating name of
Havering Healthwatch Limited
A company limited by guarantee
Registered in England and Wales
No. 08416383

What is Healthwatch Havering?

Healthwatch Havering is the local consumer champion for both health and social care. Our aim is to give local citizens and communities a stronger voice to influence and challenge how health and social care services are provided for all individuals locally.

We are an independent organisation, established by the Health and Social Care Act 2012, and are able to employ our own staff and involve lay people/volunteers so that we can become the influential and effective voice of the public.

Healthwatch Havering is a Company Limited by Guarantee, managed by three part-time directors, including the Chairman and the Company Secretary, supported by two part-time staff and a number of volunteers, both health and social care professionals and people who have an interest in health or social care issues.

Why is this important to you and your family and friends?

Following the public inquiry into the failings at Mid-Staffordshire Hospital, the Francis report reinforces the importance of the voices of patients and their relatives within the health and social care system.

Healthwatch England is the national organisation which enables the collective views of the people who use NHS and social services to influence national policy, advice and guidance.

Healthwatch Havering is your local organisation, enabling you on behalf of yourself, your family and your friends to ensure views and concerns about the local health and social services are understood.

Your contribution will be vital in helping to build a picture of where services are doing well and where they need to be improved. This will help and support the Clinical Commissioning Groups and the Local Authority to make sure their services really are designed to meet citizens' needs.

'You make a living by what you get,
but you make a life by what you give.'
Winston Churchill

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We will be sending copies of this Annual Report to the statutory recipients (including the British Library) and circulating it widely to local health and social care organisations. Printed copies will be available for the public. It will also be available on our website, www.healthwatchhavering.co.uk .

Foreword

Anne-Marie Dean, Chairman, Healthwatch Havering

Welcome to Healthwatch Havering's second annual report. It has been an exciting year, with the vitality and vigour shown by our staff and volunteers we have made incredible progress, particularly with our work on Enter and View and in our continued work in Learning Disabilities.

Healthwatch was created as part of the reforms which followed from Sir Robert Francis's report into the failings at the Mid-Staffordshire Hospital Trust, which highlighted the appalling lack of high standards of care and also the failure of the Trust to listen carefully and to respond to the complaints and concerns of families, carers and friends.

The Department of Health, responsible for the care given by all NHS providers, are now even clearer about the expectations regarding the quality of care that trusts provide. The Care Quality Commission, CQC, is well established with a robust inspection regime and continues to monitor the danger for patients when any health or social care organisation loses sight of the standard of care that they provide. Healthwatch Havering's governing body is Healthwatch England and this is a member of the CQC board.

Healthwatch Havering's role is to respond to the importance of listening carefully, observing and monitoring how the health and social care services are delivered and how they respond to our local residents whether patients, families, carers or friends.

During the year our team of volunteers have undertaken over 20 Enter and Views. Our reports of those visits include recommendations for change that we feel are needed to improve life for residents and patients, and our reports are published on our website. Any patient, family member or resident can access these reports and also they can

contact us and share any concerns that they have about any health or social care services in the borough.

Access to care, not just for today and tomorrow but in the years ahead, has also been a priority for us this year. We have been instrumental in achieving the interim Primary Care Service for the residents of Orchard Village (formerly the Mardyke Estate) in South Hornchurch and the on-going discussions with NHS England on the development of a new purpose built centre. We are also a member of the St. George's Hospital Development working party: the plans for the future of the old hospital site are now coming to fruition.

As part of the role of listening carefully to residents, we have continued our series of 'Have Your Say' events. These have included working in partnership with the CCG and Havering Health in seeking residents' views about primary care services and the suggestions and recommendations of local people are included and published.

Being accountable for how we use our grant money is an important aspect of how we, at Healthwatch Havering, view our responsibilities. As our organisation has been running for two years, the directors and volunteers have reviewed our working arrangements. We have reviewed our Enter and View policy against national standards and guidance and we have developed a standardised reporting sheet which is used to record all meetings or visits undertaken by staff or volunteers, details of which are circulated to members and discussed at our monthly board meetings.

Our Annual Report this year could not be complete without mentioning our former manager Joan Smith. Joan, who was known to many people in her former role at Havering LINk, was the Healthwatch Manager until her retirement in March 2015. Joan was inspirational in establishing Healthwatch and we would like to thank her publicly for all her hard work.

Finally, a huge "thank you" to all our volunteers and staff. This has been an exciting year; thank you also to our partner organisations they have been supportive and responsive. Thank you to you for finding the time to read our report – your thoughts and comments are very welcome.

1. Making a difference: the governance of the organisation

Our sponsoring authority, Havering Council, had from the outset sought to design an organisation which was publicly accountable to residents, worked with and through a lay and volunteer membership, was able to contribute to the wider strategic health and social care debate and fully engage with all the key stakeholders.

Recognising this challenge, it was inevitable that Healthwatch Havering would need to have a flexible and responsive approach to designing and maintaining the organisation (without becoming too inwardly-focussed), expecting to revisit from time-to-time our structures and in an increasingly financially challenged health and social care environment recognise that we too would have to make a financial contribution.

A key factor was the need to meld professionalism with a voluntary work ethic. The directors each brought extensive experience of working in an NHS or local authority environment while many of the volunteer members were, or had been, senior NHS or social care staff. This meant that it was comparatively easy for Healthwatch Havering to engage with senior management of both the local NHS Trusts and bodies and the local authority and thus become a "behind the scenes" influence rather than having to adopt an arms' length, campaigning approach.

Although the law relating to Healthwatch volunteering distinguishes between health and social care professionals (termed "volunteers") and others ("lay persons") we have chosen to treat both in the same way and refer to them as "members" without further distinction.

1.1 Involving members in the governance of the organisation

As reported in our last Annual Report, it had become clear fairly soon after we began operating that our initial arrangements were inadequate and would need a comprehensive review.

During the latter part of 2014/15, together with our members, we reviewed how effective we had been during the year. Most importantly, together we began work to determine:

- How we could further improve our effectiveness in our statutory role
- Redesign the roles and responsibilities of the paid staff
- Plan for no increase in the payments made by the local authority
- Create the role of the volunteer specialist advisor
- Review and update all of our Enter and View procedures, benchmarking against Healthwatch England's recommendations
- Attract new volunteer members
- Ensure an open and inclusive approach to managing our decisions through the board structure

Changing the organisation

So changes were necessary both at management level and for focusing our members' efforts. After discussion and debate to address our statutory role, we reviewed our manpower availability to ensure we could interact with other organisations and key stakeholders, and the extent of "backroom" activity required of us to comply with the legal obligations of a company and employer.

The challenge, which had not been fully anticipated, is now to attract new members. However, we are fortunate that our existing members are of a very high calibre, with a wide range of very relevant experiences within the health and social care sectors that enable them to "punch above their weight" and work with other organisations' professionals on a basis of equality. We are aware that their expertise is valued by the agencies with which we deal regularly.

Decisions which we made and agreed

- New staff structure
- Reduction of staff, revised remuneration and new roles and responsibilities
- New 'Enter and View' Policy and Procedures
- Specialist Member Role, to act as advisors to the management board

- The Management Board has been restructured – although the directors retain their statutory responsibilities and those imposed by the Company's Articles of Association, the Specialists are now also members of the Management Board and able to contribute fully to the management of the organisation
- Rationalisation of Board-level organisation
- To widen the approach to recruiting volunteers
- Budget planning for 2015/2016
- Work planning for 2015/2016

1.2 The involvement of lay persons and volunteers in the carrying-on of the relevant section 221 activities

Section 221 activities are the responsibilities that every Healthwatch has in respect of the statutory obligations to undertake Enter and View as set out in the Local Healthwatch Organisations Directions 2013.

During 2014/15 we undertook over 20 Enter and View visits to organisations which provide health and social care to the residents of Havering. The full list of visits, together with our reasons for visiting the particular establishment and a summary of our findings, is set out in Chapter 2 following and Appendix 2.

Our members are fully involved in determining the Enter and View visits programme. We have set up an Enter and View Programme Panel that is responsible for

- Determining the selection criteria for establishments to be visited
- Agreeing the priorities for visits
- Arranging visits
- Debriefing after visits to identify:
    - Whether follow-up action is needed
    - What recommendations to make
    - Whether there are "lessons to be learned" for future visits

Our members who carry out the visits prepare the reports of their visits and make recommendations for improvements that will benefit

residents and patients. The manager or other responsible person at the establishment visited is given the opportunity to comment on the final report of the visit before it is published.

2. *Making a Difference: the Enter and View opportunity*

2.1 *The section 221 activities which have been undertaken during the year*

2014 saw the beginning of our ambitious Enter and View programme.

Havering has one of the largest residential and care home sectors in Greater London and, consequently, there is a need for a large programme of E&V visits. Given the size of the sectors and our need to concentrate resources where we can be most effective, we decided early on to focus the Enter and View programme on visiting such homes as a principal area of activity.

The power to carry out "Enter and View" visits to health and social care premises is the most powerful tool available to local Healthwatch organisations. The law allows entry to almost all premises where publicly-funded health or social care is provided, including not only hospitals and residential care homes, but also GP surgeries, pharmacies, dental surgeries and opticians' practices.

Our activities during the year were determined and prioritised by our voluntary membership. To help set their priorities they draw on feedback from

- Members of the community
- Members of staff from a range of organisations
- Their own experience
- CQC weekly reports
- Information from the local authority's QAS team
- Press reports

So far as possible, we aimed to ensure a wide spectrum of care providers was included within the programme.

As reported in last year's Annual Report, recruitment, training and careful planning of the programme meant that it was not until near the end of 2013/14 that the first formal E&V visit could be undertaken (this was reported on in the 2013/14 Annual Report).

However, during 2014/15, the number of visits increased and, in all, we carried out 22 visits, including two visits to one particular home.

On the whole, our visiting teams were made welcome and managers, proprietors and staff were very co-operative in facilitating the visits. The team members were made to feel welcome by staff, residents and residents' friends and relatives alike.

Our teams also visited several wards or units at Queen's Hospital and Ogura Ward at Goodmayes Hospital (a mental health facility); there too they were made welcome and their visits were carried out with the full co-operation of management and staff.

Few problems were identified and mentioned in our teams' reports of their visits. Where we did make recommendations, we will be following up to see what effect they have had.

Except as noted in the table, all reports of our visits have been published on our website (www.healthwatchhavering.co.uk/enter-and-view-visits) and shared with the home or hospital, the Care Quality Commission, the Clinical Commissioning Group, Havering Council

During the course of the year, we reviewed our Enter & View policy in the light of experience gained (among other things).

In addition to the formal Enter & View visits, we have been working informally with a health centre/GP practice about which we had received a number of complaints to improve facilities there for patients.

We have not yet exercised Enter & View powers at a GP practice, dental practice, pharmacy or ophthalmology practice (although we are actively planning to do so during 2015/16).

Future programme

We have set up an Enter & View Programme Panel, chaired by our Executive Director, which any member may attend. Panel meetings are generally held monthly, and their proceedings are reported to the Management Board. Individual Enter & View visits must be authorised

by the Executive Director and are carried out only by trained and authorised members.

Our future programme is informed by CQC reports on establishments, by information gathered through meetings with local regulatory agencies and by complaints (and compliments, should we receive any) from service users.

We have identified a number of establishments that we are planning to visit during the course of 2015/16.

2.2 Did any service providers or persons who had a duty to response to Local Healthwatch not do so?

Almost without exception, the service providers with whom we have had dealings during the year have been as helpful and co-operative as we would have wished. Local NHS bodies in particular have taken our recommendations on board and responded appropriately to them.

In just one case, a provider failed to allow our Enter and View team access to particular premises. Following strong representations to the senior management of the provider, it was established that there had been a misunderstanding on the part of junior staff and assurance (and an apology) was given – and accepted – that it was a "one off" incident that would not be repeated. The report of that particular Enter and View visit (one of several to the same establishment) has not yet been published as there are other, ongoing issues that make it inappropriate for the report to be published at present.

2.3 The reasons for all decisions to enter and view premises and what actions, if any, were taken by the relevant persons of the representatives entering and viewing each of those premises

Please refer to Appendix 2 for the reasons for particular Enter and View visits.

3. Making a difference: influencing official bodies and others

3.1 Enabling our activities to have an impact on the commissioning, provision and management of the care services.

As an organisation, we are well equipped to ensure that the issues and concerns which arise from the Enter and View process are quickly fed back into the appropriate organisations.

We are represented at meetings of the local authority's Quality Assurance Team, represented by the Specialist volunteer lead for nursing and care homes. At those meetings, we ensure that the information which has been gleaned from our visits is shared and recorded as part of the formal meeting. In addition the QA Team share with us their key issues and concerns, which include safeguarding matters; this partnership helps to ensure effective working across the borough on behalf of our local residents.

We are, of course, a statutory member of the Havering Health & Wellbeing Board and in that capacity have continued to play a full and evolving role. We are also formally represented at meetings of Havering Council's Overview and Scrutiny Committees for Health, Individuals and Children's services and our Executive Director is a co-opted Member of the standing Joint Health Overview and Scrutiny Committee for Outer North East London (Havering, Barking & Dagenham, Redbridge and Waltham Forest).

We are members of the Urgent Care Board and the Systems Resilience group and attend the Quality Summit meetings with the TDA and CQC for BHRU Trust.

Influencing organisations that commission and manage care services is a major part of our responsibility and role. We seek to make a difference by providing evidence to other organisations which enables them to understand the issues which we are concerned about.

This is achieved in a variety ways: by the sharing of all our Enter and View reports with the QAT, the commissioners of the service and the local CQC representative; by circulating widely our 'Have Your Say'

reports; and by speaking to, or participating in events with, key local organisations, Council Members and other stakeholders.
We publish all our Enter and View reports and our 'Have Your Say' reports on our website, providing the maximum level of scrutiny and opportunity for local residents to contact us and to be informed of our work.

In June 2014, our Executive Director joined the Chief Executive of Healthwatch England in addressing a seminar at the Care in the ExCEL Centre in London's Docklands on the work that Healthwatch can do to influence others.

3.2 Recommendations that have been made to Healthwatch England

We have not found it necessary to escalate any matters to Healthwatch England nor have we made any recommendations to them.

However, during 2014, Healthwatch England initiated a Special Inquiry into arrangements for the discharge of patients from hospital, focussing especially on the arrangements for homeless people.

Havering is fortunate in that it does not have the level of homelessness that other parts of London experience (although this trend is changing as competition within the private rented sector means that an increasing number of households on low incomes or in receipt of housing benefit can lose their tenancy because their landlords can achieve a higher rent in the current market). For the most part, homelessness in Havering is the result of eviction by a friend or family member or the result of private rented tenancies being terminated through no fault of the tenant. Despite these growing pressures, the Council is able to accommodate most of those to whom it has a duty through the use of hostel or leased accommodation, avoiding the use of "bed and breakfast" accommodation.

Our contribution to the Special Inquiry was, therefore, based on work initiated by our predecessors, the Havering LINk, in 2011 and carried forward in conjunction with Havering's Health Overview & Scrutiny Committee.

In addition, Havering Council has placed residents with learning disabilities or autism in about sixty care homes across the England. The borough undertook a review of these providers and, as part of that work, asked us to make enquiries through the network of Healthwatch organisations to source any local knowledge about those care providers.

The homes in question were spread over more than ten counties and in total nineteen Healthwatch organisations were contacted about the homes within their area. We are grateful for the co-operation we received from our colleagues and for the concerns, and also positives, shared with us, all of which were then passed on to the borough.

As the recommendations from the Francis report and the Winterbourne report become more embedded within health and social care the more important the role of Healthwatch will be in gathering local knowledge from residents, carers and families and ensuring that good use is made of it.

4. Making a difference: public consultation and participation

We try to be as innovative as possible in seeking the views of our local residents. The traditional approach of holding meetings and events does not necessarily fit in with people's busy lives. In our borough older people often have transport or mobility problems.

Wherever possible we seek to go to where we will find our residents already meeting, to work in partnership with other organisations or using a particularly venue.

4.1 How we have used different methods to seek the views of our local residents

This year we have:

- Continued our 'Have Your Say' events using community-based venues around the borough
- Worked in partnership with the CCG on community events
- Developed and implemented the opportunity for residents to share their views on the new GP 'HUB' and access to the electronic patient record, using ballot boxes in GP practices
- Worked with BHRUT seeking residents' views on the hospital service
- Chaired and supported meetings with parents of vulnerable groups
- Attended meetings of organisations such as the 'Havering over Fifties Forum' (HOFF), presenting key issues and asking them to vote on the proposals
- Expanded the content of our website
- Taken our Healthwatch Havering stand to organisations and events

Regrettably, our limited staff and financial resources have prevented us from making use of social media such as Twitter and Facebook. We do hope at some point to be able to make use of them but we consider that, for the present, our resources are better deployed in dealing with more pressing issues.

4.2 Seeking views from a wide range of local people

People from the older generation

Havering has one of the largest older populations in London and (proportionately) in England. This group of individuals, over 65, are the highest users of local health and social care services. Therefore it is really important that every effort is made to understand their needs and how they can effectively gain the best health benefit from the services available.

Seeking the views of these residents and their carers is undertaken by working closely with organisations such as the Havering Over 50s Forum (HOFF). We attend the monthly meetings of HOFF and give presentations, provide the opportunity to vote on ideas and provide support in the questions and answer sessions on aspects of health and social care.

This group of people regularly use their GP practice and we are working closely with the newly formed Havering Health – GP consortium.

Members reflecting concerns within their communities

All members take time to share their views, often at meetings, by email or by calling. They recognise that they can be an excellent conduit for the anxieties and concerns of people who live in their neighbourhood, who they work with or who they mix with on a social basis.

These views or concerns are always followed up, and the information placed on our database to enable us to determine if there are any obvious trends in residents' concerns. Recent concerns regarding the availability of GP appointments times resulted in Healthwatch undertaking a series of 'Mystery Shopping' events and working with a particular GP practice to secure service improvements for its patients.

Listening to the views of individuals or families from groups perceived as vulnerable

Our Enter and View programme provides an excellent platform as it offers us direct access to patients in hospital environments both in the ward and in the outpatient settings.

Residents in care and nursing homes both for the elderly or learning disabled are able to share their worries and concerns with our volunteers who have had the wider training of the mental health act and the deprivation of liberties.

Equally important when we are seeking the view of patients and residents are their families, carers and friends, who provide additional knowledge and information about the care that is being given.

5. Making a Difference: Health and Wellbeing

The Health and Wellbeing Board is the key strategic meeting for our Healthwatch. It provides the opportunity to be a direct participant in setting the wider agenda across the health and social care environment in the borough.

We are recognised as a key member of the Board and our views are sought and respected. Healthwatch participates in the development meetings and the public meetings, and are able to express views across the care provision.

An example of this would be that during the latter part of 2014/15 concerns regarding the provision of primary care provided to the residents of Orchard Village were raised by Healthwatch. These concerns have been recognised, with prompt action from the CCG to provide interim primary care arrangements. In addition, there was leadership from our Chairman in seeking the support of NHS England in respect of the new long term development.

When the CCG are designing new services such as the GP Hub, the CCG sought our support in seeking the views of local patients.

Currently the membership of the Health and Wellbeing Board are reviewing and redefining the role of the Board and Healthwatch are seen as an important part of this discussion and process.

6. Making a Difference: Learning disabilities

In February and March 2014, we held a series of Have Your Say sessions in different parts of the borough to give service providers, users and carers an opportunity to tell us what they thought about the way in which services for people with dementia or who have learning disabilities were planned, provided and delivered.

As a result, in May 2014 we published a report containing a range of recommendations to the CCG, the Council and other health and social care providers. A number of our recommendations were subsequently acted upon and funding was identified to support work within the Better Care Fund.

One of the key issues that emerged was the distress being caused to parents of children with learning disabilities as a result of what they perceived to be the inadequacies of services provided by both Havering Council's Children's Services and the NHS, particularly the North East London Foundation Health Trust (NELFT), which has responsibility for healthcare for children with learning disabilities. The parents told us of problems with obtaining health checks from GPs; of difficulty communicating with health care providers in both the primary and secondary care sectors; of a lack of facilities for those who have a learning disability who want to live more independently; of identifying what services were available, especially for carers who have their own needs to attend to; and how to access services as children and their parents get older.

We were told that health and social care professionals needed better training to help them understand learning disability and its effects on both the individual in question and that person's friends, family and carers, including staff in residential care homes.

The report created awareness and began a process of change which involved parents and statutory agencies coming together committed to making a real step change in the services.

One consequence of this initiative was that we were asked by parents and carers to organise a meeting between Positive Parents, representatives of parents of children who have learning disabilities and of the various statutory organisations dealing with them. As a neutral participant, we were also invited to chair the group, which

has gone from strength to strength in re-establishing a good working relationship between the parents and the service providers. The meeting has addressed long standing concerns and is now confidently moving towards designing services which reflect the needs of the children, their families and carers. It became clear there was a need for a Learning Disabilities Liaison Nurse for Paediatrics.

A second consequence is that a Learning Disabilities Working group has been attended which has been tackling the issue of older people with Learning Disabilities. The Learning Disability Liaison Nurse (Adults) has only been in post for 15 months. Each Learning Disability Patient who is registered is electronically flagged up on entry to the Trust. There are now 80 Learning Disability Champions, who provide extra support for people with a learning disability during their hospital stay or visit. Through the working group we have input into designing of Easy Read booklets which explain common hospital procedures, in pictures and plain language these include Patient Experience, Hospital communication book, Checklists for in and outpatients, A & E and Ward stays. Hospital Passports are used across the Trust to help staff understand the individual needs for patients. The group help test pagers, if someone has a long time to wait for an appointment they are not confined to the waiting area, which can be distressing and be paged when the clinician is ready. Projects we are still working on are Head board magnets, Carers Policy, Easy Read Blood Test. The Learning Disability Liaison Group reports to the Learning Disability Health Pathway Group, we became involved with this group as another re occurring problem in our have your say forums was the right to have an annual health check.

When this work began the number of residents receiving health checks in Havering 2013/14 was 275. A total of 442 out of 852 (16 declined) were completed during 2014/15. In addition 298 LD service users received Health Action Plans following their health checks in 2014/15, which is a significant increase from 104 in 2013/14. During the year the CCG has provided training to GP practices, to Doctors and staff to be able to undertake the health checks. This step change in the number of health checks has been achieved by us, working in partnership with NHS England and the Community LD Team. At the last meeting it was announced the NHS England have agreed to handover the delegation of services to

Havering Health, which includes Annual Health Checks. This means service users will be able to go to one of the 'Hubs' for their Health Checks. As a direct result of this group funding has been agreed to recruit a Children's Learning Disability Liaison Nurse at the Hospital, interviews have already started.

7. Funding, Staff and Organisational structure

7.1 Funding

For 2013/14, Havering Council gave a main grant of £117,359, to which was added two supplementary grants totalling £21,184 for start-up costs and for improving the resilience of the organisation. The Directors decided to apply £8,184 of these grants to spending in 2013/14 and to spend the remaining £12,000 in 2014/15. The Council made available the same amount of main grant in 2014/15 so, with £7,443 brought forward from 2013/14, this meant that a total of £138,663 was available for spending in 2014/15.

A summary of the detailed accounts is set out in Appendix 3.

Allowing for Corporation Tax adjustments, the amount carried forward at the end of 2014/15 was £2,325.

7.2 Staff

During the course of our first year of operations, it became clear that workload expected of, and accordingly the level of staffing originally envisaged for, Healthwatch Havering had been greatly under-estimated. Based on the previous experience of the Havering LINk, the workload was envisaged as requiring one full-time employee (the Manager) and three part-time directors for a few hours a week; but it soon became obvious that far more would be required of Healthwatch than of the LINk. Initially, two of the directors took on additional hours but by the end of that year, it had become clear that more staff support was essential.

On 1 April 2014, therefore, we took on two additional, part-time members of staff: an Administrative Assistant, whose role was to support the Manager and Directors, and a Community Support Assistant, whose role was to assist the Lead Members, and the Manager in her dealings with our volunteer members.

Sadly, during March, the Manager left us for personal reasons. This required a review of the workloads of both the assistants and the two Directors who undertake executive roles, with commensurate adjustment of their respective salaries. It was considered

impracticable to seek to replace the Manager, and dispensing with that post resulted in an overall saving of some £13,000 per annum.

7.3 Organisational Structure

There have been a number of changes to the organisation's structure and management. These changes have been discussed and agreed with our voluntary membership.

The key changes are:

- The former distinction between Lead Members and Active Members was replaced by a new approach: in place of Lead Members, we now have Specialists, who no longer have responsibilities for managing teams of volunteer members but are able to concentrate on specific areas of health and social care activity or policy, and act as advisers to the Management Board on those specialist areas (Appendix 1: Specialist Member Role)

- The Management Board has been restructured – although the directors retain their statutory responsibilities and those imposed by the Company's Articles of Association, the Specialists are now also members of the Management Board and able to contribute fully to the management of the organisation.

The Strategy, Governance and Assurance Board has been abolished.

These changes were agreed during March 2015 and have been implemented from April.

The "Healthwatch" logo and trademark

Havering Healthwatch Limited has a licence agreement with Healthwatch England governing use of the Healthwatch logo and trademark.

The Healthwatch logo is used widely for Healthwatch Havering activity. It is used on:

- The Healthwatch Havering website
- This Annual Report

- Publications such as reports of public consultation events and Enter & View visits
- Reports to official bodies, such as the Health & Wellbeing Board and Overview & Scrutiny Committees
- Official stationery, including letterheads and business cards
- Members' identity cards
- Newspaper advertisements
- Flyers for events

8. Looking Forward

We develop a work plan as a tool that helps us to identify the issues and activities that we need to undertake. The work plan is led and developed in participation with our volunteers. As an organisation that is grant funded, our work plan acts as a useful document contributing also to transparency as it is available to organisations that have a need to know what we are doing during this period.
Below is the executive summary.

The key components of the plan are to include:

- The continuation of the programme of 'Enter and View' (E and V) visits across the borough for nursing in residential homes. As part of the preparation for 2015/16 we have reviewed and redesigned our 'Policy and Procedures for Enter and View visits to health and social care premises'.

- We will continue to develop the positive relationship with Queens Hospital at both a strategic and an operational level.

- To continue to work with parents, voluntary and statutory organisations to ensure that people with Learning Disabilities within our borough have an influential and effective voice.

- To monitor the services provided within Primary Care, looking at concerns raised by patients on an individual basis, statutory organisations and access of communities to basic primary care facilities.

- Monitoring the impact of changes to funding and policies on the services

- Working with the Health and Wellbeing board, the Overview and Scrutiny Committees, the CCG's, colleagues across the Healthwatch network and the CQC.

In addition to extending our role within these areas we will monitor the work and achievements which have happened in 2014/15 to ensure that, where we have been successful in 'Making a Difference', this improvement to health and social care is maintained and wherever possible developed further.

Appendix 1: Specialist Member Role

Specialist Members are members of the Management Board, principally to act as its advisers within their field of speciality.

This is the most senior voluntary role and helps to provide stewardship, leadership, governance and innovation to the Management Board and the Enter and View Panel.

Specialist Members have the lead role in providing knowledge and expertise in their area of speciality. They will, with help and assistance from the management team, develop a work plan with a clear purpose for each dedicated area. The work plan will help to support the choices and rationale for Enter and View visits and other Healthwatch activity, providing a clear purpose for activity within the specialism and enabling a generic process to be applied by volunteers.

Developing the work plan

The aim of the work plan is to improve some aspect of service delivery within the local health and social care services in Havering. The plan will intuitively identify people and organisations who can contribute to the planning of the work, encouraging and supporting a collaborative approach with providers, commissioners, regulators and other local health and social care groups.

Planning of the overarching work programme should ascertain where a requirement exists for Enter and View activity, to collect evidence; hence the Enter and View programme is an initiative with a clearly defined purpose.

The work plan helps to distinguish the Enter and View from an inspection.

By assigning a distinct purpose to Enter and View activity, and communicating this to all stakeholders, the aim is to distinguish it from other activities – such as CQC inspections and Local Authority QA checks – with which it has been too often confused in the past.

Providers, in particular, can then understand the potential benefits of Enter and View to themselves and to their service users by enabling them to see Enter and View as an opportunity for lay people to engage with vulnerable service users and their families, in order to gain a better view of how they feel about the services they receive.

The role of the Specialist Member is an essential key to building influential and effective relationships. Specialist Members, supported by the management team, will attend meetings which help to build effective relationships with commissioners to will help influence and design work plans which support the Enter and View programme and other activities.

Gathering relevant information to support the work plan and the Enter and View visit

Healthwatch England identifies the follow as relevant information searches

- Previous local Healthwatch or LINK visit reports
- CQC inspection reports, especially any outstanding issues

- Any information about the service already received by local Healthwatch, e.g. comments from service users or their relatives, user forums, local and national groups and charities
- Any outstanding safeguarding alerts
- Any outstanding issues with the Local Authority commissioners / QA teams
- Overview & Scrutiny Committee reviews and recommendations
- Patients & Public Involvement and/or Patient Advice & Liaison Services (PALS) intelligence
- Complaints information in the public domain
- Any relevant Healthwatch England national advice
- Governors reports, annual reports and quality accounts

Training

The Specialist Member will, working with the management team, help to identify any new training requirements, advise on any re-training and consider and recommend any conferences or seminars which they think will be both helpful and enjoyable for the teams to attend. The specialist will help in the development of suitable training events and programmes.

About the Role

- The time commitment is approximately equivalent to 5 days per month
- The role is subject to a formal recruitment process
- The role will receive a full induction and be supported with on-going training where appropriate
- A Specialist Member will be an authoritative representative of Healthwatch Havering at external meetings
- All travelling and when appropriate subsistence expenses will be paid
- The role reports to the Chairman of the Enter and View Panel
- The role will receive support and help from the Office and Community Support team
- The role will have direct access to the Chairman of the Board

Main Objective of the Role

- Listen non-judgementally to the concerns raised by users of health and social care provision, and determine what appropriate and proportionate action may be taken
- Proactively seek out and present/consider the views of the less vocal or seldom heard individuals and communities
- Use the views of users, and information gained through the reporting of trends via Healthwatch partners to develop an evidence based approach to drive the priorities
- Monitor and act as a voice for the views of the public in response to proposed service or policy changes

Volunteer responsibilities

- To enter into electronic communications with other panel members, the Office and Community Support team, board members.
- To attend meetings
- To establish constructive working relationships with other members, representatives of key stakeholder partners, and members of Healthwatch Havering groups
- To identify their area of personal knowledge and experience of health or social care, and draw on this to add value to the work of the Healthwatch Havering
- To undertake delegated work as agreed in an appropriate and timely manner
- To abide by the Healthwatch Havering Code of Conduct as set by the Board
- To act as an ambassador for Healthwatch Havering

Appendix 2: Enter and View visits

2014 saw the beginning of our ambitious Enter & View programme.

Havering has one of the largest residential and care home sectors in Greater London and, consequently, there is a need for a large programme of E&V visits. Recruitment, training and careful planning of the programme meant that it was not until near the end of 2013/14 that the first formal E&V visit could be undertaken (this was reported on in the 2013/14 Annual Report). However, during 2014/15, the number of visits increased and, in all, we carried out 22 visits, including two visits to a particular home. Details of the visits are given below (a couple more visits are not shown as the reports are not yet ready for publication).

On the whole, our visiting teams were made welcome and managers and proprietors were very co-operative in facilitating the visits. The team members were made to feel welcome by staff, residents and residents' friends and relatives alike.

Our teams also visited several wards or units at Queen's Hospital and Ogura Ward at Goodmayes Hospital (a mental health facility); there too they were made welcome and their visits carried out with the full co-operation of management and staff.

Few problems were identified and mentioned in our teams' reports of their visits. Where we did make recommendations, we will be following up to see what effect they have had.

Except as noted in the table, all reports of our visits have been published on our website (www.healthwatchhavering.co.uk/enter-and-view-visits) and shared with the home or hospital, the Care Quality Commission, the Clinical Commissioning Group, Havering Council and any other relevant agency.

Visits undertaken

All visits were announced in advance.

Abbreviations in table: **CQC – Care Quality Commission**
HASC – Havering Council Adult Social Care

Date of visit	Establishment visited		Reason for visit
	Name	Type	
2014			
17 February (reported in 2014 Annual Report)	*Barleycroft*	*Residential care*	*Concerns raised by CQC*
4 April	The Lodge	Residential care	Concerns raised by CQC and HASC

Date of visit	Establishment visited		Reason for visit
	Name	Type	
2014 continued…			
5 April	Maternity Unit, Queen's Hospital Romford	Hospital ward	Past evidence of poor care
26 April	Romford Grange	Residential care	To observe the normal operation of the home
29 April	Dury Falls	Residential care	Concerns about care practices within the home
9 May	Meadowbanks	Residential care	Concerns raised by CQC and HASC
20 May	Romford Care Centre	Nursing Home	To follow up previous, informal visit (October 2013)
24 June	The Fountains	Nursing Home	Concerns raised by HASC and reported safeguarding issues
30 June	Hornchurch Nursing Centre	Nursing Home	Concerns raised by CQC and HASC
3 July	Neave Crescent	Residential care (Learning Disability)	Concerns raised by HASC and reported safeguarding issues
24 July	Peel Way	Residential and nursing care (Learning Disability)	Concerns about reported safeguarding issues
31 July	The Oaks	Residential and nursing care	Concerns raised by CQC
1 September	Barleycroft (second visit)	Residential care	Following up the visit undertaken in February 2014
15 September	The Priory	Residential care	Concerns raised by CQC and reported safeguarding issues
3 November	Heatherbrook	Residential and nursing care	To observe the normal operation of the home
17 November	Clover Cottage	Residential care	Concerns raised by CQC
3 December	Ravenscourt	Nursing Home	To see an example of a home that had a "good" CQC report
11 December (Report not yet ready for publication as further work on going)	Lilliputs	Residential care (Learning Disability)	Concerns raised by HASC

Date of visit	Establishment visited		Reason for visit
	Name	Type	
2015			
12 January	Dothan House	Residential care and (proposed) domiciliary care service	To see an example of a home that had a "good" CQC report; and to understand proposals for domiciliary care provision
16 January	Elderly Receiving Unit and General Surgery Ward, Queen's Hospital	Hospital Ward	Joint visit with Members of Havering Council's Health Overview & Scrutiny Committee (treated as E&V but not conducted formally)
19 January	Ogura Ward, Goodmayes Hospital	Hospital Ward	Concerns raised by relatives of patients
9 February	Romford Care Centre (Report published June 2015)	Nursing Home	Concerns raised by CQC and HASC
23 March	Nightingale House (Report published June 2015)	Residential care	Concerns raised by CQC

In addition to these formal Enter & View visits, we have been working informally to improve facilities for patients at a health centre/GP practice about which we had received a number of complaints.

We did not exercise Enter & View powers at a GP practice, dental practice, pharmacy or ophthalmology practice during this year.

Future programme

Our future programme will be informed by CQC reports on establishments, by information gathered through meetings with local regulatory agencies and by complaints (and compliments, should we receive any) from service users.

We have already identified a number of establishments that we plan to visit during the course of 2015/16, and expect to include GP practices and pharmacies in the programme.

Appendix 3: Summary statement of Income and Expenditure

This Appendix is summarised from the Annual Accounts of Havering Healthwatch Limited. A copy of the full set of Annual Accounts is available from the Company on request, and may be viewed on the Healthwatch Havering website.

	£	£	£	£	£
INCOME					*2013/14*
Havering LBC: Main grant, 2014/15	**117,359**				
Havering LBC: Supplementary grant, 2014/15	**12,000**			**129,359**	*126,919*
EXPENDITURE					
1 COSTS OF MANAGEMENT					
Administration costs					
Office expenses, insurance and fees	7,822				
Office rent (including refundable deposit)	17,285				
Mileage, travel and subsistence -21990-84639-	1,922	27,029			*21,990*
Payroll					
Fees and salaries	92,811				
Employers' pension contribution	1,675				
Payroll administration	2,440	96,926			*78,690*
Taxation					
Employers' NICs (2014/15)		7,135	131,090		*5,949*
2 COSTS OF VOLUNTEERING					
Volunteers' out of pocket expenses reimbursed		976			
Publicity		0			
Recruitment expenses		663			
Equipment and supplies		1,732	3,371		*5,460*
3 COSTS OF TRAINING AND DEVELOPMENT			528		*1,902*
4 COSTS OF PUBLIC CONSULTATION AND EVENTS			767		*3,624*
TOTAL EXPENDITURE				135,756	*117,615*
OPERATING SURPLUS (DEFICIT) FOR YEAR BEFORE TAX				**(6,397)**	*9,304*
CORPORATION TAX				**(1,279)**	*1,861*
NET SURPLUS (DEFICIT) FOR YEAR				**(5,118)**	*7,443*
RESERVE CARRIED FORWARD TO FOLLOWING YEAR				**2,325**	*7,443*

Participation in Healthwatch Havering

Local people who have time to spare are welcome to join us as volunteers. We need both people who work in health or social care services, and those who are simply interested in getting the best possible health and social care services for the people of Havering.

Our aim is to develop wide, comprehensive and inclusive involvement in Healthwatch Havering, to allow every individual and organisation of the Havering Community to have a role and a voice at a level they feel appropriate to their personal circumstances.

We are looking for:

Members

This is the key working role. For some, this role will provide an opportunity to help improve an area of health and social care where they, their families or friends have experienced problems or difficulties. Very often a life experience has encouraged people to think about giving something back to the local community or simply personal circumstances now allow individuals to have time to develop themselves. This role will enable people to extend their networks, and can help prepare for college, university or a change in the working life. There is no need for any prior experience in health or social care for this role.

The role provides the face to face contact with the community, listening, helping, signposting, providing advice. It also is part of ensuring the most isolated people within our community have a voice.

Some Members may wish to become **Specialists**, developing and using expertise in a particular area of social care or health services.

Supporters

Participation as a Supporter is open to every citizen and organisation that lives or operates within the London Borough of Havering. Supporters ensure that Healthwatch is rooted in the community and acts with a view to ensure that Healthwatch Havering represents and promotes community involvement in the commissioning, provision and scrutiny of health and social services.

Interested? Want to know more?

Call us on **01708 303 300**; or email

enquiries@healthwatchhavering.co.uk

Healthwatch Havering is the operating name of
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