

*Have your say with* **healthwatch**  
Havering

# Services for people who have dementia or a learning disability

**A review of services in Havering**

*A report of a series of workshops held by  
Healthwatch Havering  
February and March 2014*

## What is Healthwatch Havering?

Healthwatch Havering is the consumer local 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. There is also a full-time Manager, who co-ordinates all Healthwatch Havering activity.

### 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***

## *Introduction*

In late February and early March, Healthwatch Havering held a series of workshops at five locations in Havering. The purpose was to find out what services were available in Havering for people who have dementia or a learning disability and what needed to be done to secure improvements.

The participants included people who use services and carers, volunteers from local third-sector organisations working with people who have dementia or a learning disability and social and health care professionals from Havering Council and local NHS organisations.

We chose Learning Disability and Dementia because these two groups are among the most vulnerable within our community.

## *Acknowledgements*

Healthwatch Havering would like to thank all the participants for the open and frank contributions to the discussions at the workshops. The range of participants' experiences, knowledge and hopes, and their collective desire to secure the best possible outcomes for people who use services and carers made the exercise particularly valuable. Everyone who attended will be provided with a copy of the report

As a direct result of people coming together at the sessions, who would not ordinarily have come into contact, several initiatives have developed that might not otherwise have done so. We would like to thank the professional staff who took up these initiatives so quickly.

**The conclusions and recommendations reached are entirely those of Healthwatch Havering.**

## *How the sessions were organised*

Five sessions were held between 25 February and 4 March at venues across the borough: in Central Romford, Collier Row, Cranham, Harold Hill and Hornchurch.

Attendees included service users and carers, a number of representatives from the voluntary sector, NHS organisations and local authority departments, everyone made significant contributions to the discussions.

The framework for each meeting and both topics was:

“What is missing?”

“What would make a difference?” and

“What have you experienced that is good?”

Attendees worked in individual groups sharing their knowledge and experience on both dementia and learning disabilities. Each group was chaired by a member of Healthwatch Havering. At the end of each session there was an open forum and each group fed back and shared the experience of their group.

## *Conclusions and recommendations*

### *Our conclusions are:*

- ✚ Overall services for people who have a learning disability or dementia appear adequate and there have been some good, innovative developments.
- ✚ Service planning over the years has taken account of the needs of people who have dementia; but much remains to be done, especially in early diagnosis
- ✚ Services for people who have a learning disability appear to be less advanced. The challenges are across all the age groups, but many parents felt very strongly about the support and access to basics such as aids and equipment.
- ✚ A more contemporary and intuitive care model for learning disability and dementia, which addresses the inequity of service and access across the Borough, is needed.
- ✚ The feedback indicates that people who use services and carers need better means of communicating their views and a better understanding of how to seek the support and help that they need.
- ✚ That is not necessarily a criticism of the services - there was no suggestion that staff do not listen, or seek views, or try to tailor services to individual need. However, the statutory provisions under which services are provided tend to be aimed at common needs rather than individual circumstances.
- ✚ Personalised budgets will undoubtedly help people choose what they want rather than what is on offer. However, it may take time both to give people the confidence to make their own choices and for “the market” to develop service packages that are tailored to

individual choice. A clear message from the five events is that people will need help and support in taking on this responsibility.

- ✚ Service users and carers appeared to be confused regarding the services on offer, the role of various voluntary sector organisations and who to contact and when.
- ✚ Service delivery problems are not confined to one sector: and there is evidence of joint planning and working across the agencies. However, from the comments given by users and carers, there is no doubting professional staff commitment and passion to achieve the best possible care standards for the residents in the Borough.

### ***Our recommendations are:***

#### ***Health checks***

- ✚ To review the arrangements for providing and monitoring annual health checks
- ✚ To consider developing a dedicated, centralised service for health checks, creating a cadre of clinical staff with special expertise in learning disability and dementia
- ✚ To publicise the access and entitlement of health checks

#### ***General Practice awareness***

- ✚ To ensure that all General Practitioners have the right level of training and expertise in dementia and learning disability
- ✚ To use those providers which are recognised as exemplars in good practice to mentor and support other general practice
- ✚ To determine where under-diagnosis of dementia is occurring within the Borough and establish a programme to address this
- ✚ To ensure that patients who need primary care services such as optometry and dentistry are promptly referred as appropriate
- ✚ To eradicate the delays between diagnosis and treatment
- ✚ To ensure that everyone has the opportunity, either by themselves or with the help of others, to discuss their health and social needs with practitioners

### ***Communication and Awareness***

- ✚ To develop a Borough information pack for learning disability and dementia which all organisations contribute to - simplicity is the key, and information overload must be avoided
- ✚ To consider something similar to the Butterfly scheme for learning disability
- ✚ To support the work of the Dementia Alliance
- ✚ To encourage closer collaboration between the statutory and voluntary organisations
- ✚ To establish befriending schemes

### ***Staffing***

North East London Foundation Health Trust to clarify the position in respect of Admiral nurses and their future role in the borough

### ***One stop shop***

- ✚ For residents to have their community services delivered in one location, consideration should be given to providing a 'one stop shop'. This would benefit service users and carers, improving the opportunity for information sharing, faster referrals and access to services.
- ✚ To design IT systems that work between all the different organisations, ensuring that information is up to date and relevant

### ***Joint Strategic Needs Assessment***

- ✚ To improve the level of local detail about learning disabilities and dementia, thus facilitating a better opportunity to plan and design care for the longer term.

### ***Reachability***

- ✚ To introduce 'Reachability' as the new criteria for measuring access to services, because unless services are 'reachable' they will not be used to their best advantage for the most vulnerable in our community

## *Specific points made during the five sessions*

On the following pages is a summary of the contributions, discussions and comments made at the five events. The comments are set out using the question format of the sessions and under each question some key themes that emerged for both learning disability and dementia.

### *Learning disability*

There are approximately 700 people recorded with a learning disability in the borough. Population statistics suggested that there should be a higher number something of the order of 2,500. Problems seem to arise with the recording and categorisation of learning disability. Autism was not labelled as learning disability as it is a condition in its own right.

Our understanding is that there are:

- 27 homes for adults with Learning Disabilities, the largest has 34 beds and the smallest 3 beds (average 7 places).
- 15 supported living units
- 7 day providers

A more comprehensive data base, perhaps within the JSNA, and a more detailed study of the residents of Havering with learning disabilities would help to provide more comprehensive and accurate information which could support the design of the wider range of provision and care that is needed.

### *What is missing?*

#### *Annual Health Checks*

- Concern was expressed that Annual Health checks of people who have a learning disability are simply not being carried out. Annual health checks are the responsibility of the person's GP but the GP cannot be forced to do them. Health checks can take 30 minutes, and GPs are paid to do them, some GPs seem reluctant to spend that time.
- Competing priorities, such as ordinary consultations take much less time and several consultations could be done in the time taken to do a health check

- There appeared to be a need to raise awareness of the issue, it was not clear whether this was a matter which the CCG or Healthwatch England had responsibility.
- An idea suggested was to have one designated GP to do all health checks for learning disabilities in the borough. This would not only provide a recognised focal point for this care, but would develop a clinical team with a much more detailed knowledge of working with learning disabilities.
- This was felt to be particularly relevant when looking at diagnosing dementia within this group. People who have a learning disability, particularly those with Down's syndrome, often develop dementia far sooner than the general population; it can be hard to spot and, when it develops, does so more aggressively.
- It can be difficult to get a diagnosis of learning disability or dementia, with the result that support is in turn delayed.
- There was a suggestion that many people of the Asian community are unaware of dementia and learning disability issues for cultural reasons and a dedicated Health check service would help to support this group

### *Communication with professionals*

- Any communications from health care providers, including hospital appointments - should be written in easy-to-read styles, so that people with a learning disability that included difficulty with reading could nevertheless read them for themselves.
- GPs, dentists and optometrists and other healthcare professionals are rarely trained to deal with learning disability.
- Although, understandably busy and therefore having little time to spare, staff at all levels in A&E need to be aware of how to deal with people who have such a disability - with particular awareness of the difficulty that some face in explaining their symptoms and feelings.
- Good practice is developing on learning disability within the Barking, Havering & Redbridge University Hospitals Trust (BHRUT) but the sharing of information between hospital staff and social care staff can be delayed and the social care team can sometimes not be made aware of an admission until a late stage.



- When admitted to hospital, people with learning disabilities still need support from carers particularly in communicating their needs and understanding what is happening to them. More input is needed from staff with a working knowledge of learning disabilities.
- Carers may need to stay in the hospital but this is not always possible. A short term budget increase may be needed to cover any extra costs and people need to know who to go to for advice
- Help is also needed for young people with learning disability in presenting their needs to the GP or other health care professionals.
- There was a feeling that there was a lack of support for people on the autistic spectrum. Quite often, a GP had to be convinced to refer them on to a specialist.

### *Helping people to be more independent*

- The development of facilities to enable people with a learning disability to access as much as they could for themselves without others' interventions was an urgent need.
- Living in a supported environment rather than with relatives enables a person to be more independent; carers can be over protective. But it is important to avoid isolation - a buddy system can be invaluable.
- There is no befriending scheme, and people do not understand the needs of those who have a learning disability, and especially those developing dementia.
- It is important that individuals be encouraged to help themselves more. For example, with public transport, carers can help a person gain the confidence to use it appropriately.
- There is need to know how to access funding and what is available - for example if a person wants to attend college, currently there is a lack of assistance in understanding what is in the care package.

### *Finding out what is available*

- People with a learning disability, especially those whose carers are themselves elderly, find it hard to access mainstream services. They often do not know how to, and thus cannot, communicate their needs to others.

- There was a call for more information generally, for example why not advertise more, or have slogans and adverts on buses. Letting people know where to go for advice: for example, how is the right to an annual health check communicated to the public?
- People who have a learning disability, and have never been in the system do not always get an inheritance from deceased parents or other relatives and so they become the responsibility of Adult Social Care.
- Carers of people who have a learning disability need to be aware of how to cope with dementia; the period following diagnosis can be a particularly traumatic time.
- If a carer has a problem, where do they go first? There is a lack of information, carers often not knowing where to start seeking support.

### *About how the services work*

- Services for children with a learning disability are generally good and, if a user is known to Adult Social Care, for example, on transferring from Children's Services at 18, then they are more likely to continue to receive appropriate care
- Parents of children with a learning disability need to know the key person who is there to support them.
- Those who do not receive intensive support - perhaps because all care is arranged within the family - seem to slip through the gaps.
- As parents get older, natural family support can be lost and those who live at home with family as carers generally do not become known to Adult Care Services until an elderly carer dies, at which stage continuity of care becomes a crisis rather than a managed transition.
- The various strands of learning disability need to be looked at to ensure that people are getting the correct support.
- Although awareness is improving, there is a tendency to categorise rather than address the very many different types of need.

## *What would make a difference?*

### *Help with managing health care issues*

- To raise awareness, there was a need for better training of health and social care professionals, voluntary sector helpers and carers.
- A welcome improvement is the forthcoming reinstatement of the providers' forum.
- Better sharing of information across service providers and quicker notification to social services when a person was admitted to hospital was essential.
- BHRUT should improve their communication with other organisations as this was vital to assisting the patient and the dedicated community support
- Information should be kept up to date, between BHRUT, the GPs and the social care teams.
- A central office/conduit could be set up to encourage the co-operation between such services.

### *Families*

- Families needed to be aware that people with Downs Syndrome were more likely to develop dementia earlier, and that the effects of the syndrome can mask the onset of dementia, making it harder to detect.

### *Residential homes*

- The signs of dementia in learning disability needed also to be understood by staff of residential homes accommodating people with learning disabilities.
- This should form part of the 'routine' training because of the high turnover of staff in those homes.
- Once dementia has been detected, it was necessary to forget the learning disability and deal with the dementia, and staff and carers needed to be aware of this.
- When a service user goes from a care home to hospital, they should be accompanied by a carer from the home, who knows all there is to know about the person.

### *GP care*

- GP services needed to be more aware of, and ready to respond to, the problems of people who have a learning disability.
- It was suggested that a scheme similar to the Butterfly scheme used by BHRT for dementia patients could be developed for the GP notes of people with learning disability this would alert reception and clinical staff to be alert and prepared.
- There would be an improvement in GPs monitoring of patients with learning disabilities if they could follow a learning disability health action plan.

### *Queen's Hospital (BHRT)*

- Improved education and training for staff to enable them to identify the needs of a learning disability service user when being admitted to hospital
- Could a scheme similar to the Butterfly scheme be developed for learning disability patients
- Clinicians need to be aware about the additional needs of their patients who have learning disabilities, particularly communication needs
- There is a new learning disability nurse in place at BHRUT, which should improve matters and was seen as a very positive approach
- This new post should be communicated/ published more widely, so learning disability service users know who to contact.
- There is a communication book from BHRUT and this should be made more available public

### *Carers*

- Families who are without other relatives support should be offered more respite care hours. They tend to use the hours up quickly when compared to families who have family support.
- There was a lack of understanding that carers and families had other responsibilities: their jobs, their homes, raising their children. They should not be made to feel guilty because they could not provide a home and full-time care for their relative
- There was concern that the Government was now expecting carers who were in receipt of welfare benefits to seek employment and report to the Job Centre, even though they were caring full-time.
- Carers also need to be aware of their entitlements to benefits.

- Service users and carers will need help and support in making sense of personal budgets
- Improved access to advice on financial matters from organisations that do not have a business interest in providing the information

### *Community learning disability passport*

- The learning disability passport gives information but is missing practical advice.
- Community passports need to be updated to show what date they are admitted into hospital
- Person-specific information such as by what name a person likes to be called, what they like and dislike and what upsets them. This applies to dementia as well as learning disability.

### *Practical support*

- It would be useful if there were more clubs and cafés for people with learning disabilities
- If clubs, cafés and other facilities for the general public were more welcoming of people with learning disabilities, perhaps develop a learning disabilities friendly logo
- A befriending scheme would help.
- Recognition of people with learning disabilities needs in using public facilities such as public toilets.

It was recognised work has started on many of the issues raised above and that good progress was being made. This is identified in the section below.

## *What have you experienced that is good?*

### *Support*

- Havering Adult Care Services were praised and appreciation was expressed of support from St Francis Hospice. The work of the new learning disability nurse at Queen's and residential homes staff were also praised.

### *Awareness*

- The overall view was that it was good.

- The professionals from the different teams were working together.
- Meetings such as this series of events were seen as a real opportunity for non-confrontational, open and frank discussion between the professionals, service users and carers.

### *Care services*

- There is good multi-disciplinary working, which should ensure that communication is used in the right way
- Mystery shopping takes place, and has worked well in identifying good practice and practice that needs change or developing
- There is a good partnership board that addresses employment issues.
- Supported living schemes help individuals to make better lives for themselves.
- In residential care settings, annual health checks are done.

### *Health services*

- There is a lot more awareness in hospitals, with recent training in BHRUT and consultants are attending these training sessions. Nursing staff receive learning disability training in their inductions
- There has been good feedback about A&E and end of life care from learning disability service users and carers.
- The handling of cases with complex discharge issues from BHRUT has been vastly improved.
- There is demonstrable good practice in dealing with learning disability
- The learning disability team at the Hermitage centre has created a learning disability pathway.

## *Dementia*

Havering has the highest proportion of older people in London and has experienced a 44% increase in the very elderly age groups 84 - 89 years; almost double that of London and England overall.

It is estimated that around 3,275 people in Havering (aged 65+) have dementia. This is predicted to rise to 3,794 by 2020.

There are 42 registered care homes for dementia but, of course, that figure will rise as residents living at home develop dementia.

## *What is missing?*

### *Carers*

- The view was expressed that there is little or no support for carers and the person with dementia, leaving people feeling isolated and unable to find help in the community but reluctant to involve Social Services initially.
- Once registered with Adult Social Care it is easier for people to gain access to the “front door”.
- Carers have a right for their own needs to be assessed but need encouragement to come forward.
- Carers need greater awareness of the clinical issues affecting people with dementia
- There is no use giving people money in personal budgets if they do not know how or where to use it.
- An inability to find help in the community and leaving carers unable to get respite. There is very little respite, which is stressful for families.
- There is confusion over who is offering services. Age Concern no longer offers an advocacy service and there is no support for carers.
- Some patients refuse to visit the memory service - carers of people with dementia are told that the carer must compel the patient to attend the memory clinic, if not this would be a violation of the patients human right - but what about the carer’s human rights?
- A crisis line to call for carers when a person becomes violent would be a significant help.



### *Access to information*

- Information points are needed; there is a lack of information in hospitals, libraries and other public areas.
- More is needed for the growing BME population - a multi-cultural approach, making services acceptable.
- People with dementia may not know much English or even revert to speaking their native language, which not only exacerbates the already difficult nature of communication with dementia patients but leads to isolation
- Because of language barriers, people may not be aware of the services available to support them.
- A unit that can offer translation services within the community would help address this.
- The voluntary sector lacks communication with health professionals.
- There was a suggestion that people are unaware of the resources, voluntary organisations and professional health and social care resources available in the borough.
- A more co-ordinated approach between professional to ensure that accurate information is shared about service users prior to visiting peoples home.
- There is a lack of communication between Adult Social Care and voluntary organisations, and referrals are not always treated appropriately.

### *GP Care*

- There is a lower than average diagnosis rate in Havering, possibly because of coding in GP practices if the incorrect code is used it sometimes is not picked up
- Demographics suggest there should be around 3,000 people with a formal diagnosis of dementia but only about 1,000 have been so diagnosed; the “missing” 2,000 should be identified quickly.
- Individuals and families did not know who to turn to when a diagnosis of dementia was made
- It seems that NELFHT and the CCG/GPs do not use the same coding systems.
- GPs need encouragement to diagnose under 50’s.



- People can become lost between diagnosis and follow up and there are some very unacceptable delays
- It can be difficult to get GPs to make home visits
- When service users are discharged from clinics there is no continuity or follow-up service and carers and users seem to be left to fend for themselves.

### *General comments*

There is a hidden population - people in care homes who are not necessarily known to Adult Social Care or voluntary organisations, never go to memory clinic sessions and receive care from their GP only if their behaviour worsens.

Health passports are not being used enough, nor up-dated.

It would appear that they are only mentioned when someone is admitted into hospital.

It would help if facilities could be shared: with say NELFT, Physiotherapy and voluntary organisations together on one site, in a “one stop shop”.

## *What would make a difference?*

### *GP Care*

- GPs are the first port of call.
- When people go to see their GP about dementia the GP often holds back; how can this be overcome?
- GPs need better awareness and understanding of, and training about, dementia.
- When a diagnosis is made it would be really useful to have someone on hand for a chat about relevant information and telephone numbers.
- An information pack is being prepared, but care is needed to avoid information overload, could organisations work together to provide one concise pack.
- The waiting time from Memory Clinic to receiving a prescription is too long; it can take weeks. GPs blame the system but medication should be available immediately.

- Better liaison is needed between GPs and NELFHT; it is improving but more need to be done. Consultants now give out mobile numbers.
- Isolation exacerbates dementia - not just age - people with mental illness need more help from GPs.
- GPs lack empathy - some GPs say what you would expect from a person who is aged 80.
- Clinicians and receptionists need to listen more - even though they are busy, they should take time for the small things that matter, like getting names right.
- There used to be regular talks given by the PCT in particular at St George's Hospital; this should be reintroduced as the talk was usually given by clinicians and it was very useful.
- Patients often have other health needs, for example, diabetes and it is often very difficult to get medication changes and follow up care organised as the GP does not always fulfil the role of the link clinician

### *General comments*

- There is also concern about the lack of Admiral Nurses - and when one retires later this year, is understood that NELFHT will not be replacing her. That decision needs to be reversed.
- Age Concern raised their concern that they were no longer invited to attend multidisciplinary meetings and felt their input could make a positive difference.
- Wider membership of multi-disciplinary team would be helpful to share information before crisis point is reached
- The public need educating about dementia in order to overcome the possibility of stigmatising people.
- There are new national schemes working with children which have proven to have very positive outcomes
- Better information needs to be available on websites, or when calling centres.
- Advice on legal and financial help should be readily available.
- Carers need better training and overall support, it is a heavy burden 24 x 7
- A "buddy" scheme and a link so that carers and service users do not feel abandoned would help

- Carers need to know how to follow up problems before service users reach crisis point.
- Relatives should be given more information about their kin in care homes. What activities are being employed and how their time is structured.
- More awareness and information should be available. For example, people have commented that their friend is showing signs of dementia, who do they go to for advice about their friend?

## *What have you experienced that is good?*

### *Health services*

- There is good support from some GPs and the Admiral Nurses.
- The Council is investing in more liaison with carers. Carers forums are held and there is a single point of access at the Council
- Co-operation between the CCG and BHRUT is improving; information is being shared between them which they plan to send to The Memory Clinic and it is envisaged that a pattern will emerge. This should help identify the “missing” 2000 who have yet to be diagnosed with dementia
- Good community care can avoid the need for admission to hospital.
- The CTT and the CCG are proposing to provide facilities at night.

### *Social Care*

- Good support from Adult Care Services
- Occupational Therapists are supportive and give advice as to what is needed in the home, such as alarms.
- Havering is passionate about dementia services in the borough and there is now a Dementia Programme Manager.

### *The voluntary sector*

- There is good support from Age Concern, St Francis Hospice
- There are support groups for carers, lunch clubs and Alzheimer’s cafés: these are well run, but people who are not in the “loop” find it difficult to access them.
- The Alzheimer’s Society has issued a leaflet called “This is me” about the need of a dementia patient when they are receiving

treatment - it was originally for those going into hospital, but has been updated for all dementia patients undergoing treatment either in hospital, GP or in the home.

- The Alzheimer's Society has dementia champions, with training not only for their own staff and volunteers but for others.

## *Other*

### *Joint Strategic Needs Assessment*

- The JSNA is the document which helps to form the basis of informed decision making for commissioning services.
- It is robust in having well-documented national statistics, but it appears to be weaker in local data.
- Aspects of the JSNA such as statistics on learning disability and dementia should be provided in a simpler and shortened format for organisations working within this sector. The current format is a bit indigestible for people outside of the professional public health arena.

### *Library Services*

- This service is well respected by all the agencies.
- Libraries are really committed to helping support groups, and support anyone wishing to hold an event.
- A Dementia Action Alliance is being formed in Havering. It would be helpful if local shopkeepers could put a sign up saying that they are a “dementia-friendly” shop. This would make those with dementia and the carers feel more comfortable as they can feel alienated when visiting shops.

## *Making a difference - actions already taken*

In the course of the discussions, several issues were mentioned and it was agreed people felt should be taken forward as quickly as possible

. The following is a brief summary of some of the action taken:

- Following a suggestion that GPs lacked training in dealing with dementia, BHRUT agreed to investigate the position
- In respect of training for carers' groups, Adult Social Care is working with the CCG to find suitable premises as a matter of urgency
- NELFT and Age Concern are to discuss what happens when a person who has dementia refuses to see a GP or the memory service -
- Enquiries are being made about overcoming the obstacles to Age Concern and potentially any other relevant voluntary organisation resuming attendance as part of multi-disciplinary meetings
- The CCG is to discuss with NELFT the concern about the lack of Admiral Nurses - in particular, the suggestion that when one retires Note CCG have picked up on this and written to NELFT.
- A lead GP agreed to take forward the concerns on providing Health Checks to people with learning disability

Individual cases that came to light in the course of the events have been taken up with the relevant providers.



## **Participation in Healthwatch Havering**

We need local people, who have time to spare, 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 achieve this we have designed 3 levels of participation which should 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:**

### **Lead Members**

To provide stewardship, leadership, governance and innovation at Board level. A Lead Member will also have a dedicated role, managing a team of members and supporters to support their work.

### **Active 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.

### **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 our Manager, Joan Smith, on **01708 303 300**;  
or email [enquiries@healthwatchhaverling.co.uk](mailto:enquiries@healthwatchhaverling.co.uk)



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

Telephone: 01708 303300

Email: [enquiries@healthwatchhaverling.co.uk](mailto:enquiries@healthwatchhaverling.co.uk)

Website: [www.healthwatchhaverling.co.uk](http://www.healthwatchhaverling.co.uk)

