



ANNUAL REPORT, 2016/17

Still making a difference...

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

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 organization, established by the Health and Social Care Act 2012, and can 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 several 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 organization 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 organization, 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 to local health and social care organisations. In the interests of the environment and economy, we are not producing printed copies this year but the report is available for downloading from our website www.healthwatchhavering.co.uk and a hardcopy can be supplied on request.

The electronic version of this report contains hyperlinks to the relevant sections and to external URLs. Healthwatch Havering is not responsible for the content of external websites.



Foreword

Anne-Marie Dean, Chairman of Healthwatch Havering

Welcome to our fourth report. This has been a busy and interesting year. There are national initiatives that are beginning to develop into local plans, with the London Borough of Havering (LBH) and the Clinical Commissioning Group (CCG) designing more integrated and accessible care, patient groups becoming more involved in shaping their local GP and other services and timely progress on the work across the borough to improve services for people with learning disabilities. Some of our highlights are:

- ✓ The excellent work undertaken by our volunteer members has continued unabated with more Enter and View visits to Residential and Care homes, Barking, Havering and Redbridge University Hospitals Trust, North East London Foundation Trust and, this year, with a focus on developing our knowledge and expertise about GP premises.

- ✓ The joint review between Healthwatch Havering and Havering Council's Health Overview and Scrutiny Committee regarding the very significant delays in the referrals to treatment. The report is expected to be published at the end of June.
- ✓ Partnership working across the borough with CCG sub-groups, Accident & Emergency Board, Locality Design Planning group, Care Point, Patient Reference Groups, Havering Over Fifty Forum (HOFF), Havering Volunteer Centre, Positive Parents, and other organisations and individuals committed to improving services for people living with Dementia, Learning Disabilities, Sight Problems or nearing the End of Life.
- ✓ Our purpose is to help to ensure that these groups develop and embrace the need to involve the people of Havering, carers and patients in the design, delivery and assessment of care as a natural part of the way we all work together.

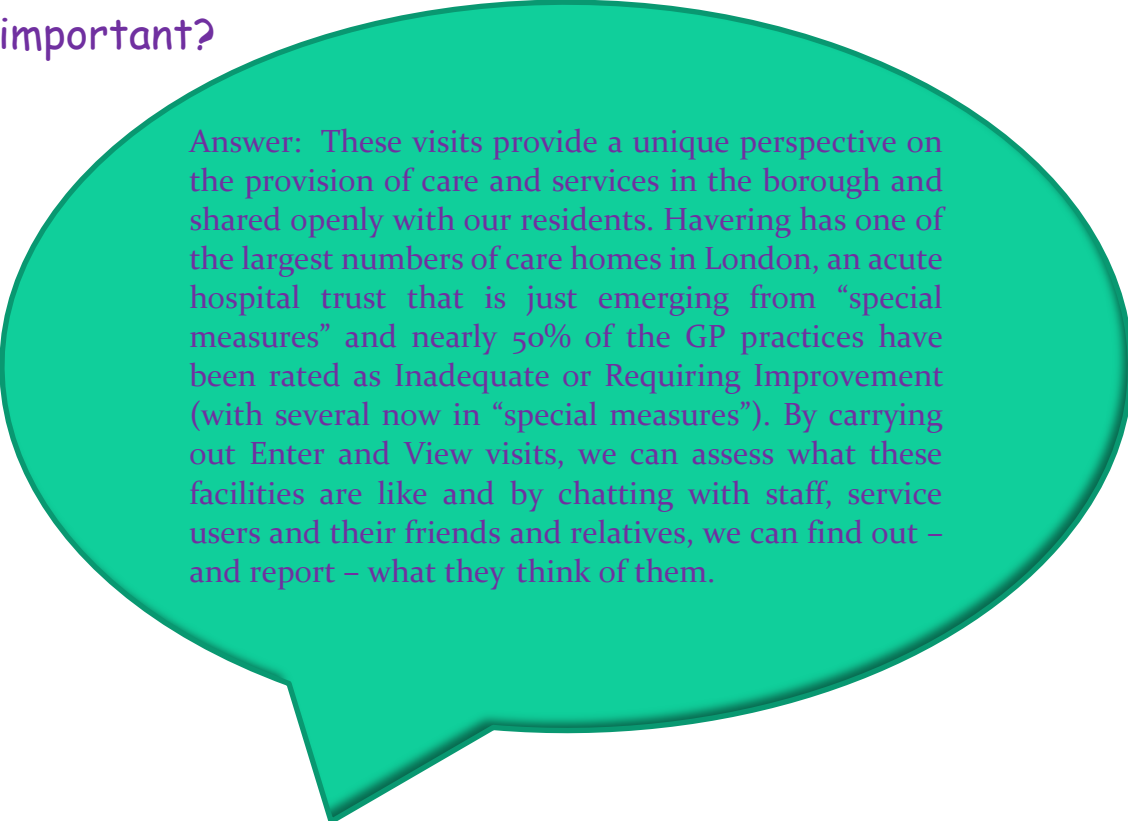
We would like to thank you for finding the time to read this report, and our volunteers, residents and colleagues for their hard work



THIS YEAR AT A GLANCE

ENTER AND VIEW

Question: So why do we think Enter and View visits are so important?



Answer: These visits provide a unique perspective on the provision of care and services in the borough and shared openly with our residents. Havering has one of the largest numbers of care homes in London, an acute hospital trust that is just emerging from “special measures” and nearly 50% of the GP practices have been rated as Inadequate or Requiring Improvement (with several now in “special measures”). By carrying out Enter and View visits, we can assess what these facilities are like and by chatting with staff, service users and their friends and relatives, we can find out – and report – what they think of them.

✓ Nursing and Care Homes

The residents of our Nursing and Care homes are an important part of our society in Havering. Many residents have the benefit of regular family and friends to visit them, but some may not, for many reasons. So we take pro-active measures to visit homes and assess the environment and care these people receive. We carried out:

Enter and View visits to Nursing and Care Homes

14

Follow up visits to Care Homes to see how they have fared since our most recent visit

4

✓ Hospital Services

We undertook 2 visits to Queen's Hospital. This included a series of semi-announced visits undertaken to the wards at meal times.

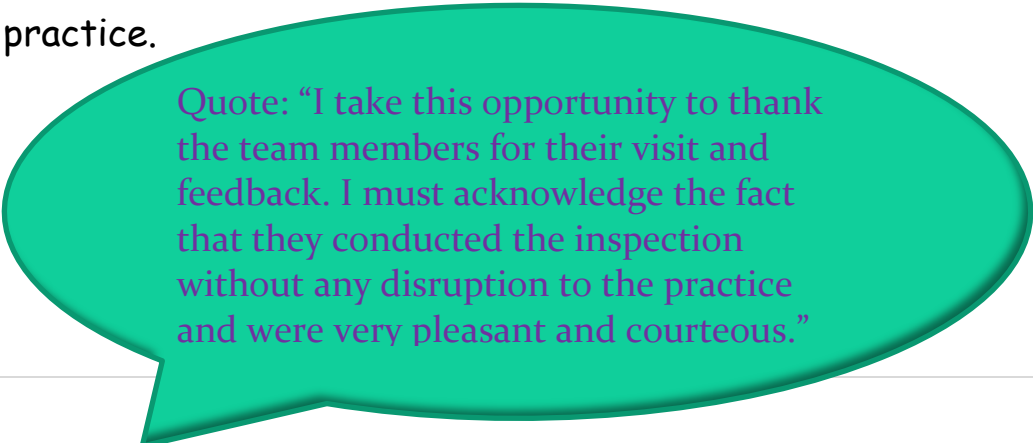
✓ Mental Health and Community Services

We undertook 3 visits: to the Community Rehabilitation wards at King George Hospital, Goodmayes; to the Mental Health Street Triage Scheme at Goodmayes Hospital; and to the Long-Term Conditions Centre at Harold Wood.

✓ GP Practices

We undertook 17 visits across the borough. This year the CQC completed its inspection of almost all GP practices in the borough. While some practices have been rated 'Good', too many practices have been rated Inadequate or Requires Improvement and a few have been placed in "special measures". We visited a range of practices to learn about the state of general practice in the borough.

Among the issues we raise during these visits is the relationship between the practice and its Patient Participation Group and how best use is made of the strength of input these volunteers have to the work of every practice.



Quote: "I take this opportunity to thank the team members for their visit and feedback. I must acknowledge the fact that they conducted the inspection without any disruption to the practice and were very pleasant and courteous."

✓ Other health and social care facilities

We also visited:

- ◆ Two pharmacies (associated with GP practices)
- ◆ A private Day Care facility for people with learning disabilities
- ◆ A drug and alcohol advisory service
- ◆ A dental practice



The reports of all of our visits are available on our website

www.healthwatchhaverling.co.uk/enter-and-view-visits



WORKING IN PARTNERSHIP



CCG and BHRUT - working on urgent and emergency care

This year has seen us working with the Clinical Commissioning Sub-Groups and the Accident and Emergency Board, addressing issues such as the high attendances at the Queen's Hospital A & E (Emergency) Department, exploring a wider role for NHS 111 and working with the London Ambulance Service to design new pathways.

We also regularly attended the BHRUT Assurance and Surveillance Group, overseeing the transition of BHRUT and its hospitals from special measures.



Havering Health and Wellbeing Board

We take our statutory membership of Havering's Health and Wellbeing Board very seriously and our Chairman, Anne-Marie Dean, has been assiduous in attending its meetings.

Highlights from the board include Local Children's Safeguarding and Adult Safeguarding, the Dementia Strategy, the development of Integrated Care Pathway boundaries matching those of the Primary Care Networks to support better locality planning, the development of the East London Health Care Partnership which is being launched on 3rd July with the Partnership Community Groups launching on 4th July. The importance of attracting staff and providing an environment which is stimulating and supportive to staff, this included discussion about an Academy for staff and the importance of providing more key worker housing such as the opportunity which the St. Georges hospital site could offer.



Havering Locality Development Planning Group - a partnership with LBH and CCG

This newly formed group is part of the wider work being undertaken by the Accountable Care System/Integrated Care Partnership board as a

contribution to the development of the East London Health and Care Partnership ¹. This group is working to achieve a better integration of services in the primary, community and social care teams and a service that is most response and accessible. The group is at an embryonic stage of development as they begin to tackle how to innovate and design sustainable solutions for integrated health and social care services across North East London.

We have continued working with the CCG and other stakeholders on the future development of the former St George's Hospital site in Hornchurch.



Voluntary Organisations and Patient Forums

Our team has also been working with a range of local organisations such as Care Point, Patient Experience Reference Forums, the Havering Over Fifties Forum (HOFF) and Havering Volunteer Centre aimed at improving the standard and range of health and social care services across the borough from a patient and carer perspective.

All of these organisations, together with ourselves, have the key aim of ensuring that we all use our best assets, experience and wisdom and involve our communities to ensure that we have a health and social care service which is safe, dependable and sustainable for the long-term future.

¹ The East London Health and Care Partnership is taking forward the Sustainability and Transformation Plan (STP) for the North East London "footprint"



Learning Disabilities

We continue to work with some outstanding families, friends and organisations as we work together to improve the facilities and services from people with learning disabilities across the borough. Through listening to the experiences of individuals and families, we have shared these experiences with the CCG.

The CCG are supporting an initiative that will ensure that all GP practices in Havering are provided with access to a Toolkit for GPs - A Step by Step Guide for GP Practices for people with Learning disabilities www.rcgp.org.uk/learningdisabilities

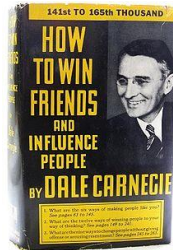


Working with our Healthwatch colleagues

With our Healthwatch colleagues from Barking & Dagenham and Redbridge, we meet regularly with our CCG and BHRUT colleagues, enabling us to be fully informed of key issues in primary care.

This year we have worked together on a bid won by Healthwatch Barking & Dagenham to deliver training sessions to key 'front of house' health service teams who work directly with patients and carers

Across North East London the Healthwatches are working together to design information and consultation sessions that support the work of the STP and the East London Health and Care Partnership.



Influencing others

Our relationship with the range of partners that we work with gives us the opportunity to influence their thinking and their operational activity.

For example, after our attention was drawn to an unpleasant odour permeating parts of Queen's Hospital, we were able to ensure that the hospital's management team looked into the matter and took action to get rid of the odour.

Quote: "What an excellent result, which is down to your persistence in pursuing this matter. I doubt I would have had such a successful outcome without your input. So I'm sure I speak on behalf of all the staff and patients who have and still do attend these clinics, a very big thank you from us all, especially me."

REPORTS AND CONSULTATIONS



The Delayed Referrals to Treatment report

We formed a Joint Topic Group with Havering Council's Health Overview and Scrutiny committee. Its purpose was to give Healthwatch volunteer members and Councillors the opportunity to explore the issues regarding the very significant delays in the care of the patients at Queens Hospital and King George Hospital.

Using the values of the NHS - Accountability, Probity and Openness - a total of 9 Volunteer Members and 7 Councillors met with, in all, 10 representatives from BHRUT, the BHR CCGs, NELFT and the NHS Improvement Authority.

The problem had begun in December 2013 when the Trust migrated data from one computer database to another, which exposed a discrepancy: up to 93,000 referrals from GPs for treatment had somehow been missed. The size of tackling this discrepancy had been daunting. A total of 9,000 extra appointments would be needed, a further 20,000 to cope with the additional demand on the Trust's services, 760 operations would reduce the backlog, with a further 800 needed to cope with the additional demand. The trust had the most long-waiting patients in the country, with around 850 patients waiting more than 52 weeks for treatment. By the end of March 2017, local GPs had redirected a total of 26,000

patients into alternative services, helping ease pressure on the BHRUT waiting list.

The review was not intended to apportion blame for the delays but to examine why they occurred, and to be satisfied that, so far as possible and practicable, appropriate steps had been taken to avoid their recurrence.

The report is to be published in June 2017 and we would like to express our appreciation for the assistance given by all the individuals and organisations involved, which enabled an open and transparent review to take place.



Enter and View reports and their findings

From the beginning of Healthwatch, we have taken the view that a robust programme of Enter and View visits was the best way that we could ensure that we examined on the ground how patients' and residents' needs were being met.

To that end, we have established a robust method for identifying premises that should be visited, with a monthly meeting of staff and volunteers at which the programme is managed, visits arranged and the findings of recent visits reviewed. In 2016/17, we carried out 42 visits (with a small number of premises visited more than once), including, for the first time, several GP practices, several pharmacies and a dental practice. The full list appears in Appendix 1.

Our visiting teams were generally 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' relatives and friends alike.

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

All reports of our visits have been published on our website www.healthwatchhavering.co.uk/enter-and-view-visits and shared with the home, GPs or hospital, the Care Quality Commission, the Clinical Commissioning Group, Havering Council and other relevant agencies. Owing to the thorough nature of pre-publication checks, not all reports of the visits during the past year had been published at the date this report was prepared.



Spending Money Wisely Consultation

The CCG together with the GP Clinical Directors for Havering, Barking and Dagenham and Redbridge have sought to consult local people's opinion on a range of treatments and prescribing. These are treatments or prescribing where there is no evidence of clinical value and to limit other

treatments and prescribing to much closer scrutiny always allowing for clinical decision making where appropriate.

The planning for this exercise began in March 2016 and we have worked closely with the CCG in designing the process ensuring that the information was clear and easy to read and that there were sufficient opportunities for local people to attend events. The consultation process completes in mid-May.



Means of consultation

We did not carry out any formal consultation exercises this year. We have continued to receive, and act on, contacts from the public about health and social care matters through a variety of sources, including personal contacts, telephone calls, email, letters and our Tell Us What You Think Cards².

We also consulted a range of local commissioners and providers of health and social care services about a range of services. None refused to co-operate with us or to provide information.

² These are pre-paid postage postcards available from various locations that enable the public to let us have information – good or bad – about health and social care facilities.



GOVERNANCE

Our decision making

How we focus our time and energy is influenced by our volunteer members, the people who live and work in Havering and local organisations.

The board, which consists of directors, staff and volunteer members, establishes our priorities which are set out below in 'Our Plans for 2017/2018' and our programme of 'Enter and View' visits is set by our volunteer members at the monthly Panel Meeting.

Our policies and procedures are discussed and agreed in public board meetings and our board minutes are accessible on our website. The governance documents ensure that we operate efficiently and fairly in accordance with our statutory and legal requirements.

As part of our governance this year we reviewed the document 'A guide to the legislation affecting Healthwatch Havering'.

Because we have considerably widened the range and the complexity of the issues we now address as part of the 'Enter and View' programme, we have reviewed and widened the pro-forma of questions that volunteer members ask when undertaking visits.

We have bi-annual Away Days with all our members, to which we invite outside speakers to talk to us about their services and challenges. Our speakers help us to align our plan with critical issues happening in our borough. This year our speakers addressed the following subjects

- Irvine Muronzi and Wellington Makala of NELFT, about how to approach patients receiving hospital care for mental health issues
- Dr Sanomi - Local GP Clinical Director - 'Spending Money Wisely' consultation and the challenges facing Primary Care
- Ben Campbell and Sandy Foskett, of the Commissioning Team from the London Borough of Havering - talking about the commissioning of Domiciliary Care Services for the Boroughs older and vulnerable community.
- Patrick Farrell, Consultant Paramedic, Darzi Fellow in clinical decision making, attached to Queens and King George Hospital Accident and Emergency Department.

Healthwatch Havering is, in legal terms, a company limited by guarantee called Havering Healthwatch Limited. As a company limited by guarantee, it has no shareholders and is prohibited by law from distributing any financial surplus (or profit). Registration particulars and other contact details appear at the end of this report.

Our volunteers

Although Healthwatch has statutory powers and is established by law, it relies for the exercise of its functions mainly on the efforts of its volunteer members. The majority of the volunteers who work in Healthwatch Havering have a professional background within the health and social care sector or have many years' familiarity with health and social care needs. This gives them valuable insight into the work that they do and enables them to report authoritatively on the Enter & View visits that they carry out.

Our volunteers give unstintingly of their time - something that is appreciated not only by Healthwatch but also by the wider community. We are delighted to report that, in June 2017, a number of Healthwatch volunteers received awards from the Havering Volunteer Centre in recognition of their efforts.



Healthwatch Havering Volunteers receive their awards, 9 June 2017

Left to right:

Shelley Hart of Havering Volunteer Centre; Dianne Old; Ron Wright;
Deputy Mayor of Havering, Cllr Dilip Patel; Diane Meid; Dawn Ladbroke; Jenny Gregory; Carol Dennis;
and Emma Lexton
(photo: Harvey Lexton)



Financial Report

Funding

Havering Council provided grant in 2016/17 to fund our activities at the same level as pertained for the financial years 2013/14 to 2015/16, £117,359.

Allowing for use of reserves, Corporation Tax adjustments, interest received and other miscellaneous income, the amount carried forward at the end of 2016/17 was £3,533.

A summary of the detailed accounts is set out in [Appendix 2](#). The full audited accounts are available on our website at <http://www.healthwatchhavering.co.uk/our-activities>

Staff

Staff remained unchanged during 2016/17 from those in post at the end of March 2016. There are three directors - two who are engaged in executive roles as Chairman and Company Secretary respectively for 21 hours per week, while the third undertakes a non-executive role - and two part-time employees.



Our Plans for 2017/18

In April, we had an Away Day to choose our priorities for 2017/18. These are

- 1) To develop our relationship with the Strategic Transformation Board, the Accountable Care System/Integrated Care Partnership for BHR and the Locality Development to ensure that we can understand, influence and support the engagement and consultation process for our residents.
- 2) Patient Empowerment will continue to be developed continuing to support people and families with Learning Disabilities and services with the Primary Care setting.
- 3) To work with the Commissioning team in the Borough on the recently procured Domiciliary Care Services to learn more about the services and the opportunities for resident's feedback. These services are provided to residents many of whom are among the most vulnerable in our community
- 4) To work with Queens Hospital and the Public Health team to design a process to engage patients and visitors to be more aware of the importance of 'No Smoking' in the hospital environment.
- 5) Continue with the Enter and View programme and to begin to explore the opportunity of creating a learning opportunity between the organisations using the knowledge gained by our E & V visits.

In all of this, we will be following the national guidance in the Healthwatch England Business Plan for 2017/18 - to bring the public's views to the heart of local decisions

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 and flyers for events

Appendix 1 Enter and View visits.



In addition to having one of the largest residential and care home sectors in Greater London, Havering has the largest number of GP practices in London rated by the CQC as Inadequate or Requiring Improvement, a major hospital Trust (BHRUT) that is only now emerging from Special Measures following a 2013 inspection that found it Inadequate, a community health services Trust (NELFT) rated as Requiring Improvement, and a CCG that is under immense financial pressure and subject to Directions by NHS England. Moreover, the local health economy generally is under considerable strain because of the demands of urgent care needs, residential and domiciliary care needs and the imminence of the retirement of a number of GPs working single-handedly or in small partnerships.

From the beginning of Healthwatch, we have taken the view that a robust programme of Enter and View visits was the best way that we could ensure that we examined on the ground how patients' and residents' needs were being met.

To that end, we have established a robust method for identifying premises that should be visited, with a monthly meeting of staff and

volunteers at which the programme is managed, visits arranged and the findings of recent visits reviewed. In 2016/17, we carried out 42 visits (with a small number of premises visited more than once), including for the first time a number of GP practices, several pharmacies and a dental practice. The full list appears below.

Our visiting teams were generally 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' relatives and friends alike.

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

All reports of our visits have been published on our website www.healthwatchhavering.co.uk/enter-and-view-visits and shared with the home, GPs or hospital, the Care Quality Commission, the Clinical Commissioning Group, Havering Council and other relevant agencies. Owing to the thorough nature of pre-publication checks, not all of the reports had been published at the date this report was prepared.

We did not exercise Enter and View powers at an ophthalmology practice during this year.

The powers of Healthwatch to carry out Enter and View visits are set out in legislation³ and most visits were carried out in exercise of them. On 8 occasions however, noted in the table that follows, visits were carried out at the invitation of the establishment's owners/managers and there was no need for the exercise of our statutory powers; but that has not affected how we have reported on such visits.

³ The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013

We did not find it necessary to make recommendations to Healthwatch England on special reviews etc.

Date of visit	Establishment visited		Reasons for visit
	Name	Type	
	2016		
12 April	Cranham Court	Nursing Home	To observe the home in normal operation following CQC rating of Good
12 April	Little Gaynes	Residential Care Home	To observe the home in normal operation following CQC rating of Requires Improvement
26 April	Alton House	Residential Care Home	To observe the home in normal operation following CQC rating of Requires Improvement
1 May	Foxglove Ward and Japonica Ward, King George Hospital	Community Rehabilitation Wards	By invitation of NELFT; joint visit with Health Overview & Scrutiny Committee members
16 May	Rosewood Surgery as Hub practice	GP practice	As part of review of operation of GP Hub service
17 May	King's Park Well Pharmacy pre-6.30pm	Pharmacy	As part of review of operation of GP Hub service
17 May	King's Park GP pre-6.30pm	GP practice	As part of review of operation of GP Hub service
17 May	Rosewood Surgery	GP practice	As part of review of operation of GP Hub service
19 May	King's Park GP after 6.30pm	GP practice	As part of review of operation of GP Hub service

Date of visit	Establishment visited		Reasons for visit
	Name	Type	
	2016		
19 May	King's Park Well Pharmacy after 6.30pm	Pharmacy	As part of review of operation of GP Hub service
24 May	Petersfield GP Practice	GP practice	As part of review of operation of GP Hub service
25 May	North Street GP Practice	GP practice	As part of review of operation of GP Hub service
23 July	North Street GP Practice as Hub practice	GP practice	As part of review of operation of GP Hub service
28 July	Moreland House	Residential Care Home	To observe the home in normal operation following CQC rating of Requires Improvement
13 September	Havering Court	Residential Care Home	To observe the home in normal operation
27 September	Arran Manor	Residential Care Home	To observe the home in normal operation following CQC rating of Good
6 October	Queens Hospital: In-patient meals	Acute Hospital	Following expressions of concern about the standard and serving of meals in certain wards
11 October	WDP Havering	Drug and alcohol advisory service	By invitation in advance of CQC inspection

Date of visit	Establishment visited		Reasons for visit
	Name	Type	
2016			
27 October	Maylands Health Centre (GP Practice)	GP practice	By invitation, following catastrophic flooding of premises in June
27 October	Maylands Health Centre (Pharmacy)	Pharmacy	By invitation, following catastrophic flooding of premises in June
27 October	Maylands Health Centre (Parkview Dental Practice)	Dental practice	By invitation, following catastrophic flooding of premises in June
1 November	Straight Road GP Practice	GP practice	To observe the practice in normal operation, following CQC rating of Requires Improvement
7 November	Greenwood GP Practice	GP practice	To observe the practice in normal operation, following CQC rating of Requires Improvement
14 November	High Street (Hornchurch) GP Practice	GP practice	To observe the practice in normal operation, following CQC rating of Requires Improvement
15 November	Ravenscourt	Residential Care Home	To observe the home in normal operation following CQC rating of Good (qualified by "Well Led" Requires Improvement)
18 November	Berwick Surgery GP Practice	GP practice	To observe the practice in normal operation, following CQC rating of Inadequate

Date of visit	Establishment visited		Reasons for visit
	Name	Type	
2016			
21 November	Mawney Road GP Practice	GP practice	To observe the practice in normal operation, following CQC rating of Inadequate
23 November	Mental Health Street Triage Service	Community Health Service	By invitation of NELFT to learn about the service
5 December	Long Term Conditions Centre, Harold Wood	Community Health Service	By invitation of NELFT to learn about the service
8 December	Suttons Avenue GP Practice	GP practice	To observe the practice in normal operation, following CQC rating of Inadequate
2017			
17 January	Beech Court	Residential Care Home	To observe the home in normal operation following CQC rating of Requires Improvement
23 January	Mungo Park GP Practice	GP practice	To observe the practice in normal operation, following CQC rating of Requires Improvement
2 February	Lilliputs Centre (Second visit)	Complex of Residential Care Units for people with learning disabilities	To observe the home in normal operation following CQC ratings of Requires Improvement of certain units within the complex

Date of visit	Establishment visited		Reasons for visit
	Name	Type	
2017			
6 March	The Oaks	Residential Care Home	To observe the home in normal operation following CQC rating of Good
16 March	Modern Medical Centre GP Practice	GP practice	To observe the practice in normal operation, following CQC rating of Requires Improvement
21 March	Sarnett House	Residential Care Home for people with learning disabilities	To observe the home in normal operation following CQC rating of Requires Improvement
29 March	Barleycroft	Residential Care Home	To observe the home in normal operation following CQC ratings of Requires Improvement (current and previous)

Future programme

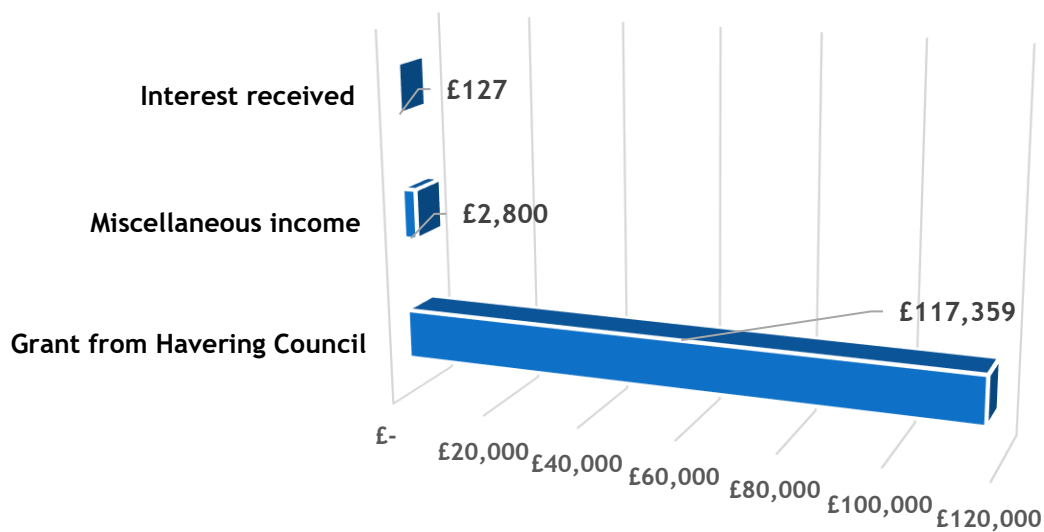
Our future Enter and View visit programme will continue to be informed by CQC reports on establishments, by information gathered through meetings with local regulatory agencies and by complaints (and compliments, should we receive any) from service users.

We have already identified a number of establishments that we plan to visit during the course of 2017/18.

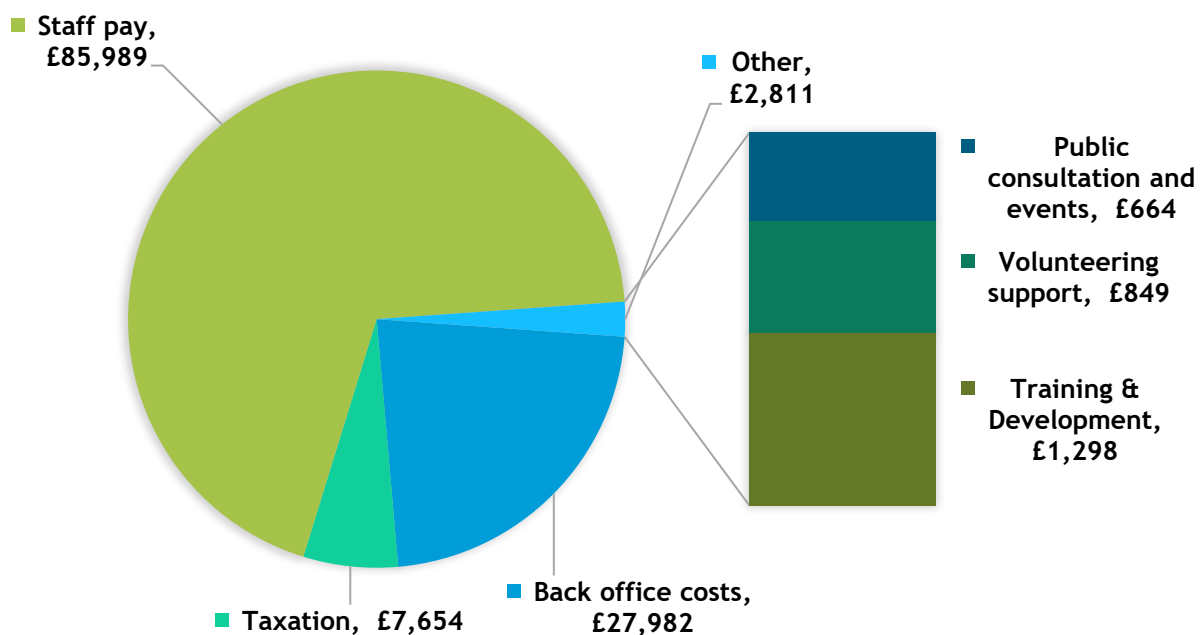
Appendix 2 Summary statement of Income and Expenditure

For more detail, please refer to the annual accounts available on our website at <http://www.healthwatchhaverling.co.uk/our-activities>

INCOME SUMMARY



EXPENDITURE SUMMARY



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@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*

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