healthwatch Havering

ANNUAL REPORT, 2013/14

Making a difference…

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

This document contains hyperlinks, both internal and to some external websites. Hyperlinked text is clickable and appears in this colour for ease of reference

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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

It is a pleasure to welcome you to our first annual report.

Firstly, I would like to begin by thanking our volunteers, staff and the statutory and voluntary organisations that have supported us in becoming established within Havering. With their help and advice we have become part of the Havering network of health and social care organisations.

Healthwatch Havering is part of a new national concept which gives every individual, in every community, their own local independent consumer champion for health and care. Our umbrella body is Healthwatch England, which is part of the Care Quality Commission.

Our job is to champion the needs of children, young people and adults. We know that if we can make things better for the most vulnerable in our communities, we will all benefit. We work for everyone, not just those who shout the loudest.

During the year patients, service users, carers and concerned members of the public have shared with us a number of matters. Our approach is always to listen carefully, build up a detailed

picture gaining a clear understanding of what is important to each individual.

Although we work in partnership with the health and care sector, voluntary and community sector; we are independent, and so we can, and do, when required, speak loudly on behalf of all individuals in Havering and we are not afraid to point out when things have gone wrong.

The strength of our work is entirely based in the strength of our volunteer team. They lead and set the priorities and objectives, based on personal knowledge and the experiences that people and organisations share with us and the national and local agenda. Within our Annual Report we share with you examples of their work and achievements.

We have had a busy and successful year and thank you for your part in helping us to achieve this.

1 Making a difference: working with local partner organisations to improve services

The launch of Healthwatch both nationally and in Havering in April 2013 coincided with emerging public concern about standards of care in health and social care settings – the scandals of Mid-Staffordshire Hospital and the Winterbourne House care home were just the two most remarked-upon examples of a series of failings that attracted the attention of the media and other commentators.

Safeguarding is at the heart of all we are doing in the Borough. It is often more effective to work informally in the background than stridently to produce formal reports and recommendations.

Locally, concerns arose following a series of adverse Care Quality Commission (CQC) and other reports about care in Queen's Hospital, Romford and in several residential care homes. Our contacts with the Barking, Havering & Redbridge University Hospitals Trust (BHRUT) and with several care home proprietors have received positive responses.

In late 2013, Queen's Hospital was one of the first in England to be subjected to a new inspection regime by the CQC, as a result of which the hospital was placed in "special measures". Although not directly involved in that decision, we submitted preliminary evidence to the inspection team and we were present by invitation at the meeting at which the CQC announced the findings of the inspection team.

Our Social Care team has been paying close attention to the Borough's care homes and, in particular, those identified by the CQC as being in need of significant improvement. We have not needed to make formal recommendations or representations to the CQC so far but our close working relationship with them both has led to the development of mutual trust and respect that enables us to be informally influential.

More recently, we have worked on services for people with Dementia and for people with a Learning Disability – both areas of growing concern nationally as well as locally. We are developing strong links with both statutory and voluntary agencies operating in those areas, enabling us to be influential without necessarily having to take formal action. We have recently submitted a series of recommendations to commissioners and providers of health and social care services for people with Dementia or for people with a Learning Disability, based on what people who live or work in the Borough have told us through our "Have your say…" events on Learning Disability and Dementia.

2 Making a difference: working for local people

Although Healthwatch Havering has no direct remit to represent, or act as advocate for, individuals or to investigate individual complaints, people in distress do not always appreciate exactly whom to approach for help and contact Healthwatch Havering "because we are here". We have taken the view that we have a general duty of care to help those in distress.

Generally, we carry out that duty by referring people on to those best placed to help them but, occasionally, a more detailed intervention may be needed. Moreover, of course, an approach from a person in distress may be symptomatic of some underlying systemic failure that *is* within our remit.

An example of possible systemic failure emerged with difficulties in getting appointments at Queen's Hospital:

- a patient who had a life-threatening illness, who needed further medical attention was having trouble getting an appointment
- another was distressed because he had been told by Queen's Hospital that he had only a limited time to contact them to make an appointment for treatment for a respiratory problem but was unable to get though on the telephone, and was concerned that he would miss the slot
- one patient's paperwork for the pain clinic was lost and, despite being in agonising pain, she was told that she would have to go to the back of the queue

In each case, we made representations on the patient's behalf and appointments were promptly arranged for them.

In another case, a patient contacted us having taken her two young sons to be vaccinated at her GP practice – while there, she had a disagreement with the nurse and felt awkward about returning to the practice; she was very worried about not having a GP. We told her to contact NHS England, and we later learned that she had been allocated to another GP within a couple of days.

One man rang the office – his mother had been refused a stair lift on the ground that she lacked mental capacity to use it safely, even though the son was living with her. We referred him to the appropriate staff in Adult Social Care and he later told us that his mother had received her stair lift – his thanks were profuse!

3 Making a difference: influencing official bodies and others

Healthwatch Havering is a statutory member of the Havering Health & Wellbeing Board. We are also formally represented at meetings of Havering Council's Health, Individuals and Children's Services Overview & Scrutiny Committees and a wide range of other relevant bodies, both local and regional to North and East London.

A fuller list of the organisations etc. with which we are involved is set out in ***Appendix 1***.

Informal meetings are regularly held with senior managers of Havering Adult Social Care, BHRUT and Havering Clinical Commissioning Group (CCG). A good working relationship has been established with the local officers of the CQC Inspectorate responsible for health and social care facilities in Havering.

After a visit by our Social Care team to a particular, rather large care home, it transpired that their residents shared 8 or 9 GPs: as such a large number could have led to confusion over which GP was responsible for which residents, we contacted the CCG and suggested there should be fewer, designated GPs. As a result, the CCG has designated a single GP for the home instead. This case was recently cited to Healthwatch England as an example of the sort of change for the better that local Healthwatch can be instrumental in achieving[1].

In February, we undertook an announced "Enter & View" visit to a care home in Romford that had given the CQC cause for concern. Our team found that the home had made progress in dealing with the problems identified by the CQC but that there were still issues to be addressed. Our recommendations following the visit led to the home's proprietors employing an additional activities coordinator.

We have developed an ambitious work programme for 2014/15, which will include an investigation of patient-related activity at GP practices (see ***Chapter 8***).

[1] Comments to the Committee of Healthwatch England in February 2014 by Councillor Sir Merrick Cockell, Chairman of the Local Government Association and former Leader, Royal Borough of Kensington & Chelsea

Further details of our Enter & View activities are given in ***Appendix 2***. Some case studies of actions that have led to positive change are given in ***Appendix 3***.

Although strictly outside the scope of this Annual Report, we recently learned that BHRUT had welcomed as positive the feedback we have given them following an Enter & View visit to the Maternity Unit at Queen's Hospital. Their Chairman said, on the record at a Board meeting, that:

> "I am pleased to say that an independent review by Healthwatch into our maternity services was very complimentary. This is a reflection of the Journey of Improvement that has been carried out in BHRUT's maternity services"

Subsequently, BHRUT confirmed their acceptance of our recommendations for further improvement (details are on our website).

We have established a useful working relationship with Healthwatch England, both at national level and in London. During 2013/14, we had no occasion to make any suggestions or proposals to Healthwatch England on matters for investigation (though as publication of this annual report was nearing, we did agree to support a special inquiry proposed by Healthwatch England into hospital and other institutional discharge, based on local work about discharge already carried out – see ***Appendix 3***).

4 Making a difference: public consultation and participation

Healthwatch Havering is developing a role in consulting the public and encouraging their participation in health and social care issues.

In September, we commissioned the Film Unit of the Media Studies Group of Sixth Formers of a local School, the Coopers' Company & Coborn School, Upminster, to produce a short film of local peoples' thoughts about local health services. This film is available on **You Tube**.

In December, we held a workshop at which the CCG and North East London Foundation Health Trust (NELFT) were able to give presentations about their plans for improving home care services: **New Services Putting Care Closer to Home** was well-attended and generated valuable feedback for the CCG and NELFT in proceeding with their plans.

Over two weeks at the end of February and beginning of March, we held five **"Have your say… on Learning Disability and Dementia services"** events around the Borough. These gave health and social care professionals, service users and carers, and representatives of the voluntary sector an opportunity to discuss health and social care services for people who have Dementia or a Learning Disbaility. The information gathered in the course of those events has proved invaluable and the formal report is now on our website.

Some of our volunteers provided a stand at Havering's **National Women's Day** in March, at Havering College.

We are are represented at the monthly meetings of Havering's **Over-Fifties Forum**, giving us the opportunity to discuss health and social care issues with them on a regular basis.

We are planning to hold more **"Have your say…"** events in the course of 2014/15, probably in mid-summer, late autumn and spring; and we will also hold sessions to follow up the December event on **Putting Care Closer to Home** and the recent **"Have your say on…"** event about services available in Havering for people who have dementia or a learning disability. We have also arranged for the Nursing Director of Havering CCG to address a public meeting on the CCG's response to the Francis Report (about the Mid-Staffordshire Hospital scandal) and its implications for Havering.

5 Making a difference: Health and Wellbeing

Among the key provisions of the Health & Social Care 2012 was an obligation on local authorities to establish a new statutory executive committee, the Health & Wellbeing Board (HWB).

The HWB, uniquely in local government, includes as voting members representatives of the relevant CCG and the Chief Executive and chief officers responsible for Public Health, Adult Social Care and Children's Services as well as local Councillors. It is chaired by the Leader of the Council (or his nominee). Most significant, however, from the Healthwatch perspective, is the obligation to appoint a representative of the local Healthwatch to the HWB as a full voting member, since this gives us a key role within the principal health and social care planning and co-ordinating body for the borough.

Since April 2013, Healthwatch Havering has been represented at the Havering HWB by Anne-Marie Dean, its Chairman, who has attended every meeting of the Board, which meets on a monthly basis in the Town Hall, and the vast majority of all the work of the board is undertaken as an open public meeting. There is also a monthly preparation meeting to ensure that the most important issues are prioritised and reports are properly prepared for discussion. When required there are also special meetings where the board has additional development work needed to support main documents and papers such as the Better Care Fund. Healthwatch Havering is an active contributor at all of these meetings.

We have presented an end of year report on our progress to the Board, which included our work plan for 2014/15 and is available on our website.

The Health and Wellbeing Board established 8 Priorities for 2013/14 and some of the key highlights from a Healthwatch perspective are:

- *The CQC inspection of Queens Hospital (Priority 7: Reducing avoidable hospital admissions)*

  From the local people's perspective, there had been a growing concern about care standards, the A&E, unsafe discharge of the frail and elderly and some complex concerning complaints.

  Healthwatch submitted a report to CQC on the evidence provided by local residents as part of the formal process. In addition, we worked with the HWB to ensure that it was at the heart of the discussions to support the Hospital to develop detailed integrated plans to help them move forward positively, such as the development of 7 day working and successful recruitment initiatives.

Particular focus has been placed by the HWB on the safer and more effective management of A&E, which reflects the CQC report. The focus is to develop more detailed integrated plans for reducing avoidable hospital admissions.

- Frail and Elderly Members of our community (Priority 5: Better integrated care for the 'frail elderly' population and Priority 1 Early help for vulnerable people)

  This work has ranged from the monitoring of patients admitted to A&E to discharge, developing detailed community plans which aim to ensure wherever possible hospital admissions are avoided.

  The HWB has overseen the development of the Tri-borough (Havering, Barking & Dagenham and Redbridge) Integrated Care Coalition which sets out plans for the shift of resources from acute to community services, detailed intermediate care plans for long term conditions and comprehensive rehabilitation services run by NELFT.

  We supported the work on the Frailty Audit undertaken in A&E by University College Hospital Partners and the outcomes from this audit have significantly influenced the development of services and the training of staff.

  As part of our **Have your say…** series of consultation events, we hosted an event at which the CCG and NELFT outlined their Integrated Care programme.

- The Better Care Fund ((Priority 8: Improvement the quality of services to ensure that patient experience and long-term health outcomes are the best they can be)

  The Better Care Fund sets out joint strategic aims and the plans to support the implementation of new care models. This is the first time that such an integrated financial joint community action plan has been developed.

  The proposed service plans addresses both health and social care and is developed and led by both the CCG and the Council. The total proposed value of the pooled budget for 2014/15 is £6,946,000 and for 2015/16 the budget increases to £18,914,000.

- The Care of Children in our Community (Priority 6: Better integrated care for vulnerable children)

  During the year the HWB has received a number of reports that look at the needs and the welfare of children in our community. These reports have included: Child Death Overview Panel, Looked after Children, Child Protection Processes, the Troubled Families report and the Serious Case Review reports.

  The Safeguarding Borough team have developed a highly effective Multi Agency Safeguarding Hub (MASH), which has gained recognition as a highly effective tool in safeguarding for children and young people across London.

  We in Healthwatch Havering work closely with the Safeguarding team, particularly on the safeguarding of vulnerable adults which is highlighted elsewhere in this Annual Report.

- Joint Strategic Needs Assessment (Supports the development of all the 8 priorities)

  Healthwatch Havering was consulted, and provided recommendations, on the JSNA. These included requesting more detailed data on

  - Carers – age group, area, health group and whether adult or children
  - Accommodation – residents maintained in care and nursing homes, enhanced sheltered accommodation and warden controlled.
  - How the needs of the increased number of residents on the Waterloo estate have their primary care needs met, so that there is not an increased burden on A&E
  - How is the predicted growth in the early year's group being addressed by primary, social and educational teams?
  - The training of health and social care providers in cultural needs and practices, given ethnicity is up from 8% in 2001 to 17% in 2011.
  - More lately, following our **Have your say…** sessions on Learning Disabilities and Dementia, we have requested more detailed information on individuals with learning disability and dementia.

- Dementia Strategy (Priority 2: Improved identification and support for people with dementia)

  The management of people who have dementia and their families has been a yearlong discussion item. The strategy has now been received and approved by the HWB with encouragement for this to be implemented as quickly as possible.

  Our Social Care Team is particularly involved in working with people with dementia in their work with Care Homes and their Enter & View programme.

- Children and Families Bill (Priority 1: Early help for vulnerable people)

  There have been regular updates to keep the HWB informed of the progress being made to develop the proposals expected once the Children and Families Bill has passed by Parliament.

  The Board has particularly focused on Special Educational Needs and Disability (SEND) Project The reports have outlined The Local Offer, Educational Health and Care Plans from 0-25, Joint commissioning and Personal Budgets.

  Our Learning Disability Team is working closely with the Council and local voluntary organisations, parents and schools.

  Our **Have your say…** sessions on Learning Disabilities and Dementia have supported both the Dementia Strategy and development of services for people with a Learning Disability by enabling people who use the services, carers and professionals to help inform the commissioning of services for these vulnerable groups.

- Specialist and Cardiovascular Services (Priority 3: Earlier detection of cancer)

  Throughout the year there have been detailed discussions regarding the provision of specialist cancer services. This has involved detailed presentations from senior clinicians and the clinical working parties tasked with reviewing and providing recommendations for change. The HWB was keen to reinforce support to keep the services, talents and abilities of key staff local to the Queen's Hospital. This work is still on going and is also being covered in detailed by the Havering Council Health Overview & Scrutiny Committee and the Outer London North East Joint Health Overview and Scrutiny Committee (which covers Barking & Dagenham, Havering, Redbridge and Waltham Forest), on both of which we are represented.

Healthwatch expressed the concerns on behalf of patients and their carers that

- Earlier detection was vital and better training of GPs and better public awareness campaigns were necessary
- No patient should have to travel to London for routine tests
- Proper transport arrangements should be made for patients and carers who have to travel to London for regular chemotherapy or other debilitating therapies
- Greatly improved communication/integration is needed between Queen's Hospital and the London hospitals' clinical teams, as patients had shared their concerns regarding 'being lost in the system' and losing valuable time in the treatment programme

- Childhood Obesity (Priority 4: Tackling obesity)

  The Public Health team produced a report and programme for the HWB which was well received. The HWB has requested a more comprehensive approach, which is to include looking at 'best in class' programmes where organisations/countries are able to demonstrate real sustained improvement in the management of childhood obesity.

As the first year began, a key priority for all members of the HWB was to establish a common base, an agreed understanding of what was happening, how it was happening and to whom, when and why: questions such as how does each member contribute to a positive culture and how do we agree priorities coming from such diverse starting points. These issues have all been discussed in an open and supportive way and, although it has been a challenging year for the Health and Wellbeing Board, a lot has been achieved.

6 Developing volunteer participation

The Directors decided early on that the differences of function between the former LINk and Healthwatch Havering meant that a new approach was needed.

We were clear that we would be looking for particular levels of commitment and participation (which had to be developed, rather than taken for granted) and that time would be needed to achieve that: we also wanted to encourage people who had never been involved in the former LINk to join us.

We therefore took time to develop a model of involvement that we felt would suit our vision for Healthwatch Havering. Although there will always be a place for new members, our structure is designed to make the most of the talents, abilities and experiences of those who have volunteered to join us.

Currently, four Lead Members are in post, and fourteen Active Members have been appointed; in addition, a total of 147 Supporters, including local organisations as well as individuals, are on our mailing list. We are really pleased with the progress that we, as effectively a start-up organisation, have been able to make. Although there remain a number of Lead Member vacancies, those already appointed have begun work on a variety of issues:

* The Social Care Lead Member and members of her team have met the managers and/or proprietors of care homes that have fallen short in CQC report. The team have also written to those care homes that have received good reviews in recent CQC reports
* The Hospital Lead Member and her team have met the Chief Executive and/or other senior managers of BHRUT
* We have participated in a survey on the use of A&E
* Following comments from members of the public, we have begun to review a number of aspects of services provided by or through GP practices
* The newly-appointed Lead Member for people who have a Learning Disability has begun work, particularly in relation to services for young people.

All of our current volunteers have now received, or are due shortly to receive, training about “Enter & View”, safeguarding (both adults and children), mental capacity and deprivation of liberty.

Our volunteers have taken leading roles in the **“Have your say…”** sessions, acting as facilitators to lead discussion as well as acting as hosts.

Profiles of our Directors, Staff and Members are shown in ***Appendix 6***.

7 Governance, finance and business support

Statutory responsibility for the conduct of the legal, financial and business affairs of the Company rests upon the three Directors in accordance with the Articles of Association.

The Directors are clear that it is essential for the volunteers who comprise Healthwatch Havering to play an active role in the direction of the organisation's affairs. As a result, all volunteers wishing to play an active role in Healthwatch Havering are (after providing satisfactory references, completing a Disclosure & Barring Service (DBS, formerly CRB) check and undergoing appropriate training) admitted to membership of the Company; and those members designated as Lead Members serve on the Strategy, Assurance and Governance Board.

Greater detail of the governance arrangements is given in ***Appendix 4***.

Finance

Healthwatch Havering is funded principally by grant from Havering Council in accordance with section 221 of the Local Government & Public Involvement in Health Act 2007, as amended. The Council has a statutory obligation to secure provision of a Healthwatch service and receives specific funds from the Government for that purpose.

It is understood that the Council has passed the bulk of the available finance to Healthwatch Havering.

An abstract from the Annual Accounts is set out in ***Appendix 5***.

Business support: resilience

It became clear during summer 2013 that the amount of effort required of Healthwatch was, unexpectedly, significantly greater than had been the case with the former Local Involvement Network (LINk). Not only were the commitments expected by official bodies much greater than ever required of the LINk – including statutory membership of the Health & Wellbeing Board and close consultation with the CQC over a range of regulatory functions – but the "back office" functions of running a business required more attention than anticipated, largely because the previous contractor for supporting the LINk had dealt with such issues from its central office, in effect hidden from sight, whereas Healthwatch Havering has to deal with all such matters itself. The financial and other penalties that can be incurred as a result of failure to comply with the statutory requirements of Her Majesty's Revenue & Customs, Companies

House and other regulatory bodies can be considerable and demand constant attention.

In consequence, the time required of the Chairman and Company Secretary was much greater than anticipated; accordingly, both are now engaged for 21 hours per week and remunerated accordingly (see *Appendix 4*). Moreover, the workload of the volunteer Lead Members has grown; as volunteers, their time is more limited and, to ease the pressure on them, two part-time posts, of Administrative Assistant and Community Support Assistant, reporting to the Manager, have been created to ensure that the Members are given the support they need to be effective.

Short profiles of the Directors, Staff and Lead Members are given in *Appendix 6*.

Business support: office accommodation and equipment

Initially, office accommodation for the Manager was provided at the CarePoint premises in High Street, Romford. Unfortunately, that arrangement proved disappointing as no permanent base could be made available there and the facilities that could be used were very limited. A possibility of accommodation in the Harold Wood Polyclinic was pursued but proved impossible to achieve in a realistic timescale. An office was therefore taken on commercial terms in Morland House, Romford. The room initially available there proved inadequate for our needs but in November we were able to move to a much larger room, ideal for our purposes, but an unforeseen additional expense.

As an entirely new organisation, Healthwatch Havering had to acquire new office equipment. Equipment transferred from the LINk proved to be obsolete and inadequate for our purposes, and had to be replaced. In addition, it was necessary to obtain a range of IT services, including a website, email system, land-line telephone system, mobile telephones, PCs, printers, wireless local network and a photocopier.

8 Looking forward…

An Annual Report inevitably looks back upon the year past. We do, however, have ambitious plans for the coming year and feel it appropriate to give a flavour of them here.

Our Key Priorities for 2014/2015

We have identified 6 key priorities for 2014/15, reflecting areas where we have been alerted to concerns or there are changes in service provision, and which will support the overall health and wellbeing of people.

- End of Life Care
- Frail and Elderly Care within the Emergency department
- Access to Primary Care
- Access to Health checks and immunisation
- Continue the programme of Care Home visits
- To identify a project working with Young People

How we will approach the Key Priorities

We have been developing dedicated programmes of work to enable us to get a comprehensive understanding of

- Ways in which we can jointly measure and define good care,
- The rights of people and how these are supported
- The challenges and opportunities within the health and social care environment
- Joint approach to collecting and sharing information and overall provision

We will manage the process by

- Setting priorities for six months ahead;
- Reviewing them on a monthly basis, adjusting as necessary to accommodate any new issues or concerns e.g. feedback from public forums
- Sharing evidence and information with our partners

- Where appropriate, making immediate contact to ensure urgent concerns are shared and known.

Social Care Work stream

Developing networks across the Borough

- Bi-monthly Borough Safeguarding Meetings since January 2014
- Three-weekly Borough Quality Assurance Team meetings since November 2013
- Regular meetings with Care Home Providers commenced in August 2013
- Quarterly meetings with local CQC team

Enter and View programme for Care Homes

- Number of homes visited from December to March 2014 = 3 1 Enter & View, 2 informal)
- Number planned for April 2014 to September 2014 = 15 (5 every two months)

Extending this role 2014/15

- Discuss and develop locally the CQC's work on 'End of Life' care
- More extensive training on Dementia
- Establish a better understanding of 'Domiciliary Care'

Hospital Services Work stream

Developing networks across the Borough

- Meetings with the Deputy Director of Nursing at Queen's hospital
- Member of St. Francis Hospice board
- Key high profile meetings – CQC, Coroner Reports
- Attendance at the Outer North East London Health Joint Overview & Scrutiny Committee on Acute Service reconfiguration in respect of Cardiac and Cancer services

Enter and View programme for Hospital Services

- Visits to Queen's Hospital will commence once the Trust has published its proposals to respond to the 'Special Measures' position
- Queen's Hospital Maternity Unit visit in early April

Extending this Role for 2014/2015

- Care of the Frail and Elderly in the Emergency Department
- Discharge processes once the new joint Borough arrangements have been in place for 6 months
- Alcohol and Drug recovery programme
- End of Life Pathway
- Review of the waiting times for Chemotherapy services

Learning Disabilities Work stream (*this role began in February 2014****)***

Developing Networks across the Borough

- Member of the Learning Disability Health Pathway Group at BHRUT
- Member of the Learning Disability Partnership board
- Member of the Children with Disabilities and Special needs forum

Enter and View programme for Learning Disability services

- Planned visits will commence in Autumn 2014
- There will be joint visits undertaken between the Learning Disabilities team and the Social Care team, with a particular emphasis on Dementia

Extending this role in 2014/2015

- To ‘shadow’ the key members of the Boroughs Learning Disabilities team
- To visit as many providers/users and organisations as possible to enable us to map the provision
- Determine the level of provision and consultation with users, carers and families by and with NELFT
- Investigate issues which are raised by people about the health and social care provision e.g. the provision of yearly health checks

Other work streams

We will be developing other work streams during the year as and when the opportunity arises. For example, we are in the process of setting up a team to visit GP surgeries.

Knowing the patch…

The London Borough of Havering is one of the largest of the London Boroughs – see the profile in *Appendix 7*. This profile has informed, and will continue to inform, our work priorities and programmes.

Appendix 1: Involvement with other organisations

Healthwatch Havering is a member of, or is represented at meetings of, a range of local, regional and national bodies, both statutory and voluntary.

Healthwatch Havering is a statutory member of the Havering Health & Wellbeing Board.

We are also formally represented at meetings of Havering's Overview & Scrutiny Committees: Health; Individuals; and Children's Services. We also have a co-opted member on the Outer North East London Joint Health Overview & Scrutiny Committee (which brings together the Health OSCs of Havering, Barking & Dagenham, Redbridge and Waltham Forest, and is also attended by representatives of the Healthwatches of those boroughs).

In addition, Healthwatch Havering is a member of, or is represented at meetings of:

* Barking, Havering & Redbridge University Hospital Trust Learning Disability Health Pathway
* Children with Disabilities and Special Needs Strategy Group
* CQC Dementia Advisory Group (a national body)
* Havering Adult Services Quality Assurance Team
* Havering CCG Voluntary and Community Sector Health and Social Care Forum
* Havering Dementia Action Alliance
* Havering Safeguarding Adults Board
* Havering Winterbourne Steering Group
* Local Government Association (LGA) Healthwatch Local Peers meetings
* NHS England (London)'s pan-London Quality Surveillance Group (representing North East London)
* North East London Quality Surveillance Group
* PLACE Inspection Teams for Queen's Hospital and King George Hospital, Chadwell Heath
* St Francis Hospice Clinical Governance Group
* St George's Hospital Site Steering Group (currently in abeyance)
* University College Hospital Partners – developing services for frailty in North East London
* Urgent Care Board for Barking & Dagenham, Havering and Redbridge (which also includes the three CCGs, Boroughs, BHRUT and NHS England)

Informal meetings are regularly held with senior managers of the Adult Social Care Quality & Assessment Team, BHRUT and CCG on a regular basis and a good working relationship has been established with the local officers of the CQC Inspectorate responsible for health and social care facilities in Havering, with regular meetings programmed to discuss matters of mutual interest (including discussion about care homes that are cause for concern); and we attended the CQC Quality Summit at Queen's Hospital, prior to the publication of the CQC report on their Autumn 2013 inspection of BHRUT (which led to the hospital being placed in special measures).

We have developed a network of strong working relationships with health and social care providers and commissioners. Using those networks has enabled us to obtain relevant information without the need to resort to use of statutory powers.

Our Lead Member for Dementia represented Healthwatch nationally on an Advisory Group set up by the CQC in respect of proposed changes in the way that they inspect care homes providing for people with dementia.

Appendix 2: Enter and View

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. Enter and view visits may be both announced and unannounced. Reports of all our Enter & View visits are checked for factual accuracy with the management of the establishment visited and published on our website.

Healthwatch Havering considers that, to be effective, the power to enter and view should be:

- Used appropriately – neither as mere routine nor as a last resort, nor as a licence for simple curiosity or nosiness;
- Used sparingly: in particular, unannounced visits should be made only where there are serious concerns about a particular establishment; and
- Exercised only by Healthwatch members who have acquired essential skills by undergoing training in safeguarding, mental capacity and deprivation of liberty.

We recognise too that Enter and View visits can be disruptive of an establishment's proper routine and, potentially, a source of anxiety for management, staff and residents or patients.

For all those reasons, in the year under review, only one enter and view visit was undertaken, as it took time to ensure that all those members undertaking such visits had been properly trained.

Date of visit	Establishment visited		Reason for visit	Announced or unannounced?
	Name	Type		
17/2/14	Barleycroft	Residential care	Concerns raised by CQC	Announced

In addition to formal Enter & View visits, several informal visits were made in the course of the year to residential care homes in order to discuss particular issues. As the year closed, a similar informal visit had been arranged to a GP practice in the borough about which members of the public had raised concerns with us.

Since the year end, we have carried out a number of Enter & View visits, details of which are available on our website.

Appendix 3: Case studies

The following "case studies" are examples of the sort of activity that we have carried out during the year, with the aim of making a difference…

Care Homes:

- Following our "Enter & View" visit to Barleycroft, one of our recommendations was that they improve their activities arrangements for residents. The Manager has told us that they now have two activity co-ordinators.

- We carried an informal visit to a care home and learned that 8 or 9 GPs were assigned to the home, each dealing with a handful of residents, a clearly unsatisfactory and inefficient situation. We contacted the CCG (which responded promptly) and, as a result, there is now a single GP caring for all of the residents, holding a surgery there weekly.

Queen's Hospital:

- Following the inquest into the death of a pregnant woman in the Maternity Unit at Queen's Hospital as a result of inappropriate surgical intervention, we met senior representatives of BHRUT and asked a number of questions, most importantly, why there was no process in place for the supervision of the junior medical staff. BHRUT has now put measures in place to avoid a recurrence of the problems that had arisen in that case and the Trust had welcomed our feedback.

Annual Health Checks:

- We learned at one of our "Have your say…" sessions that many people with a Learning Disability were finding it hard to have an annual health check. This was mentioned at a later session attended by a GP representative of the CCG, who undertook to look into the issue. The CCG subsequently wrote to all GPs in the borough reminding them that these checks should be undertaken and offering training; and suggesting that "a hub" could be set up where such checks could be dealt with in a single location.

One-Stop Shop for Learning Disability

- During discussion at another "Have your say…" session, it transpired that NELFT were looking for a site for a "one stop shop" for people with a Learning Disability; a senior officer from Adult Social Care, hitherto unaware of this need, was able to facilitate investigation of a suitable site.

Dementia services

- At another **"Have your say…"** session, members of the Age Concern dementia team expressed concern that, although they had been in the past, they were no longer being invited to some meetings that NELFT held about dementia patients. Representatives of NELFT who were present said that they would look into this and, if possible, reinstate the Age Concern attendance.
- As a result of what we learned during the **"Have your say…"** sessions, we have recommended that NELFT review the provision of Admiral Nurses, with a view to increasing their cover, and that the CCG ensure that all GPs have the right level of training and expertise to treat appropriately their patients who have dementia or a learning disability.
- Subsequently, we have become members of the Havering Dementia Action Alliance, and intend to use our activities, such as Enter & View visits, to ensure that due recognition is given to the needs of people who have dementia.

Orchard Village Medical Centre

- The Centre was closed as it had been flooded but local people complained that information was available about alternative facilities only by actually visiting the Centre. We contacted the CCG which then arranged to put up a notice on its website indicating that the Centre was closed and that patients should contact the Harold Wood Polyclinic.

Appendix 4: Governance arrangements

Healthwatch Havering is, in legal terms, a company limited by guarantee called Havering Healthwatch Limited[2]. As a company limited by guarantee, it has no shareholders and is prohibited by law from distributing any financial surplus (or profit) generated in the course of its business to individuals.

This form of business entity satisfies the requirements of the Local Government & Public Involvement in Health Act 2007, as amended by the Health & Social Care Act 2012, and various orders and regulations made under those Acts (all referred to here as "the governing legislation"), which is the legal basis for Healthwatch nationally.

Havering Healthwatch Limited was incorporated in February 2013, having been set up by Havering Council, which then invited the three individuals who are now the directors to take over the company and to move it forward in forming Healthwatch Havering. The legal and business affairs of Havering Healthwatch Limited are directed by the Management Board of the three directors (see below). This is the statutory Board of Havering Healthwatch Limited.

Membership of Havering Healthwatch Limited is open to anyone resident or working in Havering who has satisfied the Board that they are qualified for admission.

"Qualified for admission" means obtaining a satisfactory Disclosure & Barring Service certificate and satisfactorily completing a series of relevant training sessions. Membership of the company confers rights of voting at general meetings as provided for in the Company's Articles of Association. Members guarantee to contribute £1 in the event of the Company being wound up with outstanding debt.

There is also a Strategy, Governance and Assurance Board, comprising the directors, the Manager and those members of the Company who have been designated Lead Members. This Board oversees the work of Healthwatch Havering, deciding the strategic direction of its activities and holding the Management Board to account for its stewardship of the Company's resources.

Lead and Active Members

The governing legislation envisages that the bulk of Healthwatch activity will be undertaken by volunteers, both those who work as healthcare professionals (legally termed "volunteers") and members of the public who have an interest in health and social care issues (legally termed "lay persons"), supported by professional administrators. Across England, different Local Healthwatch organisations have adopted different approaches to ensuring that volunteers and lay persons are engaged directly in the governance of their organisation as well as undertaking Healthwatch activity generally. Havering Healthwatch has chosen not to distinguish

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2 Healthwatch Havering is the operating name of Havering Healthwatch Limited, a company limited by guarantee, registered in England and Wales under No. 08416383. The Registered Office is Morland House, 12-16 Eastern Road, Romford RM1 3PJ

between the different types of voluntary effort and so terms all who participate in its activities as “Members”

Healthwatch Havering decided early on to give its Members a stake in the organisation by admitting them as members of the company.

There are two categories of member (but all are members of the Company):

> **Lead Members** who commit on average at least five hours a week to Healthwatch activity. Each is responsible for a discrete area of activity, and either leads a team of volunteers or has an over-arching responsibility for facilitating issues common to several, or all, teams.
>
> **Active Members** who commit on average at least two hours a week to Healthwatch activity. They are the members of the teams (and may, if they wish, belong to more than one team) and undertake the majority of Healthwatch activity.

Supporters

Healthwatch Havering recognise that there are many people who have an interest in health and social care matters who, for one reason or another, do not wish to, or cannot, commit to giving regular time but are able to respond to enquiries, give information and occasionally help out at events.

Such people are not regarded as volunteers and are not members of the company but are termed “supporters”. They play no part in the governance of the organisation.

The Management Board

The Management Board comprises the three Directors who, acting collectively as the statutory Board, are responsible for ensuring the company’s compliance with the various legal requirements for running a business, including company law, taxation (income and corporation), accountancy, health & safety and, of course, the legal framework for Healthwatch (including authorising members to undertake enter and view visits). In accordance with arrangements made by Havering Council, each Director is paid a basic fee of £5,000 per annum, in return for which they commit to a minimum of five hours per week, supervising the organisation generally. Two of the Directors also have executive responsibility as Chairman and Company Secretary respectively, for which they are additionally remunerated; the third Director is non-executive.

The Directors are supported by the (full time) Manager, Community Support Assistant and an Administrative Assistant (both part time), all of whom are salaried employees.

The Strategy, Governance and Assurance Board

The Strategy, Governance and Assurance Board brings together the Management Board and the Lead Members and is responsible for setting the broad policy direction for the organisation. Active Members may be invited to attend Board meetings from time to time.

Among other issues, the Board receives monthly finance updates and reports about the numerous meetings at which Healthwatch Havering is represented.

The Board not only holds the Management Board to account for its stewardship of the Company's resources but considers matters such as the Work Programme, reports of Teams' activities and publication of the Annual Report.

Policies and standard operating procedures

The Management Board decided early on that it was important that Healthwatch Havering should have a series of agreed policies and operating procedures to guide its activities and to ensure that volunteers were aware of the scope – and the constraints – of its activities.

The following policies have been formally adopted:

- **Attendance at conferences and events outside London**
- **Complaints Procedure**
- **Declaration of Interests Guidance**
- **Equality & Diversity**
- **Escalation Procedure for complaints**
- **Expenses**
- **Health and Safety**
- **Safeguarding**
- **Use of IT**
- **Volunteer**
- **Whistle Blowing**

A comprehensive handbook for volunteers has been produced.

Every member is issued with a photo-identity card which includes their Disclosure & Barring Service certificate number and, on the reverse, a statement of their statutory right to be involved in Enter and View visits.

Members are encouraged to claim all out-of-pocket expenses and Lead Members are issued with a mobile phone at Healthwatch Havering's expense for use on Healthwatch business. Oyster cards are available to cover the cost of travel on public transport.

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

Appendix 5: Summary statement of Income and Expenditure

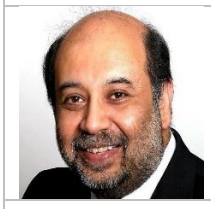
This Appendix is summarised from the Annual Accounts of Havering Healthwatch Limited. A copy of the full set of Annual Accounts is available from the Company on request, and may be viewed on the Healthwatch Havering website.

	£	£	£	£
INCOME				
Havering LBC: Main grant, 2013/14	**117,359**			
Havering LBC: Supplementary grants, 2013/14	**9,184**			
Havering LBC: Supplementary grant, 2014/15	**12,000**			
Miscellaneous receipts	**376**			**138,919**
EXPENDITURE				
1 COSTS OF MANAGEMENT				
Administration costs				
Office expenses, insurance and fees	9,532			
Office rent (including refundable deposit)	10,340			
Mileage, travel and subsistence	2,118	21,990		
Payroll				
Fees and salaries	74,181			
Employers' NICs and pension contribution	8,629			
Payroll administration	1,829	84,639	106,629	
2 **COSTS OF VOLUNTEERING**				
Volunteers' out of pocket expenses reimbursed		809		
Publicity		1,476		
Recruitment expenses		1,096		
Equipment and supplies		2,079	5,460	
3 **COSTS OF TRAINING AND DEVELOPMENT**			1,902	
4 **COSTS OF PUBLIC CONSULTATION AND EVENTS**			3,624	**117,615**
5 AT BANK				
Carried forward to 2014/15		7,443		
2014/15 supplementary grant (received in 2013/14)		12,000		
2013/14 Corporation Tax provision (due 31 December 2014)		1,861		**21,304**
				138,919

Appendix 6: Directors, Staff and Members

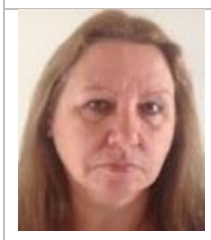
Healthwatch Havering is led by a combination of Directors of the Company, staff and volunteer Lead Members.

Directors and Manager

Executive Chairman and Director: Anne-Marie Dean	
	Anne-Marie has over thirty years' experience working in the NHS. She has been a Chief Executive and Board Director of an acute hospital and Director of Commissioning of a former PCT. Her career has included eight years' experience as a Director of a private sector organisation working in both health and social care. As well as being Chairman of Healthwatch she is a volunteer for St. John Ambulance at its National HQ, and is also a Non-Executive Director of a mental health and social care trust.
Executive Director and Company Secretary: Ian Buckmaster	
	Ian is a Chartered Secretary who, until he retired in March 2013, had worked for nearly 40 years in Havering Council's Democratic Services. In his time there, Ian had been clerk to the Social Services Committee, various Health Committees and the Housing Committee, as well as the full Council and Cabinet. He is an expert in governance and is responsible for Healthwatch Havering's legal, business and financial affairs. He is also District President of St John Ambulance for East London.
Non-Executive Director: Hemant Patel	
	Hemant is a pharmacist, and has for many years been the Secretary of the North East London Pharmaceutical Committee, which represents pharmacists across the region. He has served four terms as President of the Royal Pharmaceutical Society of Great Britain, and is a member of the steering group of the NEL Public Pharmacy Partnership.
Manager: Joan Smith	
	Joan began her working life as a police officer with the Metropolitan Police, at Stoke Newington. When she left the police, she went to work in the City, in banking, staying there for some 25 years. In 2009, she became Organiser of Havering Local Involvement Network (LINk), and transferred to Healthwatch Havering when it took over from the LINk.

Lead Members

Lead Member, Hospitals: Debbie Baronti



Debbie has over 20 years' experience in NHS management, including 10 years at Assistant Director level with NHS Havering. She is currently employed by a CCG in South London.

Lead Member, Social Care: Christine Ebanks

Christine began her career in the NHS as a cadet nurse in 1970 and then trained as a State Registered Nurse at Harold Wood Hospital. In 1975, she started midwifery training at Barking and Ilford Maternity Hospitals, and then served as a midwife until retirement in March 2013, working initially in hospitals and, from 1989, in as a community midwife in Havering.

Lead Member, Learning Disability: Alan Jones

Alan is a former Detective Inspector, having served with the Metropolitan Police for 30 years. In 2002, when posted to Romford, he became responsible for the Vulnerable Persons Unit, was Chair of the Multi-Agency Public Protection Arrangements and sat on the Elder Abuse Panel. After retiring from the police, Alan worked for the Mayor of London. Previously Chair of Victim Support Havering, he has also worked for Havering Samaritans. Currently, he volunteers with the Citizens' Advice Bureau and is a member of the Independent Monitoring Board at ISIS Prison, Belmarsh.

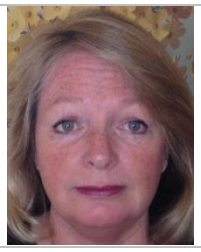
Lead Member, Dementia Services: Cliff Reynolds

Following early retirement from the Financial Services industry in 2002, Cliff joined Age Concern Havering as Information, Advice and Advocacy Manager providing support to older people and their carers. In that role, he provided advocacy support for elderly people in care homes. Cliff is Chair of Havering Over 50's Forum, and was Vice Chair of the Havering LINk until it was replaced by Healthwatch in 2013.

Facilitator, Communication and Design: Irene Buggle

Following a 30-year career holding management positions in an organisation providing market research, marketing and editorial for the pharmaceutical industry, since 2007 Irene has been co-director of a consultancy providing information solutions about that industry to the NHS, media and others, both public and private.

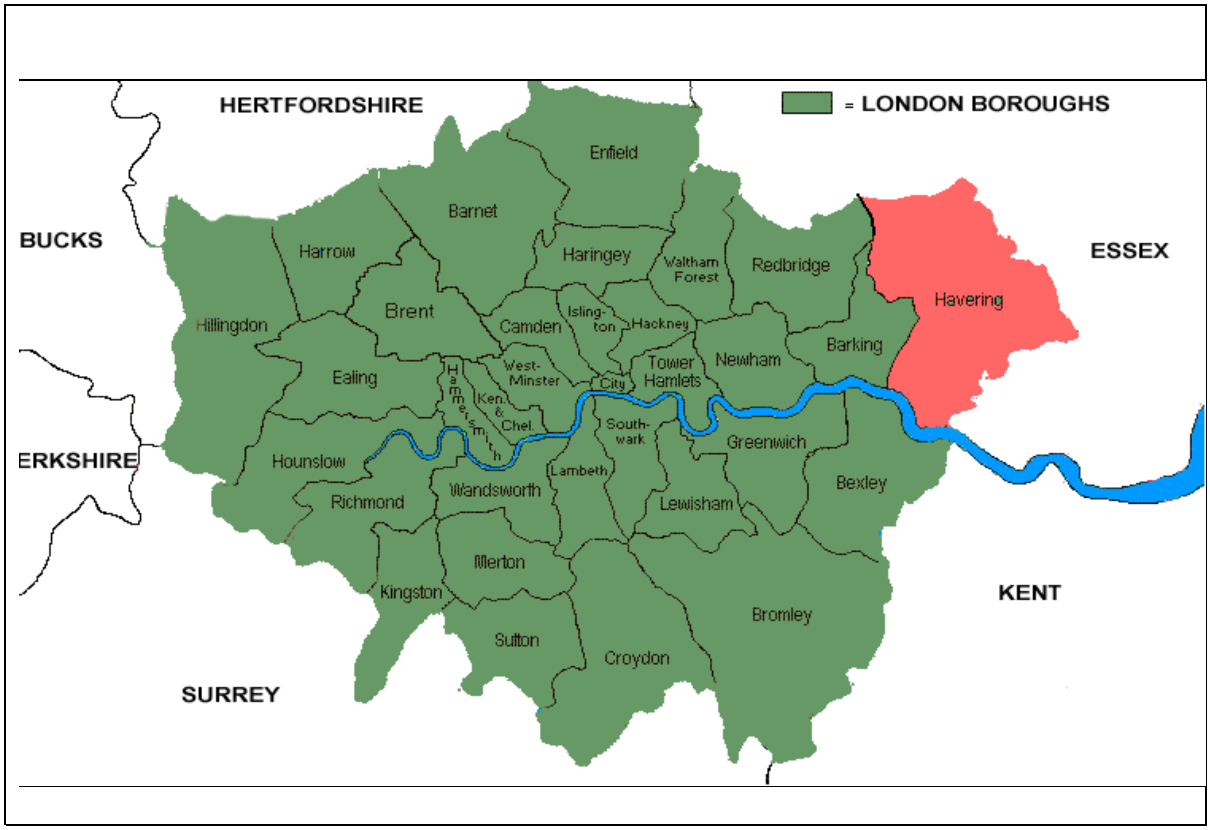
Staff

	
Administrative Assistant: Carole Howard	**Community Support Assistant: Beverley Markham**

Members

			
Nike Adenmosun	Pierrett Burden	Jenny Ggregory	Donal Hayes
			
Emma Lexton	Terry Matthews	Diane Meid	Dianne Old
			
Lorna Poole	Lucy Sanya	Adrienne Saunderson	John Skillman

Appendix 7: Profile of the London Borough of Havering



The London Borough of Havering was formed in 1965 by the amalgamation of the Borough of Romford and the Urban District of Hornchurch (although the present boundaries differ slightly from the original, as a result of subsequent boundary reviews). It is the third largest of the London Boroughs, and the easternmost, and one of the least built-up, with around 50% of its area designated as green belt, of which a significant part is given over to agriculture or outdoor leisure.

Despite its "leafy borough" appearance, however, the borough has pockets of considerable deprivation: within a couple of miles of each other are wards among the most prosperous in England, and others among the least prosperous.

For many years, the borough has had a disproportionately large, and growing, population of people over 50. This was recognised as a trend likely to affect the provision of health and social care services as long ago as the early 1980s, and has continued without break ever since; the borough has the highest proportion of people aged 85 or over in Greater London and one of the highest such proportions in the whole of England. The proportion of residents from an ethnic minority has also risen markedly since 2000.
Paradoxically, the borough is also experiencing high growth in the proportion of the population aged 18-24; again, that growth (albeit from a much smaller percentage of the population) is among the highest in both Greater London and England.

The following information is extracted from the Havering Joint Strategic Needs Assessment[3]:

It is estimated that 236,100 people currently live in Havering. Greater London Authority population projections estimate that:

- By 2016, Havering's population will have grown by 5.4% (12,699 people), compared to 5.2% in London
- By 2021, Havering's population will have grown by 11.5% (27,095 people), compared to 8.6% in London
- By 2026, Havering's population will have grown by 14.1% (33,314 people), compared to 10.7% in London

243,508 people are registered with a GP in Havering (GP list population). The GP list population is larger than Havering's estimated population, which could be due to factors such as residents from neighbouring Boroughs being registered with Havering GPs, or patients moving away and not informing their GP.

There are 54,018 people aged 0-18 in Havering, 23% of Havering's population; 36% of the population are aged 50+ (85,999 people); and 21% of the population are of retirement age (60+ females, 65+ males; 49,122 people).

Of the 236,100 Havering residents:

- 52% are female
- 48% are male

The greater number of females than males in Havering's population may in part be explained by the longer life expectancy of females: 55% of the 50+ population are female and 45% male; but in the very elderly (aged 75+), 61% are female and 39% male, with 72% of the most elderly (90+) being female.

Among young people and middle aged adults (aged less than 65), there is a fairly even proportion of males and females at most ages. However, for children and young adults (up to age 33), there is often a greater proportion of males than females by up to several percent. Between the ages of 34 to 65, the proportion of females is often greater than the proportion of males by up to several percent.

In terms of deprivation, Havering is ranked 177th out of 326 local authorities for deprivation (1st being most deprived, 326th being least deprived). However, there are pockets of deprivation, with two small areas of Havering falling into the 10% most deprived areas in England and 11 small areas in Havering falling into the 20% most deprived areas in England.

[3] As published on the Council's website **www.haveringdatanet/research/jsna.htm** – permission to reproduce these findings is gratefully acknowledged

Havering's current population is less ethnically diverse than London overall, with the greatest diversity being among young people:

	0-15			16-64M/59F			65M/60+F		
Ethnicity	**Havering**	**London**	**England**	**Havering**	**London**	**England**	**Havering**	**London**	**England**
White	83%	62%	83%	88%	69%	86%	96%	83%	96%
Mixed	4%	8%	4%	1%	3%	2%	0%	1%	0%
Asian or Asian British	6%	14%	8%	5%	14%	7%	2%	8%	2%
Black or Black British	5%	13%	3%	4%	10%	3%	1%	6%	1%
Other	1%	2%	1%	1%	4%	2%	1%	2%	0%

It is estimated that between 2011 and 2016, Black African and Black Caribbean groups will be the fastest growing ethnic groups in Havering, and will increase faster than in London or outer London Boroughs overall:

	% Growth 2016 Havering	% Growth 2016 Outer London	% Growth 2016 Greater London	% Growth 2021 Havering	% Growth 2021 Outer London	% Growth 2021 Greater London
All Ethnicities	5%	4%	5%	12%	7%	9%
White	4%	1%	3%	9%	1%	4%
Black Caribbean	22%	8%	5%	42%	13%	8%
Black African	33%	16%	11%	61%	25%	18%
Black Other	21%	13%	10%	41%	23%	18%
Indian	11%	8%	8%	21%	13%	13%
Pakistani	11%	12%	11%	20%	19%	19%
Bangladeshi	10%	16%	9%	18%	27%	17%
Chinese	14%	12%	13%	27%	19%	21%
Other Asian	17%	11%	11%	33%	19%	18%
Other	21%	19%	17%	39%	31%	29%
Black and Minority Ethnicities	21%	12%	10%	40%	20%	17%

The Borough is served by

- Havering London Borough Council
- Havering Clinical Commissioning Group
- Barking, Havering & Redbridge University Hospitals NHS Trust
- North East London Foundation Health Trust