

 **Your voice,  
your health,  
your care** 



**Healthwatch Southwark**  
**Annual Report 2013/14**

Healthwatch Southwark office: 1 Addington Square, London SE5 0HF



© Healthwatch Southwark 2014

The text of this document may be reproduced free of charge in any format or medium providing that it is reproduced accurately and not in a misleading context. The material must be acknowledged as Healthwatch Southwark copyright and the document title specified. Where third party material has been identified, permission from the respective copyright holder must be sought. Any enquiries regarding this publication should be sent to us at [info@healthwatchsouthwark.co.uk](mailto:info@healthwatchsouthwark.co.uk)

You can download this publication from [www.healthwatchsouthwark.co.uk](http://www.healthwatchsouthwark.co.uk)

## Contents

---

**2 Foreword**

---

**4 What is Healthwatch? -**

5 Our Board & Staff

6 Key decisions made since April 2013

---

**Our statutory activities / What we do**

7 A) Involving Local People & Volunteers

10 B) Gathering local views & experiences

14 C) Information & Signposting

15 D) Making reports & recommendations on how  
services could be improved

16 E) Sharing concerns with Healthwatch England &  
other local Healthwatch

---

**18 Key positions of Influence**

18 Health & Wellbeing Board

18 Clinical Commissioning Group

---

**19 Volunteering with Healthwatch**

---

**21 What have we spent our money on?**

---

**22 Looking forward**



Welcome to Healthwatch Southwark's first Annual Report. We are the new consumer champion ("patient and public voice") for health and social care in Southwark. This year has been our first full year in operation and a lot has taken place...

- Healthwatch Board established with **10** key Voluntary & Community partners
- Oversubscribed Healthwatch launch in June 2013 was attended by over **100** people. HWE Chief Executive, Katherine Rake spoke at the launch and tweeted
- **676** Supporters
- Held **3** focus groups and **2** group sessions, engaging with over **70** people from 'Seldom Heard' communities'
- Held **2** Public Forums
- Recruited **16** active volunteers
- Established **4** priority areas of focus,
- Representation on **11** health and social care boards,
- Collected **98** stories, more than double than our original commitment to the **1000** Lives community engagement Project
- Held **20** stalls at external community events
- Conducted our first Enter and View visit
- **194** information and signposting enquiries, of which **78** were complex

## Just to give a little background on Healthwatch...

We are one of **151** Local Healthwatch in England and although we have the same statutory activities to carry out, many of us have different governance arrangements. In Southwark, Community Action Southwark (CAS) won the contract from Southwark Council to establish Healthwatch and a key reason why was simple: **Partnership**, and ‘a network of networks’. CAS has created a partnership between ten voluntary organisations and community groups with the vision to work together to provide a consumer voice that was influential and reflective of communities within the borough.

This partnership became the Healthwatch Board, providing strategic advice and insight from their services and service users to develop the patient voice. (See page 3) Healthwatch Southwark is a ‘**network of networks**’ meaning that our strength is in working together with communities and groups and being within CAS has helped us to build strong relationships with the active voluntary and community sector and public sector.

This year, we focused on building our foundation and systems to enable us to carry out our functions better. One key area was **building local awareness** of Healthwatch, including letting people and groups know our purpose, what we do, and collating their issues.

Another aim was to **establish relationships** with our local hospitals, children and adult social care services at Southwark Council, Southwark Clinical Commissioning Group (CCG), NHS England and local health and social care inspectors within the Care Quality Commission (CQC).

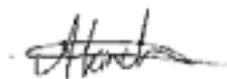
We also set up a systematic process to **capture our issues**, and analyse and use this to inform our Activities, target our engagement, and strategically influence service developments and decisions in the longer term. Next year, we should really start to see this in action.

Building on the legacy of LINK Southwark, the predecessor to Healthwatch Southwark, we took forward parts of the work they had initiated including a follow-up enter and view visit at an Older People's ward at Maudsley (see case study on page 8) and maintaining a focus on issues around accessibility at GP practices, social care provision, and maternity capacity informing our work and priorities. To avoid losing knowledge during the transition from LINK to Healthwatch, the LINK Co-Chair, Fiona Subotsky became a member of our Healthwatch Board. Unfortunately she has since had to step down. We would like to pay a tribute to her for the wealth of knowledge, experience and humour she brought to Healthwatch Southwark.

Having established our foundation - establishing a Board, our strategic plan, relationships and networks, and growing volunteer representatives - we are now well placed to deliver our role as a vocal, credible and effective consumer champion. In order to do this, we will continue to:

- Engage with a wider range of communities, especially those we have not yet heard from
- Widen our 'network of networks' and build two-way partnerships,
- Involve more volunteers in our work.
- Develop our information and signposting support and avoid duplicating existing services
- Monitor the quality of services through all of the above, and also through our research and insight

We will set realistic targets for each of the above actions and continually measure our progress against them, ensuring what we do is contributing to our role as an effective and influential consumer champion.



Alvin Kinch  
Healthwatch Southwark Manager  
On behalf of Healthwatch Southwark Board

## What is Healthwatch?

We are the independent champion for the patient and public voice within Southwark. We give people a voice in health and social care and say what issues should be looked at. This means that we:

- Listen to the needs and experiences of residents and communities
- Use your experiences to influence the professionals who plan, buy and deliver services so that these can be improved
- Act on concerns when things go wrong and find solutions
- Visit health and social care services to find out what it's like for people using them and make recommendations
- Provide information and signposting on local health and care services and tell you where to go to make a complaint or to leave feedback

## What then?

As we sit on many NHS and Southwark Council boards and committees we pass on what people have told us to make their views known. It's important to remember that we look into services for children and adults with our main aim to bring people together to influence health and social care services to make them better.

April 2013 was an exciting time for Community Action Southwark as it held its first Healthwatch Southwark Board meeting. Bringing together a range of community groups and service-user voices, they helped develop Healthwatch's strategic direction and Strategic Plan. (Contact us for a copy). Our board comprises representatives from Southwark-based voluntary and community organisations and residents:

Between February - March 2014, we recruited two lay members of the board and a Chair of Healthwatch Southwark.

### Our staff

- Alvin Kinch - Manager
- Sec-Chan Hoong - Development Officer
- Chithmini De Silva - Engagement Officer
- Jo Palmer - Communication & Events (1-day)
- Clare Chamberlain - Programme Coordinator (assisted with volunteer programme)

### Board members

Andrew Rice  
Southwark Disability  
& Mobility Forum

Eltayeb Hassan  
Southwark Refugee  
Community Project

Hazel Saunders  
Faces in Focus

Fiona Subotsky  
Former LINK  
Southwark Chair

Jacky-Bourke White  
Age UK Lewisham &  
Southwark

Karin Woodley/  
Charlotte Gilsenan  
Cambridge House

Gaby Charing  
Southwark LGBT  
Forum

Gordon McCullough  
Chief Executive,  
Community Action  
Southwark

Sally Causer  
Forum For Equalities  
& Human Rights  
/ Citizens Advice  
Bureau

Verinder Mander  
Southwark Carers

**Key decisions made since April 2013:**

- Board members agreed that Healthwatch Southwark Board will continue to operate as a Community Action Southwark sub-committee until the next financial year, of which a governance review will then take place
- To expand the Board and recruit a Chair and Lay members
- Supporting the Volunteer programme
- Supporting the Representation programme
- Creating an overarching strategic plan to ensure that all our activities are contributing to the mission of Healthwatch
- Shaping and setting our 4 priorities

## A) Involving local people and volunteers

We don't just advocate the patient voice; we also support local people to become involved in their local services. Involvement can mean different ways and can range from monitoring/scrutinising the standard of services, being part of commissioning (buying of services) discussions, and how services are delivered (provision).

**Below are just a few examples of local people getting involved in local services:**

### Supporting involvement in monitoring services...

One way is through our seats on decision making boards including the NHS Southwark Clinical Commissioning Group (CCG) Governing Body and its sub-committees, and other partnership boards, forums and meetings. (Appendix 1). As a new body, we reviewed our Representative structure and recruited volunteers to act as Healthwatch Representatives at these meetings.

Another example refers to our Enter and View visit to an Older People ward at Maudsley Hospital. We trained two of our volunteers, in partnership with a Healthwatch Lambeth volunteer to visit the service, monitor and report back.



We also worked in partnership with Southwark Council's Health and Social Care Scrutiny Committee to review inspection reports that the Care Quality Commission (CQC) published on services and/or providers they had inspected.

Where Southwark-related services were affected, we asked questions to the Healthwatch Southwark our CQC contact on the issues raised in the inspection and also informed relevant groups.

We have set up a 'Monitoring group of volunteers' to look into the issues we receive and collect and explore actions to be taken. These will feed into our Healthwatch Board. We had our first meeting in November and will be developing this group further including having one of our volunteers lead the group, supported by staff.

### Case Study: Visit to an Older People's ward

This was carried out as part of our work on our strategic priority around mental health and older adults and in response to the LINK Southwark recommendation, we undertook a follow-up Enter & View visit to Aubrey Lewis 2 ward at the Maudsley Hospital which is for older people, some with Dementia. Since the LINK's visit in December 2012 the service had moved to Aubrey Lewis 1 ward.

This timely visit came at the right time, as the findings from the visit would help us to understand the mental and physical health care needs of Older Adults on the ward. This became part of our work under the mental health priority.

Volunteers David Cooper and Franca Ubogagu from Southwark joined David Town from Healthwatch Lambeth to carry out the visit and were met by the ward manager and other staff where they talked with people about the care that is delivered on the ward. Four patients were consulted with and spoke about the care from the patients perspective. We hope to arrange another visit to enable the team to speak with other patients and their carers and families.

### Supporting involvement in the Commissioning (buying) and Provision of services...

Quality Visits to Service Areas  
Volunteers and Representatives also took part in quality visits, as part of the Clinical Commissioning Group's (CCG) responsibility for monitoring quality of services in their role as a 'Commissioner' of hospital (acute) services.

Volunteers and staff took part in two visits to King's College Hospital A&E (Feb 2014) and their Older People's ward (Marjorie Warren) (March 2014). Our volunteers given the opportunity to first-hand visit services, speak to patients, staff and carers who were present and also recommend or raise issues from a lay/patient and public perspective. Some of our volunteer's suggestions and insight were listened to by the CCG and subsequently responded and incorporated into their future plans.

**Care Environment (PLACE) visits**  
We also took part in a patient and stakeholder visit to Hospital Trusts (King's College Hospital & Guy's &

---

*For example, our volunteer felt the Admission process into Older People Ward (Majorie Ward) 'seemed elongated and may result in unnecessary moves for patients'. He suggested if this could be simplified.*

---

St. Thomas) to inspect and rank the physical environment of wards and communal areas. By law all Hospital Trusts have to organise "Patient Led Assessment of the Care Environment" (PLACE) visits every year.

### Involvement in Commissioning and Procurement of health services

**Some examples included...**

Volunteers were also given the opportunity to get involved in reviewing providers for some health services. In January 2014, a volunteer who was a carer was involved in the first stage of the CCG's procurement of home care services where he, as part of the panel, received presentations from the competing providers. In February 2014, we took part in a similar exercise for extended services at GP practices i.e. providing additional services such as blood pressure monitoring and smoking cessation.

Furthermore, volunteers, supporters and staff regularly attend workshops and seminars to explore commissioning plans. Commissioners have referenced that having the patient and public voice and perspective taking part to these discussions, can reinforce the patient view and that sometimes this may be different to clinicians and professionals view.

## B) Gathering people's views on their needs and experiences of local services and making those views know

### Developing our work priorities

We held two public forums to develop our work priorities.

In June 2013 we 'launched' Healthwatch Southwark and our role in health and social care. This was attended by over 100 people who participated in a lively discussion and contributed to the setting of our priorities as they stood at that time; quality, integration and inequalities. These draft themes came out from a stakeholder priority session we held in May with our health and social care commissioners.



Based on our findings from the June event, we developed these further with our Healthwatch Board and came up with 4 priorities: Access to GP services, Access to Mental Health, Sexual Health - focusing on

HIV, and Social Care - those not eligible for social care support.

We held a second public forum to consult on these priorities and we gathered valuable insight and experience from residents, users and groups. Over 50 people attended including the involvement of two groups we conducted focus groups with - Latin American Women's Right (LAWRS) and Deaf Support Group. Both presented at the event and actively took part in group discussions.



An attendee from the Southwark Disablement Association (SDA) Deaf Support Group with a British Sign Language (BSL) interpretator

### Community Focus Groups

During the year we started a programme of community focus groups in partnership with local voluntary and community organisations to ask local people about their views of services. It was important for us to hear from a wide range of people and we specifically focused on 'seldom heard of groups'. A full list can be found in Appendix 2.

### Community Focus Group: Case studies

#### What we found?

- More people than we expected attended the Latin American Women's Rights Service (LAWRS) and Deaf Support Group focus groups, over double the number of attendees
- Good and Bad experiences were shared
- Strong support for information on health service, and knowing what is and isn't possible
- Communication was important, particularly sensitivity around their needs

#### What's the result?

- Planning Information Sessions to community groups
- Raised awareness to commissioners about both communities
- Reporting on the concerns and recommendations to CCG, Health & Adult Scrutiny Sub-Committee (HASCCC) and Hospital Trusts
- Both Community Groups now use our Information & Signposting service including our Information Sheet on health services
- We will be working with some of the Deaf Support User Groups and the Community development officer, British Deaf Association (BDA), to take forward these recommendations.



Featured in a local Spanish newspaper

---

*'You did an awesome work with the report and we raise awareness about our health needs here in Southwark, then the community also gets rewarded for that! This is a wonderful way to help!'*

*'I feel as a deaf person it is so much harder because our needs are not met. Other disabled people get their needs met, why don't we?'*

---

### 1000 Lives

As a part of our role within the Health and Wellbeing Board, from January to March 2014 we led the Health and Wellbeing engagement steering group on “1000 Lives” - a project that aimed to collect stories from 1000 people about their health and wellbeing experiences in Southwark. With the help of our engagement volunteers, we were able to visit local organisations at events, activities and meetings to speak with people they support. Healthwatch was able to collect almost 100 stories from Southwark residents or people who use Southwark services.

We know that this engagement was crucial to ensure that the experiences of local people were included in the production of the Health and Wellbeing Strategy 2014 onwards and to inform the Joint Strategic Needs Assessment which contains information about the needs of the population including the different illnesses that are high in Southwark.

As the voice for people in Southwark we worked with our colleagues within Public Health, Community Engagement and Children & Adults Services within Southwark Council to plan our joint engagement efforts. We had a great mix of people who gave wrote their stories including young carers, people with Mental Health care needs, Older

People, Seldom Heard Groups, people with physical disabilities and parents.

Look out for the report at the first 2014 meeting of the Health and Wellbeing Board.

### Our South East London Healthwatch Network

Over 2013 we saw an increase in the ways in which we work with the other local Healthwatch in South East London including Lambeth, Lewisham, Bexley, Bromley and Greenwich.

### How we worked together

- Joint training to prepare volunteers and staff to visit care services
- Joint visit with Southwark and Lambeth volunteers to Aubrey Lewis 1 ward for older people at Maudsley Hospital in Camberwell
- South East London Clinical Commissioning Group Stakeholders Reference Group to discuss engagement across the boroughs
- Joint work with Healthwatch Lambeth on the Guys & St Thomas’ Patient and Public Engagement Strategy

### Case Study: Dulwich Health Services

Plans are underway to have a new health centre in Dulwich for its residents as well as those who live in the areas nearby. Healthwatch Southwark has been active on the Clinical Commissioning Group's (CCG) Dulwich Programme Board since April and has contributed to the community engagement and consultation work in 2013/14. We promoted and attended various events and opportunities to contribute.

*“Despite this being their first year of operation, Healthwatch has consistently been actively engaged in the work of the Dulwich Programme Board and really strengthened the patient and public involvement in the programme. This last year has been a busy one, with a formal consultation on the service model, an equalities impact assessment, and the development of the first stage of the business case process, all of which Healthwatch has supported through their active involvement. They have provided an invaluable perspective to the programme and we look forward to their continuing involvement in the year ahead.”* Robert Park, Chair - Dulwich programme Board and CCG Lay Member.

## C) Provide information & signpost people to local services

As well as collecting people's views and experiences of care services we also provide a signposting and information service.

Whilst we do not carry out long-term case work we do take longer on some calls if we need to do a little more investigation into the services. In our experience this ensures that the person feels that we are doing the best we can for them. There are times when we need to be clear with the person that there are certain actions that we cannot take and we generally have people who are happy with this.

Overall providing this service has given us the opportunity to develop relationships with NHS England and the South London Commissioning Support Unit.

We also tell people about the NHS Complaints Advocacy Service that is available for free from Voiceability. This is for people who need support to make an official complaint about an NHS service.

### What we did this year...

- Received contact from 197 people through telephone calls and e-mails. Queries included how to register with a GP, questions on catchment areas, how to access medical records,
- Supported 78 people with more complex cases requiring intensive

support and navigation of the care system; both social and health care

- 45 people were given information on how to make a complaint including contacting hospital Patient Advisory Liaison Services.
- Produced a signposting document available direct or on the Healthwatch website with information on how to complain about health and social care services

### From the callers...

---

*'I don't understand why I can't just register with the best GP, even if it is not near me'*

*'You are very kind, you understand that I need to have a good relationship with my GP - it's important when you get to over 75'*

---

### What next?

From this service and our community focus groups we know that there is a need for information to empower people to access and work their way around the services. Based on this, we will continuously update our Information and Signposting information on our website and in accessible leaflet formats, and will be planning information sessions with local community groups around people's rights to care services and upcoming service changes.

## D) Make reports & recommendations on how service could be improved

Our work at Healthwatch Southwark is about local people telling us what they think needs to be improved, using this and other information to improve health and social care services. We cannot do this by ourselves, which is why good partnerships with individuals, community groups and voluntary organisations is crucial.

Once we find out something we inform the NHS and the Council about what we know. During this year we produced a number of reports that were based on pieces of work that we had carried out with various communities as well as on information that we already held from other organisations. The list below highlights some reports that we wrote. It also includes consultation responses:

- Black and Minority Ethnic Psychosis: access and prevalence to the Health and Adult Social Care Communities and Citizenship Scrutiny Committee (HASCCC)
- Latin American Women's Focus Group Report to HASCCC
- Quality Account comments to Guy's & St Thomas' Hospital, King's College Hospital and South London and Maudsley NHS Trusts (these are reports on quality and patient experience that must be published each year)
- 1000 Lives recommendations via the Engagement Steering Group
- Survey data on 111 service
- Southwark Council Mental Health Day Services Proposal consultation response
- NHS Southwark Clinical Commissioning Group (CCG) Dulwich Health Services consultation response
- Increasing Access to Psychological Therapy Services (IAPT) engagement report sent to CCG

*“NHS Southwark CCG worked with Healthwatch Southwark around wider engagement to inform the development of our talking therapies service. Healthwatch carried out a focus group with young black and minority ethnic mental health service users and so we were able to hear the views and ideas people with whom we would not normally engage directly. The engagement brought valuable insights to the discussions around commissioning talking therapy services and provided a steer to the future modelling of services.”* Dr Roger Durston, Clinical Lead (Mental Health)

We are in the process of writing the Enter and View Report and plan to publish the reports regarding our four priorities in August 2014.

## E) Sharing concerns...

...with NHS Southwark Clinical Commissioning Group (CCG)

During 2013/14 we have been establishing a view of health and social care services including the quality, safety and the experiences of local people. We know that through our monitoring role our local NHS hospital Trusts; King's College Hospital, Guy's & St Thomas' and South London & Maudsley perform well in some areas and in others they are not. For example King's College Hospital's Referral to Treatment times have not met targets throughout the year. This means that patients were waiting for longer than they needed to when needing some aspects of care.

...with Southwark Council Social Care

We have also been involved in Social care services by looking into the quality of Care Homes through our seat on the Councils' and CCG Care Home Quality Strategy Steering Group. Throughout the year, we have worked closely with the Council's Health and Adult Social Care Communities and Citizenship Scrutiny sub-committee of local elected Councilors to monitor services via the Care Quality Commission Reports. Issues of under performance and non-compliance of services are shared with relevant other organisations. For example we raised our concern about care homes with Age UK Lewisham and Southwark Lay Inspector service. In both the cases we were satisfied that the Council were

monitoring the services appropriately and the involvement of the Lay Inspectors gave assurance that there was an outlet for the residents' voices to be heard.

...with Healthwatch England

Along with other Healthwatch we raised concerns that not everyone was aware of or had received letters from their GPs concerning the role out of the care.data programme. This is a national scheme to use patient data to inform health and social care developments. As a result Healthwatch England advised NHS England to delay the roll out of the care.data programme until more publicity and engagement had taken place.

We have built a relationship with them through regular contact via events, electronic communication and network meetings organised by NHS England (London). We also attended...

- Outcomes and Impact seminars
- Enter & View Training to prepare us to make visits to care services

In June, we welcomed Katherine Rake, Chief Executive Officer of Healthwatch England to our launch event where she in turn welcomed the developments within our network. As our work progress in this area, we anticipate that there will be more views and recommendations regarding improvements to be shared with Healthwatch England next year.

### ...South East London Healthwatch

Through our partnership work with our South East London local Healthwatch we were able to discuss issues that relate to all the boroughs. Meetings take place on a bi-monthly basis. One issue raised has been the request for involvement within the South East London Commissioning Strategy Programme Committees. As a result each Healthwatch sits on one sub committee and we report back at our bi-monthly meetings.

### Sharing concerns with Care Quality Commission...

We formed a good working relationship with Healthwatch England throughout the year which is reflected in the text.

Our relationship with the national inspectors of health and social care organisations, the Care Quality Commission (CQC) have been established through receiving inspection reports on a weekly basis, joint Healthwatch Lambeth and Healthwatch Lewisham meetings with the local inspection teams. We saw a knock-on effect of the national changes in the way that the CQC inspects services, we did not have as many meetings as we would have liked. Despite this we received calls for evidence from local inspectors carrying out the GP inspections in Southwark which were welcomed.

As previously mentioned we worked with our social care partners to monitor CQC inspection reports and service providers.

### Monitoring of Children Social Care services

Our seat on the Health and Wellbeing Board gave us the opportunity to raise some concerns that we had about whether the council was prepared for the changes that the Care Bill would bring for children and adults with special education needs and disabilities including the provision of Education and Health Care Plans. We were pleased that the officers on the Board agreed to bring an update report to the March meeting.

As part of our Mental Health priority the Board agreed that it was important to look into the care of children and young people with Mental Health problems and illnesses. So far we have engaged with the Patient Involvement Lead at South London and Maudsley Hospital NHS Foundation Trust to arrange meetings with some young people to tell us their experiences of using health and social care services. We will also be arranging visits to adolescent units for Southwark residents.

Through our work on the 1000 Lives engagement we spoke to a number of young carers aged between 8 and 18 years old and their views will go towards informing the next Joint Health and Wellbeing Strategy for Southwark. We know that there is still much that we need to do to get the views and involvement of children and young people which is one of the areas that we will focus on in the next year.

## Key Positions of Influence

### Health & Wellbeing Board

Through the Health & Social Care Act 2012, every Health & Wellbeing Board (H&WB) must have a Healthwatch Member. Our Lay Member, Fiona Subotsky was the Healthwatch Southwark Representative, who has unfortunately since stepped down. Our replacement Representative is Alvin Kinch, Healthwatch Manager.

The H&WB is the statutory forum where key leaders in health and social care work together to improve health and wellbeing of Southwark residents and reduce health inequalities. The H&WB is responsible for knowing what the needs are in the community (Joint Strategic Needs Assessment - 'JSNA'), agree joint priorities, and get the NHS and Council and other Key Partners to work together. They do this through a plan called the 'Joint Health & Wellbeing Strategy ("Strategy").

During the discussions around the development of the Health & Wellbeing Strategy ("Strategy") for 2014 onwards, Fiona Subotsky continually

highlighted the need and importance for patient engagement to inform both "Strategy" and the JSNA, to get behind the facts and figures and understand patient stories, views and experiences.

Partly as a result of this, a stakeholder engagement programme was proposed, and one aspect of this was the 1000 Lives engagement project. However, we understand we did not have the capacity to undertake the whole engagement project and instead negotiated to lead the 1000 Lives Engagement Steering Group.

### Clinical Commissioning Group

Southwark CCG started producing a Quality Report, where Commissioners and Hospital Trusts would report quality issues raised from the services. These ranged from targets not being met, Never Events, or a clinical, management or service concern. Every quarter, Healthwatch Southwark reports on the patient feedback and concern we receive and collect on CCG - commissioned services such as Hospital and Community Services.

The Quality Reports are discussed at the CCG sub-committee meetings. This allows the patient and public voice and issues we hear to be heard and listened to by those responsible for the quality of health services in Southwark, the CCG. The patient experience section is regularly referred to by GP Commissioners during these meetings.

## Volunteering with Healthwatch

Healthwatch Southwark cannot be a success without local residents who give their time and energies to being volunteers. This year over 30 people showed an interest in volunteering and by the end of the year fourteen people had become active with us. Activities we did with the volunteers included induction sessions and training in Healthwatch, looking at the health care system and mental health awareness.

Our focus during the next year will be on expanding the training and development opportunities for our volunteers to ensure they have the skills and knowledge necessary to be effective in their roles and also get what they need from the time with Healthwatch and Community Action Southwark.

### We currently have 4 main volunteering roles:

**Engagement** volunteers help to collect people experiences of health and social care services. They do this by attending events, gatherings, focus groups, having one to one conversations with people in person or one the phone.

### One 1000 Lives Engagement volunteer's thoughts...

*'My journey through the 1000 Lives project has been interesting... to visit the Southwark Young Carers where children from the ages of 8 - 12 years where present. The children seemed eager to tell their stories.... it demonstrated how aware the children were of a good service and how negative services affected the children's experience of it*

*From what I can remember it was the simple things that made the children's experience a positive one Such as pleasant and friendly staff, good hospital food, having activities or materials for young people to enjoy while in hospital and professionals taken time to talk and explain things to the children whether it was about their or their family members health as they really appreciated that and also making them feel safe.'*

**Intelligence** volunteers take the information we collect and make sense of the issues we receive through our engagement work. They take on the role of logging this information in order for Healthwatch to identify themes and trends in service use and experiences.

**Representation** volunteers act as an advocate for Healthwatch Southwark and the patient and user voice at decision making meetings. Their role is to represent us at important meeting, feedback what Healthwatch is working on to the meeting and report back on matters discussed at meeting to keep us informed. This year two volunteers became Healthwatch representatives alongside Alvin Kinch, Manager. These are David Cooper on the CCG Primary and Community Care Strategy Steering Group and Chipo Maendesa on the South London Public Health Urban Collaborative Community Involvement Group.

*'My experience of volunteering with Healthwatch Southwark was great. I developed new skills that built my confidence which widened by career options. I am proud to say that volunteering with Healthwatch Southwark has been an eye opener to opportunities including reaching my desired goals within public health. Thanks to Healthwatch Southwark.'*

Chipo, Volunteer.

Enter and View volunteers visit publicly funded health and social care services. Formally they are called Authorised Representatives. Their role is to visit services to talk with patients using the service, any carers that support people to access them and to staff who work there.

### A little more on representation

Like engagement and gathering intelligence, representing Healthwatch at different meetings and events is a big part of the Healthwatch role. Here are some of the boards that we have been on this year, the issues we have raised and what difference we think this has made.

During this year we have had two representatives on the Health and Wellbeing Board. Fiona Subotsky was the first representative who pioneered the way for Healthwatch to play a significant part in community engagement by the Board. Later on Manager Alvin Kinch took on this position and acted as the Chair of the Board's engagement steering group. Support was provided to both to discharge their duties on the Board and make the most of the Healthwatch position.

## Financial information

During 2013/14 Community Action Southwark received £140,000, £20,000 of which was ‘transition money’ set aside for the costs relating to the change from the previous LINK Southwark to the new body. The contract to deliver Healthwatch is with the London Borough of Southwark.

<b>Income 2013/14 (Money received)</b>	
Amount received from London Borough of Southwark	£120,000 + £20,000 (Transition)
<b>Total Budget for 2013/14</b>	£140,000
<b>Expenditure (Money spent)</b>	
Rent	£6000
Running Costs	£2908
Staff & volunteer training and Volunteer expenses	£2323
Salaries including National Insurance and Pensions	£91,829
Communications including website and leaflets	£7041
Professional fees including awareness raising and engagement advice	£1770
Events and Engagement	£4155
<b>Total spend</b>	£116,026
<b>Underspend</b> (This amount is restricted and has been carried over into the 2014/15 Healthwatch Southwark budget)	£23,974

### Notes:

- Transition This was funds received from London Borough of Southwark to support the establishment of Healthwatch Southwark from the previous local involvement network.
- We did not have any contractors and independent providers during the financial year.

We would like to thank to all Supporters, residents, our Board, community and voluntary sector organisations and health and social care officer and organisations.

## Looking forward

- Recruiting a new Chair and new Lay Members onto our Healthwatch Board
- Conduct more enter and view visits, informed by our intelligence and patient feedback
- Developing our Monitoring Group of Volunteers to help us prioritise and acti areas of concerns
- Reporting and publishing our work and outcome on our 4 priorities
- Continuing our Community Focus Groups
- Using the rich insight gained from 1000 Lives Project to inform the Joint Health & Wellbeing Strategy for 2014 onwards
- Providing Information Sessions to Community Groups
- Monitor our recommendations and any developments
- Continue working closely with HW England, and joint-working with South East London Healthwatch colleagues
- Develop our volunteer and representation programme
- Continue increasing our awareness of Healthwatch to Southwark residents
- Build on the work focussed on children and young people

## Appendix 1

### Some of the boards and committees Healthwatch Southwark sits on

Board	Purpose	One thing Healthwatch have said in the meetings
NHS Southwark Clinical Commissioning Group (Governing Body)	Statutory body made up 45 GP practices which replaced the NHS primary care trusts (PCTS). It's responsible for planning and buying health services for Southwark residents. Includes Hospital care, rehabilitation care, mental health, urgent and emergency care, community health services and other community services and learning disability services.	Requested information on the number of King's A&E attendances from patients with mental health presentations.
Primary Care & Community Based Steering Group (David Cooper rep since Feb 14)	Oversee development and implementation of CCG strategy for primary and community care service across Southwark which addressed quality and variation of GP and primary care services in general.	Importance of the right communication to patients and members of the public on the changes to be made.
Integrated Governance & Performance Sub-Group	<ul style="list-style-type: none"> <li>Oversight of CCG activities and of providers relating to: finance, QIPP, Performance, Safety and Quality.</li> <li>Responsible for assuring the effective function for both its activities and providers relating to safeguarding, information and equality &amp; diversity.</li> </ul>	Requested update and statement for the public from King's College Hospital about the care space available in the Emergency Department for people in mental health distress.
Commissioning Strategy Committee	<ul style="list-style-type: none"> <li>Oversee the development and implementation of the CCG's strategic plans and commissioning intentions.</li> <li>Service developments identified and where business cases and proposals are reviewed.</li> </ul>	Requested that the risks to patients receiving changes in their GP provision whilst in nursing homes be reviewed.

<p>Engagement &amp; Patient Experience Sub-Group (members are mostly GP patients)</p>	<ul style="list-style-type: none"> <li>• Monitor and act on patient experience information ensuring that a range of patient experience data is captured, collated and acted on to inform commissioning decisions.</li> <li>• To monitor and advise on the process of patient engagement(not individual issues)</li> </ul>	<p>Informed the committee that Healthwatch Southwark have compiled a sign posting document which is on the Healthwatch website</p>
<p>Southwark Council</p>		
<p>Health &amp; Adult Social Care, Citizenship, Communities scrutiny sub-committee</p>	<ul style="list-style-type: none"> <li>• Examines the Council’s activities and performance around health, adult social care, communities and citizenship. It can review any topic within these areas.</li> <li>• Recommendations made, will be looked at the Overview and Scrutiny Committee before being considered by the Cabinet or other appropriate agency</li> </ul>	<p>Reported on what Healthwatch knew about the prevalence of Psychosis in Black and Minority Ethnic communities in Southwark.</p>
<p>Health and Wellbeing Board</p>	<p>Statutory committee of the council where the council and key partners from the health and care system work together to improve the health and wellbeing of our local population and to reduce health inequalities.</p>	<p>Agreed to Healthwatch taking a prominent role in the 1000 Lives engagement</p>

See Appendix 2 for the full list of boards, committees and groups that Healthwatch Southwark has a representation role on.

## Appendix 2

### List of the groups and different types of engagement

- Mind Southwark User Council Meeting
- 1000 Lives at the Coplestone Centre
- Kindred Minds IAPT engagement
- Mental Health Act Event for Users and Carers
- Dragon Café
- Peckham Befrienders Celebration Event
- Age UK Lewisham and Southwark's Stones End Day Centre
- Southwark Park Asian Day Centre
- Southwark Young Carers
- 1000 Lives Storytelling Event at Thames Reach Academy, Peckham
- Speaking Up - adults with learning disabilities
- Speaking Up- older people with learning disabilities
- Refuge for women
- Southwark Resource Centre
- Pocklington Trust Vision Strategy consultation event
- Eritrean Community Centre
- Deaf Support Group
- Latin American Women's Rights Association
- Peckham Rye Public Forum
- 1000 Lives Storytelling event at InSpire x 2
- CCG Primary Care Access event
- Forum for Equalities and Human Rights
- Community Council Stall Bermondsey and Rotherhithe (CDS)
- For Appendix
- Focus Groups
- Latin American Women's Rights Service with particular
- Deaf Support Group, Southwark Disablement Association with support from Graham Welton, British Deaf Association
- Eritrean Community Centre

## Appendix 3

This annual report has been sent to the following which is not an extensive list:

- Department of Health
- Healthwatch England
- NHS England
- Care Quality Commission
- Southwark Council Community Engagement, Housing and Community Services
- Health and Adult Social Care Communities and Citizenship Scrutiny Committee
- Southwark Health and Wellbeing Board
- NHS Southwark Clinical Commissioning Group
- King's College Hospital NHS Foundation Trust
- South London & Maudsley Hospital NHS Foundation Trust
- Guy's and St Thomas' NHS Foundation Trust
- The British Library

