Contents

Our Chair ........................................................................................................................................ 4
Our Southwark .................................................................................................................................. 5
The year in numbers ......................................................................................................................... 6
About Healthwatch ............................................................................................................................ 7
  Our vision and mission .................................................................................................................. 7
  Our strategic priorities ................................................................................................................. 7
  Our work priorities .................................................................................................................... 8
  Our ‘watch list’ .................................................................................................................................. 8
Engaging with people who use health and social care services ..................................................... 9
  How we understand people’s experiences ................................................................................... 9
  Enter & View .................................................................................................................................... 14
Building on our ‘Network of Networks’ .......................................................................................... 16
Providing information & signposting ................................................................................................. 17
  Helping people get what they need from local services ............................................................. 17
Influencing decision makers with evidence from local people ....................................................... 20
  Producing reports and recommendations to effect change .................................................... 20
  Putting local people at the heart of improving services ............................................................ 22
  Working with others to improve local services ...................................................................... 23
Impact Stories ...................................................................................................................................... 25
  Case Study One: Community Foot Health Services at Guys and St Thomas’ NHS Foundation Trust .......................................................................................................................................... 25
Impact Stories ...................................................................................................................................... 26
  Case Study Two: Closure of GP practice ................................................................................... 26
Our plans for 2015/16 .......................................................................................................................... 27
Our governance and decision making .............................................................................................. 30
  Our board ....................................................................................................................................... 30
  How we involve lay people and volunteers ............................................................................ 30
Financial information ............................................................................................................................ 33
Contact us ............................................................................................................................................ 34
It hardly seems possible but we are into our 2nd year! It has been a fruitful one, but there continues to be financial challenges in health and social care, which has been reflected in local service pressure - long waits in local A&E, and reports from the Care Quality Commission (CQC) showing wide variations in the quality of national social care services. With further cuts in welfare promised following the General Election 2015, the position will continue to be very demanding for local people using public services.

It has also been a year of consolidation, ensuring that our organisation was well established, that links had been made through work with our partner organisations, and that our volunteers and supporters were actively engaged in the work of HWS.

We are currently in the process of reviewing the arrangements of the HWS Board, to ensure wider volunteer involvement, and strengthening our links with local volunteer partners.

It was also a year when we welcomed our new Manager, Aarti Gandesha. She has very quickly established herself, and has already started to make an impact on the future direction of HWS. Welcome Aarti!

As always we have been listening to our supporters, and making sure their views are heard by decision makers. One example has been our focus on primary care. You shared your experiences with us through our many local engagement events and our information and signposting service; we made sure that this was raised with the Southwark Clinical Commissioning Group (CCG) when they were planning changes to local primary care services.

Over the year we have built strong relationships with key stakeholders - providers, commissioners, local community and voluntary groups. This is demonstrated by the impressive attendance at our public forum events over the year, which we hope to continue in 2015/16. A highlight has been our work with young people, focussing on sexual health services. This led to a presentation at our March 2015 where we received excellent feedback! We plan to further develop our ‘links across the generations’ next year.

We are a new organisation, but with your support, one which I believe is already starting to make a difference!

David Cooper, Chair of the HWS Board

David joined the Healthwatch Southwark (HWS) board as a lay member in July 2014 and took on the role of Chair. He has worked with the board and staff to steer strategic decisions.
Our Southwark...
The year in numbers

No of new Supporters: 114
No of total Supporters: 1,162

How we engage with the public:
- Engagement activities: 103
- Public forum events & meetings: 5
- Community Focus Groups/Workshops/ Sessions: 5
- Enter & View Visits: 1
- Information & Signposting queries: 209
- Boards we have representation on: 26
- Volunteers & interns: 11

Healthwatch Southwark website
- Visits: 7,434
- Page views: 15,148

Communications with our network of networks:
- Twitter: 889
- Friends: 445
- E-news: 444
- 7th most visited page on website is our ‘Top Priorities’
About Healthwatch

We are here to make health and social care better for Southwark residents. We believe that the best way to do this is by designing local services around their needs and experiences.

Everything we say and do is informed by our engagement with local people and our expertise is grounded in their experience. We are the only body looking solely at peoples’ experiences across all health and social care.

We are uniquely placed as a network, with a local Healthwatch in every local authority area in England. We are a ‘network of networks’ - our strength being our relationships with local communities, groups, Southwark Clinical Commissioning Group and Council, and our neighbouring Healthwatches.

As a statutory watchdog our role is to ensure that local health and social care services, and the local decision makers, put the experiences of people at the heart of their care.

Our vision and mission

Our vision is that all Southwark residents can access and expect the best possible health and social care service.

To achieve this, we know the health and social care system will need to:

- Be joined up better
- Allow people to access services seamlessly
- Respond to the needs of local people
- Deliver care that is timely and of high quality.

Healthwatch plays a key role in ensuring that this happens. We will do this by sharing what we see and hear with providers and commissioners, and to hold them to account to act on this information. We have developed good relationships with our local providers and commissioners to ensure that this happens.

We want local people to be aware of what local services are available to them. We want them to feel able to speak up about their views and experiences.

The more voices we hear, the more impact we can have.

Our strategic priorities

Simplify and improve experiences by providing information and signposting

We provide information and guidance on how to move through health and social care system and also how and where to access different services. Our aim is that local people are informed of what services are available to them, to reduce inequalities.
Monitor quality of services so that everyone receives the best quality care

We hold services to account on the quality of what they offer and how accessible they are. Our aim is that services are shaped by views and experiences of people that use them.

Be the voice for the views and concerns of local people

Our strategic influence is grounded in the views and experiences of local people. We aim to empower local people to get more involved in how their services are delivered and commissioned. The ultimate aim being services are tailored to the needs of the population.

Our work priorities

At the launch of Healthwatch Southwark in June 2013, four priority areas were established based on consultations with the public, statutory providers, and the Healthwatch Board. The priority areas were:

1) GP services: This is the most common enquiry we get - we hear about difficulties in registering with a GP, making appointments, and experiences of not receiving person-centred care. We have carried out a series of engagement work regarding access to primary care.

2) Mental health services: We want to understand the experiences of young people accessing mental health services, by utilising our Enter and View function (visiting services and speaking to people that use them).

3) Sexual health services: Southwark has one of the highest rates of poor sexual health in the country. Issues include high rates of HIV diagnoses, high rates of STIs (Sexually Transmitted Infections), high rates of unwanted pregnancies and repeat abortions. We have built strong relationships with voluntary and community organisations that support people with HIV as well as statutory providers. We have worked with young people to hear their experiences of accessing sexual health services.

4) Social care services: Local people highlighted concerns that those not eligible for social care support would fall through the cracks in accessing care. We felt the need to investigate this. Concerns were raised about the appropriateness of the assessment process and accessibility of information and support given. We have worked with carers about the experience of social care support.

Our ‘watch list’

Outside of our work priorities, we also keep a ‘Watch List.’ These are areas in health and social care where we monitor developments but we do not undertake specific activities. If we feel that that something in health or social care is changing or new information is available that have an impact on Southwark residents, we will look into this further and if appropriate, act. The Watch List ensures we do not lose sight of other changes in health and social care that are outside of our priority areas.

The following sections of the report will look at what we have achieved in our priorities. We explain how we:

- Engaged with people about health and social care;
- Provided an information and signposting service, and;
- Influenced decision-makers
Engaging with people who use health and social care services

How we understand people’s experiences

In order to understand people’s experience of using health and social care service, Healthwatch Southwark (HWS) talked to diverse communities in a range of different ways. We have organised and participated in over 100 engagement events this year; most of them stalls at events and public places, 5 of them our public forum events/public meetings; 3 were community focus groups; and 2 were informal issue-based workshops.

Engagement stalls

It sounds simple but we found that talking to people face to face is a great way to tell them what we do, to raise our profile and to get people involved in making services better for everyone. This year we have held stalls in supermarkets on Old Kent Road, at the Aylesbury Centre, libraries in Camberwell, Peckham, Canada Water, Dulwich and the Blue Anchor library in Bermondsey.

At these stalls, we inform people of our role and explain how to get involved:

Our events covered a range of themes. For example:

- Community settings
- Seldom heard, equality
- Mental health [our priority area]
- Access to GP [our priority area]
- Sexual health [our priority area]
- Young people [our priority area]
- Social care [our priority area]
- Older people

We highlighted that as a supporter; they will hear about local news and events to get involved with and will also have an opportunity to promote initiatives they might have to fellow supporters.

At the stalls, we found that a key issue that keeps coming up are the barriers people face in accessing their registered GP practice.
People shared their stories about their caring role, some positive and some about issues they face with their health and care or that of their family members. We log all patient experience in our ‘Tell Us Your Story’ log. This informs our intelligence and our continued engagement work.

All issues HWS become aware of are logged and shared with Southwark Clinical Commissioning Group (CCG), Local Authority and providers, where appropriate. We also encourage and support patients to make complaints (if appropriate) through our information and signposting service.

“You have given me ideas of what I can do, thank you”
Caller wanting information, medication and results from GP prior to changing surgeries (18 August, 2014)

Community focus groups

This year we held 3 community focus groups. We wanted to hear from seldom heard groups as we are aware: there is less engagement with them, they may not access or know about local services available to them, they may have unmet health and social care needs.

Southwark is a hugely diverse borough and we really wanted to learn what different communities experience when accessing health and social care services so we can find ways to address some barriers faced. We link with community groups where we can so that we hear from people in a safe and supportive environment.

This year we have been able to work with: Bengali Women’s Group and Somali Women’s Group. We found...

- There is a lack awareness of changes in health services
- Cultural needs are not always met e.g. use of translation services
- Vulnerable groups turn to voluntary and community sector (VCS) for support in accessing health services

We have also worked with carers, around our social care priority. We talked with adult carers about their experience. We found...

- There is a need for information about service change to reach carers
- There needs to be more clarity on eligibility criteria for carer assessments
- On average it took two years for an informal carer to find out that there was an assessment process for them to go through to access support

Outcomes

- HWS have expanded and diversified our supporter list by connecting with new individuals and VCS organisations
- We have taken learning forward to make a difference through our networks
- We have developed partnerships with community organisations that offer support to different communities
- Through our representatives we have raised issues at scrutiny and strategy meetings (see ‘Influencing decision makers’ section for more information).

Informal group workshops

HWS aims to hear the voices of young people by supporting a platform where they can ask questions, get information and offer ideas to improve services for other young people.

This year we have built on our relationship with Southwark Young Carers and developed a new partnership with Young Minds.
We visited their hub meeting twice this year and ran an informal workshop with a group of 12 young people aged between 14 and 23.

The aim was to understand:
- The experience of young people accessing sexual health services
- Where young people go to get information and advice around safe sex and contraception
- Where young people go if they need help or support in keeping physically and mentally well

Learning
- Young people want better sex education in schools
- They want professionals to be more confident in talking about sex
- They want more conversation around the emotional aspects of being in a relationship
- Young people want better access to free contraception and advice

Outcomes
- This informed our sexual health priority work
- Connects with our commitment to engaging with seldom heard groups.
- Findings from this workshop was presented at our March15 event by two young representatives, a full report of this is available on our website.

Public forums events and meetings

During the year HWS held 5 themed public forum events where we invited members of the public to hear from guest speakers in the field of health and social care. We use these forums to give a space for direct dialogue with commissioners and service users.

75% of public forum participants thought the event was ‘Excellent’ or ‘Very Good’

We increased VCS involvement at these events with a stall area for VCS to promote their services, offer HIV testing, NHS health check and offered opportunities for attendees to network. The events proved to be very popular, with over 239 people attending overall.

1) May 2014: Patient and Public Engagement Strategy event with Guys and St Thomas NHS Foundation Trust (GSTT) with Healthwatch Southwark and Healthwatch Lambeth over 40 attendees

Aim: To gather public views on how GSTT could be more effective in engaging with and feeding in to their patients and the public engagement strategy. The meeting wanted to identify what actions could strengthen their emerging priorities going forward.

Recommendations/actions identified:
- Shape the recruitment process and training offered to staff to incorporate patient and public involvement and/or experience at

Petra Velzeboer @PetraVelzeboer
@YoungMindsVs Hub mtg with @HWSouthwark & @BTP_UK
Engaging with people who use health and social care services

all stages i.e. learning from patient stories

- Accessible formatting to ensure that Trust documents are easy for lay members to digest and contribute to
- Reaching and involving seldom heard groups was identified as an area the strategy would work on

What next: To continue to work with GSTT to support the delivery of their engagement strategy and to develop this partnership to share learning, findings and intelligence going forward.

“**A member of the HWS team regularly attends and contributes to discussion at the Trust Patient and Public Engagement Strategy Steering Group, which continues to drive the successful implementation of our three year strategy...**”

Patient and Public Engagement Team, Guys and St Thomas’ NHS Foundation Trust (GSTT)

2) July 2014: Spotlight on Social Care over 55 attendees

**Aim:** To inform supporters and stakeholders about upcoming changes in Adult Social Care Services in Southwark.

The interim Adult Social Care Director presented on their vision and plans, priorities and activities for different groups in Southwark. To see the full report, visit our website.

**Recommendations/actions identified:**

- Ensure that information is given to patients at crucial points in their treatment, particularly at discharge
- Communicate with patients in a way that suits them
- Face-to-face communication is a better way of assessing someone’s needs rather than over the phone
- There needs to be more understanding around individual needs and choice

**What next:** To continue to work with Southwark and Lambeth Integrated Care (SLIC), commissioners and hospitals about how patients are discharged. The findings have also informed and shaped our work priority in social care around referrals and what support is available to those outside of the Fair Access to Care Services (FACS) criteria.

3) Nov 2014: Public meeting with Kings College Hospital NHS Foundation Trust, Healthwatch Southwark, Lambeth and Bromley over 40 attendees

**Aim:** To offer a platform for questions and answers and address local concerns on how this will affect Southwark patients, in relation to the move of elective inpatient orthopaedic services and gynaecology surgery from Denmark Hill to Orpington and Princess Royal University Hospital (PRUL) respectively.

**Recommendations/actions identified:**

- Earlier consultation in relation to changes to services should be carried out as soon as possible

Above: Q&A with interim Director of Adult Social Care

The event report and findings were shared with key stakeholders in health and social care to act on findings, HWS will continue to influence and improve this service.
Engaging with people who use health and social care services

- Concern around how Southwark residents will be supported to access services in Orpington to be openly discussed
- Kings to share how they will deal with the demand for this service and how resources will be put in place particularly around carers and transport

What next: HW Southwark, Bromley and Lambeth are working together to ensure that we hear patient experiences through these changes and share intelligence. Connections with Kings have developed through this work and HWS plans to build on this through continued partnership working.

4) Nov 14: Healthwatch Southwark One Year On over 50 attendees

Aim: To update and inform the public and our stakeholders of progress on our 4 priority areas, the joining up of health and social care services, the launch of extended access services, and widening our engagement work.

Recommendations/actions identified:
- Develop networks to hear from young people more about their experiences
- Person-centred care when in hospital and when you leave is still needed
- Monitoring around discharge medication and how this is monitored
- Review how the extended access to primary care services are received

What next: HWS conducted targeted engagement activities with young people in Southwark to gain valuable insight on their experiences. Working with our neighbouring Healthwatches, we have share intelligence to partners about patient experiences of discharge and in the next year hope to report on this more! We are part of the Steering Group that is monitoring how the extended access is working in practice. In the next year we will work on advising CCG on how best to capture patient experience from these clinics.

5) March 2015: You said, We did! over 65 attendees

A blog has been written about this event: [http://caringmindblog.com/2015/03/22/healthwatch-southwark-public-forum-you-said-we-did/](http://caringmindblog.com/2015/03/22/healthwatch-southwark-public-forum-you-said-we-did/)

Aim: To inform the public on how the Health and Wellbeing strategy for Southwark was put together following HWS’s involvement through ‘1000 Lives’ and how it will impact local people. The event also highlighted findings from community focus groups with adult carers and an informal workshop with young people around experiences of accessing sexual health services.

Recommendations/actions identified:
- Individuals and communities to take on more responsibility for their health and wellbeing, working together to detect conditions early and put preventative measures in place to keep well for longer
- Continue to investigate young people’s perspective on accessing sexual health services as well as general health and social care services and share findings with HWS stakeholders
- Push for GPs to be trained and supported to signpost patients for social care support in a timely fashion and not allow people to find out about social care services when in hospital or in crisis
Engaging with people who use health and social care services

Engaging with people who use health and social care services

Enter & View

Local Healthwatches (HW) have a statutory function to carry out Enter and View visits. Local HW representatives (trained staff and volunteers) carry out visits to health and social care services that are publically funded to find out how they are being run and make recommendations where there are areas for improvement.

This year we worked in partnership with our neighbouring HW in Lewisham to deliver 2 training sessions. Over 2014/15, 4 staff, 12 volunteers, including 6 young people, were trained in Enter and View. At present we have 16 people trained.

Visiting Snowfields Adolescent Unit

In March 2015 we carried out a visit to Snowfields Unit, a child and adolescent mental health facility at the Maudsley hospital. We wanted to find out about the service and also identify examples of good working practice. One of our priority areas is to better understand how people access mental health services. We are also committed to hearing the voices of seldom heard groups such as young people. We want to empower young people to share their views and experiences of services and join the debate in designing and improving them.

Learning
- Young people using the service spoke highly of their standard of care and treatment.
- We saw good interaction between staff and young people
- Staff we spoke to felt well supported and had confidence in the management.

What next: HWS will continue to sit on the Health and Wellbeing Strategy steering group and the Joint Strategic Needs Assessment (JSNA) working group to push forward the patient voice at these decision making boards.

Highlight!

Our connection with Community Action Southwark (CAS) has meant that we are able to promote our events widely. We have seen new faces at our events adding to the kind of stories we hear, the connection we make and the reach and impact we have...

- 20 young people between the ages of 13-18 attended our public forum in March 2015.
- Range of individuals participating in our activities from 6-92 years old.
- Connections made with more seldom heard groups e.g. Vietnamese Lesbian, Gay, Bisexual and Transgender (LGBT) groups, Gypsy and Traveller communities. All of whom we will work with in 2015/16.
- 24,360 online contacts through Facebook, twitter and the HWS website.
- 3 new volunteers support HWS.

Above: Kenya and Saffron from Young Minds present on findings from sexual health informal workshop
“I found the experience of working with you [HWS] and your representatives a positive one. The visit was well planned in advance and those who visited were very approachable and sensitive to those young people using the service”
Ward Manager, Snowfields Unit

Recommendations/actions identified

- More activities during evening and weekends
- Review feedback mechanism for food, general environment, and risk assessment policy for leave to smoke
- Training for staff to deal with patients with dual diagnosis and also general skills development for working with young people.

You can read the full Enter and View Report here.

What next: HWS is committed to ensuring services improve for people that use them. Therefore we have also made recommendations for ourselves, which include:

- Circulate the report widely to service providers and commissioners to highlight areas of good practice and the challenges the service is under
- Meeting the ward manager 3 months after publication of report to consider how recommendations to the provider have progressed
- 3 months after publication of report, we will return and leave feedback boxes in the patient areas so we can gather views of patients on the areas that were suggested for improvement
Building on our ‘Network of Networks’

HWS believe that working with other people make us a stronger force in creating change. We pride ourselves in building on our Network of Networks. It means...

- We hear from as many people as possible from different communities
- We can share learning and information with other organisations
- We are informed and included in the planning stages of changes that will affect local people
- We can share resources and support each other in a common aim
- We can have more impact working together

“HWS provides a vital service...it’s so important for local people to be able to speak out about health services. Every time we’ve worked with HWS they’ve been brilliant...helpful, friendly and professional”

Speaking Up Southwark Project Coordinator for adults with learning disabilities

“HWS has continued to support patient and public involvement in the Trust by promoting opportunities to their wider membership through its e-newsletter and on occasion by circulating special messages. It also makes effective use of the well-established community voluntary sector networks of Community Action Southwark”

Patient and Public Engagement Team, Guys and St Thomas’ NHS Foundation Trust (GSTT)

“It has been a real pleasure and privilege to have our international Masters’ students with you at HWS. Their placements have been very well organised, they have learnt a huge amount, and their feedback has been extremely positive. We hope very much to be able to continue working with you in the future”

Course Director, MSc International Health Services and Hospital Management at Southbank University

“The CCG and HWS carry out quarterly engagement events jointly. In March and May 2015, we have had information stalls at East Street market together to collect patient stories and to talk to local people about GP and pharmacy services as well as upcoming events... Healthwatch collate a range of valuable insight from local people about health services through the range of activities that they carry out”

Membership and Engagement, Southwark Clinical Commissioning Group
Providing information and signposting

Helping people get what they need from local services

In 2014/15, we 209 queries from the public through our information and signposting service:

- 48% of these queries were related to GP registration or information
- 9% were related to complaints
- 5% were related to patient records from professionals and patients
- 4% were related to foot health
- 5% were related to mental health and physical disabilities
- 3% were related to social care

Note: these figures do not add up to 100% as queries may relate to more than one area

By providing information to Southwark residents, we help them understand the health and social care system. We do this in a variety of ways: over the phone, via email, face to face, distributing factsheets, delivering workshop sessions.

Our public telephone line

94% of our queries were through our public telephone line. We work with statutory bodies such as the Southwark CCG, GP practices, and Local Authority call centre, and voluntary and community organisations (such as Southwark Citizens Advice Bureaux Service) to build awareness of our signposting and information service to encourage appropriate referrals to us.

At times, we will get people calling HWS with a complaint or an issue that would normally be outside of what we do. However, when there is someone in need on the end of the phone the last thing we want is to pass them to another organisation when they have already been passed many times! So at times, we use our judgement and will act as an advocate for the individual. In this situation, we often contact services, using our statutory position, to access the correct contact or information on behalf of the member of public.

“Healthwatch Southwark has used its signposting services to bring the Trust’s attention to patient feedback, concerns or queries about services”

Patient and Public Engagement Team, Guys and St Thomas’ NHS Foundation Trust (GSTT)

We feel our information and signposting role has ensured we build trusted and credible relationships with residents who contact us. Our stakeholder survey showed this was one of our greatest successes:

79% either strongly agree or agree to the statement: ‘HWS provides information and signposts people to services and supports them to make informed choices.’

Stakeholder survey response between June/July - September 2014

Our telephone line also provides us with another opportunity to listen and record issues and experiences of local people. As an independent body, we use this to build a case for how services need to be improved based on what people tell us.

1 Percentages are rounded up or down if above or below 0.5%
Providing information and signposting for people who use health and social care services

We share this information with providers and commissioners, and this has had a positive impact on community voices being heard, listened to, and used to shape how services are delivered in the future. See our impact case study for an example of this.

Newsletters

In 2014/15, we sent 16 e-newsletters (now monthly from fortnightly) which goes to over 810 supporters and just under 200 stakeholders on our keep informed list. This informs local people of HWS’s activities and also keeps them up to date with local news and events around health and social care. We often give people the opportunity to comment on service changes and developments.

We sent e-alerts to our supporters over the year, as and when required. This is to highlight special events and news and opportunities to get involved in health and social care developments, such as:

- Invitation to public meeting to hear about changes happening to our local trust
- Invitation to share comments about launch of extended access to GP services
- Invitation to share feedback on our local Trust and GPs ahead of their CQC inspections

For those not on email...

- We sent 4 hardcopy e-newsletter to those not email (131 people)
- We sent 3 hardcopy leaflets of each of our public forums to this same group, and to 105 tenants and residents associations (TRA), 2 Citizens Advice Bureaux (CAB), 11 libraries in Southwark and 42 community centres

- We sent information about HWS via Southwark Carers’ Message in a Bottle - a scheme to encourage vulnerable people to keep personal medical details in their fridge for medical professionals. This reached 700+ Southwark residents.

Our website and social media

Over the year, we have had 22,582 hits to our website. The most popular sections after ‘Home Page’ were:

- News (2nd)
- Events (3rd)
- About (4th)

We update our website almost on a daily basis highlighting local news and events in Southwark and also updating it with our activities. We also use Twitter and Facebook to alert people to information. We use every tool we know to engage with our supporters and residents.
Providing information and signposting for people who use health and social care services

Providing information at our forums

Over 2014/15, we have hosted 5 public meetings. The purpose of these meetings is to provide information on important changes that have (or are about to) take place. At these meetings we had speakers from NHS and Local Authority commissioners, local hospital trusts and other stakeholders.

This gives attendees the opportunity to listen, question, and challenge or get clarity on these upcoming changes. We also have stalls from organisations to provide information or advice.

See ‘Engaging with people who use health and social care services’ section gives more information about our public events and stalls.

Providing information at our community focus groups / workshops

Over the year, we held 3 focus groups and 2 workshops. These are one of the ways we work with seldom heard groups to find out their experiences, issues and barriers. However we also found that there was often a need for information to be provided. So, we have incorporated this into our focus group and workshop sessions so that we also provide information based on what they need for - this could range from information on changes to services, how to access services, where to get information.

See ‘Engaging with people who use health and social care services’ section gives more information about our community focus groups/workshops.

Producing information briefings

We also produce information briefings where there is a need and interest. For example, these include creating a short briefing on ‘how to register with a GP’, because we found people were not clear what was required to do this, and our ‘Information & Signposting document’ on where to go if your GP is closed, and where and how to complain or leave feedback, because people were not aware of the different services between the GP and the A&E department.
Influencing decision makers with evidence from local people

Producing reports and recommendations to effect change

In 2014/15 we produced:
- 6 reports, 5 of which had recommendations to providers/commissioners.
- 4 responses to consultations
- 2 responses to feed into CQC pre-inspections packs
- 4 intelligence reports on CCG commissioned services
- 3 responses to provider quality accounts

This section will focus on the ways in which we use our above reports and responses, based on evidence and intelligence gathered from local people, to influence decision makers.

Our representative role

HWS has 26 seats on strategic and operational boards and committees. Here, we represent the patient and public voice using the intelligence we have gathered from our engagement activities (see previous two sections).

Intelligence gathered around GP access and use: Our feedback from focus groups and engagement, highlight barriers around access to GP services. These have been raised at high level committees at Southwark Clinical Commissioning Group (CCG) - primary care strategy, integrated governance and performance committee and the challenge fund group. This has fed into discussions about the development of primary and community based care - GP federations, local care networks, extended access clinics, and wider discussions about the CCG’s engagement approach. Our influence can be reflected in discussions around seldom heard communities, language and cultural barriers, access, and support. We will be working with the CCG on capturing patient experience from the extended access clinics in 2015/16.

Intelligence gathered around from carers around social care support: Summary findings and recommendations were presented at the Local Authority Healthy Communities (Scrutiny) sub-committee’s review into personalisation. This was published in March 2015 with a follow-up due next year. This piece of work has also influenced our work with the Local Authority, particularly our ‘advisory and planning role on engaging with their upcoming Home Care vision and contracts in 2015/16.

Intelligence gathered from our Enter and View visit: Our report of Snowfields Unit was sent to the provider within a month of the visit taking place in March 2015. We will be sharing this with CCG mental health commissioners in 2015/16. We will monitor the service to ensure they act on the recommendations we made, within the given timeline. We will also highlight the issues we heard about through our relevant representative roles.
Influencing decision makers with evidence from local people

Care Quality Commission (CQC) Inspections

We provided 2 pre-inspection reports to the CQC ahead of their visits - GP practices in Southwark and Kings College Hospital NHS Foundation Trust. Contributing to CQC pre-inspection assessment, has meant that voices and issues are known and considered by the CQC inspection team. At the time of writing, the CQC inspection reports have not yet been published.

CCG Quality Reports

4 contributions were made to the CCG’s quality reports in 2014/15 (every quarter), highlighting thematic issues to inform commissioners of our intelligence. We also report the actions we took and the progress we have made with such issues. Through these quality reports, we are able to see intelligence collated from different sources, and how these are being addressed and what further action is needed - either from HWS, the CCG, or both.

“HWS has contributed to the development and implementation of the CCG’s Quality Report over the course of 2014/15. The report is used by the CCG Governing Body to assure itself that important quality issues are routinely identified and where they are, that a clear plan for resolution is put in place and delivered. HWS have contributed to these reports, feeding in intelligence on quality issues that they have gathered from their work with people and communities in Southwark”

Head of Planning and Assurance, Southwark Clinical Commissioning Group

Responding to consultations

4 responses were provided to consultations in 2014/15. Our response provides a different dynamic - one which collates the patient and public perspective based on what we have seen and heard from local people about local services.

Lewisham, Southwark and Lambeth Sexual Health Strategy (July 2014): a 3 borough Healthwatch approach gave our response a greater overview with more impact. As a result, several of our concerns and recommendations were added to the final strategy report, notably: The strategy will now work in partnership with stakeholders to address the need of additional vulnerable groups such as Lesbian and bisexual women, those with sensory impairments and Transgender individuals. The strategy is now being implemented across the three London boroughs, and our role will be to monitor this.

Other responses relate to our public meeting regarding the changes to services provided by King’s Hospital NHS Foundation Trust, and how Guys and St Thomas’ Foundation Trust should engage with patients and the public (see ‘Engaging with people who use health and social care services’ section).

Engagement around the redevelopment of the talking therapies (IAPT) (April 2014): HWS co-hosted a group discussion with a black and minority ethnic (BME) user group, took part in engagement meeting in April 2014 and contributed through our mental health representatives. As a result, patient concerns around access and appropriateness of services, capability of GPs, were reflected and addressed in the service model vision. The next step is now the procurement of provider(s) to deliver the service, which has been delayed to take place during 2015. HWS is working to recruit and support patient representatives to take part in the procurement process during 2015.
Influencing decision makers with evidence from local people

1000 Lives project and the Health and Wellbeing Strategy

1000 lives was an engagement project done in early 2014 to inform the current health and wellbeing strategy in Southwark. Local people’s health stories and experiences of keeping well were collected so the decision makers and commissioners can be informed and understand the needs of local people.

“In HWS played a key role in the 1,000 Lives report, which brought together Southwark residents’ stories about their health and wellbeing experiences. These stories informed the development of Southwark’s joint Health and Wellbeing Strategy”
Principal Strategy Officer, Southwark Council

Building on our work last year on 1,000 Lives we have been working on producing a final 1,000 Lives report detailing the collection of stories we gathered as part of the project. There were staff changes at the local authority which meant the 1000 lives project was not taken forward for a period. We wanted to ensure that this rich data was used to inform the Health and Wellbeing Strategy so we pushed senior officials that someone at the Local Authority be accountable for leading on this project so that it is used to inform the strategy.

As this strategy is a live document, HWS plays a key role in ensuring that these stories are incorporated and remain a key driver for discussion and action planning. We will continue to monitor this in 2015/16 through a newly established steering group in partnership with Southwark CCG’s and Council’s engagement teams to push this work forward.

In July 2015, there will be an event to launch the 1,000 Lives Report. It will be an opportunity to thank volunteers for taking part in the project and allow them to meet and speak with Health and Wellbeing Board members.

Putting local people at the heart of improving services

The Health and Wellbeing Board

Healthwatch Southwark is represented on the Health and Wellbeing Board. The Healthwatch Manager has a seat on the board to ensure the representative on the board has thorough insight into Healthwatch’s intelligence and strategic development in the borough.

Our key involvement on the board has been steering the engagement of the 1,000 Lives project, as mentioned earlier. Alongside this, our representative has acted as a ‘critical friend’ in relation to how the statutory sector undertakes patient engagement. For instance...

- Encouraging the board to actively engage with patients and public around the health and wellbeing strategy, considering it is a live document
- Recommending the strategy further highlights the recurring themes from the 1,000 Lives project and linking this with developments and action planning
- Questioning how service changes will be evaluated, in relation to patient experience, and suggested way this could be carried out (e.g. launch of extended access clinics)
“Our partners in Healthwatch have been invaluable members of Southwark’s Health and Wellbeing Board over the past year. At a time of great change within health and social care locally and nationally it is important that we always keep the views of residents, health service users and their friends and family at the forefront of our decision-making. I know that Healthwatch Southwark will continue to play that vital role of representation in the years ahead as we work to create a fairer future for all in our borough”
Chair of Southwark’s Health and Wellbeing Board

Provider Quality Accounts

We provided 3 responses to quality accounts in 2014/15. We are invited to comment on the performance and quality of the Trusts over the last year, and also comment on their priorities for the forthcoming year. We shared the Quality Accounts with our 880+ Supporters and requested feedback.

We received 14 responses from the public and used this to form our response. In 2015, we tried a different approach and invited people to a workshop to discuss each provider’s Quality Accounts. The public were more responsive to this approach and felt this was a good way to get involved, and so we will adopt this methodology in future scrutiny roles.

Responses can be found here.

Working with others to improve local services

Where possible, we work in partnership to extend our reach, share our intelligence, and widen our impact and influence on service delivery.

A lot of our engagement activity has developed because of relationship building with community groups and organisations. Here are a few examples of how we worked with organisations.

South East London (SEL) Healthwatch Collaborative

Healthwatch Lambeth, Bexley, Bromley, Greenwich, Lewisham and Southwark have formed a collaborative with the aim of mutually supporting our roles and activities on a regional level.

In January 2015, HWS organised a South East London Healthwatch Away Day, with the aim of strengthening our cross-representative roles, engagement programmes, and explore income generation ideas.

As a consequence, we are jointly working on projects where appropriate, for instance responding to Quality Accounts, running joint Enter & View training sessions, holding joint public meetings, and sharing representation across regional boards. This helps us increase capacity by sharing workload, and also gives our local people a stronger voice to challenge and influence service delivery.

Care Quality Commission

In 2014/15 we did not make any recommendations to the Care Quality Commission (CQC) to undertake inspections or special reviews. We have, however, responded (and been proactive) in seeking to share our intelligence with them about services prior to their inspection, as mentioned earlier.

We have also publicised and attended Listening Events held prior to an inspection visit, and encouraged our supporters and residents to feedback to us via our public meetings, e-newsletters, and engagement events.
On 2 occasions, we have contacted the CQC for information/feedback following the published CQC inspection reports where we feel there is a potential concern for Southwark residents; however this has not been received in 2014/15. Instead, in some cases we have found it to be more effective to obtain information from alternative sources such as local commissioners and providers. Because of CQC staff changes, we are seeking to re-establish quarterly meetings with our CQC inspectors and Healthwatch Lambeth and Lewisham, and also strengthen our CQC key contacts for acute, social care and primary care.

London borough of Southwark, Scrutiny sub-committee

We worked with the Southwark Healthy Living Communities Scrutiny sub-committee on monitoring published CQC inspection reports. Whether it is based in Southwark or neighbouring boroughs, or if it could potentially affect Southwark residents, we have requested information from both CQC and/or Local Authority Commissioners. See response from CQC above.

On several occasions, we have contacted our Local Authority Commissioners when we have been concerned about a local service or requested information from them. These have included care home concerns, pharmacy medication concerns arising from national press or concerns and queries raised in CQC reports as well as our information and signposting service.
Impact Stories

Case Study One: Community Foot Health Services at Guys and St Thomas’ NHS Foundation Trust

When we received 3 enquiries in a week that patients and carers had problems in accessing their foot health services, particularly those with health risks or ongoing problems and were anxious about not getting treatment. HWS began to investigate...

What did we do?

HWS responded by trying to contact the main service where referrals and bookings take place. We did this every day, leaving voice messages. We also contacted the Trust who provided the community services, via that Engagement and Patient Experience Team to get contact details of the Service Manager. We notified them of the issues with the service and worked together to address them.

During our fact-finding mission, we found that other health services we spoke to also experienced similar problems. We kept in contact with the various individuals and carers, who had also left voice messages and had not received a response, even though the recorded message stipulates that all messages would be responded to within 24 hours.

Having finally gotten through to the main service number, we found that it had meant carers (on behalf of the individual who was housebound) had to visit the service to book face-to-face, whilst others had contacted the hospital directly in order to get an appointment.

What happened?

As a result of our actions of investigating this and alerting the Trust, we discussed and provided advice to address some of the issues...

These included immediate actions to address the telephone line including:

- Temporary staff to man the phone and reception
- Changing the voice message
- Recording response time
- Prioritising the backlog of messages focusing on urgent and routine queries

It has also triggered plans to reconfigure the staffing model to ensure more resource is dedicated to the reception role, both to address capacity issues and also enable dedicated staff to answer the phones on reception. A consultation is due to be completed and should be implemented in 2015/16.

It has also triggered the development of a performance monitoring system which includes tracking the number of outstanding voicemails.

What next?

We will be continuing to monitoring access to foot health services in the next year. This will be through our engagement activities, and also in partnership with the service provider as well from GP referrals. So far, we have found that outstanding voicemails are decreasing, and we have no issues raised through our information line.

We have invited the service manager to come along to a future meeting to share some of these changes to patients and provide an opportunity to hear from patients themselves.
Impact Stories

Case Study Two: Closure of GP practice

In June 2014, HWS was informed by NHS England that GP Practice X was to close at the end of July 2014. Patients were concerned that their GP practice was closing, how this decision had been made, and also how it had been communicated.

If HWS was not here, what would have happened to Practice X’s patients when it closed?

What did we do?

In discussion with NHS England, HWS agreed to have our contact details included in their letter to patients to contact us if they needed support to register with a new GP. We acted as an independent body, to facilitate communication between NHS England and the public. This took place through phone and email support. We also agreed to have calls diverted from GP Practice X to HWS’s information & signposting service.

Following the closure, we still continued to receive a substantial number of calls and supported patients and professionals to access records required for after care.

What happened?

We found that even after GP Practice X had been closed for a while, hospitals and other health and care professionals still contacted the GP Practice (and through diversion, got through to HWS) to obtain patient details required for their ongoing care. If HWS did not agree to divert calls to our information and signposting service, people calling the old GP Practice number would reach a dead line/not in use dial tone, and so not have been able to get the support they needed immediately.

Our impact...

As a result of our actions, our role had a two-fold impact:

- We play an intermediate role between patients and NHS England so concerns were listened to and addressed, and to also relay information about how and why decisions were made.
- We maintained a support line for patients who did not yet know about the closure to get the information they needed to register with another GP, access to their records, and find an alternative practice that would meet their complex access needs.

Without our support, patients and professionals may well have fallen through the gap and been left with no support to get the information they needed.

What next?

We will continue to work with NHS England around any planned or unplanned GP Practice closures and to facilitate an early dialogue with affected patients and NHS England. Calls are still being diverted to us from Practice X. We will review this throughout 2015/16.

22% of our signposting and information queries related to GP Practice X closing
Our plans for 2015/16

Since our launch in 2013 HWS’s profile continues to rise and we are better connected with our local community. We are committed to build on this reach, to better represent the views and needs of local people - the more voices we hear, the more impact we can have. To do this over 2015/16 we will...

Widen our reach...

We actively engage with local people from different communities and are committed to this continuing. Our connections with Community Action Southwark (CAS) will continue to fulfil an important aspect of our work - building relationships with the voluntary and community sector. This relationship helps us reach new audiences and widen our networks.

We’ll do this by:

✓ Being out and about in the borough at least once a week, telling people about HWS and how they can get involved
✓ Inviting community organisations to our public events so they can hold stalls and raise awareness about what they can offer local people
✓ Recruiting youth champions to support us in engaging with young people of Southwark
✓ Using our ‘Tell us Your Story’ survey to encourage local people to share their experiences with us
✓ Hosting a quarterly community engagement session to better hear the views of those they don’t often speak up

Empower local people...

The health, wellbeing and social care landscape is constantly changing. We play a key role in ensuring local people are aware of their rights, know where to access services, feel empowered to speak up about their experiences, and share their views on health and social care. We have a responsibility to ensure our local people are able to use all parts of the health and social care system.

We’ll do this by:

✓ Use our quarterly public forums to keep people up-to-date with local health and social care
✓ Raising awareness of our information and signposting service
✓ Producing easy-read materials
✓ Using our communication channels and social media (e-news, website, Twitter, Facebook, films) to get local people involved in shaping their local services

Strengthen our network of networks...

In our first two years we have established good relationships with key stakeholders. We want to continue to strengthen these relationships, and work collaboratively with them to make a difference.

The six South East London Healthwatches won an award in 2014 for ‘outstanding collaborative project’. We are committed to this partnership and its ability to give our local people a stronger voice to challenge and influence service delivery. We need to prepare for a more challenging financial climate, and from this collaborative we can continue to pool together our resources.

We have also strengthened how we work with our local trusts, particularly how we engage with people using their services, and how we share the intelligence that we gather.
Our plans for 2015/16

We’ll do this by:
- Bi-monthly meetings with our neighbouring Healthwatches to share information and explore areas for joint working to increase our reach and impact
- Continue to work collaboratively with our providers to exchange information and identify opportunities where to strengthen public voice in shaping services

Monitor and improve local services...

Our Enter and View privileges are a great opportunity for us to gather evidence at the point of service delivery - we get to speak to people about their experiences as they are living them. We would like to utilise this opportunity more so we have tangible insight to:
- Share good practice so services can learn from each other
- Make suggestions for improvement to improve patient experience
- Ensure providers and commissioners respond and act on the insight we share
- Provide opportunities to people that use services to have their say

“At the end of last year HWS began to explore other ways in which it might engage more directly with and seek intelligence about patients’ experiences. We look forward to working with HWS to develop these plans, which will provide both HWS and the Trust with valuable insight into the views and experiences of patients and carers who use our services, both in the community and in our hospitals.”

Patient & Public Engagement Team, Guys and St Thomas’ NHS Foundation Trust

Develop our volunteer programme...

HWS are the eyes and ears on the ground - finding out what matters to local people and using this information to shape local services. But we cannot do this alone! In 2014/15 our volunteers have supported us by getting involved in a variety of activities (see ‘Our Governance and Decision Making’ section). We want to continue to support our volunteers in these roles.

We’ll do this by:
- Holding a volunteer event in 2015 so we can improve our programme and celebrate contributions to date
- Utilise the expertise from Volunteer Centre Southwark, which has merged with Community Action Southwark

Strengthen our governance...

We are now well established in the local community - we have strong links with statutory agencies and voluntary sector partners. This is now a good time to review the structure, governance, and composition of the Healthwatch Board (see ‘Our Governance and Decision Making’ section).

We’ll do this by:
- Recruiting new Board members (both lay members and representatives) with expertise in our priority areas
- Reviewing the function of the Board and strengthen our strategy at a Board Development Day

Strengthen the link between intelligence and representation....

We gather intelligence from a variety of sources, such as our engagement activities and information and signposting role.
Our plans for 2015/16

When we represent the patient and public voice at meetings, we use this information as evidence of what local people want from health and social care. We want to tighten the link between our intelligence and representative roles, to ensure those representing HWS at meetings are well informed and are kept up-to-date with our pool of information.

We’ll do this by:
Holding quarterly Intelligence Workshops for our Board members and representative volunteers to consider intelligence we have gathered and:
✓ Identify recurring themes
✓ Decide how HWS should respond to this intelligence
✓ Consider where this information can be distributed (e.g. commissioners, providers etc)

Our work priorities

As well as raising the profile of HWS, widening our reach and monitoring and improving local services, we also have activities to achieve under our work priority areas (see ‘About Healthwatch’ section).

GP services
✓ Continue to gather intelligence about access and use of GPs
✓ Distribute our ‘Tell us Your Story’ surveys and ballot boxes in GPs
✓ Monitor patient experience of new extended access clinics that have been launched in Southwark
✓ Distribute information relating to GP access through our information and signposting role

Mental health
✓ Continue to gather intelligence about access and use of mental health services
✓ Use Enter and View to monitor and evaluate quality of mental health services for children and young people
✓ Monitor how people who experience mental health crisis access support e.g. in emergency departments
✓ Be involved in the development plans for provision of talking therapy services

Sexual health
✓ Continue to gather intelligence about access and use of sexual health services
✓ Use Enter and View to monitor and evaluate quality of sexual health services
✓ Develop engagement programme to gather patient experience

Social care
✓ Continue to gather intelligence about access and use of social care
✓ Use Enter and View function to monitor and evaluate quality of eligibility assessments
✓ Continue to build on engagement with carers, particularly with young carers and parent carers

Making a difference …

Through these opportunities, we can ensure services are shaped by the needs of local people. Reaching out to the people of Southwark is how we will achieve this -

The more voices we hear, the more impact we can have.
Our governance and decision making

Our board

Healthwatch Southwark (HWS) is part of Community Action Southwark (CAS). CAS is the umbrella body for voluntary and community organisations in Southwark. The HWS board is a sub-committee of the CAS main Board of Trustees and is responsible for setting the strategic direction of HWS.

It consists of a combination of lay members and representatives from voluntary and community organisations. This Board is advisory, and members are non-executive.

Our Chair:
David Cooper, Lay member

Our Board:
Andrew Rice, Faces in Focus / Southwark Disability Forum Representative
Angela Stanworth, Lay Member (resigned February 2014)
Charlotte Gilsenan, Cambridge House Representative (until January 2015)
Eltayeb Hassan, Southwark Refugee Communities Forum
Gaby Charing, Southwark Lesbian Gay Bisexual Transgender (LGBT) Network Representative
Jacky Bourke-White, Age UK Lewisham and Southwark Representative (until January 2015)
Jen Werner, Age UK Lewisham and Southwark Representative (from January 2015)

Karin Woodley, Cambridge House Representative (from January 2015)
Moh Okrekson, Lay member
Sally Causer, Forum for Equalities and Human Rights / Citizens Advice Bureau Representative (until March 2015)
Verinder Mander, Southwark Carers Representative

Special thanks Jacky Bourke-White, Charlotte Gilsenan, Sally Causer and Angela Stanworth for their contributions to Healthwatch Southwark over the last year.

NOTE: Gaby from the LGBT Network has been unwell this year and has not been able to participate and contribute to HWS’s work as an LGBT advocate as much as she would have wanted to. We wish Gaby well and look forward to working with her next year.

How we involve lay people and volunteers

In 2014/15 3 lay members are part of the Healthwatch Board. This includes the Chair of the Board.

We are committed to involving lay people and volunteers in all aspects of our work. Our volunteer Board members contribute to the decision making, priority setting and general oversight of HWS. Drawing on a wealth of previous knowledge and experience, they have lead on our priority work plans, and drafted reports on behalf of HWS.

5 Healthwatch volunteers sit on 5 boards where they can contribute to discussion, contribute to formal consultation requests, query changes and decisions that are being made, and relay information to the HWS team.

12 volunteers are trained in Enter and View and are able to be authorised representatives at visits (6 of which were young people).
They are involved in this process from start to finish - commenting on tools that are developed prior to the visit, as well as contributing to the final report and recommendations after the visit.

We appreciate our volunteers responding, often at short notice, to requests for information, comment and advice on issues which may arise on an ad hoc basis, and where their personal area of knowledge and experience as a service user and/or carer would be of assistance.

Healthwatch Internships

In 2014/15 we had 3 student internship placements.

Above: Samuel from Southbank University on placement with HWS

Samuel took part in the first placement from Southbank University while studying for his MSc in International Health Services and Hospital Management. He joined the team to learn about how the patient and public voice can influence and change the way services are designed and delivered.

Utilising this opportunity, Samuel made connections with Guys and St Thomas’ NHS Foundation Trust (GSTT) and their strategy for engaging with patients and the public.

He took away learning to the Komfo Anokye teaching hospital in Ghana where he was employed, completed his MSc with Distinction (Congratulations Samuel!), and is about to undertake his PhD in Italy on patient engagement and its effect on health system improvements in 2015. Samuel continues to stay connected with us.

Faizul and Malinda are medical doctors, doing a Masters in International Health and Hospital Management from London Southbank University. They joined HWS on an internship placement to get first-hand experience on the Management in Action module.

During their time with HWS they attended our public forums, engagement events, and meetings at Southwark’s CCG. From this they could see how we use our engagement and intelligence to feed into decision making boards.

Their key contribution was to carry out research on social care and map what process local people will go through when applying for social care support. This piece of work helped drive forward our priority work in this area - thank you both!

“In a nutshell, this placement has given me more than I have planned and imagined. I managed to apply and reflect everything I have learned”

Malindawati Mohd Fadzil, Intern at HWS
Our governance and decision making

Our Volunteers!

<table>
<thead>
<tr>
<th>Volunteer</th>
<th>Representative</th>
<th>Enter and View</th>
<th>Healthwatch Board</th>
<th>Engagement</th>
<th>Support at public forums</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alison</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>David</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Ludovic</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Martin</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moh</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blodwen</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Angela</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uloma</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>

The HWS Team!

From left to right:
Chip de Silva, Engagement Officer
Aarti Gandesha, Manager
Sec-Chan Hoong, Development Officer
Chitra De Caires, Engagement Officer

Alvin Kinch previously managed HWS before Aarti joined the team in November 2014.
## Financial information

### INCOME

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding received from local authority to deliver local Healthwatch statutory activities</td>
<td>£120,000</td>
</tr>
<tr>
<td>Additional income</td>
<td>£20,000</td>
</tr>
<tr>
<td><strong>Total income</strong></td>
<td>£140,000</td>
</tr>
</tbody>
</table>

### EXPENDITURE

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office costs</td>
<td>£11,620</td>
</tr>
<tr>
<td>Staffing costs</td>
<td>£102,957</td>
</tr>
<tr>
<td>Direct delivery costs</td>
<td>£17,730</td>
</tr>
<tr>
<td><strong>Total expenditure</strong></td>
<td>£132,307</td>
</tr>
<tr>
<td><strong>Balance brought forward</strong></td>
<td>£7,693</td>
</tr>
</tbody>
</table>
Contact us

Address: 1 Addington Square, Camberwell, London, SE5 0HF
Phone number: 020 7358 7005
Email: infor@healthwatchsouthwark.co.uk
Website URL: www.healthwatchsouthwark.co.uk

We will be making this annual report publicly available by 30th June 2015 by publishing it on our website and circulating it to Healthwatch England, CQC, NHS England, Clinical Commissioning Group, Overview and Scrutiny Committee, and our local authority.
We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address above.

© Copyright Healthwatch Southwark 2015