

# Focus for Healthwatch Harrow October 2020 to March 2021



**Your Voice, Your Harrow - have your say on local health and social care services**

## 1. Introduction

Healthwatch Harrow has been the residents local voice and consumer champion for health and social care across the London Borough of Harrow since 2013. The service has benefitted from financial and non-financial support from its parent Charity H M Partnership for several years.

However, like other organisations, a combination of continued cuts in funding, the challenges posed by COVID-19 and the evolving complex health and social care system across North West London mean that Healthwatch Harrow is no longer in a position to meet its wide range of statutory obligations or sustain a comprehensive level of service from October 2020 until March 2021 and beyond.

In the current climate the increasing challenge is how do we get the patient voice into a system that is new and complex and in a somewhat crowded arena, where there are several different organisations all claiming to represent the patient voice.

We are currently all in a period of change, which provides the opportunity to re-shape how we do things, consider resources, and refocus activities to where Healthwatch Harrow can have the most impact and improve outcomes.

We have therefore agreed with Harrow Council, that the targeted priority for the service between October 2020 and March 2021 will be on:

### **Black Lives Matter and the disproportionate impact of COVID 19 on BAME residents in the borough.**

The HM Partnership Board remains committed to servicing its communities as best as possible and will strive to influence key stakeholders and partners to secure additional resources so that we can continue to provide an effective, relevant and value for money service for our residents.

As a result of discussions with the Local Authority and the CCG, Healthwatch Harrow's remit for this coming period has been refined, to work in line with the drivers noted below and with the targeted focus as stated above.

Healthwatch Harrow remains totally independent and works with various organisations to gather intelligence / evidence in order to check and challenge service delivery, identify where services need to change and make recommendations to the CCG, Council and other health providers.

Whilst the focus of our work is targeted, we can and will still escalate issues that our brought to our attention. We will continue to produce our newsletters and quarterly trend analysis reports and provide regular updates to the Harrow Health & Care Executive, Joint Management Board, Health & Wellbeing Board and the CCG Governing Body.

## 2. Drivers for this period October 2020 to March 2021

### Drivers:

- NW London Out of Hospital Recovery Plan: Harrow
- Winter planning
- Second spike Covid-19 planning
- Case for Change - one CCG
- PHE report on Impact of COVID 19 on BAME communities
- Marmot Review 10 years on.

## 3. Our Focus

The aim is to concentrate resources and capacity towards the big issue facing Harrow at any one time in order to maximise impact and avoid spreading limited resource too thinly. Healthwatch, in consultation with the Council and CCG would each year decide what the key local issue should be, where Healthwatch can provide independent challenge / scrutiny of the Health & Social Care systems locally.

It has been agreed that the targeted priority for the borough this year should be:

**Black Lives Matter and the disproportionate impact of COVID 19 on BAME residents in the borough.**

In May 2020 Public Health England published its report on disparities on the BAME community with Covid-19. This found that the impact of Covid-19 replicated existing health inequalities, and in some cases increased them. This followed on from the Marmot Review - 10 Years on that examined the progress in addressing health inequalities in England 10 years on from the study Fair Society, Healthy Lives. This highlights that health inequalities are widening, and life expectancy is stalling. Harrow has a very diverse population with approx. 60% from BAME communities so this is a very real issue for our residents.

## 4. Our Approach

- Targeted outreach: focus groups, surveys, online, feedback from Harrow residents and also staff / employee focussed outreach
- Targeted Community Engagement with Service Providers / Community Organisations and Charities: raising awareness and capturing intelligence /

trends and following our 8 lines of enquiry as detailed in the next section

- Communications: social media, website, newsletters, reports
- Regular Intelligence updates to:
  - Harrow Health & Care Executive Committee
  - JMB
  - Health & Wellbeing Board
  - CCG Governing Body
- Advice and Information sharing:
  - Signposting of queries and complaints
  - Bi monthly newsletters
  - Social media
  - Website.

Our outreach and community engagement will be focussed on targeted groups and organisations where there is a higher population of those from the BAME community and services where we are aware of inequalities and a disproportionate impact of COVID 19.

Participation at selected service providers and stakeholder meetings only.

5. Feedback Based on 8 Lines of Enquiry	
5.1	Investment in prevention - what is being done to strengthen prevention rather than just treat conditions?
5.2	Access to Services - what is being done to improve access to services for BAME residents in terms of: <ul style="list-style-type: none"><li>i) Information and communications with professionals, booking appointments, explaining medication, charges etc</li><li>ii) Technology and digital access to health and care services</li><li>iii) Physical access to buildings and ability to travel to them</li><li>iv) Attitudinal/perception barriers to access, culturally sensitive provision?</li></ul>
5.3	How are health and social care services integrating with the wider local system to support and look at the wider determinants of health?
5.4	Are algorithms and formula being used in any services?
5.5	To Inform and update the Board on key Operational matters.

5.6	Health and social care as an employer - what actions are being taken to improve contract security, LLW, working environment, career development and pathways, mental health for BAME staff?
5.7	The appropriateness and accessibility of integrated support for shielding residents?
5.8	Friends and family tests, health checks - are they reaching BAME communities?

“A lack of adequate respite care - my daughter has cerebral palsy and I haven’t had respite for two years.

I have no confidence in our social worker and don’t know where to go, to get help.”

Harrow resident and service user

Marie Pate  
Operations Manager, Healthwatch Harrow

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