



**healthwatch**  
Redbridge

2021/2022 Annual Report



Lorraine Silver  
*HW Redbridge Chair*



Cathy Turland  
*HW Redbridge CEO*

## Joint message from our Chair and Chief Executive

**Since 2020, Healthwatch Redbridge continues to demonstrate it can adapt to the restrictions placed on all organisations throughout the pandemic, and to emerge a stronger, more capable organisation; still ready to challenge and highlight current health and social care issues.**

Our work this year has seen us identify and respond to a range of issues ranging from highlighting the barriers to accessing local dental services, the continuing impact of the Covid-19 pandemic for disabled people, and interviewing individuals to understand the effects a safeguarding review can have.

Although there was a need to change the way we work, we have still been able to engage effectively with different communities, through online events and telephone contacts. A very small part of our outreach has been in person, on a few occasions, but we hope that this will increase over the coming year.

None of this would have been possible without the support and involvement of our Board, staff and volunteers. There have been many challenges, but they have all stepped up; discussing issues and adapting to this 'new normal', with enthusiasm.



We are also very pleased to welcome our new board members, Emma Friddin and Gloria Onwubiko, who will continue to support our work as we move forward this year. We would not be able to do as much as we have without them.

The coming year will also have its own challenges, as we prepare for re-contracting in 2022/23. Our work has got us to where we are now, we will now continue our journey and see where it leads.

Lorraine Silver – Chair

Cathy Turland – Chief Executive







## Our reports have spoken to people about



**Dental Services in Redbridge**



**Patient Experience of Dental Services**



**GP Access**



**Safeguarding**



Through signposting we helped

**148**

local residents access healthcare information, and local support.



We Created 'Highlighting Heroes', a newsletter recognising community members who have been a source of inspiration to others.

**13**

people were nominated for the first newsletter.

**61**

people completed our dentistry survey.



In March, we established *Healthwatch Redbridge Community Network*: a network of local charities and organisations coming together to get their messages on health and wellbeing heard. Eight organisations had joined by the end of March.

There are now **25** members, and rising.

We have **169** responses to the

Post-Covid survey, with **250** free text responses, giving us rich insight into the lived experience of service users with Post-Covid-19 syndrome, to highlight key aspects of their journey to seek support.



We won the joint award for the 'Working with your integrated care system' category in a major national awards scheme. (see page 22)







## About us

**We are the independent champion for people using local health and social care services. We listen to what people like about services and what could be improved. We share their views with those with the power to make change happen. We also share them with Healthwatch England, the national body, to help improve the quality of services across the country. People can also speak to us to find information about health and social care services available locally.**

Our sole purpose is to help make health and care better for people.

In summary - Healthwatch Redbridge is here to:

- Help people find out about local health and social care services.
- Listen to what people think of services.
- Help improve the quality of services by letting those running services and the government know what people want from care.
- Encourage people running services to involve people in changes to care.

Everything that Healthwatch Redbridge does will bring the voice and influence of local people to the development and delivery of local services, putting local people at the heart of decision-making processes.



### Our staff members:

Cathy Turland - *CEO*

Miranda Peers - *Volunteer Coordinator*

Dawn Hobson - *Projects Officer*

Nat Cato - *Communications Officer*

Healthwatch Redbridge Volunteer Coordinator,  
Miranda Peers, signposting at the Disability Festival  
in Christchurch Green



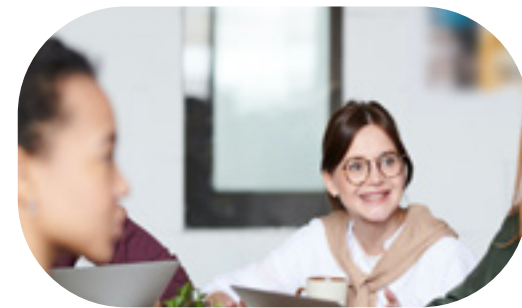


## Healthwatch Redbridge Community Network

– Healthwatch Redbridge working with local organisations

**In March 2022 we were excited to launch the Healthwatch Redbridge Community Network. As a local organisation who has always worked closely with other Redbridge Voluntary and Community Sector (VCS) organisations, we wanted to utilise our local networks and formally embed working alongside fellow Redbridge VCS organisations within all our work. Our work through the pandemic reiterated the importance of local organisations working together and this inspired us to create the Healthwatch Redbridge Community Network.**

The aim of the Healthwatch Redbridge Community Network is to be a two-way process. We want local organisations to share their members experiences of health and social care services with us, whilst at the same time we want to fulfil our role of providing information and signposting to local people to help ensure that all local people have access to the support and services they need.



Within three months of launching the Healthwatch Redbridge Community Network, 25 organisations within the borough joined and became members:

- Barking, Havering and Redbridge University Hospitals NHS Trust
- Positive East
- Black Woman Kindness Initiative
- Ilford and District Diabetes UK Group
- Ilford High Road Baptist Church
- Redbridge Community Hubs Team (Redbridge Council)
- Living Streets
- Mind in North East London's Safe Connections Suicide Prevention Hub
- The Association of Redbridge African Caribbean Communities (TARACC)
- NELFT - Expert Patients Programme
- NELFT - Patient Experience Team
- Whipps Cross Hospital - Community Forum
- One Place East
- Jewish Care
- Refugee and Migrant Forum of Essex & London (RAMFEL)
- Redbridge CVS
- Redbridge Faith Forum
- Redbridge Talking Therapies (NHS IAPT Service)
- Saint Francis Hospice
- Talk for Health
- Stronger Together Project
- Age UK Redbridge, Barking & Havering
- Sensory Services Ltd & RNID
- Ilford Shopmobility
- MTC Learning/Blossom





Working alongside other Redbridge VCS organisations helps us engage and hear from all members of local communities. Gathering information from the diverse communities across Redbridge helps us to have a greater understanding of what is and is not working for different people, helping us understand the diverse differences of the needs of local people.

**The Healthwatch Redbridge Community Network has an estimated combined reach of over 15,100 people on our contact lists** (some organisations didn't provide a figure).

**The response to the HWR Community Network has been wonderful and united, with organisations telling us...**

*"We need a Community Network so groups are aware of each other, and so that the community is aware of all groups. The more groups can share information and experience, the more successful their work will be. It gives the opportunity to strengthen what each group is doing, eliminate unnecessary duplication of effort and create partnerships where appropriate."*

- Rosemary



*"Collaborative Community engagement strengthens Health understanding and care."*

- Christine, Ilford and District Diabetic Group



*"When community groups and services get together, we are much better placed to discover issues that affect people across the borough. Not only that, it gives us a much better understanding of what the issues are, and how best we can collectively respond."*

- Darren Morgan



*"Redbridge Faith Forum is delighted to support the new Community Network which will be a much needed resource for Redbridge residents to enable them to learn about and navigate local services to access the most appropriate healthcare."*

- Karen Kent



*"Having the opportunity to be part of this network will enable us to share updates and good practice, get information about what is the current needs, support local needs and maybe share opportunities as they arise, as well as network."*

- Sheila



*"Having a community network to reach into as an external organisation has really helped us to make contacts in the borough and promote our programmes to residents that we otherwise wouldn't have been able to contact."*

- Mike Lawrence







“Saint Francis Hospice has been a regular member at the events hosted by Healthwatch Redbridge. The Community Network enables the voluntary sector to have a voice in ensuring the people in Redbridge receive the best possible care. Healthwatch are a greater support to Saint Francis Hospice, they have taken part in end of life conferences and regularly attend our Individual Experience Management Group to assist in scrutinising the feedback and development of our services.”

- Jan Scott



“When people using our services told us about the difficulties, they were having accessing health and social care we asked Healthwatch to help. They worked with us and facilitated research exploring the barriers people were facing. All sessions were tailored to make sure everyone was listened to and evidence gathered to raise concerns collectively. Feedback from those participating highlighted how Healthwatch’s friendly and inclusive approach and commitment to making sure everyone gets the health and social care support they need.

In setting up a community network Healthwatch are making sure there are the forums and spaces for individuals and organisations to come together and support each other. Healthwatch regularly help promote what local services have to offer and are helping to facilitate stronger relationships. Thankyou Healthwatch.”

- Erica Miles



## How the Healthwatch Redbridge Community Network can help your organisation



[Click on the image above, or this link to view the video](#)

Since we launched the HWR Community Network we have developed a webpage on our website specifically with [Community Network information](#). It has been viewed 1,020 times. Members can find one another, enabling them to find information and make links. We produced a [Community Network special edition newsletter](#) which went out to all our members. We will also hold the Healthwatch Redbridge Community Network Fair during the summer, enabling HWR Community Network members to network with each other, build partnerships and meet members of the public to raise awareness of their services.

### Join the Healthwatch Redbridge Community Network

If you would like to join the Healthwatch Redbridge Community Network, please [complete the application form](#) available on our webpage. We look forward to welcoming more members over the coming months.







## Highlighting Heroes

In June 2021 we were thrilled to launch a new initiative, Highlighting Heroes. After a very challenging 15 months, we thought it would be a good idea to create a positive piece of work and recognise some of the individuals who have really made a difference during the pandemic. We asked for nominations from the local community of those people who had gone out of their way to help others.

### Nominees



Sreeparna Roy



Kristy Cody



Ashley Nayeck



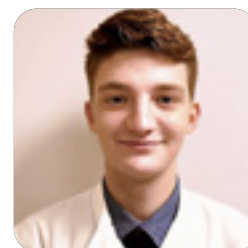
Claire Hartley



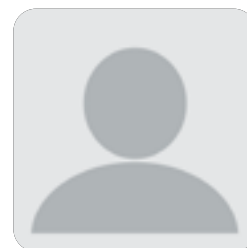
Abdullah Mohammed



David Howard



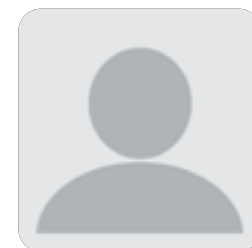
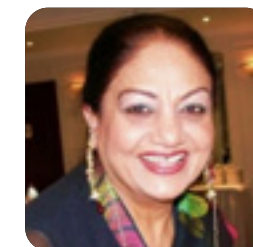
Jason Blackwell



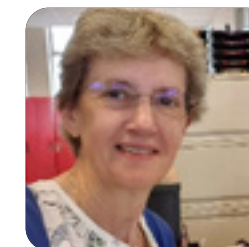
Marianne Govinden



Dr Corinna Midgley

Rough Sleepers  
Mental Health Team

Bushra Tahir



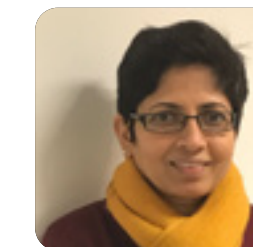
Lesley Caroline



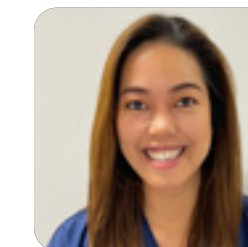
Lorraine Dawes



Dr Sudarshan Kapur



Rekha Wuntakal



Rodalyn Lucas

### Highlighting Heroes



[Click on the image above, or this link to view the video](#)



[Highlighting Heroes Newsletter](#)

We wanted to receive nominations for health or care professionals, or someone who works for a community organisation, or volunteers, friends or neighbours.

We produced a [newsletter](#) to share the stories of those who have helped others. We were delighted with the variety of nominations we received from across the health and care sector which shone a light on the extraordinary ways people helped others during the most challenging of times. Many displayed an incredible act of kindness, or really stepped up and helped someone who was struggling.

#### Nominate your Hero

We have continued to highlight heroes in our new, ongoing newsletter. If you would like to nominate someone, please complete the [nomination form](#).





## Helping you find the answers

**Healthwatch Redbridge is the official consumer champion for users of health and social care services. We listen to people's service related enquiries, and offer individual signposting and information.**

We have been helping more local people in recent years through our dedicated information and signposting service. From 2021-2022 we have helped 148 local people with 459 issues. We have had a 76% increase in the number of issues that we have helped with since 2019/20.

### Helping local people find support with their enquiries

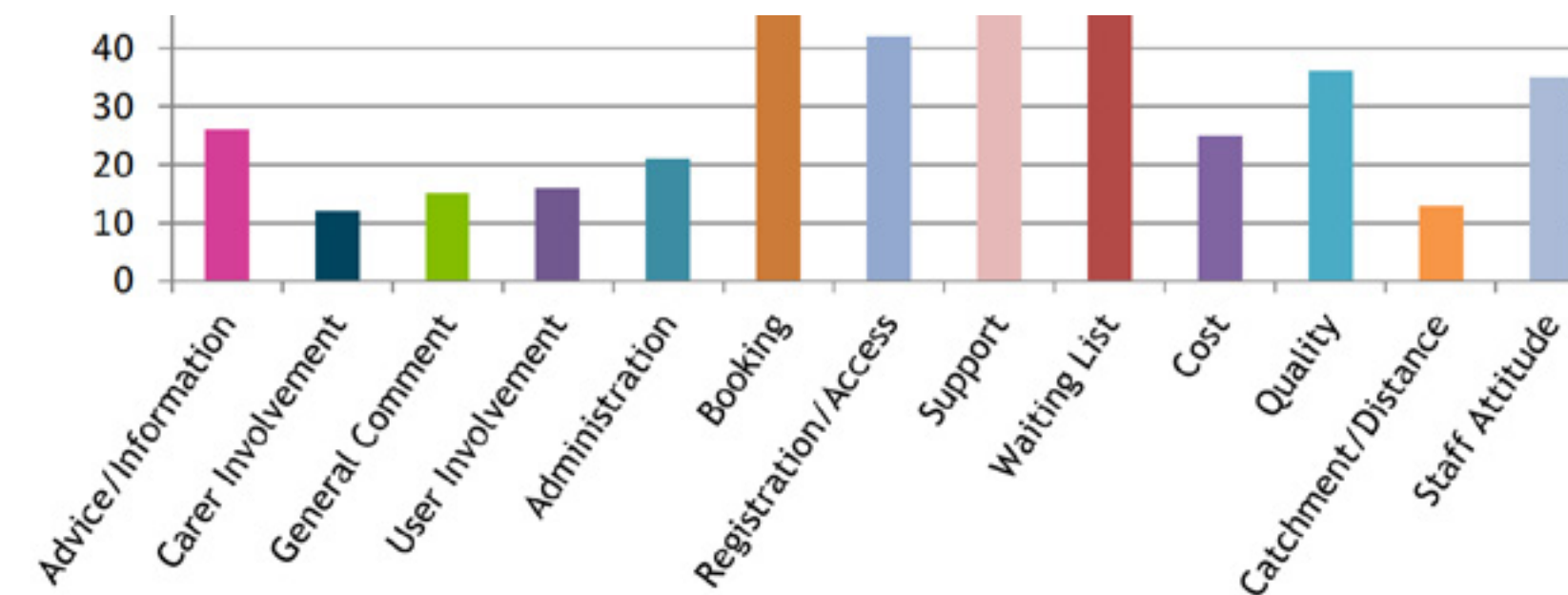


We work in partnership with VoiceAbility, an independent charity that provides a free NHS complaints advocacy service for Redbridge.

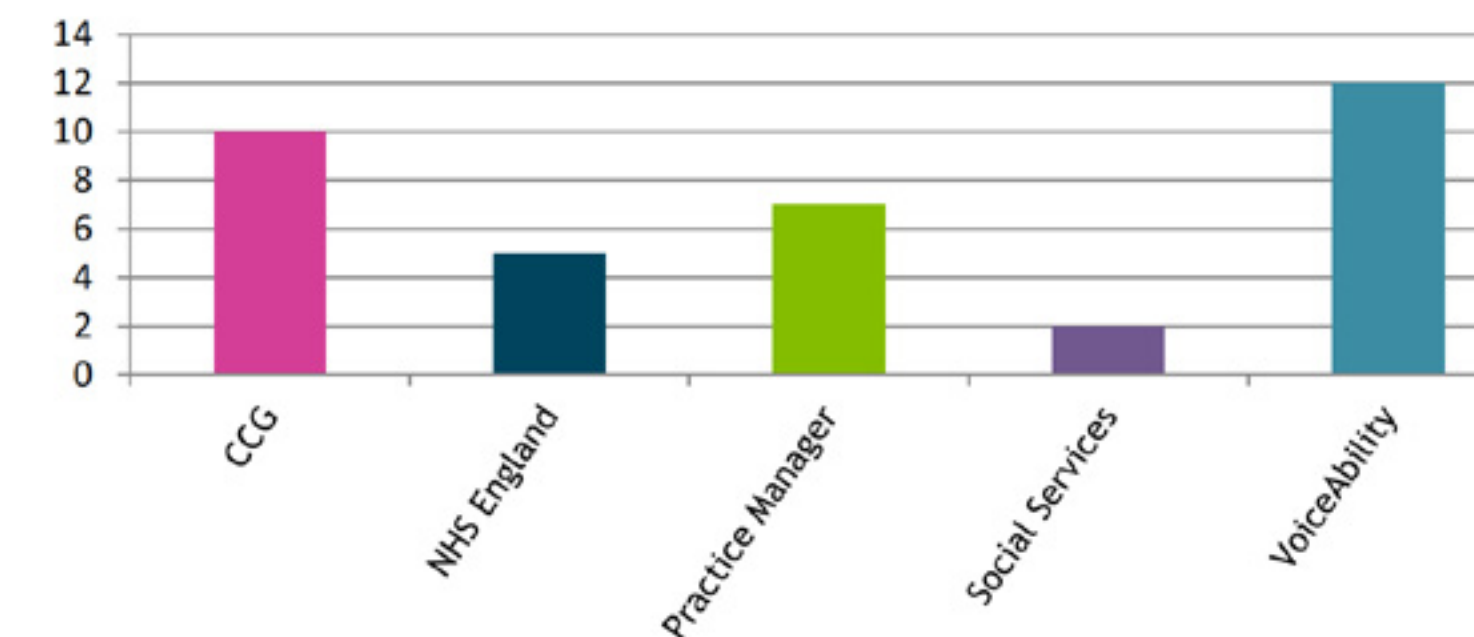
Since the pandemic, staff have adapted to hybrid working, with contacts and cloud-based access to relevant information on hand to help you find the answers to your queries. If we can't find the answer when you contact us, we will get your details and aim to get back to you within 24 hours (within the working week). Your concerns are important to us. If you are unable to contact us digitally, we can be contacted by phone or by post.

### Information and Signposting Report...

#### 459 issues from 148 people (2021-2022)



#### Signposting destinations (2021-2022)







## Helping you find the answers...

### What was the Issue?

We were contacted through our Information and Signposting service by a woman whose son needed four teeth to be extracted prior to having a brace fitted. Her dentist told her that he couldn't do it and he suggested referring her to a community service in Kent.

She was disappointed as her appointment had already been delayed due to Covid-19 and she thought the dentist would have been able to complete the extraction as he knew her son's situation. She had been told the wait may be as much as one-two years. Obviously, the woman was very concerned about potentially having such a long wait. The dentist suggested that she could have it done privately as it would be quicker, but this would cost £2000.

### What was the impact on the patient?

The woman told us, ***"This has caused us emotional and physical stress. I have to take a day off from work and my son has missed his school."***

### What did we do?

We contacted North East London Clinical Commissioning Group and made some enquiries as to whether there were alternative services available. We highlighted that her son was a child and therefore should not have to pay for treatment. We were pointed in the direction of Barking, Havering and Redbridge University Trust Hospital's Maxillofacial Department. After some telephone calls and emails, we were provided with the appropriate referral email address that the woman's dentist could use to refer her son to the service. We passed this onto the woman.

### What was the outcome?

Our intervention ensured the child was able to have his dental treatment in a timely manner without further stress and delays.

The woman contacted us to let us know she had received an appointment for the end of July. She thanked us our help...



*"I really appreciate your assistance."*

### What was the Issue?

A GP practice was relying on the family members of a profoundly Deaf woman to interpret during GP appointments, rather than book a BSL interpreter.

### What happened?

RNID began requesting a BSL interpreter be booked for the patient's appointments from November 2021. By March 2022 this was still not happening, with the GP practice relying on the patient to bring a family member to her appointments.

### What was the impact on the patient?

When family members are used for interpreting, it can cause a feeling of a lack of privacy. It also creates dependence on family members, rather than enabling the patient to be independent. Family members are not qualified or even registered RSLI (Registered Sign Language Interpreter) so you cannot ensure that everything is being relayed fully from verbal or written English to BSL vital information may have been missed, it may not have been communicated clearly in BSL to the patient which puts them at risk.

### What did we do?

We emailed the Practice Manager summarising the issue and re-stating the request. We highlighted that additional time will be needed for appointments to allow for face-to-face interpreting. We asked for the patient's communication needs to be recorded and flagged on their patient's system in line with the Accessible Information Standard. We pointed out that the patient's communication needs will need to be shared with any secondary care services if referrals are made.

We requested that the patient receive a very basic text with her appointment details, including that a BSL interpreter has been booked and that we are informed once this has happened.

### What was the outcome?

Within an hour, the Practice Manager had confirmed that a BSL booking had been made for the patient's appointment and her patient records and been flagged with the need for a BSL interpreter for future appointments.







“

*“Once again, I cannot say thank you enough and the good use of the internet to find Health Watch that has supported me at such a difficult time. Thank you for listening and understanding patient needs.”*

- Redbridge GP service user

“

*“Thank you for your efforts on our behalf which are very much appreciated. I do not think this sensible outcome would have been achieved on our own.”*

- Redbridge GP service user

“

*“Awww! Thank you so much, you really have made my day, as it is really hard at times being so isolated.”*

- Redbridge GP service user

### Information & Signposting Report: April 2021-March2022



#### Medical Conditions/Topics

Top identified medical conditions/topics include Dentistry, Older People and Social Care.

#### Services

GP services account for almost half of identified issues (48%) with dentists accounting for around a third (29%).

[Download the report](#)

### Contact us

Please contact us if you need information or have a complaint or praise regarding a health or social care service.



**Call: 020 8553 1236** between 9am–5pm Mon to Fri



**post:** Healthwatch Redbridge  
1st Floor, 103 Cranbrook Road,  
Ilford, Essex, IG1 4PU



**email:** [info@healthwatchredbridge.co.uk](mailto:info@healthwatchredbridge.co.uk)



**web:** [www.healthwatchredbridge.co.uk/contact-us](http://www.healthwatchredbridge.co.uk/contact-us)



**facebook:** [facebook.com/HealthwatchRedbridge](https://facebook.com/HealthwatchRedbridge)



**twitter:** [@HWRedbridge](https://twitter.com/HWRedbridge)





## Healthwatch Redbridge wins joint National award

***“Award recognises Healthwatch Redbridge for collaborating to provide fast, regular and comprehensive insight about people’s experiences of care.”***

Healthwatch Redbridge has won a prestigious national award for joining forces with its neighbouring Healthwatch to provide fast, regular and comprehensive insight about people’s experiences of care with local service leaders. The award was presented during Healthwatch Week – a virtual conference celebrating the vital work of Healthwatch which featured high-profile speakers including NHS England chief executive Amanda Pritchard and historian and BAFTA award-winning TV presenter Professor David Olusoga.

Healthwatch Redbridge was one of eight local Healthwatch who jointly won the ‘Working with your integrated care system’ category in the Healthwatch Awards 2021, which were run by Healthwatch England. The timely and valuable feedback gained from the group of eight will help North East London Health and Care Partnership to develop services that meet the needs of its diverse population.



***“Working with your integrated care system”***

Providing fast, regular and comprehensive insight about people’s experiences of care with local service leaders...

Commenting on the award, Healthwatch Redbridge Chief Executive, Cathy Turland, said:

***“We are extremely proud of the work that has been done across north east London, not least the work we as Local Healthwatch have contributed in working together to ensure local people have the opportunity to be included in the way health and care services are shaped in the future.”***

Lorraine Silver, Healthwatch Redbridge Chair added:

***“We are overjoyed to have won the Healthwatch England Network Award together with the other Local Healthwatch. Working together enables us to engage with more residents across our patch and to also help improve health and social services for our residents. It is such an honour to receive this award which acknowledges all the hard work that has been done and encourages all of us to go forward and achieve much more.”***

Sir Robert Francis QC, Chair of Healthwatch England, said:

***“The Healthwatch Awards have been a fantastic chance to showcase how Healthwatch makes such a difference to people’s lives and Healthwatch Redbridge’s tireless work for its community during the pandemic is a perfect example of this. I would like to congratulate the Healthwatch Redbridge team for their achievements and dedication to the local people they serve.”***







## Dentistry Services Project

### May 2021 – signposting data review

**We were made aware early on during the pandemic, through our Information and Signposting service, that patients were finding it difficult to access dentists:**

- 25% of enquiries to our Information and Signposting service related to this issue
- Online meetings by local Community groups highlighted concerns over dental access
- Covid-19 survey in 2020 highlighted issues of access
- Nationwide coverage in press and Healthwatch England

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*“We are only seeing patients on our list. We may be open in July (for new patients), depending on circumstances.”*

- Redbridge dental practice

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*“We are full at the moment; no appointments are being offered.”*

- Redbridge dental practice

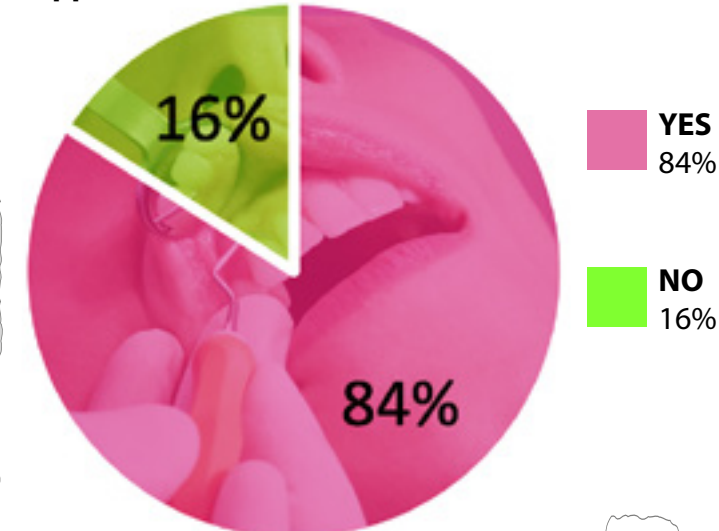
We wanted to identify the extent of the issue in Redbridge and developed a telephone questionnaire which our volunteers used to ring the 39 dental practices we identified as offering NHS services.

#### Findings: a discrepancy

- Most dental practices told us they were able to offer NHS appointments to adults
- Patients told they were having problems accessing NHS dentist services
- Only a handful of practices told us they were operating a waiting list

**This discrepancy gave us a reason to monitor our signposting. This was done for a 3 month period, enabling us to identify unregistered patients as those unable to access services.**

**In the survey, dental practices were asked:**  
**Are you currently offering NHS dental appointments to adults?**



Dental appointments for adults (and children) NHS dental appointments are currently being offered for adults at 27/32 (84%) of the 32 practices we received responses from.

Of the five practices that told us they do not have any current appointments available for adults; two are in the IG2 postcode area and three in IG3. Patients still have limited access to practices as the remaining two dentists in IG2 and three in IG3 told us they have available appointments.







## Methodology: review of patient dental experience

July–December 2021

- Survey of 61 dental patients
- Mystery Shopper exercise – dental practices
- Review of online patient feedback

**Three months after our initial report on dentistry in May 2021, we continued to hear from local people who were finding it difficult to access dentists. To understand local concerns, we created a survey to gather local feedback. We also conducted a mystery shopping exercise to understand what might happen when a patient rings a dentist wanting an urgent appointment. Additionally, we reviewed patient feedback comments left on the NHS website, online reviews, and individual dental practice websites.**

### Thematic findings

#### Access for unregistered patients

Although we had been told by dentists that they were seeing patients, feedback suggested many patients were finding it difficult to book an appointment. Our findings showed it was easier for a dental patient to access an appointment if they were currently registered with a dentist. Patients who were not registered with a practice were more likely to encounter problems accessing a dentist when they needed one.

None of the dental practices contacted as part of our Mystery Shopper exercise could offer an NHS appointment. Most appointments were for emergency treatment and not for a regular

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*“I was told due to no NHS appointment available I was told to go private and have pay for a service that was very expensive and one that I could not afford so had to take a loan out to cover the cost.”*

- Redbridge dental service user

review however, some patients told us they were waiting more than three months for an appointment.

#### Confusion, costs, affordability

Although most patients understood they would be charged for their treatment; many were concerned or confused and felt the full costs were either prohibitive, or not fully explained.

#### Patient impact

This in turn meant that some 6 patients did not complete the necessary dental treatment course advised by the dentist. More worryingly, some patients had resorted to DIY measures and removed their own teeth. Emergency treatments appeared the most confusing, with many patients saying they were charged differing amounts for private treatment. Some also said they were not given full details of the final cost prior to beginning the treatment. Some patients felt unable to afford the costs and therefore did not receive the necessary full course of treatment, or were left in debt, having had to borrow the required amount.





**Recommendations:**

1. Every person should have access to an NHS dentist
2. More support should be available for emergency dental treatment
3. Ensure NHS dental services are transparent and affordable, with appropriate costs explained fully prior to treatment
4. Greater awareness that poor dental health can have further health implications

**Impact**

- Our report has highlighted a group of unregistered patients who are experiencing acute dental access difficulties;
- Escalation to Healthwatch England, contributing to a national picture and local stakeholder awareness;
- Supported the British Dental Association in calling on the Chancellor to use the forthcoming Spending Review to provide vital investment in NHS dentistry; a subsequent £50 million funding injection has taken place
- Development of a guide for patients in finding an NHS Dentist



[A guide to accessing dental services in Redbridge](#)

**Local media coverage of our report on patient dental experiences:**

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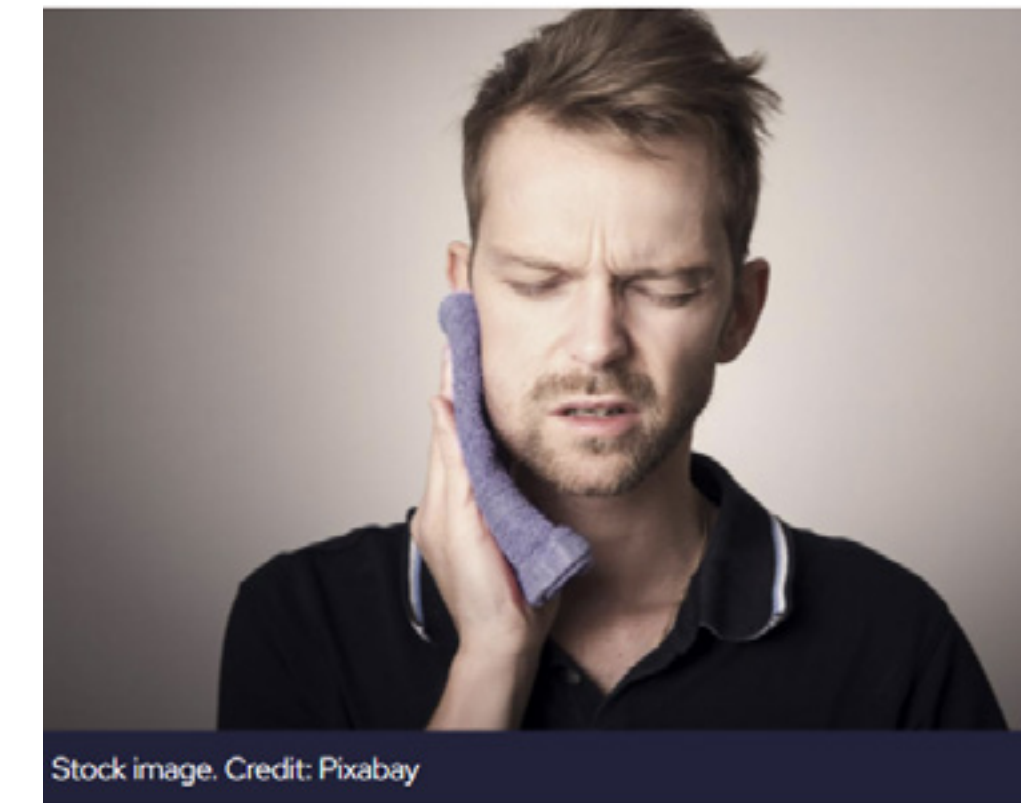
*“Thanks for your help, it’s a horrible situation and has affected me personally, I don’t get why no one’s doing anything (except you guys!). Your independent input is clearly invaluable.”*

- Josh Mellor, Local Democracy Reporter for Redbridge, Waltham Forest and Havering

## Guardian-Series

### Redbridge resident pulled out own tooth because they couldn't see dentist

13th January



By Josh Mellor

@jshmellor

Local Democracy Reporter for Redbridge, Waltham Forest and Havering

[A Redbridge resident pulled out their own tooth after finding it impossible to get a dentist appointment during the pandemic.](#)





## Making Safeguarding Personal

– Voice of the Service User – working with Redbridge Safeguarding Adults Board

**We have been working with Redbridge Safeguarding Adults Board to hear, understand and act on the voice of service users with experience of the process of being part of a safeguarding review, either directly or as a family member, or as an advocate working closely with the service user. The project tested the Redbridge approach to Making Safeguarding Personal, which aims to ensure service users are at the centre of the review, and formed part of the Redbridge Safeguarding Adults Board priority plan for 2021-2022. Recommendations were drawn from qualitative analysis via a series of themes, and centre around the timing and nature of communication during a safeguarding enquiry.**

We spoke to 5 service users for in-depth interviews, and 3 safeguarding leads of large community and voluntary organisations in Redbridge. Our independence as a local Healthwatch was a great asset in negotiating these matters with service users. Although we had a small sample size, rich recent data helped illuminate the lived experience of having a safeguarding enquiry in Redbridge involving immediate family members. The second section of the data had a wider reach. Safeguarding leads were able to discuss multiple safeguarding enquiries, spanning many years, due to their extensive experience

working with vulnerable service users. Their interviews drew on combined advocacy experience in varying contexts and with different forms of abuse or neglect, and drew on embedded local knowledge and insight.

We were able to highlight a central theme of communication. Both service users and the safeguarding leads gave us the same concerns and recommendations. The main recommendations were:

- Clear timings of communication intervention
- Personalised information given to service users throughout the review

These findings have been accepted by Redbridge Safeguarding Adults Board and are part of a priority plan for 2022-2023. We are extremely grateful to all the interviewees, with particular thanks to the service users for whom the issues discussed were sensitive and hard to share. We recognise their contribution, which in every instance was to improve the service for others.







## Post-Covid-19 Syndrome

– Collaborative Project with Healthwatch Havering, Barking and Dagenham; North East London Clinical Commissioning Group; Barking, Havering and Redbridge University Hospitals NHS Trust; and the Long Covid Clinic at King George Hospital

**This project aims to hear and present the perspectives of local service users who have symptoms of Post-Covid-19 syndrome. There are several reasons for undertaking the work:**

- The reported symptoms vary widely
- As a new clinical area there remain uncertainties in treatment pathways
- Recent clinical guidelines indicate holistic assessment and shared decision-making
- Routes of access to support are not well evaluated
- There are potential demographic factors affecting uptake of support and equality of access
- To support the recent call of Healthwatch England to gather data on patient experience.
- To clearly articulate and present Redbridge, Barking and Dagenham and Havering community patient voice to shape and develop services in this new clinical area

We designed the work with Healthwatch Havering and Barking and Dagenham, and then began collaboration with the Long Covid service at BHRUT. With all the communications

teams working together we were able to design and send out a survey which has given 169 responses, 250 free text comments, in-depth interviews and also interviews with local GPs.

### Interim findings

The interim findings have shown that although the Long Covid clinic is extremely well-evaluated, there are many service users who are unable to access this provision. This is because there is uncertainty about where and when to access support and fear of being disbelieved. There has been confusion about whether the referral should be at 12 weeks or 12 months - and the clear guidance is at 12 weeks. However, some service users have received information from their GP which they find confusing. 79% of respondents identified their symptoms as life-changing, with debilitating tiredness, loss of ability and income and cognitive impairment being key themes.

### Impact

We have fed these findings back to the Clinical Commissioning Group and Long Covid Service and Clinic, who took action to reduce the complexity of the referral form used by GPs for Post-Covid-19 syndrome. National Health Service England have since simplified the forms for our area. We have seen an increase in diagnosis during the time of the 6 week survey from 32% to 44% of respondents. The Clinic was then further promoted via online groups from the Long Covid service; and on the survey we have seen a 6% increase in awareness of the Clinic itself.

### Next steps

The Survey and all interviews will now be analysed and we have been invited to share this at North East London central forums to encourage similar work across the patch.







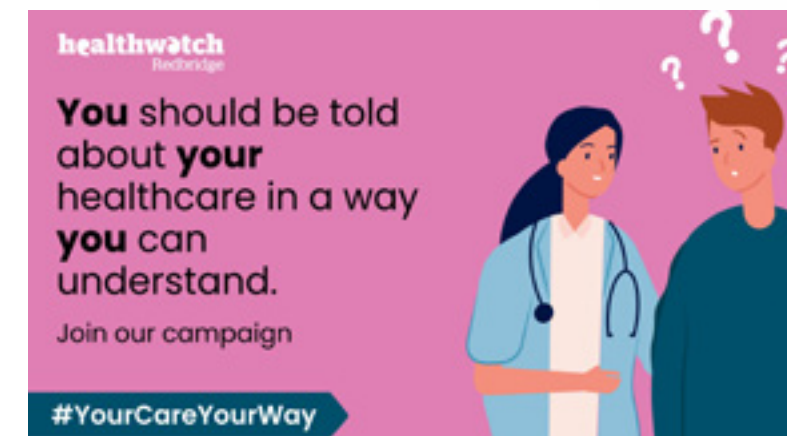
## Accessible Information Standards (AIS)

**For people with communication support needs, it is crucial that information is accessible and available in all formats, when requested.**

For patients, or people using social care services it is incredibly important to be able to understand the information provided; whether that information forms the basis of a health-related diagnosis, or the outcomes of a social care assessment.

Since 2015, Healthwatch Redbridge has championed the rights of people with communication support needs, using the [Accessible Information Standard \(AIS\)](#), created by NHS England.

In 2022, we worked closely with Healthwatch England (HWE) as they began a national campaign on accessible information. This campaign was called 'Your Care, Your Way'. Our CEO was invited to be part of the national campaign working group and part of an internal Barts Health working group looking at AIS across outpatients' communications.



We built upon our previous evidence pool, carrying out focus groups and interviews, expanding the work to understand whether the Covid-19 pandemic had impacted on the experiences of patients, service users, and carers when accessing health and social care services.

Our local Disabled People's User Led Organisation, One Place East (OPE), approached us to support them in gathering disabled people's concerns about the issues with accessing health appointments (only telephone appointments and triage was being offered). Issues that existed before the pandemic had worsened. We worked with their 'Open Voice Forum' and carried out a series of focus groups. The report is currently being drafted and will include a series of video interviews.





Further evidence of the barriers being faced by profoundly Deaf patients has been highlighted through our signposting service, which has seen an increase in the number of support requests from the local branch of Sensory Services Ltd & RNID - the national hearing loss charity. Many Deaf patients and carers were having difficulty accessing BSL Interpreters. We worked with Sensory Services Ltd & RNID Support Workers to identify where the issues were and to use our NHS networks to ensure the issues were addressed. Although, we were happy to support with individual cases; it was clear that these responses were time-consuming and did not deal with the main issue, which was the lack of a consistent approach within the health system.

Since April 2022, we have partnered with Sensory Services Ltd & RNID, and the Clinical Commissioning Group to understand how the whole system could be improved. These are early days, but the initial response has been supportive, with a willingness to understand and address the concerns raised.

“

*“I just want to see a doctor face to face...”*

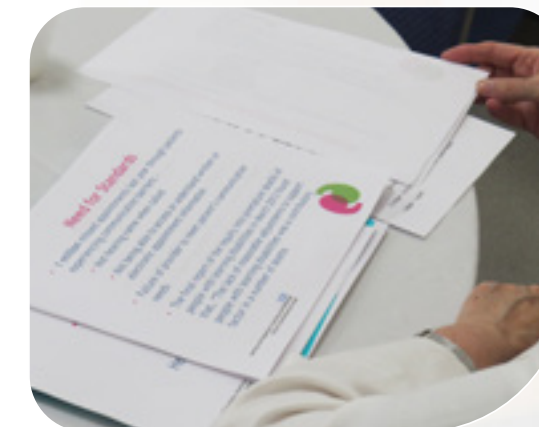
*...and Easy read leaflets without jargon.”*

- One Place East GP service user

The draft One Place East report information was made available to HWE to be included within their campaign response. We also sent several case studies from the Deaf community, highlighting the challenges some profoundly Deaf people have with a system that does not support their access needs. We are also beginning to prepare recommendations and link the evidence to our work programme to understand how these examples can begin to improve the services for Deaf and Disabled People

The evidence gathered through our work has been used within the Community Insight System and shared with our Healthwatch colleagues across north east London. The results will form part of a new project to engage with General Practice to understand how we can all work together to improve GP access.

To find out more about our Accessible Information Standards work, [please visit our website](#)







## Enter and View

**Enter and view is one of the powers that we have available to us to monitor and challenge health and social care services. It means that we have the right to enter and view (announced or unannounced) any premises where publicly funded care is provided to people in Redbridge except for services where social care services are provided to people under the age of 18.**

Generally, this would apply to places such as residential homes, nursing homes, GP practices and hospital wards, for example. Enter and View (E&V) activities are organised through our staff, with the support of trained volunteers who are called Authorised Representatives. Our representatives are tasked with gathering the views of people who are directly using health and social care services and to create E&V Reports to reflect

During a visit, Healthwatch would focus on:

- Observing how people experience the service through watching and listening
- Speaking to people using the service, their carers and relatives to find out more about their experiences and views
- Observing the nature and quality of services
- Reporting their findings to providers, regulators, the local authority, and NHS commissioners and quality assurers, the public, Healthwatch England and any other relevant partners based on what was found during the visit

Over the last two years, due to the Covid-19 pandemic, we have not completed E&V activities as we felt it could be an unnecessary risk to service users, our Authorised Representatives, and staff.

We use an accessible E&V training session that we developed based on the national guidance. The training has been developed with the support of people with Learning Disabilities. The training has also been updated to reflect new Covid-19 regulations on vaccination requirements for persons entering care homes. We will ensure our existing Authorised Representatives are provided with refresher training prior to conducting any new visits. We are also currently recruiting for new representatives.

We have successfully offered the training package to other Local Healthwatch organisations and currently, it is being used in thirteen areas across the country.

### Enquire about volunteering with us



**Contact:** Miranda Peers

**email:** [miranda@healthwatchredbridge.co.uk](mailto:miranda@healthwatchredbridge.co.uk)



**Call:** 020 8553 1236

**between 09:00 – 17:00 Monday to Friday**





## Volunteering with us

We continue to be incredibly grateful for and appreciative of our volunteers who have continued to volunteer during the most unsettling time over the last two years. Working with our volunteers enables us to produce projects we would struggle to produce without their experience and input.

### Our Volunteer Roles

**Community Outreach Volunteers** go to libraries, hospitals and health fairs in Redbridge to promote Healthwatch Redbridge and to ask the public about their experiences with NHS services.

**Enter and View Volunteers** are trained to conduct visits to health and social care premises. The volunteers will enter the premises and ask patients/staff questions about their experiences of using a certain NHS service.

**Healthwatch Redbridge Representatives** attend events and speak on the behalf of the charity. They update the public and NHS staff around Healthwatch matters and the work that we are currently doing.

**Research Volunteers** ensure that we have the most up-to-date information on changes to services. They also check that Healthwatch Redbridge is not replicating any work that another organisation is doing. The volunteer also researches information on any projects that Healthwatch wishes to carry out.

**Board Members** meet once a month to discuss projects, finances and any issues regarding the charity. They make the final decisions and represent Healthwatch Redbridge at variety of meetings across the borough.

This year we interviewed two Board members to find out what their roles involve and what inspires them to volunteer with us.



Lorraine Silver  
- Chair



### Why I volunteer with Healthwatch Redbridge...

#### 1. What is your role as a Healthwatch Redbridge Board member?

*For the past 18 months I have Chaired the Healthwatch Redbridge Board. However, I have been on the Board for many years and prior to that, I was part of the Redbridge Local Involvement Network (RedbridgeLINK). This was the previous organisation supporting patient and user engagement in the borough prior to Healthwatch Redbridge.*

#### 2. What tasks do you do when volunteering for Healthwatch Redbridge?

*My role is voluntary. I sit on various health panels and my role is to make sure that the patient voice is heard so that patients' health and social care is improved. Also, that future health and care services meet the needs of all residents.*

#### 3. Do you feel your role makes a difference to Healthwatch Redbridge? If so, how?

*My role does make a difference to Healthwatch Redbridge because at present I am able to interact with other Healthwatch across the country, via the internet, and finding out what services work for them and could work for us. I have attended training sessions organised by Healthwatch England which is enabling me to improve and use the new skills with other Board Members, all office staff and our volunteers.*

#### 4. What do you personally gain from being a volunteer for Healthwatch Redbridge?

*I have the opportunity to work with highly skilled, passionate and committed people who work or volunteer for Healthwatch Redbridge. We are all dedicated in what we are trying to achieve for all our residents. Highlighting health inequalities, influencing the decision making process and being able to make a difference to the communities that Healthwatch Redbridge serves.*

Lorraine Silver





Emma Friddin  
(Co-Opted June 2021,  
elected Nov 2021)



### **Why I volunteer with Healthwatch Redbridge...**

#### **1. What is your role as a Healthwatch Redbridge Board member?**

*My role as Board Member includes maintaining oversight of Healthwatch Redbridge work, together with the rest of the Healthwatch Redbridge Board, to ensure that Healthwatch Redbridge is conducting its statutory duties and is utilising its resources effectively.*

#### **2. What tasks do you do when volunteering for Healthwatch Redbridge?**

*I have over 7.5 years past experience of working at another local Healthwatch, so I use these experiences as best as I can in my capacity as a Board Member at Healthwatch Redbridge. This involves helping with the planning of projects and work plans through monthly Board meetings and day to day, helping to plan and proof read reports. My main experience is within Research and Communications, so I contribute to these areas where I can. I also use my experiences of being a local resident and user of health services to help the work of Healthwatch Redbridge be the best it can be.*

#### **3. Do you feel your role makes a difference to Healthwatch Redbridge? If so, how?**

*I like to think my expertise and skills helps the Healthwatch Redbridge team and Board think of things they possibly haven't considered, or think of things in a different light. I try to contribute to discussions as best as I can, to help us, as a Team and Board come up with ideas and solutions together. It is very much about coming together as a group to share ideas and thoughts to achieve an outcome. As a Board, it is up to us to support and scrutinise the work of Healthwatch Redbridge, as much as it is the role of Healthwatch Redbridge to support and scrutinise local health and care services.*

#### **4. What do you personally gain from being a volunteer for Healthwatch Redbridge?**

*I gain invaluable experience of working with a highly skilled Board and Team. I feel like I am contributing to my local community and feel that I am putting my experience of utilising local Health services to good use. I feel very honoured to work alongside a great Chief Executive, Chair, Team and Board.*

Emma Friddin

# VOLUNTEER

### **Why volunteer with Healthwatch Redbridge?**

- Volunteering with us will give you a chance to gain new skills and brush up on existing ones. These can be skills that you can write on your CV and discuss at job interviews. Some of our volunteers have used it as a stepping stone to getting a job.
- Volunteering will give you an opportunity to meet new people and develop communication and interpersonal skills.
- You will get opportunities to network at community events.
- If you have worked or volunteered in health and social care, it can be a chance to share your experience and knowledge.
- If you have not been in a professional setting for a while (or ever), volunteering can be a great way to develop confidence in this area.
- As a volunteer, you will be well placed to find out about changes and updates to health and social care services in Redbridge and the projects we are working on. In addition to this, you will be able to have your say and share your views on any ongoing consultations.
- You will be making a difference by helping shape and improve services and influence change.

### **Enquire about volunteering with us**



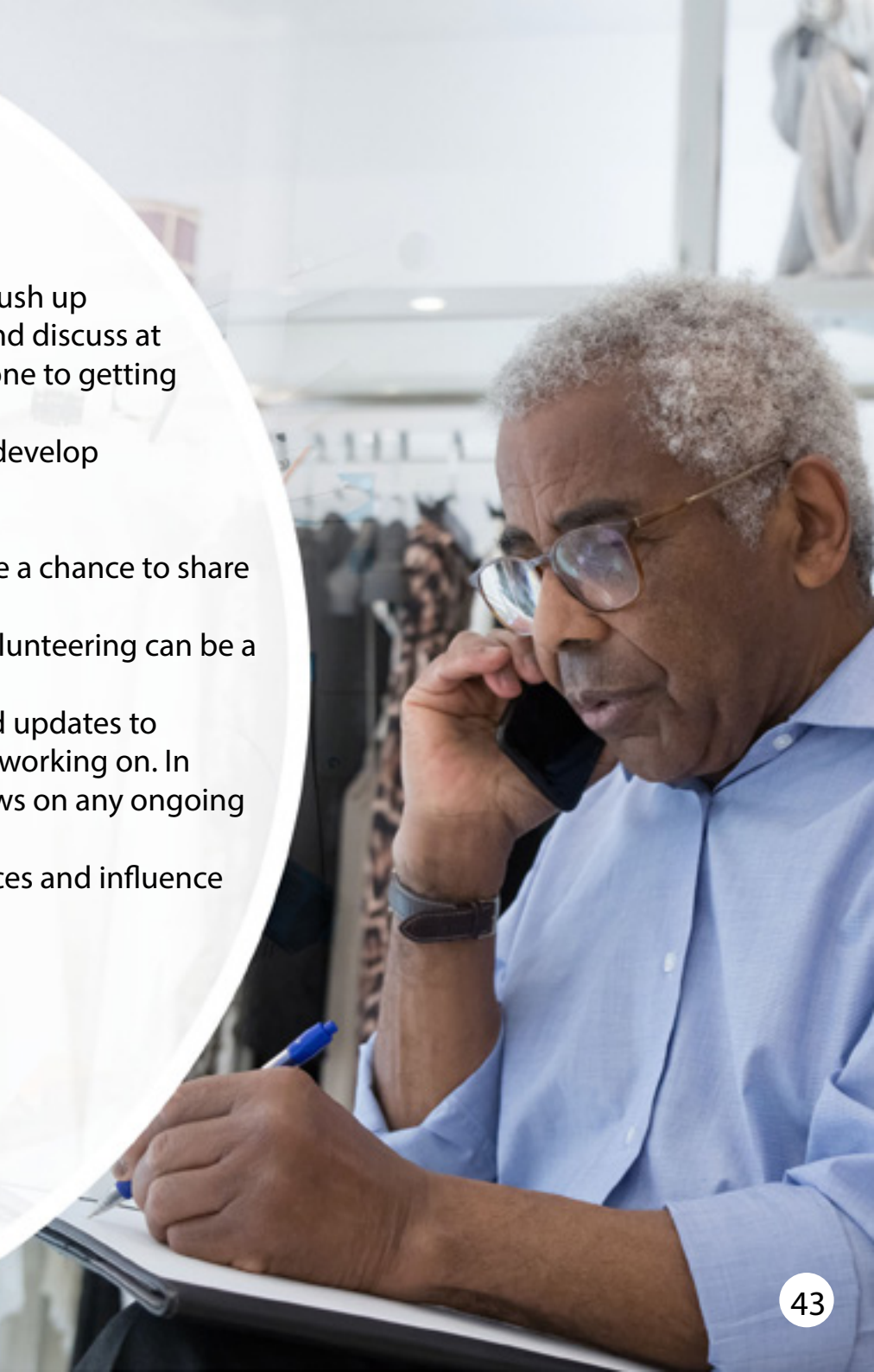
**Contact:** Miranda Peers

**email:** [miranda@healthwatchredbridge.co.uk](mailto:miranda@healthwatchredbridge.co.uk)



**Call: 020 8553 1236**

**between 09:00 – 17:00 Monday to Friday**







## Governance and Decision Making

**Our governance structure is based on a small Board of Trustees and can have up to eight members. We currently have five Trustees. This year we have recruited a new Board member; Emma Friddin joined us in June as a co-opted member and was duly confirmed at our Annual General Meeting in November 2021.**

We have recently co-opted a new Board member, Gloria Onwubiko.



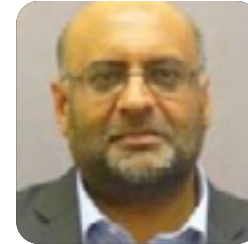
Lorraine Silver  
Chair



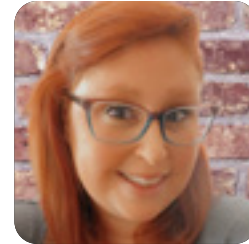
Cathy Turland  
CEO



Athena Daniels



Mo Dedat



Emma Friddin  
(Co-Opted June 2021,  
elected Nov 2021)



Gloria Onwubiko  
(Co-Opted June 2022)

As is a non-executive Board, many operational day-to-day tasks are delegated to staff, individual Board Members or volunteers. Trustee skills include areas such as finance, HR, health and care specialist knowledge, business development and communications. The roles include Chair, Treasurer and Company Secretary which is currently part of the CEO's role.



Meeting monthly, the Board approves the annual budgets, agrees additional projects, reviews the work programme, checking project timeframes and identifying risk, and is responsible for setting the budgets and reviewing spend.

We are currently carrying out a quality audit of our services, using the Quality Standard Framework created by Healthwatch England. This review will help us to understand where our organisation is working well, and where we need to work on improvements.







## Finance

Income	
Healthwatch Contract:	£ 116,400
Surplus HW Income from 20/21:	£ 4,284
Additional Income:	£ 5,366
Total income:	£ 126,050
Expenditure	
Staffing:	£ 90,256
Operational:	£ 2,692
Office:	£ 33,098
<b>Total expenditure:</b>	£ 126,046
Carried forward to 21/22:	£ 4

*Note: This report does not include audited accounts for the year as these will be presented at our next AGM.*
















## Work Plan – future priorities:

**We continue to review potential projects for the coming year; however, we will prioritise any work required to support local COVID-19 initiatives. Our work programme for 2022/23 was published on our website in May 2022.**

We are continuing a number of projects such as looking at accessible information, surveying Care Home managers to identify the support they currently receive from their local GP practice, and continuing the development of a Healthwatch Community Network for community and voluntary organisations.

This year, through the Healthwatch Redbridge Community Network, we have agreed to re-launch our Community Cash Fund small grants provision. We hope to provide small grants to local community organisations to support us in identifying health inequality issues across the borough.

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## Contact us

If you have a query about an NHS health or social care service, or need help with where you can go to access further support, get in touch. Don't struggle alone.

Healthwatch Redbridge is here for you.

Address:

1st Floor, 103 Cranbrook Road  
Ilford, IG1 4PU

Phone number: 020 8533 1236

Email: [info@healthwatchredbridge.co.uk](mailto:info@healthwatchredbridge.co.uk)

Website: [www.healthwatchredbridge.co.uk](http://www.healthwatchredbridge.co.uk)

Twitter: [@HWRredbridge](https://twitter.com/HWRredbridge)

Facebook: [Healthwatch Redbridge](https://www.facebook.com/HealthwatchRedbridge)

Our annual report will be publicly available on our website by 30 June 2022.

We will also be sharing it with Healthwatch England, CQC, NHS England, Redbridge Clinical Commissioning Group, Redbridge 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 on the left.

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Charity registration number 1156320

Company registration number 08389279 (England and Wales)

**HEALTHWATCH REDBRIDGE**  
**ANNUAL REPORT AND FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2022**



# HEALTHWATCH REDBRIDGE

## LEGAL AND ADMINISTRATIVE INFORMATION

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<b>Trustees</b>	Mr Mohammed Dedat Mrs Athena Rebecca Daniels Mrs Lorraine Yvonne Silver Ms E Friddin (Appointed 27 May 2021)
<b>Charity number</b>	1156320
<b>Company number</b>	08389279
<b>Registered office</b>	1st Floor 103 Cranbrook Road Ilford Essex United Kingdom IG1 4PU
<b>Auditor</b>	Reddy Siddiqui LLP 183-189 The Vale Acton London W3 7RW

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# HEALTHWATCH REDBRIDGE

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Balance sheet	11
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# HEALTHWATCH REDBRIDGE

## TRUSTEES' REPORT (INCLUDING DIRECTORS' REPORT)

### FOR THE YEAR ENDED 31 MARCH 2022

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The trustees present their report and financial statements for the year ended 31 March 2022.

The financial statements have been prepared in accordance with the accounting policies set out in note 1 to the financial statements and comply with the charity's [governing document], the Companies Act 2006 and "Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102)" (effective 1 January 2019).

#### Objectives and activities

The activities are to advance health by providing relief to those in need, by reason of youth, age, ill-health, disability or financial hardship by:

- Ensuring hospital discharge procedures are safe and people are provided with the right support and information to recover effectively
- Ensuring patients, users and carers with communication impairments have information provided in an accessible format so that they can read it, listen to it or have someone support them to understand it before they make a decision about their care
- Health and social care services working better together
- More information and availability of Mental Health services for children, adolescents and adults
- Better access, availability and continuity of GP services including out of hours services, as well as shorter waiting times in A&E.

The policies adopted in furtherance of these objects are:

- developing a communications strategy that enables us to increase our social media presence and to begin to identify new and powerful ways to interact with our members, stakeholders and partners
- reviewing our strategic priorities to identify and recruit staff to new roles, allowing us to better support local people
- gained the Volunteer Charter Mark, which led us to make changes to the way we recruit and retain volunteers. Although lapsed now, we have discussed re-applying for this in the future.
- redesigning our Enter and View training, making it more accessible for deaf people increasing awareness of Healthwatch amongst stakeholders.

We continue to review our policies and practices to ensure they relate to our objectives and activities during the year.

The trustees have paid due regard to guidance issued by the Charity Commission in deciding what activities the charity should undertake.

# HEALTHWATCH REDBRIDGE

## TRUSTEES' REPORT (INCLUDING DIRECTORS' REPORT) (CONTINUED) FOR THE YEAR ENDED 31 MARCH 2022

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### **Achievements and performance**

Since 2020, Healthwatch Redbridge continues to demonstrate it can adapt to the restrictions placed on all organisations throughout the pandemic, and to emerge a stronger, more capable organisation; still ready to challenge and highlight current health and social care issues.

Our work this year has seen us identify and respond to a range of issues ranging from highlighting the barriers to accessing local dental services, the continuing impact of the Covid-19 pandemic for disabled people, and interviewing individuals to understand the effects a safeguarding review can have.

Although there was a need to change the way we work, we have still been able to engage effectively with different communities, through online events and telephone contacts. A very small part of our outreach has been in person, on a few occasions, but we hope that this will increase over the coming year.

None of this would have been possible without the support and involvement of our Board, staff and volunteers. There have been many challenges, but they have all stepped up; discussing issues and adapting to this 'new normal', with enthusiasm.

We are also very pleased to welcome new board members, Emma Friddin and Gloria Onwubiko, who will continue to support our work as we move forward this year. We would not be able to do as much as we have without them.

The coming year will also have its own challenges, as we prepare for re-contracting in 2022/23. However, for now, we will continue our work in accordance with our current pathway and hope that Healthwatch Redbridge will have the privilege of being awarded the new contract next year.

### **Setting our work programme priorities for 2022/23**

We continue to play an important role in bringing local communities and services together. It has continued to be difficult to engage in person with local people as we continue to feel the effects of the Covid pandemic.

We have begun to work using a hybrid model of office and working from home. Our goal this year has been to develop stronger partnerships with statutory, community, and voluntary sector organisations to improve the services across our borough and beyond. We are slowly reintroducing in-person and face-to-face events

We increased our social media presence to ensure local people had access to updated and current information provided through trusted sources such as Redbridge Council, Public Health Redbridge (PHR), NHS England, Healthwatch England (HWE), Barts Health Trust, Barking, Havering and Redbridge University Trust (BHRUT), and the Barking & Dagenham, Havering and Redbridge Clinical Commissioning Group (BHRCCG).

### **Work Plan 22/23**

Each year, we create our work programme based on a review of issues we are made aware of and trends identified during the year. Based on some of the issues discovered, our board approved several projects this year including:

#### **Making Safeguarding Personal – Hearing the voice of service users**

- We carried out several in-depth interviews with service users and carers who had used the local authority safeguarding service. We have produced a report with recommendations which will be presented to the Redbridge Safeguarding Adults Board in April 2022. We are confident these recommendations will form the basis for future user engagement opportunities.



# HEALTHWATCH REDBRIDGE

## TRUSTEES' REPORT (INCLUDING DIRECTORS' REPORT) (CONTINUED)

### FOR THE YEAR ENDED 31 MARCH 2022

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#### **Accessing Dental Services**

- Since April 2021, over a quarter of telephone and online enquiries have raised concerns about access to dental practices and people who are struggling to book an appointment. The issue of access to dentists began prior to Covid-19, but the pandemic has made the situation much worse.
- We carried out a patient survey, mystery shopping exercise, and researched patient feedback through online feedback forums. This information has been shared both locally and nationally.
- We created and published an accessible user guide to support local people to understand how they might be able to access dental services in the borough. This year, we are planning to review community dental services for disabled and older people.

#### **Accessible Information Standards**

- We worked closely with our national body, Healthwatch England (HWE) and NHS England, as they completed a national consultation on accessible information.
- We worked with One Place East (OPE) to gather disabled people's comments and concerns about the issues of accessing GP appointments (only telephone appointments and triage offered). Issues existed before the pandemic but have worsened. A report on the findings with video clips of user stories is currently being completed. We are also working with people who are profoundly Deaf in order to identify issues and lead to service improvements.

#### **Post Covid Syndrome Review**

- Due to national concerns raised recently where it is estimated that over 100,000 people have Covid symptoms lasting more than three months, we wanted to understand the impact of Long Covid within our borough.
- With support from Public Health Redbridge, we are currently completing a project to engage with patients using the Long Covid Clinic at King George Hospital.

#### **Community Network and Community Cash Fund**

- We planned to increase our community reach by launching a new Healthwatch Community Network in March 2022.
- We will hold in-person and online meetings each quarter to encourage more Voluntary and Community Sector (VCS) organisations to be involved.
- This work will tie in with the launch of our Community Cash Fund. We have re-established our small grants funding programme for Community Network members to increase our community reach and highlight the issues of health inequalities within the borough.

# HEALTHWATCH REDBRIDGE

## TRUSTEES' REPORT (INCLUDING DIRECTORS' REPORT) (CONTINUED)

**FOR THE YEAR ENDED 31 MARCH 2022**

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### **Financial review**

We continue to revisit our finances ensuring we are fully compliant with the requirements for the organisation and to best meet the needs of our members and non-members throughout the year.

It is the policy of the charity that unrestricted funds which have not been designated for a specific use should be maintained at a level equivalent to between three and six month's expenditure. The trustees consider that reserves at this level will ensure that, in the event of a significant drop in funding, they will be able to continue the charity's current activities while consideration is given to ways in which additional funds may be raised.

This level of reserves has been maintained throughout the year.

The principal sources of income remain our main contract to provide the Healthwatch service within the London Borough of Redbridge. The charity has also received some small commissions from organisations such as Redbridge Clinical Commissioning Group and Redbridge Safeguarding Adults Board during the year to support a number of patient engagement projects.

At the outset of each financial year the trustees discuss risks associated with undertaking activities and to the extent possible, work towards mitigating these risks. The trustees have assessed the major risks to which the charity is exposed and are satisfied that systems are in place to mitigate exposure to the major risks.

### **Structure, governance and management**

The charity is a company limited by guarantee and was registered with the Charity Commission for England and Wales on 5th February 2013.

This year has seen some of our longest serving trustees stand down for a variety of reasons, and we would like to say a personal thank you to each for their contribution over the years. The trustees, who are also the directors for the purpose of company law, and who served during the year and up to the date of signature of the financial statements were:

Mr Mohammed Dedat  
Mrs Athena Rebecca Daniels  
Mrs Lorraine Yvonne Silver  
Ms E Friddin

(Appointed 27 May 2021)

Mrs Lorraine Yvonne Silver is the Chair of the charity.

None of the trustees has any beneficial interest in the company. All of the trustees are members of the company and guarantee to contribute £1 in the event of a winding up, as stated in the dissolution clause of the memorandum and articles of association adopted on 5th February 2013. The trustees are appointed by election to post.

Healthwatch Redbridge has a board of trustees comprising of members from a wide range of backgrounds. The trustees meet regularly. Day to day responsibility is currently delegated to the Chief Executive Officer, Ms Cathy Turland.

The Trustees do not consider there to be any related party matters requiring disclosure.

We are currently carrying out the HWE Quality Standards Framework audit throughout our organisation. This will help the board to understand where there are potential needs within the organisation and to identify and report our standards to HWE. All HW organisations are being asked to carry out the audit to support the development of quality standards across England.



# HEALTHWATCH REDBRIDGE

## TRUSTEES' REPORT (INCLUDING DIRECTORS' REPORT) (CONTINUED) FOR THE YEAR ENDED 31 MARCH 2022

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### **Disabled persons**

Applications for employment by disabled persons are always fully considered, bearing in mind the aptitudes of the applicant concerned. In the event of members of staff becoming disabled, every effort is made to ensure that their employment within the charity continues and that the appropriate training is arranged. It is the policy of the charity that the training, career development and promotion of disabled persons should, as far as possible, be identical to that of other employees.

The charity's policy is to consult and discuss with employees, through unions, staff councils and at meetings, matters likely to affect employees' interests.

Information of matters of concern to employees is given through information bulletins and reports which seek to achieve a common awareness on the part of all employees of the financial and economic factors affecting the group's performance.

### **Auditor**

In accordance with the company's articles, a resolution proposing that Reddy Siddiqui LLP be reappointed as auditor of the company will be put at a General Meeting.

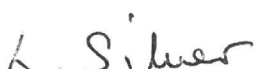
### **Disclosure of information to auditor**

In accordance with Section 418(2) of the Companies Act 2006, each trustee in office at the date the Trustees' Report is approved confirms that:

- so far as the trustees' are aware there is no relevant audit information of which the charity's auditor is unaware; and
- He/She has taken all the steps that he/she ought to have taken as a trustee in order to make himself or herself aware of any relevant audit information and to establish that the charity's auditor is aware of that information

The report of the trustees has been prepared taking advantage of the small companies' exemption of section 415A of the Companies Act 2006

The trustees' report was approved by the Board of Trustees.



Mrs Lorraine Yvonne Silver  
**Trustee**

9 December 2022

# HEALTHWATCH REDBRIDGE

## STATEMENT OF TRUSTEES' RESPONSIBILITIES

### *FOR THE YEAR ENDED 31 MARCH 2022*

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The trustees, who are also the directors of HEALTHWATCH REDBRIDGE for the purpose of company law, are responsible for preparing the Trustees' Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company Law requires the trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that year.

In preparing these financial statements, the trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgements and estimates that are reasonable and prudent;
- state whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

The trustees are responsible for keeping adequate accounting records that disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.



# HEALTHWATCH REDBRIDGE

## INDEPENDENT AUDITOR'S REPORT

### TO THE MEMBERS OF HEALTHWATCH REDBRIDGE

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#### Opinion

We have audited the financial statements of HEALTHWATCH REDBRIDGE (the 'charity') for the year ended 31 March 2022 which comprise the statement of financial activities, the balance sheet and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 March 2022 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

#### Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the *Auditor's responsibilities for the audit of the financial statements* section of our report. We are independent of the charity in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

#### Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charity's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

#### Other information

The other information comprises the information included in the annual report other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon. Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

# HEALTHWATCH REDBRIDGE

## INDEPENDENT AUDITOR'S REPORT (CONTINUED) TO THE MEMBERS OF HEALTHWATCH REDBRIDGE

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### Opinions on other matters prescribed by the Companies Act 2006

In our opinion, based on the work undertaken in the course of our audit:

- the information given in the trustees' report, which includes the directors' report prepared for the purposes of company law, for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the directors' report included within the trustees' report have been prepared in accordance with applicable legal requirements.

### Matters on which we are required to report by exception

In the light of the knowledge and understanding of the charity and its environment obtained in the course of the audit, we have not identified material misstatements in the directors' report included within the trustees' report.

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 requires us to report to you if, in our opinion:

- adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit; or
- the trustees were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies' exemptions in preparing the trustees' report.

### Responsibilities of trustees

As explained more fully in the statement of trustees' responsibilities, the trustees, who are also the directors of the charity for the purpose of company law, are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error. In preparing the financial statements, the trustees are responsible for assessing the charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charitable company or to cease operations, or have no realistic alternative but to do so.

### Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

The extent to which our procedures are capable of detecting irregularities, including fraud, is detailed below.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: <http://www.frc.org.uk/auditorsresponsibilities>. This description forms part of our auditor's report.



# HEALTHWATCH REDBRIDGE

## INDEPENDENT AUDITOR'S REPORT (CONTINUED) TO THE MEMBERS OF HEALTHWATCH REDBRIDGE

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### Use of our report

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.



**Seema Siddiqui (Senior Statutory Auditor)**  
for and on behalf of Reddy Siddiqui LLP

9 December 2022

**Chartered Accountants**  
**Statutory Auditor**

183-189 The Vale  
Acton  
London  
W3 7RW

# HEALTHWATCH REDBRIDGE

## STATEMENT OF FINANCIAL ACTIVITIES INCLUDING INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 MARCH 2022

	Notes	Unrestricted funds 2022 £	Restricted funds 2022 £	Total Unrestricted funds 2022 £	Unrestricted funds 2021 £	Restricted funds 2021 £	Total 2021 £
<b><u>Income from:</u></b>							
Donations and legacies	3	-	159,050	159,050	-	119,900	119,900
<b><u>Expenditure on:</u></b>							
Raising funds	4	-	507	507	-	1,103	1,103
Charitable activities	5	-	125,539	125,539	-	117,181	117,181
<b>Total expenditure</b>		-	126,046	126,046	-	118,284	118,284
<b>Net income for the year/ Net movement in funds</b>		-	33,004	33,004	-	1,616	1,616
Fund balances at 1 April 2021		31,628	10,529	42,157	31,628	8,913	40,541
<b>Fund balances at 31 March 2022</b>		31,628	43,533	75,161	31,628	10,529	42,157

The statement of financial activities includes all gains and losses recognised in the year.

All income and expenditure derive from continuing activities.

The statement of financial activities also complies with the requirements for an income and expenditure account under the Companies Act 2006.



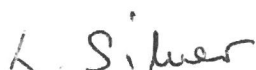
# HEALTHWATCH REDBRIDGE

## BALANCE SHEET

AS AT 31 MARCH 2022

	Notes	£	2022 £	£	2021 £
Current assets					
Debtors	10	35,480		130	
Cash at bank and in hand		48,151		46,381	
		83,631		46,511	
Creditors: amounts falling due within one year	11	(8,470)		(4,354)	
Net current assets			75,161		42,157
Income funds					
Restricted funds - general			43,533		10,529
Unrestricted funds			31,628		31,628
			75,161		42,157

The financial statements were approved by the Trustees on 9 December 2022



Mrs Lorraine Yvonne Silver  
Trustee

Company registration number 08389279

# HEALTHWATCH REDBRIDGE

## NOTES TO THE FINANCIAL STATEMENTS

### FOR THE YEAR ENDED 31 MARCH 2022

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#### 1 Accounting policies

##### Charity information

HEALTHWATCH REDBRIDGE is a private company limited by guarantee incorporated in England and Wales. The registered office is 1st Floor, 103 Cranbrook Road, Ilford, Essex, IG1 4PU, United Kingdom.

##### 1.1 Accounting convention

The financial statements have been prepared in accordance with the charity's [governing document], the Companies Act 2006, FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland" ("FRS 102") and the Charities SORP "Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102)" (effective 1 January 2019). The charity is a Public Benefit Entity as defined by FRS 102.

The charity has taken advantage of the provisions in the SORP for charities not to prepare a Statement of Cash Flows.

The financial statements are prepared in sterling, which is the functional currency of the charity. Monetary amounts in these financial statements are rounded to the nearest £.

The financial statements have been prepared under the historical cost convention, [modified to include the revaluation of freehold properties and to include investment properties and certain financial instruments at fair value]. The principal accounting policies adopted are set out below.

##### 1.2 Going concern

At the time of approving the financial statements, the trustees have a reasonable expectation that the charity has adequate resources to continue in operational existence for the foreseeable future. Thus the trustees continue to adopt the going concern basis of accounting in preparing the financial statements.

##### 1.3 Charitable funds

Unrestricted funds are available for use at the discretion of the trustees in furtherance of their charitable objectives.

Restricted funds are subject to specific conditions by donors as to how they may be used. The purpose and uses of the restricted funds are set out in the notes to the accounts.

Unrestricted funds are general funds that are available for use at the trustees' discretion in furtherance of the objectives of the charity.

##### 1.4 Income

Income is recognised when the charity is legally entitled to it after any performance conditions have been met, the amounts can be measured reliably, and it is probable that income will be received.

Cash donations are recognised on receipt. Other donations are recognised once the charity has been notified of the donation, unless performance conditions require deferral of the amount. Income tax recoverable in relation to donations received under Gift Aid or deeds of covenant is recognised at the time of the donation.

Legacies are recognised on receipt or otherwise if the charity has been notified of an impending distribution, the amount is known, and receipt is expected. If the amount is not known, the legacy is treated as a contingent asset.



# HEALTHWATCH REDBRIDGE

## NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 MARCH 2022

### 1 Accounting policies

(Continued)

#### 1.5 Expenditure

##### Expenditure

Liabilities are recognized as expenditure as soon as there is a legal or constructive obligation committing the charity to that expenditure, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably. Expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all cost related to the category. Where costs cannot be directly attributed to particular headings they have been allocated to activities on a basis consistent with the use of resources.

##### Raising funds

Raising funds includes all expenditure incurred by the charity to raise funds for its charitable purposes and includes costs of all fundraising activities, events and non-charitable trading.

##### Charitable activities

Charitable expenditure comprises those costs incurred by the charity in the delivery of its activities and services for its beneficiaries. It includes both the direct pay and non-pay costs and support costs relating to those activities.

##### Governance costs

Governance costs include those costs associated with meeting the constitutional and statutory requirements of the charity, and include its audit fees and costs linked to the strategic management of the charity including trustee expenses.

##### Allocation and apportionment of costs

Support costs include administrative office functions and premises costs. These have been allocated to activity cost categories on a basis consistent with the use of resources: allocating premises costs on floor areas, staff costs by the time spent and other costs on a measure of usage.

#### 1.6 Cash and cash equivalents

Cash and cash equivalents include cash in hand, deposits held at call with banks, other short-term liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within borrowings in current liabilities.

#### 1.7 Financial instruments

The charity has elected to apply the provisions of Section 11 'Basic Financial Instruments' and Section 12 'Other Financial Instruments Issues' of FRS 102 to all of its financial instruments.

Financial instruments are recognised in the charity's balance sheet when the charity becomes party to the contractual provisions of the instrument.

Financial assets and liabilities are offset, with the net amounts presented in the financial statements, when there is a legally enforceable right to set off the recognised amounts and there is an intention to settle on a net basis or to realise the asset and settle the liability simultaneously.

##### **Basic financial assets**

Basic financial assets, which include debtors and cash and bank balances, are initially measured at transaction price including transaction costs and are subsequently carried at amortised cost using the effective interest method unless the arrangement constitutes a financing transaction, where the transaction is measured at the present value of the future receipts discounted at a market rate of interest. Financial assets classified as receivable within one year are not amortised.

# HEALTHWATCH REDBRIDGE

## NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 MARCH 2022

### 1 Accounting policies

(Continued)

#### **Basic financial liabilities**

Basic financial liabilities, including creditors and bank loans are initially recognised at transaction price unless the arrangement constitutes a financing transaction, where the debt instrument is measured at the present value of the future payments discounted at a market rate of interest. Financial liabilities classified as payable within one year are not amortised.

Debt instruments are subsequently carried at amortised cost, using the effective interest rate method.

Trade creditors are obligations to pay for goods or services that have been acquired in the ordinary course of operations from suppliers. Amounts payable are classified as current liabilities if payment is due within one year or less. If not, they are presented as non-current liabilities. Trade creditors are recognised initially at transaction price and subsequently measured at amortised cost using the effective interest method.

#### **Derecognition of financial liabilities**

Financial liabilities are derecognised when the charity's contractual obligations expire or are discharged or cancelled.

### 1.8 Employee benefits

The cost of any unused holiday entitlement is recognised in the period in which the employee's services are received.

Termination benefits are recognised immediately as an expense when the charity is demonstrably committed to terminate the employment of an employee or to provide termination benefits.

### 2 Critical accounting estimates and judgements

In the application of the charity's accounting policies, the trustees are required to make judgements, estimates and assumptions about the carrying amount of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised where the revision affects only that period, or in the period of the revision and future periods where the revision affects both current and future periods.

### 3 Donations and legacies

	<b>Restricted funds general 2022 £</b>	<b>Restricted funds general 2021 £</b>
Services provided under contract	159,050	119,900
<b>Grants receivable for core activities</b>		
London Borough of Redbridge	159,050	119,900
	<u>159,050</u>	<u>119,900</u>

# HEALTHWATCH REDBRIDGE

## NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 MARCH 2022

### 4 Raising funds

	Restricted funds general 2022 £	Restricted funds general 2021 £
<u>Fundraising and publicity</u>		
Advertising	507	1,103
	<u>507</u>	<u>1,103</u>

### 5 Charitable activities

	Charitable Expenditure Heading 1 2022 £	Charitable Expenditure Heading 1 2021 £
Staff costs	89,792	83,275
Insurance	286	286
Postage, printing & stationeries	659	382
Telephone and fax	788	403
Travelling	276	65
Consultancy	960	960
Sundry expenses	437	674
Staff training	291	795
Computer expenses	4,592	3,883
	<u>98,081</u>	<u>90,723</u>
Share of support costs (see note 6)	24,698	23,728
Share of governance costs (see note 6)	2,760	2,730
	<u>125,539</u>	<u>117,181</u>



# HEALTHWATCH REDBRIDGE

## NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 MARCH 2022

### 6 Support costs

	Support costs £	Governance costs £	2022 £	Support costs £	Governance costs £	2021 £
Premises	17,500	-	17,500	17,500	-	17,500
Accountancy fees	7,198	-	7,198	6,228	-	6,228
Audit fees	-	2,760	2,760	-	2,730	2,730
	<u>24,698</u>	<u>2,760</u>	<u>27,458</u>	<u>23,728</u>	<u>2,730</u>	<u>26,458</u>
Analysed between Charitable activities	<u>24,698</u>	<u>2,760</u>	<u>27,458</u>	<u>23,728</u>	<u>2,730</u>	<u>26,458</u>

Governance costs includes payments to the auditors of £2760 (2021- £3000) for audit fees.

### 7 Auditor's remuneration

Fees payable to the charity's auditor and associates:	2022 £	2021 £
Audit of the charity's annual accounts	<u>2,760</u>	<u>2,730</u>

### 8 Trustees

None of the trustees (or any persons connected with them) received any remuneration or benefits from the charity during the year.

### 9 Employees

The average monthly number of employees during the year was:

	2022 Number	2021 Number
	<u>3</u>	<u>3</u>
<b>Employment costs</b>	<b>2022 £</b>	<b>2021 £</b>
Wages and salaries	<u>89,792</u>	<u>83,275</u>

There were no employees whose annual remuneration was more than £60,000.

# HEALTHWATCH REDBRIDGE

## NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 MARCH 2022

### 10 Debtors

	2022 £	2021 £
<b>Amounts falling due within one year:</b>		
Trade debtors	-	130
Prepayments and accrued income	35,480	-
	<u>35,480</u>	<u>130</u>

### 11 Creditors: amounts falling due within one year

	2022 £	2021 £
Other taxation and social security	1,652	1,598
Trade creditors	519	519
Other creditors	6,299	2,237
	<u>8,470</u>	<u>4,354</u>

### 12 Analysis of net assets between funds

	Unrestricted funds 2022 £	Restricted funds 2022 £	Total 2022 £	Unrestricted funds 2021 £	Restricted funds 2021 £	Total 2021 £
Fund balances at 31 March 2022 are represented by:						
Current assets/(liabilities)	75,161	-	75,161	42,157	-	42,157
	<u>75,161</u>	<u>-</u>	<u>75,161</u>	<u>42,157</u>	<u>-</u>	<u>42,157</u>

### 13 Related party transactions

There were no disclosable related party transactions during the year (2021 - none).

5 December 2022

**REDDY SIDDIQUI & KABANI**  
**183-189 THE VALE**  
**LONDON W3 7RW**

Dear Sir(s),

**RE: HEALTHWATCH REDBRIDGE**  
**YEAR ENDED: 31/03/2022**

During the course of your audit of our financial statements for the above period, the following representations were made to you by management and trustees.

1. We have fulfilled our responsibilities as directors under the Companies Act 2006 for preparing financial statements, in accordance with the applicable financial reporting framework FRS 102 and for making accurate representations to you as auditors.

We confirm that in our opinion the financial statements give a true and fair view and in particular that where any additional information must be disclosed in order to give a true and fair view that information has in fact been disclosed.

2. We confirm that all accounting records have been made available to you for the purpose of your audit, in accordance with your terms of engagement, and that all the transactions undertaken by the Charity have been properly reflected and recorded in the accounting records. All other records and related information, including minutes of all management and shareholders' meetings, have been made available to you. We have given you unrestricted access to persons within the Charity in order to obtain audit evidence and have provided any additional information that you have requested for the purposes of your audit.
3. We confirm that significant assumptions used by us in making accounting estimates, including those measured at fair value, are reasonable.
4. We confirm that all known actual or possible litigation and claims whose effects should be considered when preparing the financial statements have been disclosed to the auditor and accounted for and disclosed in accordance with the applicable financial reporting framework FRS 102 and the Charities Act 2016.
5. We confirm that, at the balance sheet date, the charity had no liabilities or contingent liabilities other than those disclosed in the financial statements





6. We confirm that there have been no events since the balance sheet date which require disclosing or which would materially affect the amounts in the accounts, other than those already disclosed or included in the accounts.
7. We confirm that we are aware that a related party of the Charity is a person or organisation which either (directly or indirectly) controls, has joint control of, or significantly influences the Charity or vice versa and as a result will include: shareholders (as a guide with more than 20% of the voting rights), trustees, other key management, close family and other business interests of the previous.
8. We confirm that all related party relationships and transactions have been accounted for and disclosed in accordance with the applicable financial reporting framework SORP (FRSSE).
9. We confirm that the charity has had at no time during the year any arrangement, transaction or agreement to provide credit facilities (including loans, quasi-loans or credit transactions) for trustees nor to guarantee or provided security for such matters, except as disclosed in the notes to the accounts.
10. We confirm that we have disclosed to you all related party transactions relevant to the charity, and that there were no related party transactions during the year.
11. We confirm that the Charity has not contracted for any capital expenditure other than as disclosed in the financial statements.
12. We acknowledge our responsibility for the design and implementation of controls to prevent and detect fraud. We confirm that we have disclosed to you the results of our risk assessment of the risk of fraud in the business.
13. We confirm that there have been no actual or suspected instances of fraud involving management or employees who have a significant role in internal control or that could have a material effect on the financial statements. We also confirm that we are not aware of any allegations of fraud by former employees, regulators or others.

We confirm that, having considered our expectations and intentions for the next twelve months and the availability of working capital, the charity is a going concern.

We acknowledge our responsibility for the design and implementation of internal controls to prevent and detect fraud. We confirm that we have disclosed to you the results of our own assessment of the risk of fraud in the charity.

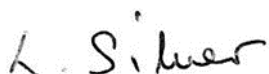
We have reviewed appropriateness of accounting policies, estimates by evaluating estimation techniques whether judgement is required to establish the monetary amount

We confirm that there have been no actual or suspected instances of fraud involving trustees, management or employees who have a significant role in internal control or that could have a material effect on the financial statements. We also confirm that we are not aware of any allegations of fraud by former trustees, employees, and regulators or others

14. We confirm that we are not aware of any matters of material significance e that should be reported to the Charity Commission.
15. We acknowledge our legal responsibilities regarding disclosure of information to you as auditors and confirm that:
- so far as each trustee is aware, there is no relevant audit information of which you as auditors are unaware; and
  - each trustee has taken all the steps that they ought to have taken as a trustee to make themselves aware of any relevant audit information and to establish that you are aware of that information.

We confirm that the above representations are made on the basis of enquiries of management and staff with relevant knowledge and expertise (and, where appropriate, of supporting documentation) sufficient to satisfy ourselves that we can properly make these representations to you and that to the best of our knowledge and belief they accurately reflect the representations made to you by the trustees during the course of your audit.

Yours faithfully,



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Signed on behalf of the board of trustees by:

Trustee Name: **Lorraine Silver, Chair**

Date: **9<sup>th</sup> December 2022**