Healthwatch Camden
(A Charitable Incorporated Organisation)

Unaudited

Trustees' Report and Financial Statements

For the period 21 June 2013 to 31 March 2014



HEALTHWATCH CAMDEN

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REFERENCE AND ADMINISTRATIVE DETAILS OF THE CHARITABLE INCORPORATED ORGANISATION, ITS TRUSTEES AND ADVISERS FOR THE PERIOD ENDED 31 MARCH 2014

Trustees	Dr Connie Smith, Chair (appointed 21 June 2013) Ms Elisa Alvares (appointed 21 June 2013) Mr Martin Bould (appointed 21 June 2013, resigned 31 May 2014) Mr Warren Koehler (appointed 21 June 2013, resigned 30 April 2014) Ms Alison Lowton (appointed 21 October 2013) Ms Pamela Hibbs (appointed 21 October 2013) Ms Claire Barry (appointed 27 January 2014) Ms Rachel Killick (appointed 27 October 2014)
Charity registered number	1152552
Principal office	293 - 299 Kentish Town Road London NW5 2TJ
Director	Frances Hasler
Accountants	MHA MacIntyre Hudson Chartered Accountants New Bridge Street House 30-34 New Bridge Street London EC4V 6BJ
Bankers	Co-operative Bank Box 250 Skelmersdale WN8 6WT CAF Charities Aid Foundation Bank 25 Kings Hill Avenue Kings Hill West Malling Kent ME19 4JQ

TRUSTEES' REPORT
FOR THE PERIOD ENDED 31 MARCH 2014

The Trustees present their annual report together with the financial statements of Healthwatch Camden (the Charity) for the period ended 31 March 2014. The Trustees confirm that the Annual report and financial statements of the Charity comply with the current statutory requirements, the requirements of the Charity's governing document and the provisions of the Statement of Recommended Practice (SORP) "Accounting and Reporting by Charities" issued in March 2005.

STRUCTURE, GOVERNANCE AND MANAGEMENT

a. Constitution

Healthwatch Camden was established in April 2013 and became a registered charitable incorporated organisation, charity number 1152522 on 21 June 2013. For the period prior to incorporation, the organisation operated as a project managed by London Borough of Camden. The accounts include the income and expenditure relating to that period.

Our objectives are:

(a) Providing information and advice to the general public about local health and social care services;
(b) Making the views and experiences of members of the general public known to health and social care providers and commissioners;
(c) Enabling local people to have a voice in the development, delivery, improvement and equality of access to local health and care services and facilities and;
(d) Providing training and the development of skills for volunteers and the wider community in understanding, scrutinising, reviewing and monitoring local health and care services and facilities.

Our registered office is at 293-299 Kentish Town Road, London NW5 2TJ.

b. Method of appointment or election of Trustees

The management of the Charity is the responsibility of the Trustees who are elected and co-opted under the terms of the charitable incorporated organisation.

Healthwatch Camden is a foundation model charitable incorporated organisation. This means that the members of the organisation are trustees, who are appointed and set policy and oversee the work plan.

Founding trustees were appointed by the Healthwatch Steering Group, set up by the London Borough of Camden. All other appointments have been made by the existing trustees. Trustees are recruited via open advertising, on a skills basis. Trustees must have a clear connection with the London Borough of Camden, through living, working or being educated in the borough.

Founding trustees were Dr Connie Smith, Ms Elisa Alvares, Mr Martin Bould and Mr Warren Koehler. Founding trustees were appointed for one year, with the option to be re-appointed for a three year term at the end of that year. Connie Smith was appointed as interim chair.

Alison Lowton and Pam Hibbs were appointed as trustees in October 2013. Claire Barry was appointed as a trustee in January 2014. These additional trustees were appointed for a three year term.

Current trustees are Connie Smith, Elisa Alvares, Alison Lowton, Claire Barry and Pam Hibbs.

Healthwatch Camden does not have a formal membership structure; anyone can apply to become a member of our mailing list and a participant in our activities.

Healthwatch Camden involves the community in setting our priorities through a range of activity.

OBJECTIVES AND ACTIVITIES

a. Policies and objectives

Healthwatch Camden exists to make sure that everyone who uses health and social care services has the chance to have their say. By making sure people can get involved in all the plans and decisions about their health and care, we help to improve their experience. When people are involved, they help to improve the quality of services. This all helps to make life better for everyone in Camden.

We're here to make sure that everyone who uses health and social care services in Camden has the opportunity to voice their views, and that their opinions are heard by those who run health and social care services.

Healthwatch Camden was created through the Health and Social Care Act 2012.

Our role in the local community is to:

- Make sure people have a strong voice in local health and social care services
- Help people find the best service for them
- Help people to give feedback on services
- Say where things need to be improved

To assist us, we have specific powers to:

- Make visits to care services ("enter and view") to gather evidence about people's experiences.
- Publish reports and make recommendations to care providers and commissioners, which they must respond to.
- Be an equal member of the Health and Wellbeing board. Our seat means that we have real influence. We work with the Health and Wellbeing Board and other local bodies to tackle health inequalities, and to make sure that people get the social care and health support they need.

We work with the whole community – children and adults, with anybody who uses health and social care services in the borough.

Healthwatch exists nationally and locally. Nationally, Healthwatch England supports the work of local Healthwatch and champions the rights of health and social care consumers. Locally, each local authority area has an independent Healthwatch organisation.

Healthwatch Camden has a strong mandate which was designed by local people. We work at the grassroots level, and are helped by the expertise of the amazingly large and varied community and voluntary sector in the borough. Involving local people and organisations helps us to improve the quality of services, and makes life better for everyone in Camden.

We work in a lively inner-city borough. Camden has a distinctive population. It's young, it's diverse, and it's always changing. The borough is marked by big differences in health experience and outcomes between its richest and poorest communities. Camden's diversity includes higher than average levels of mental health needs and significant ethnic minority populations including Bangladeshi, African-Caribbean and Somali communities.

Trustees and staff are keen to reflect this diversity in our work plan, and to make sure that our outreach focuses on the people and communities who face the greatest inequalities.

b. Activities for achieving objectives

Healthwatch Camden has organised our work into three broad areas, each designed to fulfil our core role and to create the sort of organisation that local people want.

These areas are:

- Information
- Policy and insight
- Community engagement

These areas of work are supported by a communications strategy, relationship building with stakeholders and partners; a volunteer strategy, enabling us to involve a range of local people in our work; and a priorities framework.

Healthwatch Camden has a staff team of five, headed by our Director, Frances Hasler.

Volunteers are an essential part of Healthwatch. They support us in our office. They gather views at community events; carry out 'mystery shopping' and other visits to services.

ACHIEVEMENTS AND PERFORMANCE

a. Going concern

After making appropriate enquiries, the trustees have a reasonable expectation that the Charity has adequate resources to continue in operational existence for the foreseeable future. For this reason they continue to adopt the going concern basis in preparing the financial statements. Further details regarding the adoption of the going concern basis can be found in the Accounting Policies.

b. Review of activities

Healthwatch Camden was designed through a process of community engagement over the course of 2012. The engagement included children, young people and adults from a wide range of Camden organisations and networks.

A steering group, comprising representatives of local voluntary and community organisations, the local involvement network, the council and the clinical commissioning group oversaw the work.

In 2013, the council recruited a Director and the first four trustees. In April 2013 Healthwatch Camden was launched as part of a national network of local Healthwatch organisations.

In our first year we held 12 board meetings and 2 public meetings. In November 2013 we held our first borough wide community forum. 60 people took part, sharing their ideas on what we need to work on.

How we've influenced the provision of health and social care services:

• We've published 4 reports, on domiciliary care, complaints information at GP surgeries, health needs in Gospel Oak and local views on priorities for improvement.
• We've made 19 recommendations, all of which were responded to and have resulted in further action.
• We've shared information with the CQC about 42 local services.
• We've made 3 reports to the Health and Wellbeing Board and 2 reports to the Health Scrutiny Committee.
• We've taken part in 11 user forums.

We help people by giving them information about which health and social care services they can use. When they want to raise a concern we direct them to the relevant place. We gave 394 people information and advice by phone or email, to help them to find the right service or to challenge poor practice at services.

Every week we do a round-up of local news on health and social care, and publish it in our e-bulletin. It goes out to 400 individuals and organisations.

Our priorities:

To set the priorities for our work, we use what people tell us, and what we find out from monitoring services. There are lots of different things that people think are important, and we do not have the time or the money to look into all of them at once. So our board has agreed a way of deciding which things to work on (our priorities framework).

This year, our priorities were:

• Complaints about primary care services – we did mystery shopping on how easy it is to find information on making a complaint at your GP.
• Home care services – we talked to local people about the quality of the services they use.
• Specialist services for children – we started two projects on this theme in our first year. One looked at food services at Great Ormond Street Hospital, the other at support for families with children who have additional support needs due to disability, illness or emotional difficulties.

We also looked at:

• Mental health – this is a theme for our work in the Gospel Oak area.
• Accessible information – we raised this as a concern at the Health and Wellbeing Board. The board agreed to add a new chapter on the needs of people with sensory impairments to the Joint Strategic Needs Assessment (JSNA).

We've built links with the 6 NHS Foundation Trusts in our area, and have visited all 39 GP practices. We have a seat on the Camden Clinical Commissioning Group (CCG) board and have attended 12 CCG meetings. We regularly look at Care Quality Commission (CQC) reports for local services.

We gather feedback from local people, and where we find things that need improving, we tell providers and commissioners, and share our findings with the CQC and with the Health Scrutiny Committee. Healthwatch Camden has a seat on Camden's Health and Wellbeing Board.

We also link to London wide and national initiatives. We share our work across the Healthwatch network, take part in the Quality Surveillance Group, and influence the work of NHS England and the London Assembly, among others.

Our activity makes a difference:

- We've speeded up outpatient visits for people who were lost in the system
- We've supported people to challenge unhelpful professional attitudes
- We've improved complaints processes at local GP practices
- We've contributed to a nationwide re-think on how complaints are handled

PUBLIC BENEFIT STATEMENT

The Board of Trustees confirm that they have complied with their duty to have due regard to the guidance on public benefit published by the Charity Commission in exercising their powers or duties.

FINANCIAL REVIEW

a. Financial and risk management objectives and policies

Healthwatch Camden's current source of income is a grant from Camden Council. This is set at £257,430 for each of two years. There is no guaranteed income after March 2015. The only other income this year was a small amount of bank interest.

Our main items of expenditure were: staffing; communications and information; office costs; specific projects looking at local services.

Healthwatch Camden's reserve policy is currently under review. Our current reserve is the unspent restricted income at the year end, £57,736, which has been carried forward to the next financial year after approval from LB Camden.

Healthwatch Camden operates from a fully serviced office located within Voluntary Action Camden, at 293-229 Kentish Town Road. The location is well situated for public transport. The renting of a serviced office means that Healthwatch Camden has no fixed assets.

Healthwatch Camden has intangible assets in the form of: the knowledge and experience of trustees and staff; good relationships with local statutory partners; increasing relationships among the large and diverse voluntary and community sector in the borough; support from Healthwatch England and the Local Government Association, both nationally and regionally.

b. Principal risks and uncertainties

Trustees have considered the risks to the organisation and have plans in place to mitigate the risks. They also consider risks to individual projects before approving new work. The main risks identified for Healthwatch Camden in our first year were:

- Failure to establish productive working relationships with local community organisations or statutory partners,
- Not reaching enough local people quickly enough,
- Not knowing about a specific service failure,
- Being over-stretched trying to do too many things.

There are longer term risks that we may not be able to avoid, particularly the risk that Government may re-organise or reduce our function. There is also a risk that pressures on local government may lead to our income being reduced.

We have also planned to minimise general organisational risks, such as fraud or IT failure.

PLANS FOR THE FUTURE

a. Future developments

In 2014/15 we will be:

• Using our powers of 'enter and view' to take a closer look at services in some of our hospitals.
• Starting work on access to GP services.
• Starting work on how well services join up with each other – especially for older people.
• Piloting an audit of how effectively services are involving people.
• Promoting Healthwatch at community fairs and other places, so that more local people know about us.
• Compiling and publishing our "Start here…" directory, which will help people find their way around the system.
• Continuing our work in Gospel Oak.

Trustees' responsibilities statement

The Trustees 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).

The law applicable to charities in England & Wales 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 of the Charity for that period. 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 judgments and accounting estimates that are reasonable and prudent;
- 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 proper accounting records that are sufficient to show and explain the Charity's transactions and 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 Charities Act 2011, the Charity (Accounts and Reports) Regulations 2008 and the provisions of the trust deed. 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.

This report was approved by the Trustees on and signed on their behalf by:

.....
Dr Connie Smith, Chair
Trustee

INDEPENDENT EXAMINER'S REPORT
FOR THE PERIOD ENDED 31 MARCH 2014



Independent examiner's report to the Trustees of Healthwatch Camden

I report on the financial statements of the Charity for the period ended 31 March 2014 which is set out on pages 9 to 13.

This report is made solely to the Charity's Trustees, as a body, in accordance with section 145 of the Charities Act 2011 and regulations made under section 154 of that Act. My work has been undertaken so that I might state to the Charity's Trustees those matters I am required to state to them in an Independent examiner's report and for no other purpose. To the fullest extent permitted by law, I do not accept or assume responsibility to anyone other than the Charity and the Charity's Trustees as a body, for my work or for this report.

Respective responsibilities of Trustees and examiner

The Charity's Trustees are responsible for the preparation of the financial statements, and they consider that an audit is not required for this period under section 144(2) of the Charities Act 2011 (the Act) and that an independent examination is needed. The Charity's gross income exceeded £250,000 and I am qualified to undertake the examination by being a qualified member of the Institute of Chartered Accountants in England and Wales.

It is my responsibility to:

- examine the financial statements under section 145 of the Act;
- follow the procedures laid down in the general Directions given by the Charity Commission under section 145(5)(b) of the Act; and
- state whether particular matters have come to my attention.

Basis of independent examiner's report

My examination was carried out in accordance with the general Directions given by the Charity Commission. An examination includes a review of the accounting records kept by the Charity and a comparison of the financial statements presented with those records. It also includes consideration of any unusual items or disclosures in the financial statements, and seeking explanations from you as Trustees concerning any such matters.

The procedures undertaken do not provide all the evidence that would be required in an audit, and consequently no opinion is given as to whether the financial statements present a 'true and fair view' and the report is limited to those matters set out in the statement below.

Independent examiner's statement

In connection with my examination, no matter has come to my attention:

(1) which gives me reasonable cause to believe that in any material respect the requirements:
- to keep accounting records in accordance with section 130 of the Act; and
- to prepare financial statements which accord with the accounting records and comply with the accounting requirements of the Act

have not been met; or

(2) to which, in my opinion, attention should be drawn in order to enable a proper understanding of the financial statements to be reached.

Signed: Dated:

Peter Gotham FCA FCCA DChA

MHA MacIntyre Hudson
Chartered Accountants
New Bridge Street House
30-34 New Bridge Street
EC4V 6BJ

STATEMENT OF FINANCIAL ACTIVITIES
(incorporating Income and Expenditure Account)
FOR THE PERIOD 21 JUNE 2013 TO 31 MARCH 2014

	Restricted funds £	2014 £
INCOMING RESOURCES		
Grants	257,430	257,430
Bank interest receivable	71	71
TOTAL INCOMING RESOURCES	257,501	257,501
RESOURCES EXPENDED		
Salaries	126,108	126,108
National insurance	12,889	12,889
Other staff costs	476	476
VAC costs	360	360
Postage, printing and stationery	429	429
Rent	18,000	18,000
Telephone	10	10
Accountancy	2,600	2,600
Insurance	397	397
Board members training	600	600
Membership and subscriptions	48	48
IT, marketing and design	8,153	8,153
Research	518	518
Meetings and events	2,787	2,787
Office equipment	536	536
Recruitment	334	334
Independent Examination	2,400	2,400
Internships	135	135
Agency and consultancy	22,985	22,985
TOTAL RESOURCES EXPENDED	199,765	199,765
Net income/ (expenditure)	57,736	57,736
TOTAL FUNDS AT 31 MARCH 2014	57,736	57,736

The notes on pages 17 to 21 form part of these financial statements.

Whilst the CIO was registered on 21 June 2013, the activity was carried-on under London Borough of Camden management from April 2013.

The figures above include the income and expenditure for that period.

BALANCE SHEET
AS AT 31 MARCH 2014

	Note	£	2014 £
Current assets			
Debtors	3	4,500	
Cash at bank		62,428	
		66,928	
Creditors: amounts falling due within one year	4	(9,192)	
Net current assets/(liabilities)			57,736
Net assets/(liabilities)			57,736
Charity Funds			
Restricted funds	5		57,736
Total funds			57,736

The financial statements were approved by the Trustees on and signed on their behalf, by:

....
Dr Connie Smith, Chair **Ms Elisa Alvares, Trustee**

The notes on pages 17 to 21 form part of these financial statements.

1. ACCOUNTING POLICIES

1.1 BASIS OF PREPARATION OF FINANCIAL STATEMENTS

The financial statements have been prepared under the historical cost convention, with the exception of investments which are included at market value, and in accordance with the Financial Reporting Standard for Smaller Entities (effective April 2008). The financial statements have been prepared in accordance with the Statement of Recommended Practice (SORP), 'Accounting and Reporting by Charities' published in March 2005 and applicable accounting standards.

1.2 FUND ACCOUNTING

General funds are unrestricted funds which are available for use at the discretion of the Trustees in furtherance of the general objectives of the Charity and which have not been designated for other purposes.

Restricted funds are funds which are to be used in accordance with specific restrictions imposed by donors or which have been raised by the Charity for particular purposes. The costs of raising and administering such funds are charged against the specific fund. The aim and use of each restricted fund is set out in the notes to the financial statements.

1.3 INCOMING RESOURCES

All incoming resources are included in the Statement of financial activities when the Charity has entitlement to the funds, certainty of receipt and the amount can be measured with sufficient reliability.

Donated services or facilities, which comprise donated services, are included in income at a valuation which is an estimate of the financial cost borne by the donor where such a cost is quantifiable and measurable. No income is recognised where there is no financial cost borne by a third party.

Other income is recognised in the period in which it is receivable and to the extent the goods have been provided or on completion of the service.

1.4 RESOURCES EXPENDED

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to the category, inclusive of any VAT which cannot be recovered.

1.5 TANGIBLE FIXED ASSETS AND DEPRECIATION

All assets costing more than £500 are capitalised.

Tangible fixed assets are stated at cost less depreciation. Depreciation is provided at rates calculated to write off the cost of fixed assets, less their estimated residual value, over their expected useful lives on the following bases:

Office equipment	-	50% straight line

1.6 OPERATING LEASES

Rentals under operating leases are charged to the Statement of financial activities on a straight line basis over the lease term.

2. TRUSTEES

During the period, no Trustees received any remuneration.
During the period, no Trustees received any benefits in kind.
During the period, no Trustees received any reimbursement of expenses.

3. DEBTORS

	2014 £
Prepayments and accrued income	4,500

4. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	2014 £
Trade creditors	4,522
Accruals and deferred income	4,670
	9,192

5. SUMMARY OF FUNDS

RESTRICTED FUNDS

	Brought Forward £	Incoming resources £	Resources Expended £	Carried Forward £
Healthwatch Camden project	-	257,501	(199,765)	57,736

The Healthwatch Camden project fund helps ensure people have a strong voice within the local health and social care services. The fund is used to help find the best service for people, and it allows them to
give feedback on services.

6. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	Unrestricted funds £	Restricted funds £	2014 £	*2013 £*
Net current assets		57,736	57,736	-
Total	-	57,736	57,736	-

7. FINANCIAL COMMITMENTS

At 31 March 2014 the Charity had annual commitments under a non-cancellable operating rental license as follows:

	2014 £
EXPIRY DATE:	
Within 1 year (all for property rent)	18,000

8. PRE INCORPORATION

For the period prior to incorporation, April 2013 to June 2013, the organisation operated as a project managed by London Borough of Camden. In this period, the Director was paid £8,100 by London Borough of Camden, which is shown in "agency and consultancy" expenditure.