



Healthwatch Islington

Annual Report 2013/14



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People-led change

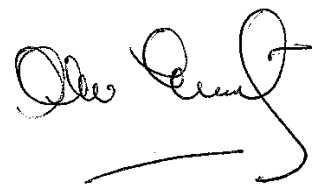
Healthwatch Islington gathers the experiences of local people to shape local services. The more views we can collect the more influence we can achieve,

It has been a busy and exciting first year for Healthwatch Islington. Not only have we set up as an organisation but we have been making good progress at developing links with our local community and statutory partners.

There have been a wide range of changes in health and social care policy. Healthwatch Islington has been keeping Islington residents up-to-date on these issues and sharing information in our newsletter, on our web-site and at local meetings.

We have been gathering the views of local residents on health and care services and have launched our signposting service which offers a wide range of information on local services to residents and their carers.

We are pleased to have had our funding extended by London Borough of Islington until March 2016. This means that in the coming year we can start turning our research into recommendations and our recommendations in to impacts for local people.



Olav Ernstzen, Chair Healthwatch Islington



Our Team

Healthwatch Islington (HWI) is run by our Board of Directors. The Board is responsible for the management and governance of HWI. Members use their expertise to ensure that HWI is fulfilling its legal and statutory obligations. For more information about the Board members, please visit our web-site.

<http://www.healthwatchislington.co.uk/content/meet-board>



There's no point being a person that says you hate this, you hate that, but you don't do anything about it - you've got to be involved on the inside to make things better.

Rose, Healthwatch Islington Director

The HWI Steering Group sets our strategic direction. Members of the Steering Group members apply their personal knowledge and experience of health and social care services and issues, but speak on behalf of the local community. The Steering Group supports the activities of HWI, including our programme of out-reach work, community signposting, and the events we host within the local community. The group also monitor the organisation's progress and approve action plans for future work. Members are elected for a three-year term. An election takes place each year. For a list of participants, see appendix A.

Membership of Healthwatch Islington means that I am kept up to date with developments in health and social care. This means that I can keep the people and groups I work with informed. It also means that there is an opportunity for the groups I work with to utilise the structures and statutory powers of Healthwatch Islington to influence commissioners.

Phillip Watson, Healthwatch Director, Chief Executive of the Manor Gardens Trust and Chair of the Islington Voluntary Sector Health Network

Healthwatch Islington is set up to carry out a range of activities. Our volunteer team is fundamental to the success of this work. Anyone with an interest in health and social care in Islington can volunteer with us and we have a range of roles that people can volunteer for. As well as on-going support and development, we offer volunteers a range of training.

During the year 2013 - 14 our volunteers have taken part in a range of training courses, including:

- Induction in to Healthwatch Islington,
- Safeguarding (how to recognise abuse and neglect),
- Human Resources,
- Enter and View (visiting local services to gather views and experiences)
- Mystery Shopping (visiting local services to gather evidence on how the service is provided).

The best thing about volunteering here is connecting with people from different backgrounds... and looking at health from the perspective of the community as a whole rather than that of an individual person.

I'd say it's given me a first-hand view of the evolving needs, and also the challenges associated with social care in the borough.

Priyanka, Healthwatch Islington Community Ambassador

Our Volunteers are supported by a staff team made up of:

- Chief Officer
- Communications and Out-reach Officer
- Signposting and Out-reach Officer
- Volunteer Co-ordinator (part-time)

<http://www.healthwatchislington.co.uk/content/meet-team>



Healthwatch Islington (HWI) is a not for profit Company Limited By Guarantee. We have been grant funded by London Borough of Islington to carry out the ‘representation’ and ‘signposting’ functions of Local Healthwatch until 31st March 2016. NHS Complaints advocacy for the borough is provided by Voiceability. See our web-site to read our Articles of Association.

Healthwatch Islington has not contracted with any other organisations and therefore, no other organisations have been granted a sub-licence to use the branding. Healthwatch Islington is licensed to use the Healthwatch branding. Any decisions on sub-contracting would be made by the board and informed with input from the Steering Group.

We are a member-led organisation. Our Steering Group (24 seats) is elected by our community members (750 people) with space for some co-options to increase diversity.

Our work plan is based on feedback from the local community. We develop a list of key themes and then ask members and local voluntary sector partners for their views on these themes. Our Steering Group includes representatives from local voluntary sector partners. How we carry out our activities, for example, by requesting information, by carrying out research or by visiting services, would be approved by the Steering Group, though recommendations could come from working groups, staff, the board, the Enter and View team, mystery shoppers, the Steering Group or community members.

Reports on the views gathered are drafted by the staff team and then discussed and approved by the volunteers involved in gathering the views before being sent to our Steering Group for approval. Any recommendations we make would be discussed in draft form with key partners such as local providers and commissioners to ensure that our recommendations lead to positive outcomes for our local community.



Healthwatch Islington's activities are set out in section 221 of the Local Government and Public Involvement Act 2007 and updated in the Health and Social Care Act 2012

The following section of this report looks at Healthwatch Islington's activities, how local people have been involved in them, and their impact. Impacts are further explored in the achievements section of this report.

(a) Promoting and supporting the involvement of local people in the commissioning, provision and scrutiny of local care services.

Healthwatch Islington (HWI) has gathered experiences to inform commissioning on a range of issues. More details follow in the 'reports' and 'impacts' sections of this report.

Healthwatch members are involved in numerous committees that involve local people in the commissioning, provision and scrutiny of local care services.

We offer training in meeting skills, developed with Local Authority and NHS partners to support participants to take part. We publicise local opportunities for people to take part in local, regional and national forums to influence service design.

All representatives are required to report back to HWI on highlights from the meeting pertinent to HWI's work.

Boards and committees in which we have been involved in 2013-14:

Committees which require representation from directors	
Committee	Attendee
Quarterly meeting with NHS, Adult Social Services, Children's Services & Public Health	Olav Ernstzen, Chair
Health and Well-Being Board	Olav Ernstzen, Chair
Clinical Commissioning Group, Board	Phillip Watson, Director
Health Scrutiny Committee	Bob Dowd, Director

Committees which can be attended by any approved community member	
Committee	Attendee
Safeguarding Partnership Board	Geraldine Pettersson, Community Member
Royal Free Hospital Patient Experience Group	Luigi Indri, Community Member
Whittington Patient Experience Committee	Frank Jacobs, Steering Group Member
Community Voices Network	Judith Wren, Community Member
Expert Patient Panel	Shahbaz Choudhri, Community Member
Making It Real Board (Adult Social Care)	Rose McDonald, Director
Homeless Forum	Emma Whitby, Chief Officer
Clinical Commissioning Group, Quality and Performance Committee	Emma Whitby, Chief Officer
Clinical Commissioning Group, Patient and Public Participation Working Group	Emma Whitby, Chief Officer
Health and Well-Being Board Officer's Group	Emma Whitby, Chief Officer

The Health and Well-Being (HWB) Board representative, chair Olav Ernstzen, receives briefings from the HWI Chief Officer, who also attends, to support HWI's involvement at this Board. There is a close working relationship with the Board and HWI is now mapping planned engagement with HWB Board partners to reduce duplication and maximise opportunities for engaging our local community. The representative has also attended workshops run by the Local Government Association to support the involvement of local Healthwatch representatives at HWB Boards. Our chair has developed strong relationships with Board partners. His contributions to discussions have asserted our role as a credible, informed partner. We have made a formal presentation of some of the community feedback gathered to the Board.

We have supported involvement of the community at the Health Review Committee to provide evidence on local service delivery including GP services and support for carers. We also encourage our members to attend one-off local and

regional events to gather information for our work as well as networking and training events organised by our colleagues at Healthwatch England.

Decisions about who sits on these boards and committees are taken by Steering Group members.

It's great to see Healthwatch Islington represented on so many of our key boards and committees. Not only does Healthwatch Islington bring the voice of the community to our forums, it also plays a key role in shaping our engagement going forward, in particular our ambitions to lead the way on co-production with our service users and carers.

London Borough of Islington, Healthwatch commissioner

(b) Enabling local people to monitor the standard of provision of local care services

Volunteers lead our programme of Enter and View and Mystery Shopping to support gathering of evidence on local services. For a list of volunteers see appendix B.

HWI uses its right to Enter and View in consultation with local stakeholders including the Care Quality Commission, the council and NHS contracts monitoring team and other local organisations which may be carrying out work to monitor services. This ensures that we both avoid duplication and also carry out visits that are informed by the latest findings from local partners. Details of our visits are included in the 'reports' section of this document. The Enter and View team plans which services to visit and this is approved by our Steering Group.

Monitoring Urgent Care and Walk-In provision

In 2013 - 14 we carried out one set of Enter and View visits to two sites in the borough. HWI was part of Camden and Islington's Urgent Care Review Strategy Group and wanted to gather patient perspectives to feed in to this review. The local Overview Scrutiny Committee's Health Review Committee has also been considering GP provision.

Making an impact in urgent care and walk-in provision

Our work, which echoed the findings of the Islington Clinical Commissioning Group (CCG), informed the borough's Urgent Care Review and we await further information on the impact this work has had.

We found that existing arrangements may not quite serve the purpose for which they were intended and that the local walk-in centre seemed to be over-subscribed. Most respondents were registered with their GP. Most were satisfied with the urgent care and walk-in services.

We followed up this report with some targeted work on primary care models with young people (under 25) including young parents. Most respondents valued seeing their own GP. Young parents distinguished between the type of care they might need and the care they might need for their child. There were mixed reactions to using technology to support accessing care, this solution was more popular for booking appointments. Respondents valued being able to walk in without an appointment and get a response to their concerns. They also valued not being kept waiting for too long once in a service.

For more details, visit the web-site and read our Enter and View report.

Monitoring complaints procedures at local GP practices

The National Audit Office report, 'Feeding Back', 2008 highlighted the need to strengthen learning from Health and Social Care complaints. In 2012, the Health Ombudsman's 'Sharing Learning from Complaints' highlighted the importance of ensuring that during changes to NHS structures, new complaints procedures were thoroughly embedded.

Through HWI's own signposting role we had noted how difficult it can be to find a definitive answer as to what the process *is* for making a complaint about GP services. Some publicly available information is ambiguous (NHS Choices) or contradictory (practices web-sites and NHS England). It was also noted that very little is required of practices in terms of what information they display. This raises the question of how patients would know about the complaints process.

We wanted to find out whether there was information about complaints system readily available in local GP services and whether information was clear and accessible.

We found information about how to make a complaint displayed in the waiting area either in the form of a poster or leaflet in 26 of 37 practices. In 11 practices we could not find a poster or a leaflet detailing information on how to make a complaint. It was noted that some practices had limited space for this.

Making an impact on GP complaints

We are now working with local practices to provide information to staff and patients on the procedure for making complaints within the new NHS structures. NHS England have also assured us that they are now better equipped to respond to complaints more quickly and are collating data on complaints which will be presented to us at their Quality Surveillance Group meetings.

Monitoring through local committees and existing data

As well as supporting volunteers to visit local services using our Enter and View and mystery shopping programmes, members of the local community sit on a range of boards and committees where standards are monitored.

In 2014 - 15 we plan to develop our use of existing information available through NHS and Local Authority web-sites to monitor service provision.

(c) Obtaining the views of local people about their experiences of local health and social care services:

HWI has used a range of techniques to engage with our local community and gather views. Staff and volunteers work together to gather views from the local community, our Ambassadors gather views at a wide range of local community events and meetings, these include regular stalls at:

- Citizen's Advice Bureau
- Islington Tennis Club
- Islington Central Library
- Whittington Hospital

Thank you to our local partners for their support.

We have also gathered views and given presentations at a wide range of local events and drop-in sessions, see appendix C for further details.

- Children's Centres including Packington and Holloway
- Children's Voluntary Sector Forum, Carer's Network Providers Forum,
- Citizen's Advice Bureau
- Clinical Commissioning Group's Patient and Public Participation Group,
- Drivers Centre (older people's day centre)
- Drug and Alcohol services user forum,
- Finsbury and Clerkenwell Volunteers,
- Health and Well-Being Board,
- Health and Well-Being Review Committee,
- Homeless Forum,

- Islington Community Network, Islington Refugee Forum,
- Islington Community Network
- Islington Museum as part of LGBT month
- Learning Disability Board,
- Local Medical Council,
- London Metropolitan University social work students,
- Safeguarding Board.

We are partnership working with local organisation Disability Action in Islington to support engagement of Deaf service users,

We are gradually increasing the number of members, newsletter subscribers, Facebook/Twitter followers and focussing most efforts on increasing our numbers of active volunteers.

We have visited a range of organisations to tell them about our services (see appendix D) and where appropriate collected comments and offered signposting support.

According to the 2011 Islington has a population of 206,100 residents (1). During the year 2013 - 14 we gathered views from around 250 people through Enter and View, surveys and out-reach work. We have received comments from 117 people but have engaged with a broad range of people to let them know that HWI exists. We will build on this work in 2014/15.

Methods used to obtain views from our local community

HWI is using a broad range of methods to gather views from our local community.

- We have a phone line and an on-line comments form as well as email for commenting.
- Out-reach sessions for 'hard to reach' people as listed above.
- Generic out-reach and targeted out-reach in local community settings as listed above.
- Targetted discussion meeting with Deaf service users using British Sign Language interpreters.

We find that the face-to-face gathering of methods generally proves to be the most effective.

The voice of people under 21

We know from the 2011 census that just over 20% of our population is 19 or under (2).

We have held focus groups to gather the views of young people on smoking cessation, mental health and urgent care.

We have visited a local youth club to talk to young people about healthy eating and surveyed their experiences.

We have given presentations and hosted information stalls at a local college and university. In March 2014 a new Steering Group member was elected to champion the views of children and young people.

We are setting up a work plan with the Clinical Commissioning Group to gather young people's views on local NHS services to inform the Clinical Commissioning Group's Children and Young People's Strategy (this work is taking place in early 2014 - 15) and to consider how to involve young people effectively in our service visits (Enter and View).

The voice of people over 65

We know from the 2011 census that around 9% of our population is 65 or over. Adults with long-term and multiple health conditions are living longer. The National Audit Office, in their summary report 'Adult Social Care in England: Overview' states that the number of adults aged 85 or over is rising faster than the population as a whole (3).

We have representation from Age UK Islington on our Steering Group. We have worked with local organisations to gather views from a wide range of people including older people.

The voice of people who work or volunteer in the area

Statistics in the 2011 census show that around 71% of the population is of working age (based on a working age of 19 - 64, though people may work past 65).

In order to reach the working age population we try to organise our meetings in evenings and at weekends, though we recognise that not all workers work standard office hours. For our piece of work on Urgent Care we reached more working age people, because they were using walk-in services more than other age groups might. Our information stalls and posters at libraries, shopping centres and the local tennis centre are aimed at people who work or volunteer in the area. We have also made contact with the Finsbury Park Business Forum and a whole host of local voluntary organisations to reach people working and volunteering in the borough.

Islington Employment Commission Co-Chair Maggie Semple commented in a press release on the launch of the Commission (13th February 2014, Islington Council web-site) that 'Islington has great economic opportunities yet unemployment

remains high' (4). The Commission, the first of its kind in the UK, brings together high profile leaders from the public, private and third sectors to ask why the proportion of residents out of work in the borough remains high despite there being 1.3 jobs for every adult of working age.

The voice of people from disadvantaged socio-economic backgrounds, groups perceived as vulnerable, people perceived as 'seldom heard'

In the New Economics Foundation report for the Cripplegate Foundation 'Distant Neighbours, Poverty and Inequality in Islington' it is noted that poverty is intensifying in the borough (5). Islington is the fourteenth most deprived borough in England and has the second highest rates of child poverty in London. The report also highlights the high numbers of households likely to be affected by changes to the welfare system, around 22,100 households out of an estimated 93,600 households counted in the 2011 census.

The 2011 Census reports that there are 206,100 residents in the borough. It is clear that HWI needs to prioritise who it is going to reach. Therefore, alongside our programme of generic out-reach (referred to above) we also carry out more targeted work. Using the data from the Islington Joint Strategic Needs Assessment we have identified particular groups that we should liaise with, see appendices C and D for the groups visited.

(d) Making reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services and people responsible for managing or scrutinising local care services and shared with Healthwatch England.

The Steering Group has the final sign off on all reports and recommendations. Working Groups and the Enter and View team put forward recommendations for any reports they have produced. Where appropriate recommendations are discussed with the provider or commissioner to ensure that what we recommend is realistic.

All reports are submitted to the relevant provider and commissioner for a response. All reports are also copied to the following partners for information:

- Care Quality Commission, Compliance Manager
- Health Review Committee (part of the Overview Scrutiny Committee)
- Health and Well-Being Board
- NHS England (where relevant)

All reports are available on our web-site and links are included below. For hard copies of reports, please contact HWI (see back page).

Report Title: Older People Leaving Hospital (this report was produced in partnership with Age UK Islington and the Older People's Reference Group)			
Service area	Provider	20 day response	Actions resulting
Hospital-based care	Whittington Health ICO	Yes	Steps have been taken to reduce noise on wards at night, Steps to improve discharge
Full report: http://www.healthwatchislington.co.uk/sites/default/files/older_people_leaving_hospital_-_whittington_health_0.pdf			
Report Title: Enter and View: Urgent Care			
Service area	Commissioner	20 day response	Actions resulting
Urgent Care (primary care)	NHS England and Islington Clinical Commissioning Group	Yes	Findings informed development of urgent care models
Full report: http://www.healthwatchislington.co.uk/sites/default/files/enter_and_view_report_on_urgent_care.pdf			
Report Title: Urgent Care: Children and Young People (this report was produced in partnership with Children's Partnership Commissioning)			
Service area	Commissioner	20 day response	Actions resulting
Urgent Care (primary care)	NHS England & Islington Clinical Commissioning Group	Yes	Findings fed into Urgent Care Strategy
Full report: http://www.healthwatchislington.co.uk/sites/default/files/urgent_care_children_and_young_people.pdf			
Report Title: Home care: user's experiences			
Service area	Commissioner	20 day response	Actions resulting
Home care (Adult social care)	London Borough of Islington	No	Second phase of HW work Council will continue to work to raise awareness of safeguarding
Full report: http://www.healthwatchislington.co.uk/sites/default/files/home_care_services_january_2014_0.pdf			

Report Title: Mystery Shopping: GP Complaints (this piece of work was developed in collaboration with Healthwatch Barnet)			
Service area	Commissioner	20 day response	Actions resulting
GP services	NHS England	N	Speeding up of NHSE's dealing with complaints Working with local practices to better promote complaints procedure
Full report: http://www.healthwatchislington.co.uk/sites/default/files/mystery_shopping_gp_complaints.pdf			
Report title: Long-term Conditions Survey (this piece of work involved local groups Disability Action in Islington and Body & Soul)			
Service area	Commissioner	20 day response	Actions resulting
Primary and secondary care	Islington CCG	Y	Findings add to information gathered to develop integrated and self-supported care
Full report: http://www.healthwatchislington.co.uk/sites/default/files/report_on_long-term_conditions_surveys.pdf			
Report Title: Deaf Service User's Experience of Hospital services (this piece of work was developed in partnership with Disability Action In Islington)			
Service area	Commissioners	20 day response	Actions resulting
Hospital based interpreting	Royal Free Hospital University College Hospital Whittington Health	Y Y N	Improvements to patient letters in RFH and UCH, increased Deaf awareness training in RFH and UCH and a working group to discuss how to tackle the issues raised at Whittington Health.
Full report: http://www.healthwatchislington.co.uk/sites/default/files/report_on_deaf_service_user_event.pdf			

Report Title: Refugee Forum Event report (this report was developed in partnership with Islington Refugee Forum)			
Service area	Commissioner	20 day response	Actions resulting
Primary Care	CCG	Y	Developing a new model of primary care access for refugee and migrant community members
Full report: http://www.healthwatchislington.co.uk/sites/default/files/refugee_forum_event_report_2014.pdf			

(e) providing advice and information about access to local care services so choices can be made about services

HWI's signposting service can provide information on local health, social care and well-being services and offer assistance to guide people through this if they need that support.

We want to make our signposting service as accessible as possible within the constraints we are operating in. Our office hours are 9:00 to 17:00, but by the nature of our work the staff team are often not in the office. People can contact us by email, in writing (we offer a Freepost address) and through the web-site but as we want to reach people who may not be aware of our service we also visit local community groups and offer signposting at our information stalls.

Method of contact	Number of contacts (as at 31/03/2014)
Email	8
Letter	1
Meeting	1
Out-reach	47
Phone call	123
Web Enquiry	2
Other	2
Grand Total	186

If you hadn't rung me, I would still be at home not knowing what to do.
I had tried contacting many agencies but nobody got back

Islington resident thanking staff at Healthwatch for their help. (We'll
always ring you back)

The service is delivered at a range of local organisations who are working with a series of equalities groups defined through established criteria, at the Healthwatch office and over the phone. The equalities criteria are based on recent Islington health and social data (Joint Strategic Needs Assessment - JSNA - NHS Islington 2010/11); (Adult Joint Commissioning Strategy - AJCS Islington Council and NHS North Central London 2012/17) and recent consultation with local and national organisations (Healthwatch Islington - September 2013).

We have also worked with four local groups to deliver signposting workshops to their staff and volunteers so that local organisations are more able to signpost their service users on issues such as how to find their nearest local services.

[the signposting session] was really great and I got really good feedback from the parents as they do not often get such opportunity to speak out and listen their concern in a calm and comfortable environment, I hope you will again visit us in the other Centres.

Bilingual Family Support and Outreach Worker at Canonbury Area

The service cannot recommend particular providers, tell people what to do, give opinions about what people should do; or give clinical advice on medical interventions or conditions. Where HWI identifies a number of appropriate organisations for signposting, these may be shortlisted on the basis of discussion with the client to ensure the most relevant information is provided. We will, where possible, take account of a person's language and cultural needs and/or access requirements.

Although we are not commissioned to carry out complaints advocacy, we do support people to find the information they need to make a complaint or signpost

them to our colleagues at Voiceability who run the NHS complaints advocacy service for Islington.

If there is a problem with their treatment patients want clear and simple information about how to complain and the process should be easy to navigate.

Olav Ernstzen, Healthwatch Islington Chair

Between April 2013 and March 2014 we provided 186 local residents with information about local services. Although Local Healthwatch took on their signposting function from 1st April 2013, our service has been most active since October 2013 once staff were recruited to a Signposting and Out-reach Officer post. Uptake of the service has continued to increase.

Period covered	Number of queries
Quarter 1 (April to June 2013)	24
Quarter 2 (July to September 2013)	34
Quarter 3 (October to December 2013)	48
Quarter 4 (January to March 2014)	80
Total	186

We are recruiting a volunteer to go back through these enquiries and measure satisfaction and gather monitoring data so that we can further develop this service in 2014/15. We have discussed signposting service models with

For further information, please see our ‘Gathering Views and Providing Information’ report on the web-site.

- (f) Reaching views on the matters mentioned in subsection 3 [the standards of care, and whether and how standards can be improved] and making those views known to the Healthwatch England committee of the Care Quality Commission;**

All of HWI’s reports and recommendations are shared with our local Care Quality Commission Compliance Manager. These reports and recommendations are based

on discussions with our working groups which involve members of our local community.

- (g) Making recommendations to the Healthwatch England committee of the Care Quality Commission (CQC) to advise CQC about special reviews or investigations to conduct (or, where the circumstances justify doing so, making such recommendations direct to the Commission);**

In this, our first year, it has not been necessary for HWI to make any recommendations to the Healthwatch England committee of the Care Quality Commission (CQC) to advise CQC about special reviews or investigations to conduct during the year 2013 - 14.

We are in regular contact with our CQC Compliance Manager and the London representative of Healthwatch England. We have developed strong and open working relationships with them should we have any concerns that need reporting.

Although we have not raised any formal concerns with these partners we have discussed concerns about how HWI can fulfil its role in influencing commissioning and signposting when some new commissioning structures are difficult to contact. Any decisions on this matter would be made by the Steering Group.

- (h) Making recommendations to the Healthwatch England committee of the Care Quality Commission (CQC) to publish reports under section 45C(3) [these are reports on standards] of the Health and Social Care Act 2008 about particular matters; and**

In this, our first year, it has not been necessary for HWI to make any recommendations to the Healthwatch England committee of the Care Quality Commission (CQC) to publish reports on standards. We work with our local partners to discuss standards and took part in the Commission's work to develop its inspections process. Any decision on this matter would be made by the Steering Group.

- (i) Giving the Healthwatch England committee of the Care Quality Commission (CQC) such assistance as it may require to enable it to carry out its functions effectively, efficiently and economically.**

The Healthwatch England committee of the Care Quality Commission (CQC) has not requested assistance from HWI during the year 2013 - 14.

We are in regular contact with our CQC Compliance Manager London representative at Healthwatch England should they need to contact us.

Healthwatch England asked us to meet with Lord Harris of Haringey, a champion for Healthwatch within Parliament. Healthwatch Haringey and Healthwatch Islington met with him on 10th April 2014 to discuss the work of Local Healthwatch.



Achievements in year one

Setting Up Healthwatch Islington

In Healthwatch Islington's first year it was necessary to allocate time and resources to setting up as an organisation. This included recruiting a staff team and volunteers to carry out our activities, developing strong governance and policies and establishing contact with key local partners. Then we began carrying out work related to key areas of interest to our local population.

Improving services for Deaf patients in local hospitals

Local Hospitals Royal Free London, University College Hospital have agreed to ensure that all patient letters to Deaf patients who use British Sign Language will include information on whether an interpreter has been booked, the gender of the interpreter, and an SMS or email address (instead of just a telephone number) for any enquiries relating to the appointment.

Whittington Health has agreed to set up a task group involving patients, the appointments team and IT team to discuss how this can be tackled within their organisation.

As a result of the attending the event we held with Deaf service users in January, the Royal Free London Hospital is now planning to deliver more Deaf awareness training for staff. The training will be delivered by Action for Hearing Loss and the first date is booked for July.

At University College London Hospital (UCLH), where Deaf patients had experienced difficulties knowing when it was their turn to be seen, a trial of the use of vibrating buzzers has been successfully completed. The buzzers will be in use in all hospital departments by July.

Again at UCLH, an audit is being carried out to check that staff involved in booking interpreters are contacting Deaf patients to confirm that British Sign Language (BSL) interpreters have been booked. The audit will be completed for the end of July.

Our local work also helped to inform the debate in the House of Lords on the health of Deaf People which took place at the end of March.

The Royal Free London is proactively working to improve patient access to services, access to information and access to communication support. The Camden Sensory Forum Short-Life Project group has focused our attention on sensory access needs, However the Healthwatch Islington Report focuses purely on our Deaf community which has afforded the opportunity to look at very specific access needs of one patient group. We look forward to circulating further updates to our Healthwatch partners in September 2014.

Debbie Sanders, Director of Nursing, Royal Free London NHS Foundation Trust

Developing an information service to help people find the care they need

‘Simon’

Healthwatch Islington (HWI) is keen for its service to have a broad reach and to consider people’s health and well-being needs, helping residents stay healthy, as well as helping them when they are not well.

We have been publicising the service to a broad range of local services and public places: sports centres, care homes, pharmacies, libraries and sheltered accommodation to name a few.

Healthwatch discovered North London Cares when we were contacted by ‘Simon’*, who is 80 years old and lives in sheltered accommodation. ‘Simon’ has leg ulcers and finds it very difficult to stand or walk (for cooking). He also confessed to being ‘bored out of his mind’. He found out about our information service when a Healthwatch postcard dropped through his letterbox. He wanted our help finding somebody to come in and help him with his cooking. He also told us he’d love a Scrabble partner to play the board game Scrabble with.

It’s great to have a central service for older people to go to for advice and assistance on accessing health and social care.

Co-ordinator from a local organisation supporting older people

‘Simon’ had never contacted Adult Social Services and was not aware that they might be able to assist him. ‘Simon’ told us that he was better with information when it was written down, rather than given over the phone, so we posted him details of the support the council provided, as well as information about Age UK Islington.

We called ‘Simon’ back a couple of weeks later to see how he had got on. He was yet to contact any of the services. So we asked ‘Simon’ for permission to make the calls on his behalf. (We won’t do this for everybody but will where we judge people need that little bit of extra support to access services.)

We contacted the council to alert them to Simon’s situation. He is now on the waiting list for an assessment visit.

In the meantime we’d found out about North London Cares and the support they provide for older people who are isolated and would like some company. This sounded perfect for ‘Simon’. We contacted Sarah, the Programme Coordinator, and she went round to meet ‘Simon’, so she could match him up with a young volunteer with similar interests.

‘I felt 25 my whole life, and lived as if I was. But it comes very suddenly, old age’ reflected ‘Simon’, when he met volunteer Ben for the first time, a couple of weeks ago. We hear that on Ben’s next visit they plan to chat about painting and the theatre. They’ll also be getting out the Scrabble set.

** names have been changed*

Orthodontic treatment

During a school half term in Islington many parents took the opportunity to get their children to the dentist. The Healthwatch staff who provide information about local services helped a number of those parents with concerns over orthodontic referrals. Orthodontic treatment, or teeth straightening, is free on the NHS for children who need it.

The problem comes when your dentist refers you to an orthodontic practice with a very long waiting list. You have **the right to choice** under the NHS, and in this particular case, there is a wide choice. That is because orthodontic practices, unlike GP surgeries, rarely insist that you live within a narrow geographical area. And although some have long waiting lists, others have short lists or no list at all.

We armed those parents with a list of alternative providers, and shared the

information with the practice manager at a local dental centre. We want to empower local residents to make informed decisions about their own healthcare. It's about getting all the options straight - not just your teeth.

Using the Equality Delivery System - Informing the development of staff training in local services

HWI worked with Islington Clinical Commissioning Group on their Equality Delivery Scheme (an NHS scheme that helps NHS services make sure they are making services accessible).

In March 2013 we gathered together 20 local organisations representing users with a range of needs such as homeless, carers and Black and Minority Ethnic (BME) Communities. Together with Islington Clinical Commissioning Group we rated their services against the given criteria. We then discussed an area on which to focus efforts going forward. As a result it was agreed that reception staff in primary care would all be offered training in supporting patients as individuals, recognising that we all have individual needs. In May and June 2014 that training has been delivered to staff across primary care in Islington. HWI will be mystery shopping soon to see what the results are.

Ideas are also being considered in terms of developing navigators and other roles that support people to access service in the borough. We want this to include culturally aware and sensitive navigation of services. We have been working closely with our NHS partners to influence training for future and current staff to make sure that all staff think 'patients first'.

This work continues and is integral to the borough's work on integration. The London Borough of Islington has been selected as a Pioneer for the joining together of health and care services by the Department of Health. All of this should mean that services are easier for us all to use.

Using the Equality Delivery System - Tailored services & Measuring uptake of services

HWI identified a gap in the qualitative research obtained from local communities - with little representation from the local Islington refugee and migrant community and that local refugee community organisations wanted more information about changes to local services following the Health and Social Care Act 2012. So HWI held a joint event with Islington Refugee Forum to inform community groups of the changes and start a conversation with the CCG about developing service that meet this community's needs. These discussions fed in to the Equality Delivery Scheme discussion for 2014 /15.

It was also agreed that the Clinical Commissioning Group would urge GPs to focus on better collection of monitoring data on patients so that GPs are able to refer people on to specialist services, for example, for carers or for culturally sensitive support for people for Lesbian, Gay, Bisexual and Transgender (LGBT) communities.

Home Care

In April 2013 local community members voted for HWI's work plan to include research into the quality of home care services.

Media attention in 2012 and 2013 has focused on home care services following various national reports on its inadequacies. The Equality and Human Rights Commission report 'Close to home' highlighted inadequacies in home care provided to older people. 'Time to Care', a Unison report into home care services published in October 2012, highlighted the strains placed on care workers and published guidance for councils and contractors on a staff charter. The Care Quality Commission's Review of Home Care, 'Not Just a Number' published in February 2013 found evidence of good care, but raised some concerns about continuity of care workers, staff training and appraisals and late and missed calls. The Cavendish Review, July 2013, highlighted inconsistencies in care being delivered.

The survey seemed timely because Islington Council is in the process of re-tendering its home care service with a new contract to start in March 2014. In a letter to local newspaper the Islington Tribune, published 16th August 2013, the then leader of the council, Cllr Catherine West, set out some of the council's commitments when re-tendering for provision. The council will require providers to ensure that home care visits are at least thirty minutes and to pay home care workers the London Living Wage.

We carried out thirty qualitative interviews with local service users to gather a picture of people's experiences. Generally people were satisfied with services, though we made recommendations, based on the findings, that work to promote safeguarding procedures be continued. We will continue this work in year two.

Improving information on complaints about GP services

We know that complaints about GPs have dipped since complaints handling transferred from Primary Care Trusts to NHS England. Following our mystery shopping visits to local GP practices, HWI is now working with the Clinical Commissioning Group and local practices to ensure that clear information about complaints processes is available in all local practices.

Building relationships with local stakeholders

Through our representation on local boards and committees and our work to develop relationships with local statutory and voluntary sector partners, HWI is establishing itself as a credible partner in the borough.

The commitment, enthusiasm and professionalism of Healthwatch Islington staff, directors and volunteers in their first year has resulted in excellent relationships with key stakeholders. It has put them in a great place to be involved in and influence the changes ahead for social care in Islington, in particular with older people's services.

London Borough of Islington, Director of Adult Social Care.

Healthwatch Islington are a key partner for Islington Clinical Commissioning Group. They provide support, feedback and assistance with the patient experience and engagement work we undertake. We have worked in partnership with them on several projects, with more planned for the year ahead. Through working with Healthwatch Islington we have been able to reach out to the wider Islington community, hearing from groups who we have not previously been able to engage with. Their community expertise has also helped us to address certain key health issues. In addition, their independent projects directly relate to Islington Clinical Commissioning Group key priorities (e.g. Supporting people with Long term Conditions) and have been used as evidence within our commissioning plan.

Islington Clinical Commissioning Group

Improving hospital services for older people, including hospital discharge

HWI helps to raise standards of care for older people leaving hospital. The Older Peoples Reference Group enables older people to comment on issues that affect them. Their feedback can then be used to help improve services.

In 2013, HWI and the Older People’s Reference Group worked together to gather older people’s experiences of leaving hospital. This was in response to concerns expressed by members of the group about untimely discharge from hospital. The reason for the concern was partly due to personal experience, as well as some high profile cases in the media.

We held a focus group to gather older people’s experiences of leaving hospital. We published a report on the findings in July 2013. We identified some important areas for improvement.

In November 2013, Whittington Health came to talk to the group about the positive changes that had been made at the Whittington, following on from the report’s recommendations:

We said	They did
In all hospital discharge cases (following both planned and emergency treatment) there needs to be a robust procedure in place for three way communication and an agreed discharge plan with the patient fully involved.	Improved planning for discharge with clearer lines of responsibility and revamped checklist for planning. □
Ensure that discharge procedures take into account the additional communication required (due to unplanned admission) for emergency patients.	
Remind staff and patients to be conscious of how much noise travels around the ward at night, and to have consideration for patients who may be trying to sleep or rest.	Piloting ear plugs and eye masks on wards to help patients sleep. Co-ordinate with other areas of the Hospital, so that if one ward is struggling to meet demand, staff or appropriately skilled managers can temporarily join this ward to assist and support colleagues.

We said	They did
Ensure that discharge is carried out consistently across the hospital, actively involving patients in their on-going care, and that good practice is shared and encouraged.	A follow up phone call scheme with Age UK for older people being discharged on a Friday (Age UK phone older people who didn't need/ said they didn't need any follow up care to check that they are OK the day after they've left hospital).
	Stronger team working for those leaving after short stays.
When communicating with patients about follow on and social care all staff should answer patient questions with consideration of their concerns and be able to provide clear, non-partial information about how social care is allocated.	Working with staff in the hospital to increase staff understanding of the resources available in the community for people leaving hospital care (who may not be eligible for social care)
	Simplifying their information leaflets for patients about what to expect when leaving hospital.

HWI have also recommended that further consultations with patients, both through small focus groups and larger surveys, should be conducted on a regular basis (at the very least annually) to look at making improvements and maintaining the quality of service for hospital patients.

	Restricted £	Unrestricted £	Total £
Income			
Grant, London Borough of Islington	176,200	0	176,200
Transition monies, London Borough of Islington	8,986	0	8,986
Total income	185,186	0	185,186
Expenditure			
Staff costs	92,797.96	0	92,797.96
Directors support (training, access, travel)	1,224.70	0	1,224.70
Office space	12,301.00	0	12,301.00
Office costs	3,929.59	0	3,929.59
Finance and compliance	6,214.55	0	6,214.55
Healthwatch activities			
Access costs	2,728.73	0	2,728.73
Conference attendance	60.00	0	60.00
Signposting (interim consultant)	7,651.56	0	7,651.56
Events	579.45	0	579.45
Meetings	1,780.41	0	1,780.41
Promotion and publicity	4,831.27	0	4,831.27
Training courses	2,417.30	0	2,417.30
Volunteer expenses	290.90	0	290.90
Other project costs	202.90	0	202.90
Total expenditure	137,010.32	0.00	137,010.32
Net income (expenditure) for the year	48,175.68	0.00	48,175.68
Fund balances brought forward (2013-14)	0	0	0
Fund balances carried forward (2014-15)	48,175.68	0.00	48,175.68

Our grant agreement permits us to carry forward underspend in year one to use for years two and three. Underspend arose because of the time taken to recruit staff.

The Board has overall responsibility for our finances. However, spend on Healthwatch activities is discussed and approved by the Steering Group.

Healthwatch Islington Work Plan 2014 -15

This work plan focuses on the themes that (Healthwatch Islington) HWI has identified to work on in the year 2014 - 15. For information on the organisation's strategic plan, please see our [web-site](#). We are currently working on the vision and mission statements for our organisation.

HWI's remit is to gather views, report views, visit services and engage people in decision-making about health and care services in order to influence commissioning, provision and delivery of those services. We also offer information on services to local residents.

There are many issues that HWI could tackle. When setting our work plan we consider whether an issue is being considered already by others in the borough and how we could add value to that; who is affected by the issue (not just the numbers of people affected but how vulnerable those service users may be); and whether there is a chance of actually being able to make an impact on the service area. Local individuals and organisations can present ideas to us which, where capacity allows, we will then scope. We also aware of issues of concern through comments people give us, signposting queries that local people raise, local data sets and information we are made aware of at the Health and Well-Being Board and through our conversations with key local partners.

The following plan outlines our aims for 2014 - 15.

1. Gathering views of Children and Young People on a health strategy for the borough

- **Impact we want to achieve:** Increase the involvement of children and young people in HWI activity.
- **How we want to achieve that:** Working with the CCG to carry out focus groups with local young people and children gathering their views on health services.
- **How we will know we have had an impact (short-term):** The views collected will directly inform the borough's strategy.

- **How we will know we have had an impact (long-term):** Services will better meet the needs of young people - but we need to consider how we can measure this.
- **Completion date:** June 2015

2. Improving access to interpreting services within primary care

- **Impact we want to achieve:** Improved access to interpreting services within primary care for people whose first language is not English. We will work with the Clinical Commissioning Group to complement their work on interpreting and advocacy.
- **How we want to achieve that:** Speak to primary care practitioners about the barriers to using Language Line. Look for examples of good and poor practice. Gather evidence from mystery shopping and discussions with local community organisations.
- **How we will know we have had an impact (short-term):** A base line of evidence will demonstrate the issue and create an incentive for change.
- **How we will know we have had an impact (long-term):** All primary care providers will be offering interpreting services consistently, measured by a follow up mystery shop.
- **Completion date:** December 2015

3. Mental health access and advocacy

- **Impact we want to achieve:** People with mental health needs get support as early as possible
- **How we want to achieve that:** Map the services on offer, discuss with local organisations any pressure points within systems, gather views from users on barriers to access.
- **How we will know we have had an impact:** Data will show increase in uptake of earlier support through mental health services.
- **Completion date:** December 2014

4. Gathering the views and experiences of home care service users

- **Impact we want to achieve:** Home care services that are informed by the needs and experiences of local service users.
- **How we want to achieve that:** Carry out service user interviews to gather views on what works well about services and what can be improved.
- **How we will know we have had an impact:** Our research will result in robust recommendations which are then implemented by local commissioners.
- **Completion date:** March 2015

5. Customer service in GP receptions

This follows on from work we started with the Clinical Commissioning Group (CCG) last year in which HWI and local organisations agreed an Equality Objective for the CCG of ensuring that front-line staff in GP practice treat patients holistically and are mindful of our needs such as Learning Disability, carer, mental health need.

- **Impact we want to achieve:** Evaluate the impact of recent training on GP reception staff.
- **How we want to achieve that:** Mystery shopping practices to assess attitudes of reception staff to specifically people with Sensory Impairment and also to Children and Young People.
- **How we will know we have had an impact (short-term):** Reports show that attitudes are positive.
- **How we will know we have had an impact (long-term):** Rolling programme of training for front-line staff will be adopted and continue.

6. Measuring 'user friendliness' of local safeguarding procedures

- **Impact we want to achieve:** Identify potential barriers to reporting a Safeguarding alert for voluntary sector organisations and members of the local community.
- **How we want to achieve that:** Develop some case studies based on local experiences of reporting.

- **How we will know we have had an impact (short-term):** Procedures for raising Safeguarding alerts will be clear to those reporting and followed consistently by those receiving alerts.

7. Meetings to discuss key issues such as care.data in July and three further ‘theme-based’ meetings (Sept & Nov 2014 and Jan 2015)

- **Impact we want to achieve:** Local people are more informed about national policy issue. Other items for consideration (to be confirmed): Impact of the Care Bill, Impact of the Children and Families Bill, Preventative Health Measures (may need to be a different format), Employment Commission.
- **How we will know we have had an impact (short-term):** Feedback from event will show that people feel more informed about issues discussed.

8. Further issues to scope

- a) How we embed questions about Mental Capacity and Deprivation of Liberty Standards in our Enter and View visits,
- b) Access to health care for those being discharged from prison,
- c) Uptake of cancer screening programmes, to be discussed with Cancer Research UK,
- d) Supporting GPs to identify and signpost carers, to be discussed with Carer’s Hub and Centre 404,
- e) Gathering feedback from children and young people on specific services targeted at them, such as weight management programmes, Child and Adolescent Mental Health Services (CAMHS) and children with disabilities.

9. Local systems and processes

We also aim to feed in to the following processes with local commissioners and NHS providers wherever possible:

- Equality Delivery System - annual scheme for rating how NHS commissioners and providers meet their duties under the Equality Act.

- Quality Accounts - annual report from Trusts which can include commentary from HWI (if we have collected data to share on this).
- Joint Strategic Needs Assessment/ Health and Well-Being Strategy

We will also continue our programmes of targeted and general out-reach within the local community to gather views and signpost local people. We will continue to seek out opportunities to raise our profile so that more service users can reach us. We will hold an annual Fair in June 2014 to celebrate our achievements so far.

Although this is an annual plan where capacity permits we may be able to undertake other areas of work. Please feel free to contribute issues to Emma Whitby, Chief Officer at HWI. It would be helpful if you can also provide any information to support these contributions.

References



- (1) London Borough of Islington presentation, 'Islington: Census 2011, Second Release, 11th December 2011

<http://www.vai.org.uk/wp-content/uploads/2013/01/2012-Census-Islington-Summary.pdf>

- (2) Census Information Scheme GLA Intelligence, 2011 Census first results p9
- (3) Census Information Scheme GLA Intelligence, 2011 Census first results p9
- (4) Press release, Islington Council, 13th February 2014

<https://www.islington.gov.uk/islington/news-events/news-releases/2014/02/Pages/PR5178.aspx>

- (5) Distant Neighbours: Poverty and Inequality in Islington
A report for Cripplegate Foundation by nef (the new economics foundation),
2013

Appendix A: Steering Group members during the year 2013 - 14

Individuals

Clara Boerkamp (Financial Advisor)
Bob Dowd (director)
Dave Emmett
Olav Ernstzen (chair & director)
Lynda Finn
Frank Jacobs
Elizabeth Jones
Rose McDonald (director)
Shelagh Prosser (director)
Christine Taylor (director)
Pam Zinkin

Organisations

Age UK Islington
Body and Soul (working across London with people with HIV)
Disability Action in Islington
Islington Borough User Group (group supporting residents with mental health needs)
Islington Voluntary Sector Health Network (working with Voluntary Sector organisations in the borough which have an interest in health and well-being services), Phill Watson (director)
Music for People (group supporting residents with mental health needs)

For details of our membership for 2014 - 15, please see our web-site.

Appendix B

Enter and View team members

- Islington Borough User Group (group supporting residents with mental health needs)
- Sue Cartwright
- Jenni Chan
- Viv Duckett
- Olav Ernstzen
- Lynda Finn
- A Fletcher
- Frank Jacobs
- Elizabeth Jones
- Gerry McMullan
- Geraldine Pettersson
- Alessandra Ragona Cardoso
- Natalie Teich

Appendix C

Organisations visited for gathering views and giving presentations

- Children's Centres including Packington and Holloway,
- Children's Voluntary Sector Forum, Carer's Network Providers Forum,
- Citizen's Advice Bureau,
- Clinical Commissioning Group's Patient and Public Participation Group,
- Drovers Centre,
- Drug and Alcohol services user forum,
- Finsbury and Clerkenwell Volunteers
- Health and Well-Being Board,
- Health and Well-Being Review Committee,
- Homeless Forum,
- Islington Community Network,
- Islington Museum as part of LGBT month,
- Islington Refugee Forum,
- Learning Disability Board,
- Local Medical Council,
- Local University, London Metropolitan, social work students
- Safeguarding Board.

Appendix D: List of organisations visited relating to our signposting service

- Al-Ashraf Association, local Somali group,
- Arachne Turkish Cypriot Women's Organisation,
- Bedford Housing, local housing association which also carries out user involvement activities,
- Bi-Lingual support Advisor co-ordinator,
- Cally and Bemerton community centres,
- Carila - Latin American Welfare Group,
- Caris - support for homeless people,
- CASA (Community Alcohol Service) coffee morning,
- Community Language Support Service,
- Community Hubs Meeting for local community centres,
- Elfrida - supporting people with Learning Disabilities,
- Epilepsy Society,
- Eritrean Community in the UK,
- Finfuture - businesses in the Finsbury park area,
- Finsbury Park Mosque,
- Fit Womens Group, women-only fitness sessions aimed at women on the Bemerton estate (a localised area identified as being of high socio-economic deprivation),
- Freightliners Farm, inner-city farm offering activities to the whole community,
- Hanley Crouch 'stay and play' for pre-school children and their parents/ guardians/ carers,
- Hillside Clubhouse Community Mental Health Service,
- Holloway School,
- ISIS - one-stop shop for people experiencing substance misuse,
- Islington Bangladeshi Association,
- Islington Carers Hub,
- Islington Mind - mental health charity,
- Islington Refugee Forum,
- Jannaty - Muslim social group,
- Kurdish and Middle Eastern Women's Group,
- Let's Get Talking, support for people with mental health needs,
- Mildmay Community Centre for several sessions including International Women's Day,
- Mind Yourself - mental health support for the Irish community,
- Mosaada - education and support for BME women,

- New River Green Children's Centre,
- North London Cares - support for older people in Camden and Islington,
- Packington Children's Centre,
- Peel Centre - day centre,
- St. Mungo's, support for homeless people,
- Solace Women's Aid, women's support group offering a range of services including support for women experiencing domestic violence,
- Somali Speakers Association,
- Women's Therapy Centre - International Women's Day.