



Report of: Director of Public Health

Meeting of	Date	Agenda Item	Ward(s)
Health and Wellbeing Board	October 15 th 2014	Item	All

Delete as appropriate	Exempt	Non-exempt
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SUBJECT: Healthwatch Islington Work Plan 2014 -15

1. Synopsis

- 1.1 This report provides an update on Healthwatch Islington's (HWIs) work plan for the year 2014-2015.

2. Recommendations

- 2.1 To note the contents of the work plan

3. Background

- 3.1 Each year in May/June, HWI sets its work plan based on health and care issues raised within the local community. The Steering Group then oversees the progress of this work. This update which is available at Appendix A is presented for information.

4. Implications

4.1 Financial Implications

None identified.

This paper provides an update only.

4.2 Legal Implications

The Health and Social Care Act 2012 amended section 221 of the Local Government and Public Involvement in Health Act 2007 (the 2007 Act”) so that it required a local Healthwatch organisation to be established in each local authority area from April 2013. Section 221 of the 2007 Act requires upper tier and unitary local authorities to contract with a local Healthwatch organisation which must be a social enterprise, to involve patients, service users and the public in the commissioning, provision and scrutiny of health and social services.

Local Healthwatch organisations are corporate bodies and within the contractual arrangements made with their local authorities must carry out the particular activities specified in section 221(2) of the 2007 Act. These activities are to promote involvement and provide support for the involvement of people in the commissioning, provision and scrutiny of local care services; enabling people to monitor and review the commissioning and provision of local care services for the purpose of considering standards of local care and whether and how they could or ought to be improved; obtaining the views of people about their needs for, and experiences of, those services; and making reports and recommendations to people responsible for commissioning, providing, managing or scrutinising those services which set out how local care services could be improved.

Section 194 of the Health and Social Care Act 2012 specifies that at least one representative of the local Healthwatch organisation for its area must be a member of the Health and Wellbeing Board. The Health and Wellbeing Board has a duty to involve the local Healthwatch organisation in the preparation of the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy

4.3 Equality Impact Assessment

HWI works to ensure that it is reaching out across the borough to gather views from the local community.

4.4 Environmental Implications

None identified.

5. Conclusion(s) and reason(s) for recommendations

5.1 To note the contents of the work plan. The report is an update and for information only.

Background papers: None

**Attachments: Work Plan
Final Report Clearance**

Signed by



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26th Sept 2014

Date

Director of Public Health

Received by

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Head of Democratic Services

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Date

Report author: Emma Whitby

Tel: 020 7832 5814

Fax:

E-mail: emma.whitby@healthwatchislington.co.uk

APPENDIX A

Healthwatch Islington Work Plan 2014 -15

Healthwatch Islington'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 about services to local residents. We aim to work collaboratively with statutory partners to develop the best services for local needs, and we work closely with the voluntary sector. Findings we gather will be discussed and shared with commissioners and providers.

Aim	Status	Notes
1. Gather views of children and young people on a health strategy for the borough.	Complete	Worked with Islington Clinical Commissioning Group to gather the views of children and young people. These have now fed in to the strategy.
2. Improve access to interpreting services within primary care.	In progress	Gathering data on GP use of Language Line (interpreting service provider), gathering experiences from voluntary sector partners and local residents, plans to mystery shop services to assess procedures.
3. Investigate access to mental health services and advocacy.	In progress	Set up a meeting with service commissioner to discuss key issues. Aim is to bring together voluntary sector and commissioner's knowledge to support commissioning.
4. Gather the views and experiences of home care service users.	Postponed	Surveying was due to start in January 2015 but postponed following discussions with LBI.
5. Assess customer service in GP receptions.	In progress	Visits to five practices with young people have now taken place. Further visits being planned.
6. Measure 'user friendliness' of local safeguarding procedures.	In progress	Interviewing local organisations about how user-friendly they find reporting safeguarding throughout September and October.
7. Hold four public meetings to discuss key issues.	In progress	July meeting discussed care.data, September meeting will consider key social care issues, November meeting will look at mental health needs and services and in January 2015 we will consider the Care Act.
8. Continue to scope further issues of concern to our local community.	In progress	Trialling new comment forms, working with Help On Your Doorstep (door knocking on local estates), hosted a pop-up stall at Chapel Market (Nag's Head is next) and aiming to trial on-line surveys. We will meet with the Youth Health Forum to discuss how we can help influence health and care services for local children and young

		people.
Follow up on previous work:		
9. Making a complaint about services offered at local GP practices.	In progress	Sixteen GP practices now have improved information about complaints on their web-sites. We will mystery shop practices in the autumn to see if this information is also available in practices.
10. Clearer information for Deaf patients in local hospitals using British Sign Language.	In progress	Two hospitals have taken steps to improve the clarity of information and in identifying patients who need interpreters. One doesn't have the capacity to do this at present. The London Assembly have asked us to attend a Health Select Committee meeting to address this issue across London.
Developing relationships		
We continue to work closely with Healthwatch England and local statutory and voluntary sector partners.		

Moving forward to 2015 and beyond:

Healthwatch will continue to gather views from the local community and ensure its work plan for 2015-16 reflects the needs of local people. We will also continue to explore options for partnership working and external funding to support our work. Our work would not be possible without our team of dedicated local volunteers. We will continue to apply the Investing In Volunteers principles in our volunteer recruitment, management and support.