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Healthwatch Islington

Annual Report 2014/15 (draft)



If you require this report in an alternative format please contact us at the address on page 20.



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Note from the Chair



Healthwatch Islington strives to raise the issues that matter most to local people.

It has been a great year for Healthwatch Islington and it gives me real pleasure to introduce our annual report.

At the last count, we'd made 39 formal recommendations for improvements to services in the last 12 months. Many of those have already been acted on by Islington Council, Islington Clinical Commissioning Group, and by local NHS Trusts.

Through our investigation into the provision of interpreting services at GP practices, we have extended our work with local community organisations representing the interests of vulnerable black and minority ethnic clients. This has helped us to build a more complete picture of the needs of our local community.

We will continue to work to reduce health inequalities by increasing the uptake of interpreting services for those who need them. Our partners at Islington Clinical Commissioning Group (CCG) will play a vital role in making this a reality.

The CCG commissioned Healthwatch to go into care homes to find out how the service provided by the Integrated Care Ageing Team was viewed. By listening to residents and relatives we learned what the particular strengths of the service were. Our report on this piece of work was picked up by the King's Fund and drew praise from as far away as Copenhagen.

Service change takes time. But many Islington residents need help now. That's why our signposting service is so valuable. This year, by partnering with Help on Your Doorstep, we've made the service more proactive, taking it out to those who really need it and making more and more people aware of all that Healthwatch has to offer.

None of these achievements would have been possible without the support of our volunteer team. It's great to see the impact their involvement is making.

Healthwatch Islington strives to raise the issues that matter most to local people. If you have any concerns, compliments or questions about local services, then get in touch. Our contact details are on page 20.

Olav Ernstzen
Chair, Healthwatch Islington



About Healthwatch

We are here to make health and social care better for ordinary people. We believe that the best way to do this is by designing local services around their needs.

Everything we say and do is informed by our connections to local people and our expertise is grounded in their experience. We are the only body looking at people's experience across all health and social care.

We are uniquely placed as a network, with a local Healthwatch in every local authority area in England.

As a statutory watchdog our role is to ensure that local health and social care services, and local decision makers, put the experiences of people at the heart of their care.

Our vision and mission

Healthwatch Islington's vision is for local health and care services which are informed by evidence from the local community and a community which is informed about local health and care services.

Mission

- To collect knowledge that reflects the diversity of needs and experiences within the borough and encourages people to feedback their honest views on services,

- To use the evidence we gather to influence service delivery, provision and commissioning for the benefit of local people and so that people have a better experience of services.
- To reach out to and empower our local community to be informed about local services, involved in local services, and exercise choice in taking up services.

Our strategic priorities

1. Gathering views of Children and Young People on a health strategy for the borough
2. Improving access to interpreting services within primary care
3. Customer service in GP receptions
4. Measuring 'user friendliness' of local safeguarding procedures
5. Informing the local community of current issues
6. Mental health access and advocacy



Individuals and organisations at a meeting of the Healthwatch Islington Steering Group. From left to right: Bob Dowd; Christine Taylor; Elizabeth Jones; Bianca Karpf (Body and Soul); John Thomas (Disability Action in Islington); Olav Ernstzen; Rose McDonald; Phill Watson (Manor Gardens Centre); Lynda Finn; Emma Whitby; Jeanne Franklin (Age UK Islington); Frank Jacobs; Geraldine Pettersson.



#strongertogether



Engaging with people who use health and social care services

Understanding people's experiences

We use a series of simple surveys for face-to-face feedback. We also ensure that all local libraries, community centres, dentists, pharmacists, health centres, hospitals, and a wide range of voluntary organisations have copies of a freepost form that people can complete and return to us.

We have hosted stalls at community events at local shopping centres, summer festivals in local green spaces, local community centres and at a local bowling alley and pool club. We have been door-knocking on key local estates with our

partner Help on Your Doorstep and have worked with a range of local organisations.

- Young people (under 21) and older people (over 65).

We worked with colleagues from Islington Clinical Commissioning Group to gather the views of young people including young parents, young people in care and young people with disabilities including autism. These views directly informed the borough's Children and Young People's health strategy and we saw evidence of this at the Health and Wellbeing Board. This will translate in to better experiences for children and young people.





We have worked with older people in their 80s for our work on the Integrated Care Ageing Team (ICAT) service. We visited residents of local nursing homes and spoke to them, and separately to their carers, to learn about their experiences of integrated care. We consider this group to be both vulnerable and seldom heard.

We have gathered the views of users of care home services through our Enter and View. We have liaised with our partners at Age UK Islington and the Older People's Reference Group to give older people's voices a channel. Age UK Islington sit on our Steering Group and can directly present the views of older people.

- People volunteering or working in Islington.

Our members simply need to have an interest in health and care services in Islington, they need not be resident in the borough. Our outreach and working groups gather data from people based on services they have tried to access rather than their borough of residence. In order to reach the working age population we organise meetings in evenings and at weekends, though we recognise that not all workers work standard office hours.

- Disadvantaged people or people we believe to be vulnerable.

We have used the Joint Strategic Needs Assessment to define people who we think may be vulnerable. This includes people with mental health needs, long-term conditions, who do not have English

as a first language, who have a sensory or physical impairment, who have a learning disability. Our work plan reflected this and included work on interpreting, work with carers, and commissioned work on complaints and the ICAT service.

We worked with partner organisations to gather views and experiences of services from key target groups. We are looking to extend this in the coming year and have allocated a specific budget line to support this work.

- People who are seldom heard.

During Carer's Week 2014 we worked with local partners Centre 404 and the Islington Carer's Hub to gather the views and experiences of local carers through information stalls. This led to a specific report with recommendations around improving support for carers.

We worked with Islington Council's Sign Language Interpreting Service to deliver a focus group with Deaf service users who use British Sign Language to gather views on how easy it is to make a complaint and also their experiences of services more widely.

We are working with 12 other Local Healthwatch in North East Central London to provide Enter and View and Mystery Shopper training to Deaf British Sign Language (BSL) users. These volunteers will gather the views of the whole community but are carrying out work informed by the needs of BSL users.



Enter & View

Healthwatch Islington uses its right to Enter and View in consultation with local stakeholders including the Care Quality Commission, council and NHS contracts monitoring teams, as well as 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. The Enter and View team plans which services to visit and these plans, and ensuing reports, are approved by our Steering Group.

During the year 2014/15 we undertook Enter and View visits to care homes for older people.

We decided to visit these settings because residents are vulnerable and seldom heard. As a result of these visits, and the publication of the ensuing report, we have seen:

- improved access to homes' gardens for the residents.
- a new programme of intergenerational activities.
- Islington Council are also meeting with voluntary organisations and care home managers to consider ways of engaging local volunteers to support activities both within and outside the homes.

Authorised representatives for Enter and View are listed on our web-site.

Members of the Enter and View Team outside Highbury New Park Care Home





Providing information and signposting for people who use health and social care services

Helping people get what they need from local health and social care services

Healthwatch Islington's signposting service provides information on local health, social care and well-being services. We offer additional assistance to guide people through this if they need that support.

We want to make our signposting service as accessible as possible. 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.

We provided information and signposting for 226 local residents from April 2014 to March 2015.

Of the 226 local residents that we signposted in the last year, almost two thirds (135 enquiries, 60%) made contact through our outreach programme, and around a third (76 enquiries, 34%) contacted us by telephone. This is a reversal from the previous year when of the 185 residents that we signposted, only a quarter (48 enquiries, 25%) of them

made contact through our outreach programme, and two thirds (123 enquiries, 66%) made contact by telephone.

This shift is largely a consequence of our outreach with Help on Your Doorstep. Our work with this partner now generates a large percentage of our new referrals.

We have received a wide range of enquiries since April 2014. The largest number of enquiries relate to GPs, hospitals, and mental health services.

There was also an increase in enquiries related to dental care, advocacy and complaints, exercise on referral, podiatry, physiotherapy, SHINE (Seasonal Health and Interventions Network) and volunteering opportunities.

Resolving problems for individuals through signposting can lead to changes which improve services more generally. For example, when we helped one resident to access physiotherapy services, our intervention led to a group of staff at the Whittington being retrained. In another case we helped someone to report her dentist for negligence. That dental practice was then investigated by the Dental Council and required to take action to improve their services.



Influencing decision makers with evidence from local people

Mystery Shopping:

- Customer service

Healthwatch Islington and Islington Clinical Commissioning Group (CCG) hold a joint workshop on the Equality Delivery System. This is an annual exercise in which the CCG is graded on the equity of service access it facilitates. The meeting involves a range of local voluntary sector partners, particularly those working with communities who may be considered more vulnerable or less frequently heard.

It was agreed that a way to increase equity of access within primary care services would be to offer support to front-line reception staff to improve customer service. In 2014 the CCG arranged training sessions for reception staff within GP practices to attend.

Healthwatch Islington agreed to visit practices to measure the impact of the training. Mystery shoppers used a checklist of questions and acted as if they were registering with the practice. Visits took place between August and December 2014. The mystery shopping team included trained young people and a Healthwatch staff member.

- GP interpreting services

In November 2014 we sent mystery shoppers to every GP practice in the borough. They pretended to be new patients who did not speak English. At most practices they reported that they were treated with respect. But only one of the 36 practices visited used an interpreting service to help our volunteer to register. This mystery shopping formed part of a broader investigation into GP interpreting services. We are now working with Islington Clinical Commissioning Group to encourage GP practices to offer interpreting whenever there is a need.

- GP complaints guidance

We mystery shopped Islington's GP practices early in 2014 and found that information about the complaints process was generally poor. Often there was no guidance at all. Over the course of the current year Healthwatch Islington has worked to improve the quality of the written complaints guidance in local GP practices. In November 2014 we revisited the practices to assess the impact of our work and found that some practices had improved the quality of their information about complaints or were now using the guidance we had developed.



Producing reports and recommendations to effect change

During the year 2014/15 Healthwatch Islington produced 11 reports on people's experiences of local health and care services. When developing recommendations for reports, this is done in partnership with key organisations including commissioners to ensure that our recommendations are realistic, rooted in best practice and informed by the national policy context. Our reports are shared with the relevant providers, commissioners and the regulator.

For copies of the reports visit the web-site:

<http://www.healthwatchislington.co.uk/resources/reports>

Or give us a call and we can post you copies.

Our reports have included a range of recommendations to the people responsible for local services.

- We have made recommendations for increasing access to activities and garden space for care home residents and are assured by our local council that local providers are ensuring that this happens.
- We have made recommendations to improve access to interpreting within GP practice and our Clinical Commissioning Group has just started work to facilitate this.
- We mapped the complaints process and highlighted areas for improvement and are now making suggestions to local providers,
- We made recommendations about improving communications with those raising safeguarding alerts, which are informing the development of safeguarding procedures in our area,
- Work we carried out on GP reception's customer service suggested that recommendations we had made previously around training and support for these staff had been followed up,
- Work we carried out to gather views on a new service to provide more integrated care, though small scale, suggested that care was becoming more joined up for these service users, we were pleased that this piece of work was highlighted as good practice by the King's Fund,
- Last year we made recommendations to improve access to hospital services for Deaf people who communicate using British Sign Language. Whilst some hospitals are making progress we are disappointed to see that this is not yet the case at our main local provider.



Putting local people at the heart of improving services

We have provided training and support to people interested in representing the community at local health and care committees.

We recruit and support local people to be involved in a range of local committees through which they can influence the commissioning, provision and management of local health and social care services.

Local Committees to which we send representatives:

- Clinical Commissioning Group Governing Body,
- Clinical Commissioning Group, Patient and Public Participation Committee,
- Clinical Commissioning Group, Quality and Performance Committee,
- Health Overview and Scrutiny Committee,
- Community Education Network Provider Forum,
- Early Intervention and Prevention Committee,
- Expert Patient Panel,
- Homeless Forum,

- Leadership Development Network,
- Making It Real Board (Adult Social Care)
- Safeguarding Adults Partnership Board,
- Whittington Health Patient Experience Committee.
- Health and Wellbeing Board
We have supported our representative to be effective by providing short briefings to them in advance of meetings. We are looking to strengthen our role on the board in 2015/16.

Working with others to improve local services

We work closely with local commissioners and providers to keep informed about what is happening locally and to make sure that our work can have an impact.

We have not needed to make recommendations to the Care Quality Commission to undertake special reviews (themed investigations) or investigations (responsive inspections). We have copied reports and recommendations to Healthwatch England where appropriate. We have escalated two cases to Healthwatch England though we have since learned that these could not be resolved in this way.



Impact Stories

Case Study One

Reaching people who are isolated or who have mobility issues

Knocking on doors: building a proactive signposting service



Sarah from Healthwatch, out on her rounds.

In June 2014 we partnered up with Help on Your Doorstep, a local service that connects with people who don't have the confidence or resources to access services themselves. Healthwatch outreach officers Sarah and Maria accompany the Help on Your Doorstep team twice each month, knocking on doors to talk to residents about Healthwatch and to hear about their needs.

This means we are able to help people who are isolated or have mobility issues,

people most in need of social care services in particular, who we would be unable to reach through other means.

We've knocked on nearly 2,000 doors on some of the most disadvantaged housing estates in the borough.

One elderly resident needed to replace the front wheels of his wheelchair and get a new cushion for it (the existing one was very uncomfortable). This would have been very difficult for him to afford. We put him in touch with Age UK Islington, who searched on his behalf for organisations who might be able to provide financial assistance. They then prepared a successful funding application for him.

Many of the people we connect with do not realise that they may be entitled to social care support. We are able to initiate that process by putting them in touch with the Access team at the council. We also refer these residents to befriending services, mental health support services, and complaints advocacy services.

Door knocking has very quickly become the most important source of referrals for our signposting service.



Case Study Two

Working with staff and residents in care homes

Healthwatch Islington helps to improve garden spaces



Sue Cartwright (left) and Geraldine Pettersson (right) are long serving members of Healthwatch Islington's Enter and View team. This year they have been visiting care homes. It was an interest in this particular area of provision that first inspired Sue to volunteer,

“My mum had been in an old people's home some years ago, she had dementia. That was a good home and I just hoped that all the Islington ones were as good. That was the reason I got involved.’

Sue and Geraldine visited Muriel Street Care Home. As well as talking to residents about the home, they observed care being delivered. Although their impressions were positive in the main, they came away feeling that the outside spaces could be better used, particularly since many of the residents would have previously enjoyed gardens and gardening.

“It was a real lost opportunity” confirmed Geraldine. “There will be in Islington a

number of gardening groups who'd be very happy to go along to help and participate.”

“The garden had raised beds with one shrub in maybe, nothing else. There weren't any flowers at all and we thought, you know, they're missing an opportunity.

Sue Cartwright, Healthwatch Islington

We reported our concerns to Islington Council, who in turn contacted the provider.

- The front and rear gardens at Muriel Street have been extensively pruned and tidied, including a previously unkempt area that we'd flagged up.
- The manager of the care home is obtaining permission to re-landscape the gardens completely, to make them more user friendly.
- On a recent council monitoring visit the garden was in regular use by residents and their visitors. There were outdoor tea and coffee groups in the mornings.
- The council is now exploring ways to involve voluntary groups in delivering more activities, such as gardening, in our care homes.



Our plans for 2015/16

Opportunities and challenges for the future

Themes for the coming year:

- Young adults and mental health,
- Experiences of home care service users,
- Personalisation in care services (through Enter and View),
- Access to services (through Mystery Shopping),





Our governance and decision-making

Our board

Healthwatch Islington is managed by a board of directors acting in a voluntary capacity. Our work is informed by our Steering Group, which is made of local individuals and organisations. Directors also sit on on the Steering Group.

- Age UK Islington
- Arachne (co-opted Greek Cypriot Women's Group)
- iBUG (mental health service user group)
- Body and Soul (Body & Soul is a charity for people living with and affected by HIV)
- Community Language Support Services (co-opted)
- Disability Action in Islington
- Islington Carer's Hub
- Manor Gardens Centre (providing health and well-being support to local people) represented by Phillip Watson (director)
- Clara Boerkamp (co-opted)
- Ray Boyce (co-opted, stepped down due to other commitments)
- Bob Dowd (director)
- Dave Emmett
- Olav Ernstzen (Chair and director)
- Lynda Finn
- Frank Jacobs
- Elizabeth Jones
- Kathryn Kershaw (co-opted, lead on data analysis)
- Rose McDonald (director)
- Rachel Monaghan (stepped down due to other commitments)
- Natalie Morris
- Geraldine Pettersson (co-opted, lead on Safeguarding)
- Shelagh Prosser (director)
- Christine Taylor
- Jana Witt (co-opted)



How we involve lay people and volunteers

Lay people and volunteers are involved in all aspects of our work.

Our Articles of Association, developed by volunteers on our Steering Group, are on our web-site. Our vision and mission were developed with input from local residents, members and volunteers.

We are a volunteer-led organisation. Our Steering Group (24 seats) is elected by our community members (750 people) with space for some co-options to increase diversity. Membership is open to anyone with an interest in local health and well-being services.

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. Any work planning, reports or recommendations we make are discussed and approved by the Steering Group.

Development of our work and the budget for this is carried out by volunteers informed by the Steering Group. Therefore lay people determine how we will undertake activities and what services to focus on, whether to request information and whether to refer matters elsewhere. Decisions about Enter and View are approved by the Steering Group but made by a specialist team of trained Enter and

View volunteers. Decisions about sub-contracting are made by the company directors who are also volunteers from our local community and members of the Steering Group.

We follow the principles of Investing in Volunteers and seek feedback from those involved on how we can improve their experience and develop the organisation.

Volunteers contribute over 1,200 hours of expertise each year. Without their valuable contribution we would not be able to carry out the work that we do.

Volunteer with us

For information on how to volunteer with us, contact Healthwatch Islington on 020 7832 5821 or visit the web-site.





Financial information

INCOME	£
Funding received from local authority to deliver local Healthwatch statutory activities	176,200
Total income	176,200

EXPENDITURE	£
Office costs	16,582
Compliance (DBS checks, insurance, legal fees)	4,476
Staffing costs	129,122
Direct delivery costs	18,754
Total expenditure	168,934
Balance brought forward	7,266



Contact us

Get in touch

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We will be making this annual report publicly available by 30th June 2015 by publishing it on our website and circulating it to Healthwatch England, CQC, NHS England, Islington Clinical Commissioning Group, Islington Health Overview and Scrutiny Committee and our local authority.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

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