

Annual Report
2015/16

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Message from our Chair



Another great year, thanks to all our volunteers and partners.

It's been another great year for Healthwatch Islington. We have continued to extend our reach in to the local community, hearing from more and more people about their experiences of services.

We have hosted stalls all over the borough, worked with a range of partners to reach people who may not speak English and knocked on hundreds of doors to spread the Healthwatch message.

Partners have helped us to collect views on London-wide sexual health services, talk to people about how they manage their own health, and what they need from hospital services.

The achievements of our volunteers were recognised by the Mayor of Islington who presented certificates at our annual event. The teams have influenced the design of mental health services, plans around GP access for care home residents, promotion of the Healthcare Travel Costs Scheme, and new models for delivering GP appointments 7-days a week.

Volunteers' work from previous years means that local GP practices are offering more patients interpreting services, and display clearer information about complaints processes. This report showcases some of their wonderful work.

Our local university London Metropolitan offered us space to run our AGM and we trained and supported health and social care students to facilitate discussions about local services. Our cross-borough work to train volunteers with Disabilities won us two Healthwatch England awards.

We continue to work closely, as a candid friend, with our local council, Clinical Commissioning Group and local GPs. We hope to strengthen these relationships and those with providers as our organisation grows.

Thank you to all our volunteers, staff and partners for what we have achieved so far. We look forward to asserting an even stronger influence in the months ahead.

“The achievements of our volunteers were recognised by the Mayor of Islington”

The year at a glance

1,218 Twitter followers engaging with us via social media



50 young adults from a range of vulnerable backgrounds gave us their views on mental health, and on the support they would find most useful



Our volunteers helped us with everything from data analysis to marketing and promotion



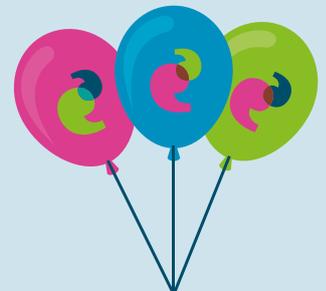
We've mystery shopped 9 local hospitals and 16 GP centres



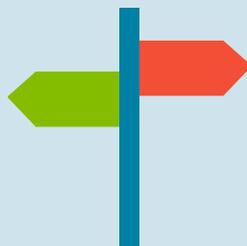
Our 12 reports championed diverse local groups, from Latin American over 50s to ophthalmology service users



From the Whittington to Chapel Market, we've met hundreds of local people at our community events



47 of 49 service users expressed satisfaction with our signposting service during this year's evaluation



We partnered with 9 local black and minority ethnic organisations to give a voice to less heard members of the community



Our priorities for 2015/16

Who we are:

We exist to make health and care services work for the people who use them.

Everything we say and do is informed by our connections to local people. Our sole focus is on understanding the needs, experiences and concerns of people of all ages who use services and to speak out on their behalf.

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

Our role is to ensure that local decision makers and health and care services put the experiences of people at the heart of their work.

We believe that asking people more about their experiences can identify issues that, if addressed, will make services better.

Young adults and mental health

We trained young adults aged 18 - 32 to carry out peer research around access to mental health services. We gathered and reported the views and experiences of a diverse range of young adults. The findings have been shared with our Health and Well-Being Board who have set up a working group to implement the recommendations.

Access to services within care homes

We visited people in local homes to hear about their experience in the home and their access to GP services. These findings will feed in to our CCG's overall primary care commissioning plan.

GP on-line appointments

We used an on-line survey to ask people about their awareness and experience of on-line booking of GP appointments. We used these findings to promote the service to the local community and made recommendations for making the service more accessible.

Healthcare travel costs

Local volunteers posed as mystery shoppers to find out whether local providers offered access to the Healthcare Travel Costs Scheme. There was good knowledge of the scheme but it was not always easy to access. We have shared good practice amongst providers. Providers are now providing freepost envelopes for patients to make their claim.

Integrated Care

The borough is developing new models of care to make services more joined up. We interviewed patients to see how the first pilot was working. Feedback was positive and used to inform the model as it is extended across the borough.

Extended hours GP provision

The borough is developing new models of care to allow 7-day access to a GP. We interviewed patients to see how the pilot was working. Feedback was positive and used to inform the model as it is extended across the borough.

Advocacy

We trained a group of carers and experts by experience to take part in the procurement process for a range of new advocacy services for the borough. The trained volunteers then took part in assessing the bids put forward by the competing organisations.

Equality Objectives for Islington CCG

Each year we hold a joint event with Islington Clinical Commissioning Group (CCG) to set Equality Objectives for their work. Knowing that so many people were struggling to access interpreting services in primary care we set this as one of the objectives to help embed our existing work.

Home care services

We worked with local care providers to contact residents using home care services. A report will follow in 2016/17.

Work cross-borough

We continued work across North East Central London to offer Enter and View training and visits to people with disabilities. The trained volunteers visited five local Emergency Departments across our 13 boroughs and developed a series of recommendations around accessibility that we will follow up in 2016/17.

Across North Central London we began working together to ensure patient and public views are represented at a regional level.

Extend our reach into BME communities

(Our work with the Black and Minority Ethnic Community is covered in the next section).

Healthwatch members discuss the year's work priorities at the annual meeting in October 2015.



Listening to people who use health and care services



Gathering experiences and understanding people's needs

Healthwatch Islington welcomes the views of anyone living or using services in our borough.

We carry out extensive out-reach with community partners and through information stalls in community settings in order to hear from our local population.

We log and analyse these views, reporting them to providers and commissioners with recommendations for change.

The 2011 census puts the Islington population at around 215,000, a growth of 17% since the previous 2001 census. Islington is a diverse borough with 52% of residents coming from Black and Minority Ethnic Communities.

The census showed that the borough is the country's most densely populated and has high levels of deprivation and of mental health need. The population is fairly young compared to the national average, with large numbers of people in the working age category. There are large numbers of single occupancy households, though housing costs are high.

Of the London boroughs Islington has the highest proportion of residents stating that they are in 'bad' or 'very bad' health (6.4%). Around 8% of residents reported being a provider of unpaid care.

As reaching people who are harder to reach takes more time, we have taken the view that the number of people reached is less significant than the diversity and vulnerability of those contacted.

General work

- Our Steering Group meetings are open to the public and we encourage participants to give their views and raise questions. We include presentations from local service providers and commissioners in order to give people the opportunity to hold those responsible for services to account.
- Our Annual General Meeting was attended by around 70 people. London Metropolitan University kindly offered us a free space for the event. We trained a group of health and social care students in facilitation skills and they then led workshops on the day to gather people's views on local services.
- We continued to host 2 community stalls each month at various venues around the borough. We did this alongside a range of events on local health and social care policy.

We host an annual stall at the Cally Festival which is attended by over **7,000** people.



Visitors to our stall in King Square Gardens

Targeted work

Each year we review who we have spoken to and consider who we have not reached. We then tailor our work in the following year. In 2015/16 we wanted to strengthen our work with the following groups.

- Young people (under 21):
We have been working with the local Youth Health Platform to train young people to gather views from their peers. This work will continue in the coming year.
- Older people (over 65):
We carried out specific work to gather the views of older people in care homes about GP access.

We also carried out a focus group with local partners to gather the views of older people who have migrated from Latin America and have made recommendations to health and social care commissioners to make services easier to access. Latin American Women's Rights Service helped us with this work.

Black and Minority Ethnic Communities

We put together a successful funding proposal for a consortium of 10 organisations working with clients from Black and Minority Ethnic community backgrounds.

The consortium facilitated 27 focus groups attended by over 360 local residents.

The feedback gathered will feed in to the CCG's commissioning intentions. We focused on self-care, primary care access and referral to hospital as these are key issues locally.

“Many of the women really appreciated being consulted, as often they don't feel quite understood because of the language and cultural barriers”

Kurdish and Middle Eastern Women's Organisation



Islington Bangladesh Association hosting a focus group on Caledonian Road



Jannaty hosting a focus group in Finsbury Park

We also work closely with Islington Refugee Forum to find out key themes from our refugee and migrant populations.

People with disabilities

- **Visual impairment:**
Knowing that our Clinical Commissioning Group are planning to review how eyecare services are commissioned we worked with partners Thomas Pocklington to interview 50 local people about their views on existing services and what will be important to them if services are moved in to the community.
- **Autism and Learning Disability:**
We attended several local meetings with families and carers of people with Learning Disabilities and Autism to gather their views on local services. We host a stall at the borough's International Day of Disabled People each year.
- **Deaf people:**
Our North East Central London work (picture right) has focussed on access for people with a range of disabilities including people who are Deaf.

Carers

Each year we take part in carer's week with local partners Centre 404. This year we attended two events to gather views and experiences of carers.

Groups which may face socio-economic disadvantages

We work with partner organisation Help On Your Doorstep to knock on thousands of doors in local estates to reach people who may not find us otherwise.

Working-age population

We have found this group difficult to engage as a specific group but reach many working age people when we ask for views on specific services.

In our work on GP on-line booking, 2/3 of those that stated their age were 'working age', for our extended hours GP provision 80% of respondents were 'working age', and for our work on sexual health 100% of respondents were 'working age'.

We also reach the working age population through the door-knocking.



Healthwatch Islington's Emma Whitby congratulates Marlene Daniels on the completion of her mystery shopper training at 'Skilling up for Deaf Inclusion' in May 2015

People who live outside the area, but use services within the area.

Anyone who uses services in our area is invited to give a view. However, we will refer them to their Local Healthwatch for signposting queries because their Local Healthwatch will have greater local knowledge.

What we've learnt from visiting services

Healthwatch has the right to visit services to speak to service users and staff as well as observing how services are delivered. We carry out both announced 'Enter and View' visits and we also mystery shop services by acting as a service user to assess how user-friendly the service is. This year we have undertaken announced visits to the following services:

- Mental health day services as these will be re-commissioned in the coming year. This is the beginning of a larger piece of work to influence the re-commissioning of mental health day services.
- Care home services for older people as we recognise residents as a vulnerable group, we liaise with the Care Quality Commission and the council's contract monitoring team to plan the visits.

Within mental health services we recommended continuing much of the existing good work but exploring ways to incorporate benefits and housing advice services as well as providing cooking classes.

Within the care home services we called for more engagement with relatives and sharing good practice around activities provided.

Visits to Emergency Departments across North East Central London

We have trained a team of volunteers to Enter and View Emergency Departments. Five visits were made and we recommended auditing patient records to ensure that access needs are recorded, providing more guidance to staff around meeting access needs and video interpreting for people needing sign language interpreters at short notice.

We also visited local GP practices to ask about the new extended hours pilot. We found high levels of satisfaction with this new service. Finally, we visited care homes to discuss residents primary care needs.

Our Enter and View team

We'd like to thank the volunteers who make up our Enter and View team:

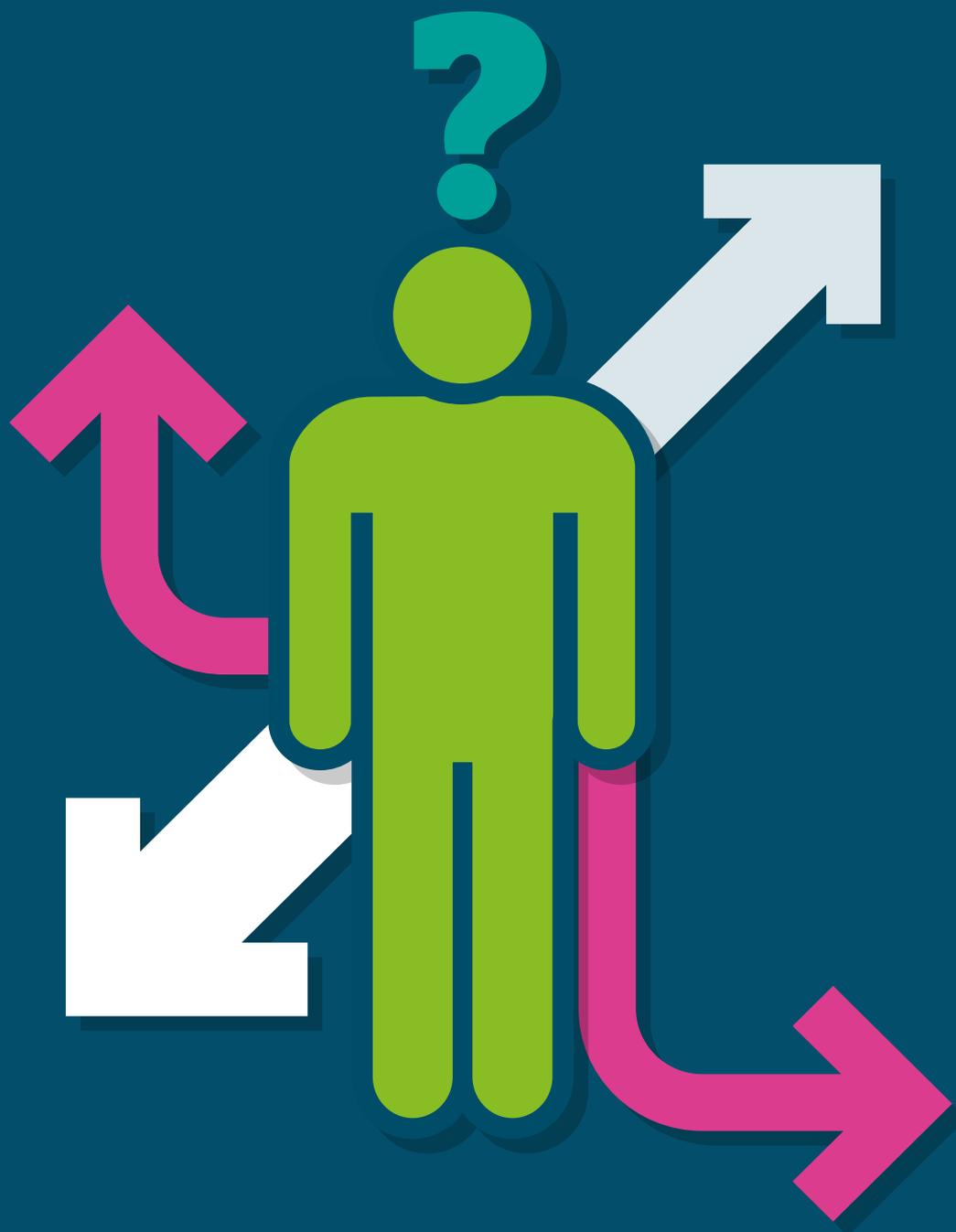
- Mark Austin
- Sue Cartwright
- Jenni Chan
- Viv Duckett
- Olav Ernstzen
- Alison Fletcher
- Lynda Finn
- Frank Jacobs
- Elizabeth Jones
- Rose McDonald
- Helen Mukerjee
- Geraldine Pettersson
- Jane Plimmer
- Natalie Teich
- A representative from a local mental health service user group

Our mystery shopping team

This year we have carried out mystery shopping to GP services and hospitals to assess the implementation of the Healthcare Travel Costs Scheme, where patients on a range of benefits can have travel costs refunded.

The visits highlighted some good practice from University College Hospital which is now being shared with other local providers and making services more accessible.

Giving people advice and information



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

We want to empower people to get the best from local health and care services.

This year we provided information and support to **229 residents**

We reached over half of these residents through our out-reach work, though many called us.

- Around $\frac{3}{4}$ of enquiries relate to health and well-being services and $\frac{1}{4}$ to social care.
- Within health the two most common service areas we provided information on were mental health and GP services.
- Around 14% of queries are from residents querying their entitlements to service. Around 10% relate to making a complaint about services. We work closely with complaints advocacy provider Voiceability to handover these calls.
- We worked with partners through our consortia to signpost an additional 83 people (making 312 in total) who we may not have reached on our own.

“You seem to understand what is needed and don’t seem to want to rush me off the phone”

Ms A, local resident

Ms A and her son were living in damp conditions. She needed mental health support and was concerned about her benefits. Healthwatch Islington worked with a range of partners to get her the help she needed.



Healthwatch volunteer Hagir Ahmed (left) promotes our information and advice service.

“They were helpful and phoned around to get the issue with the district nurses sorted out”

Mrs B is a client with reduced mobility and a complex range of well-being needs. She contacted us because she didn’t know where else to turn. Healthwatch Islington helped her to get the service that she needed from district nursing staff.

“It is just good to have someone to listen. Thanks again for your input and empathy this was priceless. It’s nice to feel supported and listened to - wonderful.”

Mr C was in need of advice around benefits and housing. Both of these needs were impacting on his health and well-being. Healthwatch Islington listened to his concerns and signposted him to a local advice service.

“I really appreciate what you have done.”

Ms D, Islington dental pat

“I really appreciate what you have done.”

Ms D was over-charged for her dental care. Thanks to the intervention of Healthwatch Islington she was refunded.

“You are the phone call I was waiting for.”

Ms E, local resident

Ms E needed help to make a complaint about social care. Healthwatch Islington offered her information on how to make the complaint and where to ask for advocacy support.

“Thank you very much. I was unaware of the services on offer.”

Mrs F, carer for her elderly husband

Mrs F’s husband was in hospital for an operation this year. She has a range of health conditions and was struggling to get to the hospital. Healthwatch Islington helped her to access a reduced rate travel service.

We work with a range of local partners to extend our reach through community meetings, door-knocking and presentations.

We work with a range of local partners to extend the reach of our information service through community meetings, door-knocking and presentations.



How we have made a difference



Our reports and recommendations

During the year we produced 12 reports with a series of recommendations on how local services could be improved.

Recommendations included:

- Providing more accessible information on health and care to local communities,
- Bringing mental health services in to the community and linking them with other support services.

Our case studies on pages 19 and 20 demonstrate how this will translate in to improved local services.

Working with other organisations

We would like to thank all partners for the support in improving access and local services for residents over the last year.

Islington Clinical Commissioning Group

- We have a really productive relationship with our Clinical Commissioning Group. We have worked together on a number of issues:
- We devised equality objectives for the borough resulting in an increase in the uptake of interpreting services.
- Together we have ensured that patient voices are part of the integrated care work programme, this is particularly important as Islington is a 'Pioneer' borough, developing models for others to emulate.
- We've worked together to extend engagement to a greater number of 'hard to reach' communities.

Islington Council

- We have worked with Islington Council to engage young people through the Youth Health Platform, to get in touch with home care service users. We sit on the Safeguarding Board and it's Learning and Development sub-group. We have a seat at the Overview Scrutiny Committee and help to provide evidence from local residents to their discussions on local services.

The Care Quality Commission (CQC)

- We continue to share reports and findings with the commission to inform their inspections.

Healthwatch England

- We contributed Islington residents' experiences of hospital discharge to the Healthwatch England report 'Safely Home'.

Local service providers

- Two providers did not provide responses within the 20-day period. Whittington Health and Islington Council - we have looked in to this to improve this in 2016/17.

Local voluntary sector

- We could not reach so widely in to the community without the support of our voluntary sector partners. They help us to share information, recruit participants, and communicate in a huge number of languages. We have also worked to increase the capacity and confidence of key partners within the sector to signpost their service users to health and care services.

Involving local people in our work

Local people have been involved in all of the activities listed in this report.

Healthwatch Islington is led and run by volunteers. Our Board of Directors and Steering Group set and manage our work, based on community feedback. Our Steering Group is elected by our members and anyone with an interest in health and care in Islington can become a member.

Teams of volunteers have carried out the visits, mystery shopping and community research described in this report. We follow the principles of Investors in Volunteers and our Recognising Volunteers Policy sets out our commitment to recognise and celebrate volunteers' achievements.

We recruit volunteers through our website, through word of mouth, by working with organisations such as Voluntary Action Islington, and at stalls and events.

In addition to these more generic approaches, we've found it helpful to engage with the community around specific activities, particularly those where we offer training. For example, in October 2015 we offered training in advocacy procurement. Participants helped Islington Council identify an appropriate provider for advocacy services in the borough.

We made sure that the volunteers were empowered to get the most out of the activity. Two of the people undertaking the training went on to join our Enter and View team as a result.

We delivered a similar training package for mental health procurement in February 2016.



“I attended the procurement panel yesterday for the mental health and wellbeing promotion service. It was a wonderful experience and the marking with the discussions was great. I was nervous at first with the discussion part but I then became comfortable and shared my opinions. Everyone on the panel was so lovely and welcoming it made it a lot easier. Thank you so much for referring me to them.”

Faiza Al-Abri, volunteer

- Supporting our Health and Wellbeing Board representative to be effective.

Our Chief Executive and Chair represent Healthwatch Islington at the Health and Well-Being Board. The Board meets quarterly. We prepare key information before each meeting and have presented key reports to the Board.

Our work in focus



Our work in focus: Mental Health



Islington has high rates of common mental health problems and the highest rates of serious mental illness in London. However, before we got involved, comparatively little was known about our young adults' experiences of mental health services.

22 local organisations highlighted gaps in provision and helped us recruit young adults (18 to 32 years old) for our research. The testimonies we collected were compelling.

We trained **21 young adult volunteers** to interview 50 of their peers from vulnerable backgrounds.

“I had a flat but I lost it. I was 19 and moved to a flat from leaving care. I wasn't able to look after myself properly and budget, it got to the point where I wasn't even opening letters. I feel I wasn't given the right kind of help.”

Young adult participant

“There is a need for services to be more accessible, meeting people in familiar surroundings. Young people need to know they can talk about anything. Some young people need a service that offers a totally different experience of the health service.”

Professional working in the community

From evidence to influence

“I can confirm that following our discussion about your report and the emerging recommendations, we will be involving you in developing the specification for the re-commissioning of our Community Development Worker service, which aims to reduce stigma around mental health and increase access to services, particularly from members of excluded communities.”

Commissioning Manager, Mental Health,
Islington Council, September 2015

- We trained and supported one of our young volunteers to join the procurement panel for the new service.
- We also took our report to the Health and Well-Being Board, emphasising the need for *more* services based in the community.



Our work in focus: Minority Voices



Discussing health issues at IMECE Women's Centre in Newington Green

In May 2015 we wrote a successful funding bid to Islington Clinical Commissioning Group (CCG) on behalf of 'Diverse Communities Health Voice', a partnership between ten community based organisations supporting black and minority ethnic residents in Islington.

Many of the participating organisations had worked with Healthwatch Islington the previous year on a project looking at the health inequalities caused by a lack of access to GP interpreting services. It was the first time many of these organisations had been commissioned.

Healthwatch Islington developed the tools and training sessions for partner organisations. Over 600 residents gave their views.

Healthwatch Islington collated and analysed the wealth of data that partners had provided, then drafted the report on behalf of the partnership. 'Black and minority ethnic groups accessing services in Islington' drew attention to the multiple barriers that these groups faced.

All partners combined the research activity with information provision, in order to empower the individual participants.

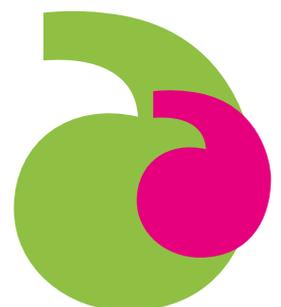
“Demand to access the advice service increased as a result of this project. Normally after a focus group had taken place, we had to organise a surgery for clients to see one of our advice workers to deal with the queries. We are happy about this. It is really good that we are able to reach people in this way.”

Imece Women's Centre

“I can say that most of the clients that have taken part in the focus groups are now in a better position to understand their rights and entitlements. For example, they now all know that they have a choice about which hospital to go to receive treatment.”

Eritrean Community UK

- Recommendations focussed on ensuring patients were made aware of the choices on offer to them, and avoiding assumptions about what patients need. This is now being picked up by our CCG.



Our work in focus: Ensuring Accessibility



Rose McDonald led this work for Healthwatch Islington

Together with 12 other Local Healthwatch in North East Central London, we developed and delivered accessible Enter and View and Mystery Shopper training to volunteers who had additional communication requirements:

- Deaf or hard of hearing
- Other sensory impairments
- Brain injuries
- People who had suffered a stroke
- Carers of people with communication impairments.

Volunteers visited a number of local hospitals to enable us to understand the barriers to communication they encountered. We shared our findings with the hospitals concerned, and made recommendations for improvements.

Already changes have been made at some of the local hospitals:

- Hospitals have checked staff understand interpreting policies and procedures.
- Communications toolkits have been introduced in reception areas.
- Front-line staff have been trained in communications awareness.
- Development of a top tips video for communicating with Deaf people at one local hospital, which we hope others will adopt.

“Providers have started to recognise that communications requirements are personal to each individual. This piece of work is just the beginning. Across North East Central London we will continue to work together to improve access for all. By working across 13 boroughs, we have been able to share learning widely.”

Rose McDonald, Enter and View volunteer



Our plans for next year



Keep talking to our residents

We will continue to talk to our local community about their health and social care needs using a range of techniques.

Support statutory partners to meet the Accessible Information Standard

The Accessible Standard, developed by NHS England, tells organisations how they should make sure that patients receive information in formats that they can understand and receive appropriate support to help them to communicate. All health care providers are expected to adhere to the standard. Healthwatch Islington wants to look at progress so far and share good practice.

Autism and service access

We will assess provision of reasonable adjustments for patients with Autism and share good practice.

Partner with our local university to inform the Joint Strategic Needs Assessment

We will work with London Metropolitan students to gather research to feed in to the Joint Strategic Needs Assessment.

Home care experiences

Report on a series of case studies based on interviews with local home care service users.

Gather views on day services for mental health service users

We will build on the work of the previous year, visiting services and gathering users' views.

Increase knowledge of our volunteer-base and local residents

We have developed a rolling programme of training for volunteers to help them understand the ever-changing health and care landscape and how we as citizens can engage with services.

Support a Pan-Islington Patient Group

We will support a borough-wide patient group. Through this group we will gather feedback on the quality of services and on the commissioning intentions of local health partners.

We will be supported by Manor Gardens Health Advocacy Project and Every Voice (Islington's Black and Minority Ethnic Forum) to ensure that this work has a diverse reach.

Train parents in peer-research

Train parent researchers to carry out peer research (researchers will then carry out work for council's SEN services)

Gather and report views of extended hours GP practice model (IHUB)

We will carry out further visits to gather experiences of the new model of extended GP opening. Findings will influence the future commissioning of this pilot.

Audit a new model of maternity support services

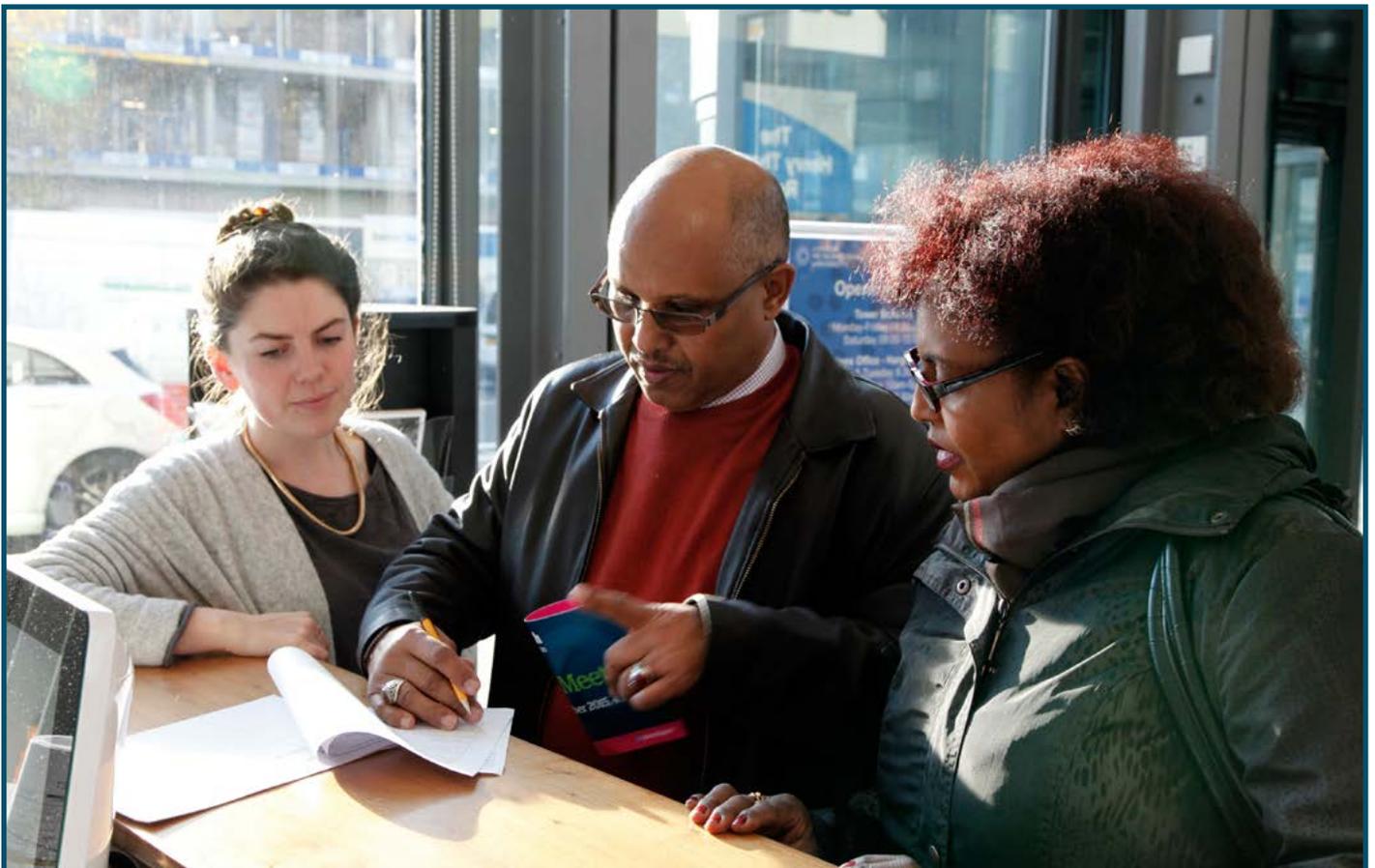
A new service 'Bright Beginnings' will be delivering services to pregnant women and new mothers in the borough. We are working with them to develop an audit tool to measure the effectiveness of the service and the impact on its users over the next three years.

We will also be doing background research on other issues that have been raised with Healthwatch Islington.

These include:

- Referral pathways for hospital treatment (physical and mental health),
- Alcohol and substance misuse in the over 65s,
- Transfer in and out of borough,
- Personalising maternity services

The register of attendance: Healthwatch members arriving at a meeting.



Our people



Decision making

Healthwatch Islington is led by our volunteers and local community. Decision-making by our Steering Group reflects the views of our community. Our work plan brings together community views and local priorities for maximum impact. We take in to account a series of factors including the impact of the issue on vulnerable residents. It is finalised and monitored at a series of public meetings. See web-site for more details.



Decision making reflects the views of the community

Involving the public and volunteers

The public 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 wellbeing services. Individuals and community organisations are represented.

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.

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

The public 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 subcontracting 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.



Our finances



[Read & Delete] Below is a table for you to include your basic financial information.

In this table you should include:

- Funding received from your local authority to deliver local Healthwatch statutory activities.
- A breakdown of how that funding has been spent.

You may also want to include any income generated from other sources.

If you need to, you can add and delete information in this table.

INCOME		£
Funding received from local authority to deliver local Healthwatch statutory activities		176,200
Additional income		64,209
Total income		240,409
EXPENDITURE		
Operational costs		70,680
Staffing costs		140,207
Office costs		29,868
Total expenditure		240,755
Balance brought forward		-346 (covered by reserves)

Contact us



Get in touch

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We will be making this annual report publicly available by 30th June 2016 by publishing it on our website and circulating it to Healthwatch England, CQC, NHS England, Clinical Commissioning Group/s, Overview and Scrutiny Committee/s, and our local authority.

Front cover photograph and photographs on pages 5, 13, 11, 23 and 25 (left) © Kate Elliott.

The photograph on page 18 was used on the front cover of our report on mental health services for young adults. Image credit: Newscast Online.

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

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

healthwatch
Islington

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