Healthwatch Islington Report

Healthwatch Islington Annual Fair 2014

August 2014

healthwatch
Islington

Contents

1. Introduction

1.1 Healthwatch Islington

Healthwatch Islington is a user-led independent organisation that is part of the community, led by local volunteers. Healthwatch Islington is part of a national network of Healthwatch organisations that involve people of all ages and from all sections of the community in local health and social care services.

Healthwatch Islington will build on the knowledge and experience of Islington LINk (Local Involvement Network). It will continue to; gather views from the local community; report these views to the people responsible for local services; engage local people in decisions about services, and monitor services.

Healthwatch Islington will also have a new role. It will give local people information about local health, care and related complaints services.

In some areas Healthwatch will provide complaints advocacy for people making a complaint about NHS services. For Islington residents, this service will be provided by VoiceAbility, details are at the end of the report.

Healthwatch Islington will deliver a new service, giving you information about local health and care services, and about how to make a complaint.

1.2 Welcome address

Olav Ernstzen, Chair of Healthwatch Islington, welcomed attendees to the event. He emphasised that it was the contribution and participation of local people that made Healthwatch Islington a success and thanked all those who have taken part so far. He encouraged participants to put forward their views and enjoy the day.

1.3 Achievements in year one

Emma Whitby, Chief Officer of Healthwatch Islington gave a brief presentation on the achievements of Healthwatch Islington in its first year. Healthwatch Islington has made great progress setting up as an organisation; recruiting staff, raising awareness of Healthwatch, developing links within the local community and local services, recruiting a team of 45 enthusiastic, creative, skilled volunteers and developing a growing membership. With the Fair being held at the end of Volunteers Week Emma took the opportunity to thank the Volunteer Team for their efforts in hosting the Fair and supporting all of the work that HWI carries out. Led by volunteers, HWI could not function without the support and hard work of the volunteer team.

Still in its first year, Healthwatch Islington has also started to make a difference for local residents. This influence has included:

- **improving access for Deaf patients in hospitals**, ensuring that patients get basic information about how their access needs will be met. This work will continue and improvements will need to be closely monitored.
- **influencing local policy on GPs and urgent care**, ensuring that residents views (of all ages) feed in to local planning about how we will access GP services and urgent care services when services are re-commissioned in 2015.
- **improving equality of access**, by bringing together local voluntary sector organisations and the Clinical Commissioning Group to develop objectives for improving equality within GP services. This has included training for GP reception staff and in 2014 – 15 will include investigating interpreting and advocacy services.

Georgina Bream, Development Officer, London, Healthwatch England praised the positive work of Healthwatch Islington and the passion from Healthwatch Islington to improve the standards of health and care services, making access to services equal for all, and strengthening the voice of the 'seldom heard'. She noted that it was great for Healthwatch Islington to be able to publish success stories in year one! Georgina highlighted particular pieces of Healthwatch Islington's work including:

- **Older People leaving hospital,** Improved planning for discharge with clearer lines of responsibility and revamped checklist for planning and stronger team working for those leaving after short stays as well as a follow up phone call scheme with Age UK for older people being discharged on a Friday.
- **Piloting ear plugs on hospital wards,** as part of a wider piece of work to reduce noise on wards and enable patients to sleep.

Georgina outlined the role of Healthwatch England in supporting the development of effective local Healthwatch. Healthwatch England's key strength is their active and inclusive network – working together to listen locally and influence nationally to ensure that they champion the interests of consumers.

Care.Data is a proposal from NHS England for sharing patient data.Healthwatch England and the Healthwatch network had concerns about the care.data leaflet and how information was being presented to patients. One quarter of the Healthwatch network found this to be a problem, leading Healthwatch England to publicly share their concerns about the issue. Healthwatch England was a key player in the program being pulled and the approach being reconsidered by NHS England

The organisation has also started a **Special inquiry** led by Healthwatch, with input from an expert panel in to unsafe discharge from hospital. Healthwatch England will be presenting findings of the special inquiry in September focussing particularly on the impact of Unsafe Discharge on individuals (older people, homeless people and those with mental health conditions). They will be making recommendations on how to reduce incidences of unsafe discharge preventing suffering and inconvenience for patients, their relatives and carers and saving the system money.

2. Table discussions: Healthwatch Islington, achievements and developments

Healthwatch volunteers facilitated table discussions with Healthwatch Islington members and stakeholders. We wanted to gather people's input in to our strategy.

2.1 How can Healthwatch Islington make sure that research that it has undertaken (and will undertake) has an impact?

Healthwatch Islington's programme of research is informed by its members and the local community. We use a qualitative approach to collecting views and aim to reach a diverse audience. We want to extend the reach of our work and be sure that research we do results in improvements to local services.

Credibility

- Ensure that there is diversity of research and the reach of research,

- Respond to national research or research from organisations like London Metropolitan University, examining what it will mean locally,

- Making sure that recommendations are practical and viable for implementation. A timescale must be attached to recommendations, and then these should be reviewed in (for example) six months, if nothing has changed HWI needs to find out why, what could be done differently?

Reach

Healthwatch Islington should recruit for and promote its research in the following places:

- Community notice boards in local supermarkets,

- Work with journalists in the local press and local colleges (such as City Lit),

- Use third sector buildings like Foodbanks and Voluntary Action Islington as well as council buildings on local estates as well as health related buildings, hospitals, gyms, GPs, clinics,

- Education establishments like libraries and emails to teachers,

- Use case studies to illustrate the research.

- Not everyone has time to look at web-sites, but printing is expensive, important to think of other ways to disseminate reports, such as displaying bullet point lists of findings in public places such as local health centres and libraries.

Suggested areas for research

- Details of older people being cheated and things that can be done to put things right,

- Details of domiciliary care, usually good but need to go back and check again,

- If things are (or have been) wrong, what can be done to put this right?

- Usually Local Authority is in charge but may pass on to outside firm [contract out], they must check to make sure everything is being done properly, coming out of hospital can be tricky but there must be checks to ensure everything goes properly,

- When we make recommendations <u>we</u> must check to ensure that these ideas are worked on and not ignored,

- We must make sure we do make an impact and make a positive good and involve service users in research,

- We must dovetail research with national campaigns,

- Social and medical care must be integrated and monitored, service users need to know what is available,

- The care must be overall – physical and mental problems must be brought together and checks must be made to make sure all OK.

2.2 How can Healthwatch Islington best support a diverse team of volunteers?

- Target groups who are likely to have an interest,

- Advertise (for example in the newspaper),

- Offer training, some people won't have volunteered for a while and need support to do so,

- Scouts (and maybe Guides) can earn a Community Work badge, link in with Scouts and Guides groups,

- Make sure Volunteers are well-informed of HWI activities so they don't miss anything,

- Be clear about roles, so that people know what they are volunteering to do and what time commitment is expected,

- Develop HWI recruitment forms so volunteers can be clear about their particular areas of interest,

- HWI should consider how to involve volunteers who have recently been discharged from prison,

- Promote the fact that volunteers with HWI can help others,

- Promote the opportunity for work experience with HWI (for students and non-students), develop accredited training programmes so that people can use the experience to get a job,

- Consider how you talk about 'volunteering', some people think volunteering is not for them but would be interested in some of HWI's activities,

- Treat volunteers well so that they have a positive experience, and let them know what has been achieved because of their involvement – for example quarterly feedback for volunteers,

- Have volunteer awards, but don't make others feel under-valued,

- Reward and Recognition schemes, could be financial or could include other 'rewards',

- Scope the volunteers, who volunteers and what sort of time do they have?

- Volunteer Agreement, make sure this is clear about what is expected of volunteers.

2.3 Extending the 'Signposting' (information) service. How can we make sure the service is wide reaching?

HWI has sign-posted nearly 200 people in the first six months. Most of these enquiries have been phone based, but we also go out in to the community to tell people about the service and the number of enquiries coming from out-reach is now increasing.

Enquiries cover a wide range of health care and well-being topics, though most are of a health rather than social care nature.

The signposting service can:
- Provide a list of local (or specialist) organisations and
- Provide information on local health, social care and well-being services and an offer of assistance to guide others through it.

Feedback:

- Network in the borough with local organisations,
- Host workshops and meetings,
- Drop leaflets in schools,

- Include case studies of the service on the back of information leaflets and in newsletters,
- Work with probation teams, day centres, Family Support Workers, Special Educational Needs Co-ordinators and housing associations.

3. Panel Discussion

Dr Gillian Greenhough, Chair, Islington Clinical Commissioning Group
Sean McLaughlin, Corporate Director, Housing and Adult Social Services
Thanos Morphitis, Director of Strategy and Commissioning, Children's Services
Cllr Janet Burgess, Deputy Chair, Health and Well-Being Board, Islington Council

Shelagh Prosser, Director of Healthwatch Islington, introduced the Panel. **Dr Gillian Greenhough**, local GP and Chair of Islington Clinical Commissioning Group (CCG) began by giving a brief presentation on the role of the CCG. The Islington CCG was established in April 2013 and works on behalf of the local population to plan and buy health services, and to monitor the quality of services. Gillian explained that the CCG's vision is to develop a new partnership between patients and their clinicians that together commissions health services of high quality and good value for money and meets the needs of the population of Islington and highlighted the importance of partnership working.

Gillian briefly explained the role and structure of the Health and Wellbeing Board; a board in charge of health in the borough, chaired by the leader of the council and made up of decision makers from various health related services and organisations. Healthwatch Islington is represented on the Health and Wellbeing Board. The Board has agreed a set of priorities shared by the CCG and Islington Council aimed at tackling the following challenges:

1. **Ensuring every child has the best start in life**. Islington has the second highest level of child poverty in the country and Gillian outlined the importance of quality care from a young age.
2. **Preventing and managing long term conditions to extend both length and quality of life and reduce health inequalities** – Early diagnosis is vital when tackling this. Islington has the highest rate of heart related premature deaths.
3. **Improving mental health and wellbeing** – Islington has the second highest levels of psychosis.
4. **Delivering high quality, efficient services within the resources available**.

The CCG work with many partners to commission services effectively. These include service providers such as Camden and Islington NHS Foundation Trust, Moorfields Eye Hospital and Whittington Health as well as voluntary organisations and charities such as Voluntary Action Islington, St Luke's Community Centre and Healthwatch Islington.

The CCG will be focussing on the following areas this year:

1. **Urgent Care** – simplifying the process and ensuring service users are seen by a primary care clinician when they should be.

2. **Intergrated Care** – developing locality offer between health and social care and looking at interface between GPs and other services.
3. **Primary Care** - collaborating across practices, electronic access to records and public health prevention.
4. **Planned Care**

Gillian highlighted several of the CCG's achievements such as 85% of people with long term conditions now feel involved in decision making, and 87% say they feel "confident taking care of their own health", a jointly commissioned service with Hillside Clubhouse has helped 101 people with complex mental health needs get into full or part-time employment.

Gillian explained how the ultimate achievement has been the major decrease in premature mortality rates in Islington. Islington's premature mortality rate for CVD (Cardiovascular Disease) has decreased by 32% from 2007 – 2009 to 2010 – 2012 in over 75s, the highest decrease in London.

Shelagh introduced **Sean McLaughlin**, Corporate Director of Housing and Adult Social Services, LBI. Sean began by explaining how there has been a need to make huge savings when commissioning services and a need to plan savings for the future. Given the circumstances, access to social care services still remains at a moderate level and that new services have been recently established such as Daylight Spectrum - a brand new service for adults with learning disabilities who have an autistic spectrum disorder. It signals a change in policy to bring special needs quality provision back in-house, rather than tendered to private organisations, as is the case in other boroughs.

Sean stated that Housing and Adult Social Services focus on its workforce and investing in people. The department is paying the London Living Wage to all staff including contracted staff, though this is not possible in residential homes.

Sean stressed the importance of integrated housing and care and stated that there had been a progression from 'doing things on a specialised basis to people', to 'building a care team around people', and that now the aim is to make patients or service users part of that team. This is where Healthwatch fits in and it's important that Healthwatch is represented on the Health and Wellbeing Board (by Olav Ernstzen) and the Health Scrutiny Committee (by Bob Dowd) so it can be informed about and influence local thinking.

Sean outlined the priorities for Housing and Adult Social Services:

1. Financial challenge – further budget cuts will follow.
2. Growing demand - As the population gets older and medical advances allow people to live for longer, the demand for care services will grow.
3. Proving that integration works.

Sean was optimistic when talking about these challenges and feels as though they can be tackled due to integration, efficiency of the workforce, smarter commissioning, preventative work taking place and earlier diagnosis, as well as the relationship with key partners such as Healthwatch Islington,.

Thanos Morphitis, Director of Strategy and Commissioning, Children's Services, was introduced to the group. Thanos firstly outlined the role of Childrens Services which is responsible for a wide range of services for children such as children's centres and schools as well as working very closely with the CCG on children's health services. The service is a "children's champion" and seeks to influence the effectiveness of all services that affect children and families. It commissions services such as children's centres which allow families to meet each other and professionals while accessing various services such as childcare, health clinics, employment support etc.

The budget for services for children in Islington is £250m. £175m of this goes directly to schools and Thanos stated that the quality of schools and children's centres in the borough is exceptional. .

Islington achievements include:

- Over 90% of Islington schools and children's centres are rated 'good' or 'outstanding' by Ofstedplacing Islington in the top 10 authorities in the country.
- 100% of Islington's special educational needs schools and the Pupil Referral Units are rated as 'good' or 'outstanding'.
- 100% of Islington's Sixth Form provision is also graded as 'good' or 'outstanding'.

As well as supporting children in the borough, Thanos stressed the importance of making support available for parents when they need it as they are the most important influence in a child's life.

He also emphasised the importance of user participation and starting this from an early age. Although children's services had previously been criticized for gathering feedback from under 3 year olds, it is fundamental to support children's language and communication skills and giving children a voice and a choice from an early age. There are lots of examples of young people's participation through school councils etc. and the Council has also introduced the Islington Youth Council which consists of eight young people who sit alongside professionals and are involved in decision making . Parent Forums, such as the one at Centre 404 are really important and another way of encouraging user involvement.

Thanos went on to explain the "You're Welcome" project which involves a group of young people carrying out reviews of local health services by inspecting them as 'mystery shoppers'.

Cllr Janet Burgess, Deputy Chair, Health and Well-Being Board, Islington Council, was introduced to the group. Janet explained that a real positive for Islington was that the Health and Wellbeing Board and the Islington CCG work well together and had no difficulty in identifying the joint priorities for the borough as they "wrote them themselves".

The Health and Wellbeing Board has brought democratic structure which was lacking in the previous system as it includes local councillors. The Board are "driving forward, despite challenges". Healthwatch Islington Chair Olav Ernstzen also has a seat on the Board.

Janet went on to explain the Joint Strategic Needs Assessment for which the main goal is to accurately assess the health needs of the local population. This document can be used to inform commissioning in order to improve the physical and mental health and well-being of individual.

Janet highlighted work that is being undertaken to better join together health and care services. The N19 Pilot began in June 2013 and ran until March 2014. It involved a multi-disciplinary team comprised of Social Workers, District Nurses, Occupational Therapists, Physiotherapists, rehabilitation team members, Mental Health workers and administrators. The same team, based in the same office, screened the service users. If a user needed more than one element of the service then they were allocated a care co-ordinator to bring together all the care that they will need. Staff were able to negotiate across disciplines.

Similarly, links were set up with GPs to support people receiving intermediate care so that patients could be better supported to take their full course of medication or can be directed to voluntary sector support if they are not eligible for social care (schemes such as be-friending and support networks).

Age UK has been commissioned to evaluate the pilot. The council and Clinical Commissioning Group with input from users and carers will evaluate the evidence, and decide whether to roll the scheme out across the borough. So far, there has been positive feedback for the model and learning from the pilot is being discussed.

Shelagh then asked if the audience had any questions for the panel.

Question and answer session

Liz Mercer from Islington Carers Hub said that she felt too many services can be involved in a person's care which can make it difficult to navigate. She asked how the benefits of the N19 Project will be extended.

Sean explained that there were no plans to roll out the N19 Project across the borough. The Project was an experiment to see how links could be made between services. Having one person in charge of every stage of a patient's care would not always be practical as sometimes specialist skills are required, but that the council and NHS teams were considering how to incorporate some of the benefits.

Gillian echoed Sean's comments and added that it would be difficult to reverse if this was to be put into practice. We need to learn from the successes and obstacles involved in the N19 Project.

Pauline Anwyl-Jones, Healthwatch Islington member and volunteer, stated that she was involved in the N19 Project. She was recently in hospital after having two operations and did not want to leave when the hospital wanted to discharge her because she had no after care package set up. She felt as though patients weren't given the chance to ask questions about their care and she sympathises with people who are not so aware of the services available to them.

Elizabeth Jones, Healthwatch Islington Steering Group Member asked Thanos which percentage of parents are currently accessing children's services in Islington.

Thanos said that 100% of parents are contacted as part of the First 21 Months programme and encouraged to access their local children's centres or clinics. These services share information with the parent and this allows other centres to get in touch and let them know they are out there and can provide support. Therefore, Thanos stated that 91% of 0 – 5 year olds were taking up children's centre services in the borough.

A question was raised around interpreting services and that many residents had experienced barriers when accessing services due to language restrictions or a lack of access to interpreters.

Gillian answered by mentioning that she was a local GP that works at Clerkenwell Medical Practice and one simple way of addressing this issue is by employing with community language skills. Islington is an extremely diverse borough and there is a large Turkish population in the Clerkenwell area so the practice has employed a Turkish speaking GP. There are also several other members of staff with other language skills.

Sean mentioned that GPs need to make referrals to groups that offer services and communicate better with the voluntary sector. They need more information about what is out there and there is a need for smarter commissioning.

4. Table discussions: Developing Healthwatch Islington's work in 2014-15

4.1 What do you think of Healthwatch Islington's Vision and Mission?

As a new organisation, Healthwatch Islington has been developing a vision and mission statement, developed with its members, so that our growing membership has a clear understanding of what we do. We are currently asking Steering Group members, staff and directors for their feedback on our Vision and Mission and directors will approve a final draft at the end of July 2014.

Draft Vision

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.

Draft Mission

- To collect knowledge that reflects the diversity of needs and experiences within the borough,

- To use the evidence we gather to influence service delivery, provision and commissioning for the benefit of local people,
- To empower our local community to be informed about local services and exercise choice in taking up services.

Feedback:

- Vision is great, mission needs a re-focus.

- Change wording of third point to "To empower our local community to be informed about <u>and involved in</u> local services and exercise choice in taking up services".

- Add additional statements: "Ensure people have a better experience of health and social [and children's] services".

- Add "Feeding back local issues to Healthwatch England for resolution at a national level".

- Add "Promoting positive image of Healthwatch Islington and its achievements to the local community and health professionals".

- Add "Monitor and review services to check that they meet the needs of local community".

- Add "Encourage people to feed back their honest views and experiences about local health and care services".

4.2 How can Healthwatch Islington better involve children and young people?

At this stage, Healthwatch Islington has involved children and young people in specific focus groups on smoking cessation and accessing out of hours mental health support, as well as gathering their views on urgent care services.

HWI plans to involve children and young people in the mystery shopping programme of work and has been working with the Clinical Commissioning Group to gather views for a strategy on children and young people's health care.

- Consult with children through visiting already established committees of local organisations,

- Getting Healthwatch Islington on the agenda for places that target, include and inform children,

- Work with individual groups such as children and young people in a way that is accessible to them, this could be via out-reach, using electronic tablets with children and parents groups.

4.3 Home Care

Though none of the group were recipients of home care services, the following ideas were put forward.

- Disability Action in Islington (DAII) representative suggested that we should work closely with him to get DAI's commitment and involvement in the project (without financial charge),
- There was a need to get high level commitment for the project from other relevant organisations,
- One person mentioned the importance of informal home care providers like family members,
- It was suggested that LBI's Access Team needed a lot more promotion to get widely known and the facility to self-report to them. One participant spoke of the need for advocacy and support with form-filling,
- Concerns that it was very difficult to access services for what are considered lower level needs, including things like shopping and cleaning,
- Participants welcomed the new stipulation from London Borough of Islington, that home care appointments are for a minimum of 30 minutes attendance rather than 15 minutes – the 30 minutes was said not to include travelling time. Though participants wondered whether this meant less people could be helped, or less appointments made.

4.4 Improving Outcomes for people with mental health needs

- General uncertainty (about changes to benefits and services, additional assessments for services) exacerbating bad health, removal of Disability Living Allowance will also impact on users,

- The voluntary sector doesn't have infinite capacity to pick up all the signposting queries that users raise, how do we manage this growing demand and make sure that people have access to the information that they need,

- Need for early 'softer' interventions, but also for support for people with enduring conditions or experiencing a relapse, support for the longer term is also important.

- iCOPE "is not the be all and end all", it's been over-sold, how is its success measured, and who measures the success, people who undertake Cognitive Behavioural Therapy do still come back in to the mental health system, recovery rates are thought to be around 40%,

- Don't want to lose good services in favour of work-related support programmes, not everyone is able to work when they are experiencing problems with their mental health,

- Personalisation and Personal Budgets mean that there is less support for service users. Users don't 'own' the assessment process, people still label you and suggest things to you,

- Less support than previously is available to people within their work environments and within sheltered housing schemes, who is responsible for educating employers, how do you reduce stigma in the work place? There are limited resources for working with employers – perhaps a borough-wide kite mark scheme to acknowledge 'good' employers could help.

- Reductions in funding mean that some organisations are not able to take queries (because they don't have the resources to do so),

- Who facilitates the relationships between providers?

- Encourage people to join the Foundation Trust (Camden and Islington NHS Foundation Trust) as governors – not all patients see the value of this, work with the Trust to make sure that the experience is a positive one (that brings results, offers training and treats participants with respect),

- Look to the National Survivor's Network for an example of a good approach to service user involvement,

- It's not clear what the Mental Health services offer is in the borough, patients don't know, GPs don't know, there's a lack of information including around choice,

- There's a lack of consistency and continuity around assessment and support for people with Aspergers.

4.5 Other issues for HWI to consider

- Sensory services are under-resourced and under-staffed, need to help 1,500 registered blind people leave their homes as well as stay in their homes, but also give newly blind people information about registration,

- Concerns about pressure for beds in local hospitals and about follow support available from social services, as well as about funding for services in general,

- Important that information about health and care is not confined to the internet, more information needed about home care assessments and other practical information for people needing care

- Need to improve and increase discussions between elderly people and GPs,

- More discussion and information needed around palliative care – basic, essential information needs to be made available to carers and their relatives,

- Services, particularly GP services, should be tailored to meet people's needs.

Appendix A: 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.

Healthwatch Islington Membership Form

Contact details

Title [ ]　First name [ ]　Surname [ ]

Organisation (if applicable) [ ]

Address [ ]

Post code [ ]　Email [ ]

Telephone Number [ ]

Mobile Number [ ]

My areas of interest / expertise in health and social care are:

[ ] Primary Care (eg doctors, dentists, podiatry, eye tests)

[ ] Secondary Care (eg hospitals, specialist clinics)

[ ] Social / Community Care (eg Meals on Wheels/Home Help/District nurse)

[ ] Residential Care and Nursing Homes

[ ] Emergency services (e.g. ambulance service)

[ ] Other (Please state) [ ]

I am interested in services for:

[ ] Children & Young People

[ ] Older People

[ ] Carers

[ ] Disabled People

[ ] People with learning difficulties

[ ] People with mental health issues

[ ] Black and Minority Ethnic (BME)

[ ] Lesbian, Gay, Bisexual and Transgender (LGBT)

[ ] Other [ ]

Data Protection

Any information you have given us here will be treated as confidential.
We will not share your contact details unless indicated below.

[ ] Please tick the box to **share** your contact details with other LINk members

healthwatch Islington

Equality monitoring form

We would like to gather monitoring information so that we can understand the diversity of the people involved with the LINk to make sure that we are reaching out to the whole community. We are required by the Department of Health to record this data. You do not have to complete this form. Please help us by answering these questions:

1. Are you?

☐ Male   ☐ Female

2. Would you describe yourself as?

☐ White British

☐ White Irish

☐ White Other: please specify _____

☐ Black British

☐ Black - African

☐ Black – Caribbean

☐ Black – other: please specify _____

☐ British Asian

☐ Indian

☐ Pakistani

☐ Bangladeshi

☐ Chinese

☐ Other – please specify _____

3. Would you describe yourself as having a disability?

☐ No

☐ Yes – please describe in your own words: _____

4. Would you describe yourself as:

☐ Gay man   ☐ Lesbian woman   ☐ Bisexual   ☐ Heterosexual

5. Which age group do you belong to?

☐ Under 18 years ☐ 18 to 30 years ☐ 31 to 45 years ☐ 46 to 60 years

☐ 61 to 75 years ☐ 76 years & over

6. Do you have a religion or belief?

☐ No

☐ Yes – please specify: _____