

The picture of health

Annual Report 2017/18



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Message from our Board

We are pleased to introduce the 2017-18 Healthwatch Islington Annual Report.

During the year we have heard from hundreds of local residents about their experiences of local health and social care services. We are really proud to say that we've influenced changes to ADHD (Attention Deficit Hyperactivity Disorder) services for adults, put the user voice at the heart of discussions about mental health day services, and pushed for Autism-friendly services. We've also set to work improving digital literacy so residents have better access to information.

We have established a new volunteering programme with local university London Metropolitan. We've also developed the support we give volunteers, as we've gone through the Investing in Volunteers programme.

We'd like to say a special thanks to our Diverse Communities Health Voice Partners: Arachne, Community Language Support Services, Eritrean Community in the UK, Imece, Islington Bangladesh Association, Islington Somali Community, Jannaty, the Kurdish and Middle Eastern Women's Organisation and the Latin American Women's Rights Service. We would also like to thank partners who have helped us reach widely in to the community; the Elfrida Society, Help On Your Doorstep, Islington Mind, Hillside Clubhouse, Islington Borough User Group, and the mobile phone network provider Three.

We also continue to work closely with our neighbours in Barnet, Camden, Enfield and Haringey to champion residents' views within North London, and have been working to make hospital admissions and hospital discharge more patient-focused.

Finally, we'd like to thank Olav Ernstzen, Phill Watson, and Bob Dowd, who have this year moved on from their roles as Healthwatch Islington chair, and directors, respectively. They provided invaluable support to the organisation for many years.

We hope you'll enjoy reading the report. If it inspires you to join us, our contact details are on the back page.



Highlights from our year

47000 @Twitter impressions

This year we've reached loads of people on social media



Our **26** volunteers helped us with everything from mystery shopping to blogging



We've visited

42 local services



Our reports have tackled issues ranging from Autism and Accessible Information, through to Hospital Discharge and Reablement



We've spoken to **101** people about mental health day services

We've given information and advice to over

300 people



Who we are

Health and social care works best when people are involved in decisions about their treatment and care. But this doesn't always happen. We are here to help ensure that those designing, running, and regulating health and care services listen to your views and act on them.

As well as championing your views locally, we also share your views with Healthwatch England who make sure that the government put people at the heart of care nationally.

Our vision

- + Healthwatch Islington is working for the best health and social care for you.

Our 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 to improve their experience.
- + To reach out to and empower our local community to be informed about and involved in local services, and exercise choice in taking up services.
- + To support the independent assessment and audit of local services.

Your view counts

Speak to Healthwatch Islington about your experiences of any NHS or social care service, and help make them better for you, your family, your friends and your neighbours. It's quick and easy to get in touch - you can phone, email, chat online, or meet us in person at any number of community events. Just a few moments of your time could make a big difference.



Your views on health and care



Listening to people's views

We welcome the views of anyone living or using services in our borough. We log and analyse these views, reporting them to providers and commissioners with recommendations for change. We carry out extensive out-reach with community partners.

How we reached people

- + We held a series of Steering Group meetings which were open to the public. We encouraged people to give their views and raise questions about the issues we presented. These included: NHS England pharmacy consultation; plans to re-locate acute mental health services; the Accessible Information Standard; the needs of people with learning disabilities; the quality of services at our local hospital trust, Whittington Health.
- + Each month we hosted community stalls and conversations at various venues around the borough, including health centres. We went out to local groups for people with learning disabilities, with autism, chronic obstructive pulmonary disease, and visual impairment. We also attended larger scale events including the celebration of Refugee week, and the launch of Carer's week. We gave a presentation about Healthwatch and its role to 150 health and care students at the local university.
- + We reached 1,009 people through our activities and captured their views through focus groups, interviews, and web-based surveys and forms. We gave these residents information about their rights and entitlements where appropriate.
- + We carried out more targeted engagement with specific groups to gather views on mental health day service provision, urgent care, the council's reablement services, ADHD assessments, pharmacy services, personal health budgets, and community health services.
- + We also reached over 1,000 people with our regular newsletters (380 on-line subscribers, and 750 hard copy recipients).

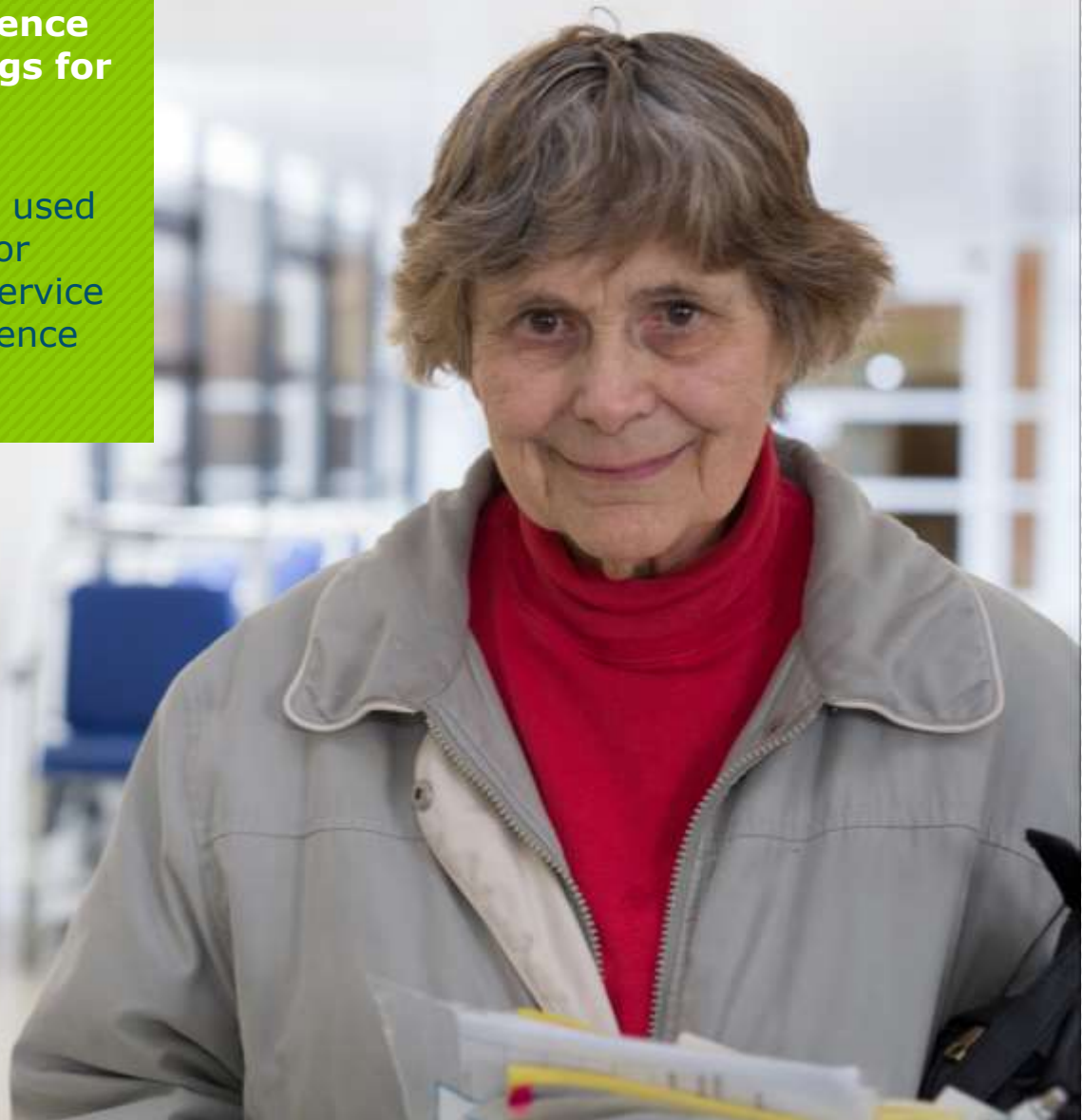


- + Islington is diverse, with 52% of residents coming from Black and Minority Ethnic Communities.
- + We are the country's most densely populated borough.
- + There are high numbers of people living alone, despite high housing costs.
- + Levels of deprivation and of mental health need are high and many people are living with multiple long-term conditions.
- + The population is fairly young compared to the national average.
- + 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.
- + An estimated 30,600 residents reported disabilities such as mobility, dexterity and memory loss (council report)
- + 38% of children are living in poverty (Trust for London)

Unless otherwise stated, above data comes from the most recent census

Together with the care worker, we wrote into the care plan what was needed. It has given her confidence again and she is able to do things for herself.'

We interviewed 29 people who had used the Islington Reablement Service, or cared for a relative that had. The service helps people regain their independence after a hospital stay.



Engaging with diverse groups

- + Young people (under 21) - We did not focus on engaging young people specifically this year. However, we continued to train local parent champions. Parent champions will help enable local residents to shape services for parents and children longer term.
- + Older people (65 and over) - 34% of the people we heard from who declared their age were 65 and over (as opposed to only 8% of the population of the borough as a whole). This was up from 23% in the previous year, and was due to our areas of focus during the year. These included gathering views on reablement services and Personal Health Budgets for people with long-term health conditions. Many of the service users and residents we spoke to in the course of this research were older people.
- + Black and Minority Ethnic (BME) Communities - We continued to seek out the views of people from BME communities through our work with 'Diverse Community Health Voices', a consortium of 9 Islington based BME organisations with Healthwatch acting as the coordinator.

30% of respondents who stated their ethnicity were White British, 26% were Black or Black British, 13% were Mixed, 9% were Asian or Asian British, 9% were White Other which mainly included White Irish, White Greek and White Turkish, 5% were Arabic, 4% were Latin American, 5% were Other.

- + People with disabilities - We did specific work on the Accessible Information Standard, recruiting volunteers with a range of communication needs to 'mystery shop' local GP practices and see how they were implementing the Accessible Information Standard. We also focused on how practices were meeting the needs of people with Autism and spoke to users of ADHD services and users of mental health day services.
- + People who feel socially isolated - we started working with our local university London Metropolitan to reach out to people who may feel lonely and isolated.

- + Carers - We attended the launch of carers week and specifically sought out the views of carers on mental health day services provision.
- + Groups which may face socio-economic disadvantages - We work with local 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 - 65% of respondents who recorded their age were of working age. Although this is lower than the 80% recorded in the census, this group were particularly well represented in the discussions around mental health day services.
- + 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 they'll have greater local knowledge.



34% of the people we heard from were aged 65 and over.

It's helped me greatly. I used to see the doctor and that wasn't a help really. They were understanding but they didn't have much time. I've got an excellent key worker here, they are very understanding. A lot of the people here have empathy, they've got similar things going on, so we help one another. It's like a family.'

We spoke to 101 service users across three centres about mental health day services.



What we learned from visiting day services

Day services provide a safe and welcoming space for local residents who use mental health services, or feel lonely and isolated.

- + The service is offered from three different sites: the Mind Hub and the Mind Spa in the north of the borough, and Mind Empower in the south.
- + The centres help service users to build sustainable coping strategies. Service users can spend time with other people who understand their condition and who may be in a similar situation.
- + The service is due to be recommissioned. Islington Council asked Healthwatch to help them gather service users' views on current provision. We spoke to 101 service users across the three centres.

I'm not able to sustain a job, and haven't been able to for a number of years. I suffer from depression. Coming here gives me an incentive to get up in the morning. It stops me being isolated, stops hospitalisation, and is very supportive.

We found that people greatly valued the service, and were anxious about change. For example, the idea of travelling to a different centre was problematic for many. They described the centres as feeling like family, as being a place to see friends, and that staff were reliable and caring. It was important that the centre they used was within walking distance, or only required one bus.

People also valued the informal environment. They appreciated knowing that activities were on offer for when they felt well enough to participate, but if not they could simply turn up and be around others or get a meal. There wasn't pressure to 'do' something specific.

Although the council made it clear (in the information for service users that accompanied our consultation exercise) that the service would not be expanded, many service users still said that they would like the centres to be open more often and for longer.



They are guiding, not spoon feeding. It's the only thing that has enabled me to get out into the community in years. It's down to the therapy project and the management of this place - people who are genuine. They treat you with respect and dignity, enable you to do things in a group and meet people and then you can maintain something outside. It's not fixed or forced.'



I suspect most, if not all services, are fine if you don't need to use them a great deal, which I don't. The podiatry clinic in Islington is great, but I do worry what would happen if I developed other, long term conditions which had a detrimental affect on my feet. Would I feel the same way?'

We delivered surveys and consultation events to gather views about community health services.

Making sure services work for you

We asked Islington residents using community health services like podiatry, physiotherapy, and district nursing to share their views about waiting times. We wanted to learn whether they felt they were waiting a long time between appointments, or to access a service after being referred. We also wanted to know whether waiting had had an impact on their health.

I was advised by my GP that the wait was so long for physiotherapy if I could afford it I be better off going private. I had previously had physio at the Whittington and found it very helpful. This time I have carried on without physio but it's meant lots more disrupted sleep with nerve pain, and taken ages to recover.

- + 30 of the 70 responses we received reported negative health impacts, reduced quality of life, or having to access other services as a consequence of waiting times.
- + In general, people felt that the care they received when their appointment took place was good.
- + Some people reported dissatisfaction with appointment booking systems for community health services, which sometimes made waits longer than they needed to be.
- + Some people said they were not told how long they would have to wait.
- + We produced a report on our findings which we shared with Islington Clinical Commissioning Group, who buy in these services for the borough, and Whittington Health NHS Trust, who provide them.
- + Both organisations welcomed our report and are now working on plans to improve access to these services.



Providers do need to make sure that they communicate effectively with people waiting to access these services. This is particularly important if waiting times are likely to be long. Uncertainty can lead to emotional distress, particularly if it makes service users feel that they have been forgotten.

Emma Whitby, Chief Executive Healthwatch islington

Helping you find the answers



How we have helped the community get the information they need

We want to empower local people to get the best from local health and care services. We work with a range of local partners to extend our reach through community meetings, door-knocking and presentations. The majority of contacts come through our partners within the community sector.

- + This year we provided information and support to over 300 residents. We provided support to 140 residents directly (of which 120 were referred by partner organisations)
- + Many calls related to GPs, dentistry and to mental health services.

The 'Log On to wellbeing' project

The aim of the Log On project is to increase the digital literacy of older residents from migrant minority ethnic communities, so that existing information available online about health and wellbeing services becomes accessible to them.

- + There isn't much printed information about services available, particularly in other languages.
- + Increasingly, statutory providers are only putting information online.
- + Older residents are being doubly excluded, because they are being left behind by the move to digital platforms.
- + We wanted to open up access to this source of information for older people who may lack confidence in accessing it.

The mobile phone network provider Three already delivered digital inclusion programmes in schools and the community, and they were keen to work with us. Partner organisations representing Somali, Eritrean, Horn of Africa, Greek/Cypriot, Middle Eastern/Arabic, and Bangladeshi communities took part. We targeted residents aged 55 and over with existing health conditions. This group had most to gain from being empowered to take care of their own health.



Log On workshop with Jannaty Women's Group in March 2018

Project activities

- + Most participants owned a smartphone, often handed on to them by their children, but did not know how to use it well.
- + We worked with Three to adapt some of their existing training materials to create a programme tailored to the needs of our groups.
- + During March 2018, Three and Healthwatch delivered 6 workshops, one with each partner organisation, attended by a total of 126 participants.
- + We showed participants how to use their smartphones to get online and discover a range of health and wellbeing resources, as well as services that these communities weren't accessing, such as extended hours GP appointments and online repeat prescriptions.

Those who attended had noticeably improved their skills and were able to find their GP website, book an appointment online, and locate a number of useful health related websites. Following the success of these sessions, we have been inspired to reach out to other Healthwatch organisations to replicate the success we had with Islington.'

Community Engagement Manager, Three UK



Project Impact

- + 94 of the 95 participants who shared feedback were more confident using their phone and the internet after attending the workshop. 69 of these were a lot more confident.
- + Over three quarters said they were more likely to use digital technology in the future.
- + Getting access to online GP services will have a real impact on residents with language support needs who find it difficult to phone to book an appointment. Over three quarters said they now had a better understanding of the steps involved.
- + 87 participants felt better able to find information online to help them manage their health conditions.
- + One Greek speaking participant with chronic back pain found videos on NHS Choices of simple exercises she could do at home which would help. Participants with sight problems or arthritis told us that learning about Google Assistant made a massive difference as voice activated calling, texting and internet searches were much easier for them. Others were impressed by the potential of conference calling for organising group fitness activities and to combat social isolation.
- + We have followed up the workshops with a programme of one to one support, to reinforce the learning.

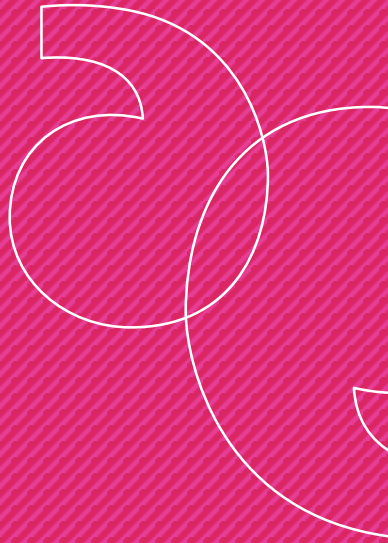
Many participants have requested additional support, which shows there is strong ongoing engagement. For example, one was shown how to Google in French for advice about her broken leg and for information about social groups for senior citizens in Islington. Another wanted to help her husband to set-up an email, to call the GP when she was not around, and to access health information in Arabic. Others were helped to search the internet in Somali, to download health related apps, and to pay bills online.



Previous research had shown us that older people from these communities wanted to do more to look after their own health, but there was a knowledge gap. They didn't know what support was out there. This project has increased their awareness of health services, and of low cost options for self care, like keep fit classes.

Maria Gonzalez, Project Lead for Log On,
Healthwatch Islington

Making a difference together



How your experiences are helping to influence change

We brought commissioners and service users together in August 2017 to discuss how to improve support for adults with ADHD (Attention Deficit Hyperactivity Disorder).

- + As a result, commissioners have redesigned the service to make more support available to people before they have been clinically assessed.
- + In particular, a psychosocial group at the point of referral is now available.
- + There are very long waiting times between being referred to the ADHD service and having the assessment, so this change is especially welcome.

Your feedback on pharmacy services has influenced future plans for pharmacy spending. This will raise the profile of services that are currently underused.

Working with other organisations

We were successful in securing additional funding for the Log On project (see page 13). We are grateful to the following funding organisations: The Big Lottery; Richard Cloudesley; Islington Council; Clarion Futures. The mobile phone network provider Three also contributed its expertise and training staff for no charge.

We have continued to work with the partner organisations that make up Diverse Communities Health Voice (see page 3 for the full list). As well as participating in the Log On project, this year a number of these organisations undertook community research about Personal Health Budgets, and North London wide research about hospital admissions and discharge.

We share reports and findings with the Care Quality Commission and pass them specific service information to inform their inspection visits. We also share reports and findings with Healthwatch England. All providers and commissioners responded to our formal requests.

How we've worked with our community

- + Volunteers have taken part in mystery shopping projects looking at how GP surgeries support patients with autism, and meet the requirements of the accessible information standard.
- + Volunteers have also helped us to review our policies, and given feedback about their experience of volunteering for Healthwatch, to help us improve and pursue the Investing in Volunteers quality standard.
- + Health and social care students from London Metropolitan University have also volunteered at Healthwatch. They designed and delivered a project looking at social isolation.
- + We'd like to thank the volunteers who make up our Enter and View team: Mark Austin; Sue Cartwright; Jenni Chan; Viv Duckett; Alison Fletcher; Lynda Finn; Frank Jacobs; Elizabeth Jones; Rose MacDonald; Helen Mukerjee; Geraldine Pettersson; Jane Plimmer; Natalie Teich; a representative from a local mental health service user group.
- + We continue to work with the Bright Beginnings project. This project works with new mums from migrant communities, and gathers their feedback about maternity services.
- + We continued to provide training for Parent Champions, equipping them with the skills they need to go out and gather views on health and care services from other parents.
- + Our Chief Executive represents us at the Health and Wellbeing board.

it starts with
YOU



“I’m blind. I used to go to the GP and be sat waiting for ages. I was sure other people were arriving afterwards but being seen before me. In the end I went to the reception and asked why I’d been waiting so long and they said ‘when you were called on the screen you didn’t take any notice’.”

Helping people with communication support needs

Gillian* is visually impaired. When she visits health services she does not always get access to information that is intended for her.

Molly* has moderate to high frequency hearing loss which makes it difficult for her to hear speech. She can’t use the phone. At Molly’s last GP surgery they didn’t read the emails or texts she sent them as they relied on patients making phone calls. This meant Molly had to go to the surgery every time she needed to book an appointment.

Because Gillian and Molly, and others like them, shared their stories with Healthwatch, we’ve been able to make a difference.

*names have been changed.

- + we visited all the GP practices in the borough in early 2018 to get a sense of how easy it was for them to make adjustments for patients with communication support needs, and meet the requirements of the Accessible Information Standard. This standard was designed by NHS England to make services more accessible for people with communication needs associated with disabilities and sensory impairment.
- + Volunteer mystery shoppers posed as potential new patients to see whether there were questions about their communication needs on each practice’s registration form.

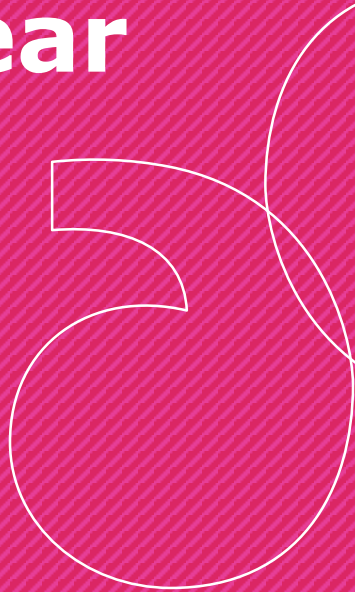
- + We wanted to identify any issues that might be easily remedied, as well as existing good practice that might be shared.
- + Only 6 of the 29 registration forms asked about communication needs associated with disabilities and sensory impairment
- + However, one practice had produced an excellent, simple and clear form on accessible information and communication needs that was given out with their registration form.

Islington Clinical Commissioning Group are going to share this GP practice’s excellent approach with all the other practices in the borough. Patients’ communication needs should be better recorded, and therefore better met, as a result.



My GP surgery relied on people being able to read the screen to know when their appointment was and even though I’m blind they hadn’t thought to make adjustments. Now at the GP, someone comes to collect me for my appointment, but I still mention it at the desk when I arrive.’

Our plans for next year



What next?

First and foremost, we will continue to talk to our local community about their health and care needs.

- + We will seek out opportunities to reach Black and Minority Ethnic residents through our Diverse Communities Health Voice consortium.
- + We will work with the Elfrida Society to hear from residents with Learning Disabilities.

We will inform local and national consultations:

- + the Government's Green Paper on Social Care
- + a regional review of orthopaedic services
- + local discussions on Camden and Islington Foundation Trust's plans to relocate hospital beds

Mental health day services

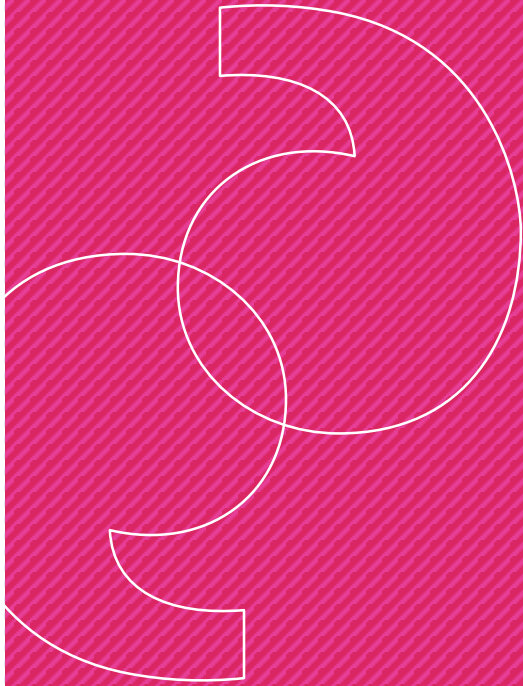
- + In 2017-18 we gathered service users' views on existing provision (see page 10).
- + In 2018 we will build on this work by hosting a service user workshop to influence the content of the service specification for the new day services contract. (The service specification is the detailed written description of what the service should look like, and any organisation that bids to provide that service will have to demonstrate how they can meet those requirements).
- + We will also support and train service users to be part of the panel which will decide which organisation will provide the service.

Our top priorities for next year

1. Influence the specification for mental health day service provision
2. Visit care homes for older people and local hospital and community based care services
3. Extend mystery shopping of the Accessible Information standard to hospital based services
4. Deliver borough wide patient group meetings
5. Partner with our local university to inform services



Our people



Decision making

Healthwatch Islington is led by volunteers and by the local community. Decision making reflects the views of our community. Our work plan brings together community views and local priorities for maximum impact. We develop a list of key themes then ask Healthwatch members and local voluntary sector partners for their views on these themes. The work plan is finalised and then monitored at a series of public meetings.

How we involve the public and volunteers

The public and volunteers are involved in all aspects of our work. Our Articles of Association were developed by volunteers, and can be found on our website. Our vision and mission statements were developed with input from local residents, Healthwatch members, and volunteers.

We follow the principles of Investing in Volunteers and seek feedback from those who volunteer with us on how we can improve their experience and our organisation.

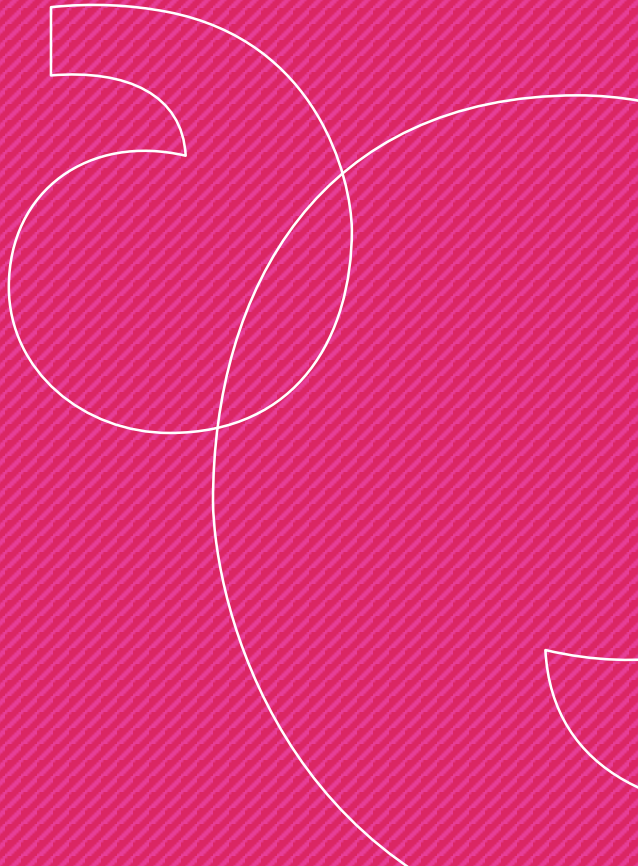
- + Volunteers contribute hundreds of hours of expertise every year.
- + Without their valuable contribution we would not be able to carry out the work that we do.

Subcontracting

Decisions about subcontracting are made by the company directors, who are also volunteers from our local community. The current members of our board can be found on our website.



Our finances



Income	£
Funding received from local authority to deliver local Healthwatch statutory activities	165,000
Additional income	104,757
Total income	269,757
Expenditure	£
Operational costs	51,299
Staffing costs	153,612
Office costs	25,482
Total expenditure	230,323
Balance brought forward	39,434*

* Balance brought forward is restricted funding from additional contracts for allocation in 2018-19



Contact us

Get in touch

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Our annual report will be publicly available on our website by 30 June 2018. We will also be sharing it with Healthwatch England, CQC, NHS England, Islington Clinical Commissioning Group, our 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.

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

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