# Healthwatch Islington Report

## Healthwatch Islington Launch Event

April, 2013

**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.

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

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.

## 1.2 Aims of the launch event

The launch aimed to reach communities and organisations not normally represented at LINk events, to thank LINk members for their work and to introduce Healthwatch Islington. Over 100 people attended, from a diverse group of organisations and communities.

## 1.3 Welcome address

Olav Ernstzen, Chair of Healthwatch Islington, thanked everyone who had been involved in Islington LINk including everyone at Voluntary Action Islington. He stated Healthwatch Islington's commitment to involving the community. He highlighted the importance of collecting views and reminded the audience of the '1000 Voices

report' (LINk, June 2012). He encouraged interested parties to volunteer to support Healthwatch Islington's new role, helping people find out about local services.

Mike Sherriff, Chief Executive of Voluntary Action Islington the host organisation for Islington LINk, thanked LINk members and staff for their hard work. He noted that Healthwatch gives service users the opportunity to get their voices heard and that LINk had done this effectively. He highlighted an example of the LINk's work on leaving hospital, which had gathered people's experiences and used these to promote improvements in the local service. He finished by re-emphasising the importance of placing service user involvement at the core of health and social care delivery across Islington.

## 2. Presentations

### 2.1 Summary of presentations given by guest speakers

**Dr Katie Coleman, Islington Clinical Commissioning Group** provided the audience with a detailed overview of the Clinical Commissioning (CCG). She outlined its structure, role and priorities. She advised the audience that from the 1st April 2013 the CCG will be responsible for commissioning many health services in Islington, though not including GP services which will be the responsibility of the NHS Commissioning Board.

The CCG is a membership organisation governed by a constitution.  The vision for the CCG 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."*

The Group's four long term strategic objectives are the same as those of the Health and Well-Being Board (which develops health and social care strategy for the borough). The priorities are:

- Ensuring that every child has the best start in life

- Preventing and managing long term conditions to extend both length and quality of life and reduce health inequalities

- Improving mental health and wellbeing

- Delivering high quality, efficient services within the resources available.

Katie finished encouraged attendees to get involved in their local services through involvement in Patient Groups at their GP practices, through borough-wide groups, and at community meetings. The CCG will also work with local voluntary and community organisations to hear local views.

**Cassie Williams – Head of Patient Experience Whittington Health.**
Whittington Health is a new organisation providing hospital care and community care such as physiotherapy and foot care, in a range of centres across the borough. They deliver the service mainly to the residents of Islington and Haringey and also to other London boroughs, including Barnet, Enfield and Camden.

Whittington Health wants local people to have confidence in the organisation's services. They encourage staff to seek the views of patients and work to improve patients in the care and treatment. They have developed patient panels and carers groups to oversee their work. They have established a diverse team of 200 volunteers who give up hundreds of hours every week to support patients.

Cassie then went on to provide examples of how complaints and patient involvement work in practice. These included:
- Changing the envelopes that people receive their sexual health correspondence in from envelopes with windows to envelopes without and
- Involving the public in food tasting in hospitals

Cassie also advised people of Whittington Health's new health assessment questionnaire that can be undertaken on-line. The questionnaire helps people to target areas where they can improve their health and well-being. For information, see the end of this report.

**Sean McLaughlin – Director of Housing and Adult Services – London Borough of Islington**
Sean welcomed Healthwatch Islington and the continuity with Islington LINk which acted as a critical friend to the council.

Sean advised the audience that the challenge for the Adult Social Care continued to be the spending cuts being imposed by central government. The focus of Adult Social Care will continue to be prevention, more personalised services, and better integration of services with the NHS. There is also an emphasis on 'co-production', working with service users and carers to design and monitor services.

Adult Social Care has a series of forums and groups for carers and relatives to get involved. They have also set up a series of reading groups to help make information more accessible to the general public. Users are also asked to get involved in the appointment of people in senior positions and in training of officers so they can learn more about people's needs and experience of services. New home care services will be commissioned soon and there is a desire to involve users in this process and in the monitoring of services moving forward.

**Jane Ray, Compliance Manager – Care Quality Commission (regulator of health and social care)**
Jane explained that the Care Quality Commission (CQC) monitors NHS hospitals, independent healthcare, dental care, ambulances, adult social care across more than 10,000 providers.

In Islington the CQC service covers
- 44 Adult Social Care services
- 5 Independent Health Care services
- 37 Dentists
- 2 Ambulance Services
- Approximately 30 GP's

The service is regulated by 2 full-time inspectors. Many inspections are unannounced and often take place out of hours. There is a view that the Link and now Healthwatch Islington will play an important role in helping to provide practice based evidence. In terms of care agencies the Francis Report (2013) on the public inquiry into the role that commissioning, supervisory and regulatory bodies played in monitoring the work of Mid Staffordshire NHS Foundation Trust, has in Jane's view, been invaluable alongside work with carers, users and the use specialist expertise.

Jane finished her presentation by explaining that the CQC is keen to expand the work undertaken by Experts by Experience who join inspections and advised the audience that the CQC are always looking for new ways to improve their levels of involvement and are keen to hear from as many people as possible on this topic.

## 2.2   Panel Discussion

The presentations were followed by a short question and answer session chaired by Gerry McMullan Co-Vice Chair, Healthwatch Islington.

Jean Willson – current Chair of Centre 404 asked the panel if they will be implementing any of the recommendations mentioned in the Confidential Enquiry into the premature deaths of people with Learning Disabilities (CIPOLD) (University of Bristol March 2013)

Concerns were raised about: ambulance waiting times for the Whittington; access to information for people who don't have internet access; clarity of information available; moves towards privatisation within the NHS, the level of public involvement in the CCG and the seemingly low numbers of Care Quality Commission inspectors. One attendee called for a service user group to audit the heads of health and social care services.

Responses to the questions to the CCG included an announcement on their targeting of disabled people for healthchecks and announcing the high priority this group plays on their agenda. Katie advised that the CCG was working hard to ensure people with disabilities are targeted and recognised. In terms of buying in a service, Katie advised that the CCG has clear processes for buying in services and follows the European Directives on commissioning.

Whittington Health advised that yes there were other ways of undertaking health assessments – information on this is in their newsletter.

Islington Council has seen the report on disability and premature death and has taken care to refer to the recommendations in the report: Winterbourne View Hospital: Department of Health Review and Response (Department of Health December 2012). They also mentioned that in terms of auditing all purchases over £500 have to be published.

The CQC mentioned Mencap's promotion of the CIPOLD report (2013) and its importance to their work in particular its influence on inspectors looking in more detail for people with learning difficulties. In terms of the 9 hour wait for an ambulance this was deemed unacceptable. One problem is that there are so many ambulance services not just those provided by the London Ambulance Service. The CQC does look at the length of waiting times and they would like to know more about this. In terms of resources the CQC can draw on inspectors and others from other boroughs. They have a very good team and feel they are managing well to deliver the service.

Gerry McMullan – Co-Vice Chair of Healthwatch Islington closed this part of the day by reminding people how important partnership is to the strength of the sector and he thanked the panel for their contribution.


## 3.    Workshops

After the Panel there was a break and a move to people visiting the information stall and the workshops set up for the event. The Launch attracted a total of 22 organisations for hosting of stalls. The representation was diverse in terms of size and type of organisation and in terms of groups represented.

There was in total five workshops plus an information session for people who wanted to know more about Healthwatch. Each session had a facilitator and notes were taken by a willing participant.


**Workshop 1: Healthwatch Islington's New Signposting Role**

It was agreed that Healthwatch Islington needs to promote itself widely and provide information in accessible formats.

Other comments from participants:

- Need for information from Healthwatch about their service.
- The need to promote pharmacy services and messages, end of life care, dementia care and support for carers via Healthwatch.
- A need to alert the voluntary sector to Healthwatch's new signposting role.
- Encourage GP surgeries to advertise local health-related services.
- Healthwatch needs to understand equalities issues.

- Care home and hospital staff being aware of the needs of people with dementia.
- Build public confidence to use their voice. Healthwatch needs to promote itself and its role very widely.
- A need to establish what signposting already exists
- Broad service, not just traditional services.

**Workshop 2: Islington Health and Well-Being Board priority for ensuring children have the best start in life**

The workshop emphasised the Importance of service supporting and encouraging service users and targeting those most in need.

Main points form the workshop included:

- Importance of early recognition of issues such as men and nutrition, single mothers, early stages of pregnancy and mental health)
- Importance of whole family approach.
- Importance of integration of services and awareness, particularly by GPs, of specialist services available.
- Useful to have a designated worker as your key contact when using services.
- Concerns there may be pressure from the health profession for women to give birth in hospital – as it is cheaper than home delivery.
- Lack of practical guidance for looking after a baby. Suggestions included: volunteer support groups, courses on budgeting and lunch clubs where people cook themselves and training courses.
- It was felt that nationally and locally children's centres' and Sure Start do not reach those in greatest need. Services need to get out into deprived communities, many of whom may have literacy problems.
- Teenage pregnancy, boys were felt to be forgotten when it comes to support and help – a previous health project from the 1970's provided a space for young parents to come in and talk about the reality of having a baby.
- Need to make health and social care more integrated within the voluntary sector.

**Workshop 3: Islington Health and Well-Being Board priority for reducing health inequalities for people with long terms conditions.**

The main points from this workshop included:

- The importance of an Expert Patient Programme to look at pain management
- Concerns that patients are sometimes left out of discussions about their treatment and in particular people with learning disabilities are not effectively included in discussions on management of their condition.
- Need for doctors to signpost and refer patients more effectively.
- Concerns that different IT systems at hospitals and GP surgeries slow down communications.
- A view that Patient Participation Groups (PPG) in surgeries should be audited.
- Concern that patient health packages for alternative therapies have been effectively withdrawn.
- An assertion that GP's are not valuing patient medical choices and that appointment times are too short to discuss symptoms. It was noted that the GP-led health centre turns patients away as early as 10am.
- A feeling that Islington should do more to advertise, disseminate and make sure information gets to those who require it.
- A desire for Healthwatch to help patients with access to proper support through signposting.

**Workshop 4: Islington Health and Well-Being Board priority improving mental health and well-being**

**Examples of services that work well:**

- The Claremont Project – stimulates and encourages through dance and drama. The project encourages people to take responsibility and do something.
- Hillside clubhouse – provides excellent volunteer opportunities, holidays, excellent overall wellbeing programmes, one to ones, job support and placements and helps with recovery. Also provides phone contact if you are not well and encourages independence
- Mind Day Centre – provides cookery, classes, and support around independent living and helps with recovery.
- Stuart Low Trust – provides craft sessions and a philosophy group
- Iseldon Road – provides art therapy, a music group, acupuncture and computer support

- Centre 404 – has opportunities for people with learning difficulties and enjoys looking after children
- The Stress project at Holloway Neighbourhood Group provides reflexology, massage, counselling, walk-in sessions which are very supportive.
- Mind Yourself – Is a project for time-banking for the Irish community

**What is missing?**
- Facilitated group therapy
- Health training to support residents and carers to gain knowledge and understanding so they can support family members – a specific area mentioned was how carers deal with people with dementia
- Access to mental health services – Hanley Road was good, but closed, they offered a drop-in, training and activities, practical and personal development, social care and mental health training.
- Dietician and healthy eating support/nutrition - Vitamin D deficiency and healthy eating was mentioned specifically
- An increase in Recovery and Rehabilitation teams – these have changed from 5 to 2. Part of their role is dealing with people coming out of hospital.
- More community mental health teams and preventative services based in the community before problems arise – Family Mosaic has health workers doing health checks
- More services for social isolation – a space available for people to congregate and meet and a need to signpost people to getting help with housing and carers. St. Mary's church has a gardening project on Upper Street and people need a space to meet – Housing Association wardens and carers are important
- Better training for GP's and hospital doctors – people are experiencing difficulties in expressing mental health issues and certain people drop through the net – an example is people with learning difficulties.
- A note that users prefer drop in services to courses.

**Workshop 5: Access to Social Care**

A number of issues were noted during the workshop. These related mainly to issues of a personal nature and related to eligibility for adequate, post-surgical care at home and what to do if you are not eligible. Participants also cited a lack of respite care homes, delays between initial referral and contact from services (mental health

referral), crisis team not responding quickly enough, lack of communication about how long referrals are likely to take. One carer reported positive contact with Age UK who talked an individual through issues and provided home help at the patient's own expense.

**A Key to all the above was understood as information and communication Workshop 6:Information session on Healthwatch**

In response to comments from the audience it was explained that Healthwatch will only collect comments on services, not about individual staff members; that Healthwatch Islington is considering how to engage the prison population and ex-prisoners; Healthwatch Islington will work with local community groups to target local communities who may be otherwise excluded.

Themes
A number of themes emerged during the Launch. These included:

- Increased access to services for marginalised groups and those experiencing isolation
- The need for increased home based services
- The need for better integration of services.
- Provision of clear information produced in a range of formats – not just web based about the range of services provided, and support available to local people

## 4.  Next steps

Healthwatch Islington is developing its work plan for 2103-14. Based on your feedback it will be looking in to:

- People's experiences of home care services,

- Accessing services for service users with Long-Term Conditions (to complement the work of the Health and Well-Being Board,

- Developing an effective signposting service that reflects the needs of people in Islington.

It will also continue to visit local health and social care services and be working to involve an ever greater and more diverse range of residents and service users.

If you are involved in a local group, invite Healthwatch to come and meet with you and discuss the issues you think are important for local people.

## Appendices

**Appendix A – Results of the recent Healthwatch Islington elections.**

- Lynda Finn (51 votes)

- Voluntary Sector Health Network (47 votes)

- Christine Taylor (38 votes)

- Shelagh Prosser (31 votes)

- Marie-Agnes Pottier, Pam Zinkin and Music for People(25 votes each)

**Appendix B Existing elected members (March 2013)**

- Olav Ernstzen,

- Bob Dowd,

- Gerry McMullan,

- Dave Emmett,

- Frank Jacobs,

- Elizabeth Jones,

- Rose McDonald,

- Islington Borough User Group,

- Age UK Islington,

- Disability Action in Islington,

- Body and Soul.

**Appendix 3 Work Plan Priorities**

- Improving home care services
- Focusing on the Health and Well-Being priority - Reducing health inequalities for people with long-term conditions
- Visiting services so more people know about Healthwatch
- Helping people find local services through the development of the new signposting service
- Reaching out to people not already involved

**Appendix 4 – Stall holders at the Launch**

- Islington Citizen's Advice Bureau
- Child Poverty Action Group
- Islington Council:
- Islington Bangladesh Association
- The Epilepsy Society
- The Stress Project
- Casa Social Care
- Iranian Kurdish Women's Rights Organisation (IKWRO)
- Centre 404
- Octopus Communities – Wild Places Project
- Claremont-Project
- Justice – HM Prison Service - Youth Offenders Institute – Isis Project
- Moorfields Eye Hospital
- Charles Landau Dental surgery
- Arsenal Tottenham Hotspur – Bowel Cancer Screening
- Islington Somali Community
- Local Pharmacy Council
- Whittington Health
- Stepping Stones 4 – Support for African women, girls and children
- Richard House – Children's hospice

- St George's care home for the rehabilitation of adults recovering from mental health problems
- Manor Garden's Health Ambassadors

**Appendix 5 – Results from the vote on priorities for Healthwatch**

- Communication with Service Users – 11 votes
- Access needs of specific groups (homeless/English not as a first language/hidden disabilities) - 18 votes
- Complaints Services – 7 votes
- Customer Service at GP's – 31 votes
- Developing Patient Participation Groups – 18 votes
- Communication with users in hospitals – 18 votes

**Appendix 6 – Useful contacts raised at the event**

**NHS Complaints Advocacy**

The NHS Complaints Advocacy Service is a free, independent  and confidential service that can help you make a complaint about a National Health Service (NHS). The service is run by VoiceAbility for people who live in Islington. It will help you to understand the NHS Complaints process.  They can help if you do not feel comfortable making a complaint by yourself, or you need support at any point during the complaints process.

Email: **nhscomplaints@voiceability.org**

Helpline: 0300 330 5454
Textphone: 0786 002 2939
Fax: 0330 088 3762

Website: **http://nhscomplaintsadvocacy.org**

**Whittington Health's 'Health Assessment Tool'.**

https://www.whittingtonhealth.com/?utm_source=twitter&utm_medium=tweet&utm_campaign=05042012

This is an on-line tool.

# 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: _____

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