

Healthwatch Isles of Scilly

**Annual
Report**

2014/2015





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Notes from the Team



Paul Charnock

Paul is Chair of Healthwatch Isles of Scilly, and takes a particular interest in Adult Social Care and disability issues.

‘Health or social care services touch everyone at some point in their lives. When you need them they need to be right for you and as much as possible meet your needs. Healthwatch listens to the things you have to say about the services you use; good or not so good. We listen, and let those who provide the services know when they do it right, and when it's not so right.

Tell us, we do make a difference, and we are your voice.’



Jane Hurd

Jane is Vice Chair, and our representative on the Health Overview and Scrutiny Committee.

‘I lead on medical travel issues, which affect every aspect of mainland treatment.

The problems are ongoing, and often related to weather, so we have been working towards arrangements to cope with disruption and enable treatment to go ahead. We talked to Skybus about the need to alter arrangements for appointments if fog is forecast, and they now give

warnings and more flexibility. We are currently working on escort criteria and arrangements for less independent patients, together with treatment opportunities closer to home where suitable.’



Julia Day

Julia is our Treasurer, and leads our work with children's services. ‘I am thoroughly enjoying being part of the Healthwatch team. The Board has asked me to focus on Children's Health and Social Care, and have nominated me to be the HW representative on the Councils Children's Committee. I look forward to taking an active role in voicing our children's concerns and aspirations to the Grown-Ups’.



Chris Douglas

Chris takes an interest in community health matters, including St Marys Hospital.

‘I have been a Board member for only a few months and have been impressed by the range of issues that Healthwatch influences.

The transfer of patients from mainland hospitals back to the islands is an area which I feel could be improved.

The staffing of our hospital is an ongoing challenge.’

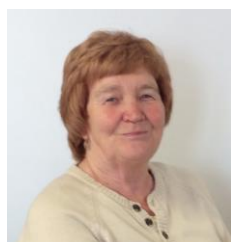


Gordon Bilsborough



‘As a Director of Healthwatch, I want to ensure there is adequate provision on the islands for care of the elderly. I am also concerned that NHS Continuing Healthcare should be available to people who qualify. This is a matter which Healthwatch England is currently investigating at a national level.’

Barbara Jones



Barbara is our representative on the Health and Wellbeing Board. ‘As a director of Healthwatch, my main interests are midwifery and patient services of the General Practice. Prior to living in Scilly, I spent many years as a nursing officer, both NHS and in Occupational Health.’

Julie Love



Julie is our Project Assistant.

‘I have been working for Healthwatch for around a year now and it has been very rewarding. I have been using my communications skills to improve the documents and leaflets that we produce, making the website more user-friendly, and developing online surveys and social media.

My main responsibility is to develop an information service. I’ve done a lot of background work and I’m now looking forward to expanding our resources and making information more easily available in a number of formats.’

Carol Clarke



Carol is our Manager.

‘You can see that our directors are very much the driving force of Healthwatch and it’s a privilege to work with such a lively and committed bunch of people.

It’s been a joy to have Julie as a colleague. She brings a lot to Healthwatch and enables us to get even more done.

We are also lucky to have some active and involved ‘general’

Healthwatch members who volunteer for tasks, or just provide a sounding board over a cup of tea - this can be so useful.

I’d also like to thank everyone who has ever responded to a survey, or got in touch with a comment, question or idea, and generally given us plenty to be getting on with - this is our foundation.

I know we have been busy, working out what’s important and making the most of every opportunity to take it forward. It’s sometimes difficult to demonstrate that this has made a big difference. Wheels grind very slowly. This year in particular has been one of taking a long view.

The key is communication and this can achieve small differences and pave the way for a bigger change of direction.

People’s stories matter and should be heard. We encourage everyone to give their feedback - directly to services or via Healthwatch.

As long as we all keep talking we will make a difference!’



About Healthwatch

Our mission

Healthwatch is the consumer champion for health and social care in England. Our sole purpose is to understand the needs, experiences and concerns of people who use health and social care services and to ensure their voices are heard and responded to.

We give people a powerful voice locally and nationally.

The Healthwatch network is made up of local Healthwatch across each of 152 local authority areas, and Healthwatch England, the national body.

Healthwatch Isles of Scilly gathers people's views and contributes local feedback and intelligence to the planning, monitoring, scrutiny and regulation of health and care services.

We raise issues through regular meetings with services and through joint working groups. We ask for change if it is needed.

We liaise with Healthwatch Cornwall and we report to Healthwatch England which raises issues nationally.

We provide news and information about regional and local services, and we can help people find sources of further information and advice.

Local involvement is the key to local Healthwatch. We are a non-profit organisation led by volunteers, with a wide general membership.

Everything we do starts with what our community tells us, and our work plan is open to comments and suggestions.

Healthwatch will:

Gather feedback about people's views and experience of health and social care services - adults and children's;

Promote and enable local participation in engagement and consultation;

Provide information about service provision, change and development;

Provide a 'signposting' service to sources of help, information and advice, including making a complaint.

Healthwatch won't:

Act on hearsay;

Pass on any information which could identify someone;

Intervene or take up individual cases;

Provide advice or advocacy (but we know someone who can).



Our strategic priorities

We are passionate about making our small populations' voice heard.

All health services are commissioned for 'Cornwall and Isles of Scilly' but there are particular aspects about provision to an islands based population which must be considered.

Our locally based health and care services are the vital front line and we cover this too.

Our priorities for 2014/15 were:

- Medical travel and transport
- Adult health and social care provision
- Children's services
- Mental health provision
- Improved signposting

Our first task in 2015/16 is to run a community survey which will give every household the opportunity to provide feedback. This response will help us to decide where to focus our attention next year.

We will continue to question what more can be done to reduce the need to travel, encourage innovations in the delivery of services, and support better local integration.

Work that we have started about improving mental health provision will also continue into next year.





Engaging with people who use health and social care services

Understanding people's experiences

It is easy to give feedback to Healthwatch Isles of Scilly. We have a small easily defined population and promote a number of ways to get in touch.

Where we identify issues that merit further research we appeal for additional feedback via our bulletins, radio, and social media, or undertake a survey.

We visited all the off islands last summer to gather feedback and found there were concerns about certain arrangements which we followed up with the relevant agencies.

We've found it difficult to obtain the views of younger people (who tend to leave the islands for post-16 and further education), and are thinking about how we can do better, for instance how we can work more with the school.

Signing up for newsletters and bulletins is more popular with the over 60 age group and they are also most likely to respond to radio items; whereas working age people tend to use social media and like online surveys.

Why it matters

Gathering people's views and experiences helps us to monitor provision and ensure that local views are considered in the planning and provision of health and care services.

Scilly has a significant transitional seasonal worker population, who may require support in accessing health and care services and are 'seldom heard'. We have not been able to target communications for this group this year but this will be integral to improved signposting in 2015/16.

Direct contact also allows us to signpost appropriately, to sources of information and advice, or how to get help to resolve a problem. We encourage people to seek a response from the service where this is necessary to deal with their concerns; this will also improve the experience for other service users.

What happens to community feedback

We log and report all comments, anonymised, or in summary form. We follow up matters arising from feedback at regular liaison meetings with health and care providers and flag areas of risk to the regional NHS Quality Surveillance Group.

We provide clear information about how we use feedback, and let people know what happened next via regular updates about our activities.

Our plans for 2015/16

We will routinely review our communications to ensure we are reaching all sections of our community. We'll make it even easier for people to leave comments, and to see that it makes a difference.



Finding out more

#1

We asked: are you satisfied with current provision in Scilly with regards to choice, in seeing a male or female health professional?

The sole on-island GP Practice could no longer provide regular access to a female GP. We wished to revisit an area of concern which had featured in community feedback the last time we had an all-male GP team.

We ran an online survey with facilities to participate via the Healthwatch Office.

31 people responded, and of these just under half reported that they were satisfied with the provision of choice. We discussed the outcome with the GP Practice and in view of the low survey response we decided not to take the issue further at this stage.

Future plans:

We will continue to monitor views via direct feedback and general surveys.

#2

We asked about arranging medical travel and a travel warrant.

A routine review of the 'new' system of travel warrant administration was suggested, and it was important to include an assessment of patient experience.

We ran an online survey with facilities to participate via the Healthwatch Office.

66 people responded, and we were able to identify where systems worked well, and where they might be improved.

Future plans:

We have included a section on medical travel in our 2015 household survey which also covers additional aspects of the journey - transport, and arrangements for people with limited mobility or special health needs, i.e. potentially disadvantaged or vulnerable groups. We will discuss the feedback in the joint agency Medical Travel and Transport Group.

#3

We asked: what works well, what could be improved, and what are the most important health and care issues for the islands?

We canvassed people at the Living Well health event to obtain a snapshot of people's views on current provision and to find out what matters most to them.

We reported the response to commissioners, providers and regulators, and addressed specific issues with relevant agencies.

We also reviewed our priorities and work plan activity in light of what people told us is important.

Future plans:

Our household community survey in April 2015 asks people to rate all health, care and community services that they've used, and provide additional comments. This will provide a much broader account of people's experience and views.

Our final published report will comprise summaries of feedback by service, responses from the providers, and our recommendations. This will be sent to all commissioners, providers and regulators of services.



Enter & View

We work with one social care and three health providers based on the islands, and do not maintain a team to carry out 'Enter & View' visits.

We have not decided to use 'Enter & View' in any of our activities this year.

We would consider forming a team in order to undertake specific fact finding as necessary, in the future.

Patient Led Assessment of the Care Environment

Three Healthwatch members have undertaken training to participate in Peninsula Community Health PLACE inspections of St Marys Hospital, and two of them joined the team for this year's inspection.





Our year in numbers:

Our news items, updates, and requests for feedback reached:



80 members



100+ people picked up our newsletters at locations across the Islands



another 100 on average via facebook

We held or attended 6 community events



We collected 416 stories

416

20 feedback reports and 4 issue based reports



We held 32 meetings with services

32



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

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

We provide information in a number of locations: the Healthwatch Office, the Health Centre on St Marys and all off island surgeries; the Carn Gwaval Wellbeing Centre; and on our website.

We signpost clearly to NHS Choices, My NHS, NHS Kernow and the Care Quality Commission; Patient Advice and Liaison Services and other services dealing with questions, problems and complaints; complaints advocacy services; locally useful information and further sources of advice and support.

Possibly the most popular is information on transport and arranging medical travel!

We publish a 'Loads of Useful Numbers' leaflet containing all the above, as well as local contacts, local 'out of hours' number, Citizens Advice and benefits advice, and a range of helplines for health and emotional support.

We have literature available from Age UK, Independent Age, Macmillan and Mind, both at the Health Centre and Healthwatch Office.

We have shared resources from Dementia Action, Age UK and the Sensory Trust with local health and care services.

We produced a map which gives holiday visitors directions to the Health Centre, Pharmacy and Minor Injuries Unit.

Why it matters

We believe that people tend to seek information at the point of need and that it's vital to know where to look - this is where it can get very confusing. We have tried to bring as much information together in a variety of accessible formats to point people in the right direction.

What we have learned

We have logged a small but steady increase in the number of requests for information and are told that people find our range of leaflets useful.

However, we are not obviously the first point of call. Whenever we ask the question: 'where would you look first for information?' most people cite their GP and the Health Centre, so it's important that we continue to place information in surgery waiting rooms, but also look at other ways of working together to ensure that people find the information they need.



Our plans for 2015/16

We are very excited about this!

We will help to build an extensive information resource, working with the Local Authority.

We have already gathered and compiled a volume of information in a searchable database which we have shared with local services.

The next step is to make it more easily accessible to health and care staff and the public, in both web based and hard copy formats.

We are also moving to more central and accessible premises which will improve our visibility and enable us to expand our signposting service.

Topics covered in our communications:

Local midwifery cover

Maternity services

Travel and transport

The Living Well programme to support inclusion and independent living

Hospital befrienders Scheme

PALs services

Complaints

Physiotherapy provision

Dementia awareness and support

Support for carers

The Care Act

GP Friends and Family Test

Wheelchairs for children

Cancer information and advice

Mental health information and advice

Who's who in health and care

...and who does what



Influencing decision makers with evidence from local people

Producing reports and recommendations to effect change

There is a need for an ongoing dialogue with commissioners and providers about service improvement, which includes reports and recommendations.

This year we raised a number of commonly reported issues with services. These included off island surgery and repeat prescription arrangements; the optician service; pharmacy services; difficulties accessing mainland based treatment and care and alternative arrangements; local midwifery cover; mental health support; and concerns about capacity and future planning in elder care provision.

What happened next:

Local midwifery post:

We recommended that the NHS Trust which provides midwifery took responsibility for securing accommodation for the post, to remove one barrier to recruitment in our pressured rented market. We used local contacts to assist in finding suitable accommodation. We recommended that commissioners look at the wider issues of service design in light of ongoing difficulties with recruitment.

Mental health advocacy:

We discovered a gap in provision of mental health advocacy and referred this to Local Authority commissioners.

All statutory advocacy services are now in place.

Pathology services:

We learned that the NHS Trust which provides pathology services was considering outsourcing, and ensured that local health services were contacted to provide input about local transport arrangements.

Arranging travel and a travel warrant:

Our survey report resulted in some changes to administration, and improved information to patients.

It also highlighted a concern, also present in other feedback, about arrangements for unescorted vulnerable patients if transport disruption necessitates an unplanned overnight stay. We asked for a separate meeting to discuss this, ahead of a review of whole system arrangements. We have since referred this to our Health Overview and Scrutiny Committee.

Support for people in their own home:

We discussed planning for integrated health and care with service leaders and commissioners, drawing on the outcome of staff and community workshops which we held in 2013.

We are pleased that Age UK has now been commissioned to provide the 'Living Well' programme in Scilly. This will enable better 'joined up' support for people, across health, care and voluntary services, and meets many of the points made by people in the workshops.



Why it matters

It is important to pass on independently gathered feedback to be considered alongside other measures of patient/client experience.

Often things work well, but sometimes they don't. We need to highlight these instances and also where provision is not well designed.

Our plans for 2015/16

We will continue to make regular feedback reports, and will concentrate more time in fewer key areas, in order to dig deeper where necessary.

Putting local people at the heart of improving services

Healthwatch Isles of Scilly has a Board of six community volunteers, who guide our work programme, undertake liaison with services, and take up seats on external committees.

Healthwatch members or any member of the community can get involved by bringing issues to our attention or joining a focus group or task group.

We maintain a two-way conversation with our community with the aim that people feel well informed, and able to have their say.

We can then represent local views and needs through strategic working partnerships.

Health and Wellbeing Board

Barbara Jones is our representative on this important planning body, and is able to draw on Healthwatch community feedback and also bring an 'off island' perspective to the discussion.

We make a full report to each meeting summarising current feedback and highlighting outstanding concerns, and can recommend further action where necessary.

We also participate in working groups, and recommend, support or undertake early community engagement activity where necessary.

The full Healthwatch Board met with officers to provide input in the Joint Strategic Needs and Assets Assessment, and the Joint Health and Wellbeing Strategy.

Health Overview and Scrutiny Committee

Jane Hurd has an 'observer' seat on this committee. She contributes to the discussion, and reports matters of concern.

We referred issues concerning the service level for on-island midwifery cover, and contingency arrangements for vulnerable unescorted patients.

As co-Chair of the joint Medical Travel and Transport Group, Jane realised the importance of having a member of HOSC on this working group to monitor progress, and made sure this happened.

Other activity

Board members questioned Local Authority Managers about their plans and capacity to deliver new duties under the Care Act 2014, and what community information and engagement opportunities they will provide.

The Board met with our MP to discuss priority health and transport issues for Scilly.

Healthwatch members participated in children's services planning workshops.



Opportunities to participate in wider surveys and consultations are flagged in our bulletins and on social media, or shared with appropriate groups: for instance, this year we forwarded a carers survey to the local carers group, and a young people's mental health survey was sent to all secondary pupils via the school.

Our plans for 2015/16

We have been invited to join the Council's new **Children's Committee** which replaces the Children and Young People's Committee and the Children's Trust Board.

Julia Day will be our representative, and she will also be guiding our engagement with families and young people so that she is well informed of their views and needs.

We have formed a service-user-group to discuss **Mental Health** provision and support with health and care commissioners and providers.

Working with others to improve local services

A successful collaboration

In April 2014 we combined the work plans of two previous forums and established the joint IOS Medical Travel and Transport Group.

It includes representatives from commissioners, and health and transport providers. The group is facilitated by Healthwatch Isles of Scilly and co-chaired with NHS Kernow Clinical Commissioning Group.

The terms of reference are:

- To monitor arrangements for the transfer of patients and medical goods to and from IOS;
- Establish and maintain key contacts and protocols for the transfer of patients and medical goods to and from IOS;
- Promote understanding of the travel constraints on IOS patients;
- Develop guidance where necessary regarding IOS travel and transport issues and include in the commissioning and provision of treatment and care;
- Support and promote best practice.

Why it matters

The impact of travel and transport on access to mainland based services is the single biggest component of community feedback. It's generally agreed that all planning and provision of health care, and transport, needs to take this into account, including initiatives to reduce the need to travel where safe and appropriate.

What happened next

The group meets every two months by teleconference and oversees an action plan.

It reports into Healthwatch IOS, the Health and Wellbeing Board, the Council Transport Task and Finish Group, and NHS Kernow Systems Resilience Group.

Future plans

We will continue to support the Medical Travel and Transport Group actions to address issues around travel and transport. In particular, we will ensure that patient views and experience, gathered through our January 2015 travel survey and our forthcoming Household Survey, are considered in a planned review of protocols for IOS patients who travel to Royal Cornwall Hospitals to receive treatment and care.



Other activity

We liaise closely with local services and communicate regularly with mainland based services.

We alerted services to problems concerning:
late notice of appointments; incorrect administration procedures or advice; cancelled clinics; local staff cover.

We made a number of requests for information and always received a response.

We provide a quarterly summary report of themes, and highlight issues of concern, to the NHS England Area Team, Clinical Commissioning Group, and Care Quality Commission.

Concerns are discussed at the NHS Quality Surveillance Group and are also addressed with the relevant agency.

We provided feedback and information as part of the Care Quality Commission inspections of Peninsula Community Health which manages our community hospital and other community health services.

We did not make any recommendations to undertake special reviews or inspections.

Working with Healthwatch England

We contributed case studies and a summary of issues to the special enquiry into unsafe hospital discharge; and shared all our reports.

What we have learned

Joint working groups are the best way to tackle knotty problems.

However, good communication and well structured working practices are important in monitoring and responding to issues as they arise.

We find we are able to work better with some organisations than others, possibly because we have more to discuss with them and have well-established lines of communication and response.

All three commissioning bodies (NHS England, the Clinical Commissioning Group and the Local Authority) underwent restructuring during the year and this did have an adverse impact on how some tasks progressed.

Our plans for 2015/16

We had drafted a simple working agreement with commissioners and some providers, which sets out best practice (in our experience) for communications, liaison and information sharing. Although it was generally well received, it has not been adopted, bar one early in 2015/16. We will take it back to all other working partners in order to support and improve the ways in which we can address issues in the future.





Our plans for 2015/16

Opportunities and challenges for the future

We have highlighted our plans throughout this report; in many ways it will be 'business as usual', i.e. looking for effective ways to drive progress on issues in our work plan. We can't deliver the solution to a problem; our job is to make a convincing case for change, and keep making it, and that is the challenge.

Looking ahead though, the year is full of opportunities.

Integration of health and care services has long been on the agenda for Scilly. NHS Kernow Clinical Commissioning group are pioneering new ways of working, and Scilly now has its own integration programme, led by local health and care staff. It starts with working better together and using resources to full effect; then looking at how services might be better designed. People who use services are at the heart of this process and we will play our part in enabling local people and local views to influence future practice.

We are looking forward to examining and reporting on the feedback in our household survey; we can say at the time of writing how pleased we are with the response, and it will certainly be keeping us busy.

We can't overstate how important people's feedback is, so we will be constantly reviewing how we carry on that important two way conversation with our community.

Our impending move to new premises is very exciting.

We will be more visible and accessible; and will be in the right place to expand our information service.

Working with others, e.g. health and care services and the library, we hope to improve access to information and highlight particular issues from time to time.

We will assist with the development of a local information website, and will create good literature resources.

We'll be opposite the library, which is handy, and very near a cake shop (that might be a problem!).



Our Directors are:

See the [Team](#) page for more about them and what they do.

During the year, Tracy Smith stepped down as a Director, and Chris Douglas joined the Board.

The people in the organisation who are responsible for delivering the statutory functions of local Healthwatch are the same people who guide and undertake our activities to that end.

The volunteer Board of Directors is therefore responsible for delivering the functions of a local Healthwatch, for setting and overseeing the work programme, and for company and financial administration.

The Board has developed clear policies regarding governance, including delegation of authority and decision making.

See our policies here:

<http://www.healthwatchislesofscilly.co.uk/about/docs/regulations-constitution-and-policies>

or get copies from the office.

The full board receives weekly updates from the staff team and meets regularly to consider themes arising from feedback, review the work plan, and decide on next steps.

All reports and recommendations must be approved by the full board; likewise referrals to the Health Overview and Scrutiny Committee or use of 'Enter and View' powers.





Financial information

1st April 2014 to 31st March 2015	£		2013 to 2014
direct grant	50507		50507
agreed refund on 13-14 grant			
underspend	(5111)	bank compensation	200
interest	25		9
brought forward	7820		
TOTAL INCOME	53241		50716
health complaints advocacy	850		850
advertising	1855		2505
promotion and events	1469	promotion and surveys	911
survey costs (April 2015 survey)	1454		
website	12		
Direct delivery costs	5640		4266
Staffing Costs	32278		27881
premises costs	6738		5987
printing, post and stationery	2555		1641
computer software	220		
sundry expenses	180		55
combined insurance	566		529
Accountancy and payroll support	768		96
HR support	75		
IT support	50		228
training and peer support	79		
travel and expenses	501		1400
capital expenditure	2258		809
		bank charges	4
Office Costs	13990		10749
TOTAL COSTS	51908		42896
BALANCE	1333		7820

Per bank accounts at 30/03/15	1333
closing accruals	(760)
closing prepayments	1813
accumulated capital expenditure	3067
accumulated depreciation	(1163)
PROFIT PER COMPANY ACCOUNTS	4290



Healthwatch Isles of Scilly is a charitable company limited by guarantee.

As such it is a non-profit organisation without shareholders. Any underspend may be carried forward or returned to the grant awarding body (Council of the Isles of Scilly) by agreement.

In 2014 Healthwatch employed 1 full time and 1 part time member of staff.

Company No. 8321886

Charity No. 1152039







Contact us

Address: Healthwatch Isles of Scilly
Thorofare
St. Mary's
Isles of Scilly
TR21 0LN

Phone number: 01720 423037

Email: contact@healthwatchislesofscilly.co.uk

Website: healthwatchislesofscilly.co.uk

We will be making this annual report publicly available by 30th June 2015 by publishing it on our website and circulating it to our members.

We will send it to Healthwatch England, Care Quality Commission, NHS England, NHS Kernow Clinical Commissioning Group, IOS Health Overview and Scrutiny Committee, the Council of the Isles of Scilly, and other organisations.

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

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

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