



# healthwatch

## Healthwatch Isles of Scilly Annual Report 2016/17







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# Message from our Chair

***It is my privilege and pleasure to once again introduce the work and achievements of Healthwatch Isles of Scilly over the last twelve months. It has been a year of achievement and challenge as we work to represent your views and needs regarding health and care services.***

Much of our work requires meeting those responsible for health and social care. We represent your views at meetings with the local authority and health agencies responsible for the services you use. We raise issues that you have told us about and ask for action. This takes time, both in making the case and an agencies response, but we do not forget, and ensure your views get a hearing.

We cannot do this without the experiences you share with us, so, to our members and community we say thank you. Also, thank you to our directors, who offer their time and expertise working on behalf of the community. Lastly, but not least, to our manager Carol and project assistant Julie, both of whom are the 'engine room' of Healthwatch Isles of Scilly - keep up the excellent work for us.

The Board and staff have increased our level of activity and involvement in health and social care against a background of financial stringency. For the year 2017-18 our budget has been reduced, but we have managed to avoid curtailing our activities and the service we offer.

We will continually strive to ensure that community views influence the agencies and people who plan and provide health and caring services on Scilly. We cannot do it without your comments. Let us know!

Lastly, keep in touch with what we do through our website, facebook, newsletters, and bulletins on changes you need to be aware of.

Paul Charnock  
Healthwatch Chair



# Message from our Manager

***One of the expectations on local Healthwatch is to engage with the 'seldom heard' and 'hard to reach', both of which might be applied to our corner of the region.***

I can say with certainty that we have given voice to your views and experiences, in the 36 meetings we held with services last year, the reports we made, and the frequent ad hoc queries and issues which we raised on your behalf. We also work hard to make sure you can have your say and I make no apologies for the number of NHS surveys we brought to your attention last year.

Scilly can be difficult to reach, as found by members of engagement teams last winter, a cause of some wry comment locally (patient travel problems, anyone?).

I am pleased, however, to note that Scilly is very much included when it comes to community engagement, and we will continue to support and assist both local and mainland services, and you, to get together and exchange ideas. The Shaping our Future consultation will continue this year and it's important that we all take part in the discussion, to make sure we get the services we want and need.

We're always trying to think of new and successful ways to engage within our community.

A real highlight last year was the Children's Commissioners' Takeover Challenge, which began a valuable conversation with students at the Five Islands School.

Another group we wanted to reach were seasonal staff who need to know how to access health and care services while they're here. We were able to commit the resources to a long planned task to produce information in several languages.

Some tasks which were brought to a conclusion last year (or are still ongoing) demonstrate the length of time it takes between the question and the answer, in terms of change that you can see. Other issues seem to crop up on a regular basis but we really don't mind repeating ourselves. We're here to speak up for our tiny population and as long as we can, we will continue to work with services to find a solution if there is a problem. We can report real commitment on their part, too, to get it right.

I hope you enjoy reading about the difference we have all made, together, over the past year.

Carol Clarke  
Healthwatch Manager

# Highlights from the year

**302 people gave us feedback on a range of matters, either directly or through a survey**



**We dealt with 145 requests for information and advice**



**We were taken over by Student Councillors from Five Islands School in November, for the Children's Commissioners' Takeover Challenge**



**We held 36 meetings with services to discuss subjects including health and social care provision and travel & transport; and met with young people about their concerns**



***We provided community information about everything from big plans to small changes***



***Our total social media reach was 20,576***



***We made reports on medical travel; the need for mainland accommodation for Isles of Scilly patients; supported exercise programmes; and people's concerns about drug and alcohol use***



***We promoted 11 local, regional and national surveys and consultations on health and social care, and ran 3 of our own, enabling people to have their say***





# Who we are

We all use, or may need, health and social care services and it's important that we have a chance to comment: on the services we need, and how well they work for us.

Healthwatch gives people a powerful voice locally and nationally. We are uniquely placed as a national network, with a Healthwatch in every local authority area in England.

Healthwatch England draws intelligence from across the network and works at a national level.

Healthwatch Isles of Scilly is a non-profit company set up and run by local volunteers.

It has a volunteer Board of Directors and a wide local membership. It is a fully independent organisation, governed by regulation, and accountable mainly to its members and the wider community for what it does and how it does it.

Statutory funding is by grant from the Council of the Isles of Scilly, so there is accountability there, too, to demonstrate that we are doing what we're paid to do.

As a local Healthwatch, we provide:

- **Local knowledge:** we find out about your views and experience of health and social care.
- **Local Influence:** we contribute local knowledge and community views to service planning; we pass on feedback, discuss service provision and raise issues through regular liaison and working groups; we ask for change if it is needed.
- **Local scrutiny:** we have a duty to hold services to account.
- **Local information:** we bring you news and information about regional and local services through newsletters and bulletins; we can also help you find sources of further information and advice, or where to get help to resolve a problem.
- **Local involvement:** we alert you to consultations and opportunities to have your say.



## *Our priorities*

In 2016 to 2017 our work programme focussed on four broad areas:

- medical travel (patient transport);
- adult health and social care services;
- listening to children and young people;
- accessible information for new and temporary staff.

Other matters came to the fore, particularly dentistry, and pathways for supported physical exercise. Others were put on hold, but not for long. We will return next year to a survey of facilities for people with a physical or sensory disability, and support for cancer patients.



# *Your views on health and care*

It's easy to leave feedback and your comments and observations are where it all starts.

We are quite easy to find and we use 'outreach' locations on St Mary's and the off-islands, as well as online media, to let people know what we're for and how to get in touch.

Last year, most people contacted us directly - islanders, seasonal staff and holiday visitors.

These comments and queries indicate where things are working well or not so well. We pass on a summary of feedback to the relevant service and follow up with a discussion; or contact them to highlight an issue for prompt attention. If you need help to resolve a problem, we encourage you to speak to the service directly, and can point you to the right department to deal with it. We will raise the issue with them in a general way, looking at where systems could be improved.

We run surveys to get a broader sense of people's experience and concerns; last year we focussed on medical travel. We also supported a review of drug and alcohol addiction services, with a Healthwatch survey.

Finding out about young people's concerns was a priority.

We were joined by Five Island School Student Councillors for a 'Takeover' at Healthwatch in November, which was just the beginning of what we hope will be an ongoing conversation. See more on page 18.

We delivered sessions using the 'Get Your Rights' Toolkit to students in February, as part of Key Stage 4 Safety Day, which initiated a discussion about privacy and choice.

We know that people are concerned about local services for the frail and elderly.

We attended community meetings and heard your views, and held a question and answer session with the Council Senior Officer for Adult Social Care at our Annual General Meeting. In December we held an Open Day at Healthwatch with the local Co-ordinator of the Age UK Living Well programme, to discuss the support which is needed and to highlight the support which is available.

### *Visiting services*

Local Healthwatch has the power to make Enter and View visits in order to observe matters relating to health and social care services.

Healthwatch Isles of Scilly works with one adult social care and three health care providers based on the islands, and does not maintain a team to carry out Enter and View visits. We have never decided to use Enter and View in any of our activities. Any decision to undertake this activity will be taken by consensus or majority vote of the Healthwatch Isles of Scilly Board of Directors.

In determining when an Enter and View visit would be necessary or useful, Healthwatch Isles of Scilly would take into account:

- Whether the activity will contribute to a wider programme of work, or is a reasonable response to feedback or concerns.
- Whether use of Enter and View is reasonable and proportionate to the task in hand.
- If responding to local intelligence, whether it is appropriate to refer to a third party, i.e. the Care Quality Commission.
- If responding to a whistleblowing concern, comply with the duty to report this to the Care Quality Commission.
- We recognise that all islanders are current or potential users of local services, so we would also consider whether a request should be made to another local Healthwatch to conduct the activity on grounds of objectivity, or conflict of interest for local representatives.



## *Helping you find the answers*

Health and care systems are complex. Your treatment and care may involve a number of different organisations. Finding the right department or individual to provide the help and information you need can be daunting. We have a good working knowledge of services, and more people are getting in touch for information and advice.

How we access services is an additional aspect of island life. Co-ordinating mainland treatment and travel arrangements and booking travel and accommodation accounted for about a third of all the queries we dealt with last year.

We also helped with matters including how to get your dental records, where to get help to resolve a problem with your treatment and care, and, quite frequently, where to buy seasickness tablets - for passengers facing the return trip!

People often needed general information about services, for instance who does what, who to ask for further information and advice, and where to go for help and support.

We keep a stock of books and booklets about conditions, treatment and care, for people living with cancer, mental ill health, or who are just getting older. We have continued our partnership with the local library to provide guidance literature for people of all ages, this year with a particular focus on children and teenagers.

We try to make information available across the islands. We trade news and updates with local services, so whoever you ask, you should get the right answer. We issue bulletins and newsletters, and share news and information on local radio and social media.

We maintained stocks of information leaflets at various locations; this includes useful numbers, travel booking, information about health and care services, Patient Advice and Liaison services, and complaints. Often, contact details, systems and procedures changed, and we advertised these widely.

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### **Information for temporary staff**

Each spring brings an influx of new and temporary staff to work in the islands. We contacted employers, and compiled an information leaflet about local health services, including advice to register at the Health Centre and instructions on booking medical travel. We had this translated into 8 additional languages and circulated the digital files for employers to print off as required. The leaflets are also available at our office and at the Health Centre.

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### **Dental appointments**

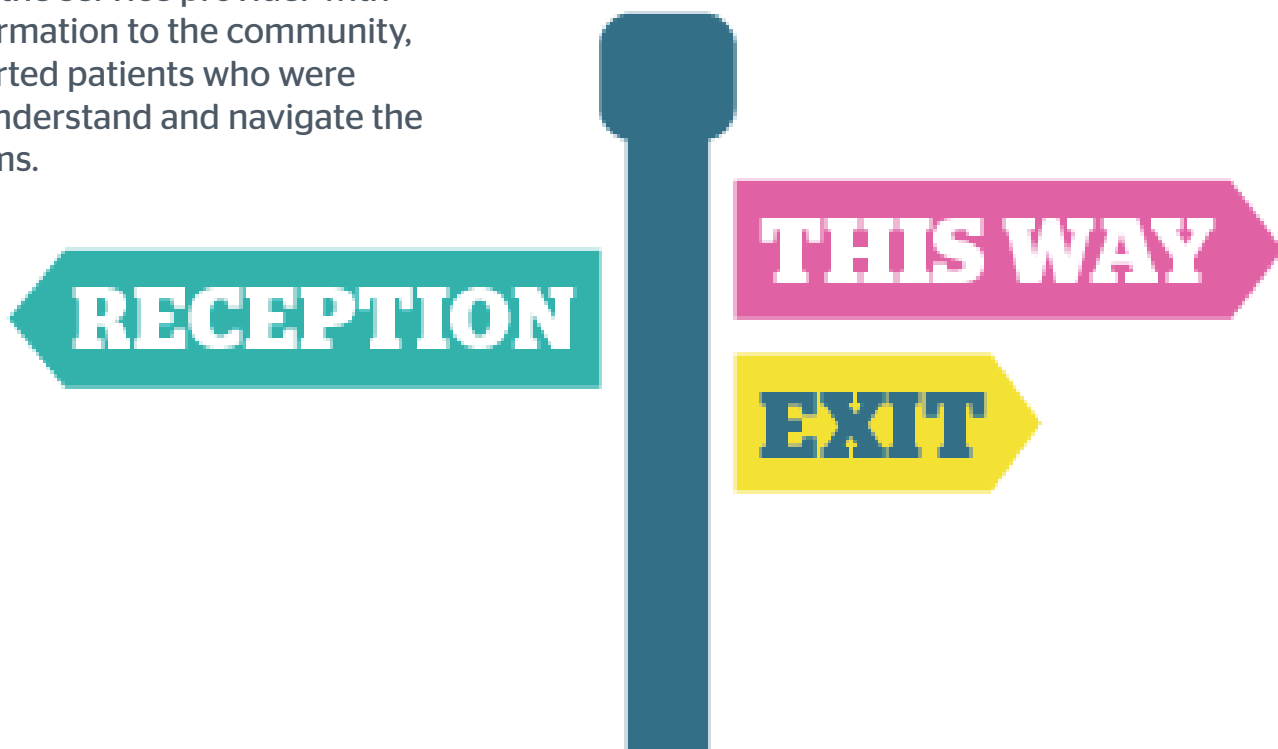
During the last eighteen months there have been a number of changes at our dental surgery, including a period of reduced cover, and different contact procedures for appointments and dental advice. During this period, we supported the service provider with timely information to the community, and supported patients who were trying to understand and navigate the new systems.

### **Health complaints**

Free Independent Health Complaints Advocacy (IHCA) is provided by a mainland-based organisation, seAp. They approached us last year to be their local partner.

Staff received training in IHCA and we now offer a face to face NHS complaints advocacy service to those who want it. It's an absolutely confidential service but we understand that some people may prefer a degree of anonymity, so we ensured that information about the service also includes direct contact details for seAp.

We also nominated a volunteer to undertake visits to the local care home, with regard to Deprivation of Liberty Safeguarding (DOLS), also led by seAp.





# *Making a difference together*

## *How your experiences are helping influence change*

### *Winter travel*

Healthwatch ran a survey in March/April 2016 requesting feedback on medical travel for January, February and March 2016. The questionnaire was a re-run of our survey in 2013, and would test what had changed since then. The winter of 2012-13 had been notable for weather related transport disruption, whereas in 2016 weather resilience in transport had improved with the hard surfacing of runways at Lands End.

Data on patient travel was requested from providers for the same period. We were particularly interested in data for 'cancelled-by-patient/ did not attend' appointments. In 2012-13 this had been very high for residents of Scilly, but in 2015 was lower than the average for Cornwall and the Isles of Scilly as a whole. We wanted to know how this was being achieved.

The survey response indicated that people's journey planning routinely included an allowance for delays, even though the reported incidence of flight delays and cancellations had fallen. However, co-ordinating travel with appointment and admission times was problematic, and most people arranged overnight accommodation even to attend an outpatients' appointment.

We concluded that more people were able to keep their appointment largely because they were bearing significant time and financial costs to do so.

One of our recommendations was that further arrangements are made to reduce the need to travel, i.e. use of video or telephone consultation, and provision of more on-island diagnosis and treatment.

## ***Reducing the need to travel***

People told us that they sometimes wonder if a face to face appointment on the mainland is necessary, and worry about the cost, to patients and the NHS.

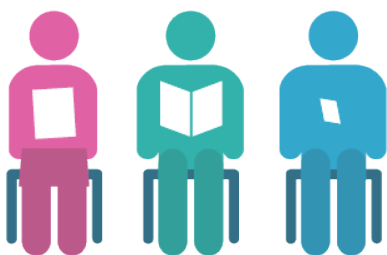
Healthwatch has advocated the need to consider treatment and appointment options for islanders for a long time, and measures to reduce the need to travel are standing items on the Medical Travel and Transport Group agenda.

All local services, including the Council, Health Centre, Hospital, and League of Friends, have instigated or funded measures, like increased local diagnostics and treatments.

Last year, Healthwatch successfully made the case for NHS funded patient transport to include the inter-island leg of the journey - see more in *It Starts with You* on page 21. This turned out to be a boost to the case for reduced patient travel overall, as one cost must be offset by savings elsewhere.

The Clinical Commissioning Group has begun a programme to achieve savings through offering alternative arrangements for some routine outpatient appointments.

## **WAITING ROOM**



## ***Non-Emergency Patient Transport Policy review***

Late in 2016 the Clinical Commissioning Group (CCG) launched a review of NHS funded non-emergency patient transport, and went out to public consultation.

Proposals included a change to current arrangements for NHS funded travel between Scilly and the mainland.

Difficulties with winter travel were acknowledged, but in our view the proposal failed to recognise that co-ordinating treatment and travel can be problematic at any time of year, due to the limited time window available to complete an appointment in a day trip. Patients arranging to stay overnight in order to attend an early or late appointment in the summer months would effectively be penalised.

We requested that the IOS Health Overview and Scrutiny Committee established a separate working group to discuss the proposals with the CCG. The group included Healthwatch, Council representatives, local clinicians, and the CCG.

This group met twice during the course of the consultation, and we were assured that the views expressed by local representatives would be taken into account.

At the time of writing we do not know the outcome of the review.

### ***Maternity service***

In 2014 and 2015 there had been some difficulty regarding recruitment and sustainable provision of cover to the on-island service. When the resident midwife post was to become vacant again in 2016 we submitted a report to the Clinical Commissioning Group (CCG) and the service provider, which suggested that the current model of provision was inherently problematic and difficult to sustain. We recommended a review of the model of midwifery provision on the islands, in order to address community and stakeholder concerns.

In our report we detailed the historic concerns we had raised and asked a number of questions about current arrangements. We received a full response from the provider to all our questions, including details of enhanced arrangements designed to address some of the issues with recruitment and cover.

The CCG subsequently launched a review of the service, including consultation with service users and stakeholders.

At the time of writing we do not know the outcome of the review.

### ***Drug and Alcohol treatment services***

The Public Health Drug and Alcohol Action Team (DAAT) commissioned drug and alcohol treatment services. They asked us to run a community survey as part of their evaluation of provision.

The response to the survey didn't tell us much about people's use of services, but delivered a message about their concerns. People told us that there is a perceived risk to children and young people on the islands. A number of respondents said that adult behaviour must be addressed to reduce this, with better education and support across all age groups.

Our report was included in the review of provision, and people's concerns were discussed at a DAAT meeting with local stakeholders.





## Working with other organisations

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**It's important to keep talking and get attention to local issues; it's equally important to listen, learn, and find a way forward together.**

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Healthwatch works with a range of partners through our seats on the Health and Wellbeing Board, Children's Committee and Health Overview and Scrutiny Committee. At the time of writing, a Council restructure is underway and we are in discussion about how we will continue to represent people's views within the new arrangements.

We are notified of forthcoming Care Quality Commission inspections, and provide relevant feedback and the local perspective. We took part in the new place based inspection format, being trialled in Cornwall and the Isles of Scilly.

All our reports are copied to Healthwatch England and the Care Quality Commission, and we discuss current issues at the quarterly Peninsula Healthwatch network meetings, which are supported by Healthwatch England.

Beyond that, we work directly with commissioners, service providers and other organisations in a number of ways.

The Isles of Scilly Medical Travel and Transport Group comprises Healthwatch, local health services, NHS Patient Transport commissioners and administrators, Council of the Isles of Scilly, and Isles of Scilly Travel. We meet regularly to look at where systems work well and where they don't. Some matters can be fixed by slight changes to procedures; some need a great deal more time and attention.

We contributed a local perspective and put forward people's concerns in discussions about system transformation. When we can, we attend the Patient Experience Group at Royal Cornwall Hospital Trust, and at other times work closely with the Patient Experience Matron and Head of Patient Services on the particular needs of islanders. We have forged links with the Cornwall and IOS Cancer Patient and Carers Group. We hold routine liaison meetings with local health and care services to share feedback, information, and provide challenge.

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**We held an ongoing conversation with the Dental service about local arrangements, which brought about improvements that people were asking for.**

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## ***How we've worked with our community***

### ***Involving children and young people***

Julia Day, volunteer Board member, made it clear that she was less interested in what adults say is important to young people, and keener to hear from them directly.

Julia worked closely with staff member Julie Love on our plans for engagement with children and young people.

Healthwatch invited the Five Islands School Student Council to take part in a Takeover Challenge. This is an initiative started by the national Children's Commissioner, to give young people an input in how services are provided.

In November, five students aged 11 - 15 spent the morning at Healthwatch. They researched and evaluated information aimed at their age group, and gave us some pointers. They then ran a Healthwatch Board meeting and discussed items on our work plan which they felt were the most interesting and important. They came up with a number of recommendations which we have passed on, or have incorporated into our work plan.

We were bowled over by their enthusiasm, views, and ideas. We intend to make the Takeover an annual event, and have proposed closer collaboration with the Student Council throughout the year.

### ***Representing your views in service planning***

Chris Douglas and Paul Charnock shared our seat on the Isles of Scilly Health and Wellbeing Board last year. As Healthwatch Board members, they have a detailed knowledge of the issues we hear about, and oversight and hands on involvement in our work programme. Healthwatch staff provided additional briefings on items on the Health and Wellbeing Board agenda.

Healthwatch provided verbal updates to the Health and Wellbeing Board regarding community feedback and concerns; and participated in discussion about regional initiatives and local allocations from the Better Care Fund.

Chris presented our report about supported physical exercise programmes. We also contributed a joint report, with the Cornwall and Isles of Scilly Cancer Patients and Carers Group, on the need for reasonably priced accommodation on site at the Royal Cornwall Hospital at Treliske.



### ***Representing your views in our work with services***

Our volunteer Board members meet regularly with local services, and maintain effective working relationships with mainland based commissioners and service providers as well. While our Board members make use of their particular knowledge and skills when discussing what works well and what could be improved, it is your comments and experience which dictate the agenda in all these conversations.

### ***Ensuring people can have their say***

It's a time of planning and review, during a national discussion about system change. We were mostly concerned to ensure that public consultation would be effective and equitable for islanders, and we worked with commissioners to offer advice, practical support, and a dose of critical assessment, for their engagement activities. Healthwatch Board members participated in a number of briefings and meetings with NHS and Local Authority commissioners and providers about the direction of change, but we felt it was important that as many people as possible were able to be part of the conversation.

We promoted the 'Shaping our Future' consultation, on the regional transformation plan for Cornwall and the Isles of Scilly, including a survey and engagement events. We also supported and contributed to the 'Growing Older on Scilly' consultation about people's needs for local health and care services.

We discussed the context of systems change in our newsletters, and with a number of individuals who sought further information.

Meanwhile, the Clinical Commissioning Group launched a raft of surveys concerning a number of policy reviews, from gluten free prescribing to NHS funded patient transport, which we featured equally and without bias.

However, it was interesting to note which subjects received the most attention. The Patient Transport consultation included Scilly-specific proposals and generated a huge amount of interest, comments and queries; closely followed by the Shaping our Future consultation.





***It starts with  
you***

## **#ItStartsWithYou**

### ***Off island travel funding***

Volunteer Board member Jane Hurd responded to feedback from off-island residents. They told us about increasing costs of medical travel when having to use non-scheduled boat services in order to get to their appointments.

As Chair of the IOS Medical Travel and Transport Group, Jane raised the matter there, back in July 2014. She pointed out that the Health Care Travel Costs Scheme states that IOS residents will not pay more than £5 to get to hospital for their mainland appointment. Islanders have always taken this to mean as far as Penzance, thereby giving them parity with residents of Cornwall. NHS funding, in practice, applied to the St Mary's/Penzance leg of the journey.

Jane made the case that it should include the off-island/St Mary's leg as well, to address financial barriers to accessing treatment and care.

The Clinical Commissioning Group (CCG) said that they would study the legislation and look into the matter. Over the next year, Healthwatch provided additional information, and the CCG collected relevant patient data.

The case went to CCG senior management and NHS England for guidance, but progress stalled for another year. The issue remained on the Medical Travel and Transport Group work plan, and Jane continued to press for a decision.

We discussed the matter with the Chair of the Health Overview and Scrutiny Committee (HOSC). Representations were also made by off-island Councillors.

In April 2016 we were informed that the CCG had agreed to fund off-island travel costs for mainland appointments, in line with Department of Health guidance.

Shortly afterwards, restrictions were placed on any new spending by the CCG. Savings would have to be found to offset funding of off-island travel. The CCG undertook a project to identify savings from measures to reduce Isles of Scilly patient travel overall. Reducing the need to travel was an existing item on the Medical Travel and Transport Group work plan.

We had put a formal referral to the Health Overview and Scrutiny Committee on hold, with the announcement from the CCG in April, but HOSC now added the item to its agenda, requiring the CCG to report on progress.

By March 2017 everything was nearly in place, bar a mechanism for payment of patient travel costs. Healthwatch had reservations about aspects of the scheme and asked that it would be regularly reviewed to ensure it fulfilled its purpose. We provided advice and assistance on the final details, and circulated community information about the scheme when it was launched in May 2017.

What we can learn from this is that sometimes things take a very long time; they are complicated and subject to other pressures and difficult to get right; and that despite all this Jane Hurd never gives up.

### ***Supported physical exercise programmes***

Volunteer Board member Chris Douglas picked up on comments about difficulty in accessing supervised exercise programmes and also about people's motivation and need for support.

He talked to our senior GP, Healthcare Assistants, the Active Scilly Manager (gym, sports facilities and swimming pool), met with the Community Health Rehabilitation and Therapies lead, and St Mary's Hospital staff.

He found there is mixed, short term, recovery and reablement support. He was concerned about people with a health risk or long term condition, who were not taking regular exercise; and about lack of support and opportunities to do so. He concluded that what is missing is a clear pathway from advice, to assessment, and then to an appropriate programme of exercise. He saw that resources, skills and facilities were available, but little 'joined up' thinking, and some unintentional barriers to access.

Healthwatch made a report to the Health and Wellbeing Board, and got the attention of the Director of Public Health.

One outcome of Chris's efforts is that Active Scilly reviewed and changed their admissions policy, to enable a greater number of people to use the facilities. We will continue to talk to services and encourage any initiatives they can employ.

### ***Arrangements at the Dental surgery***

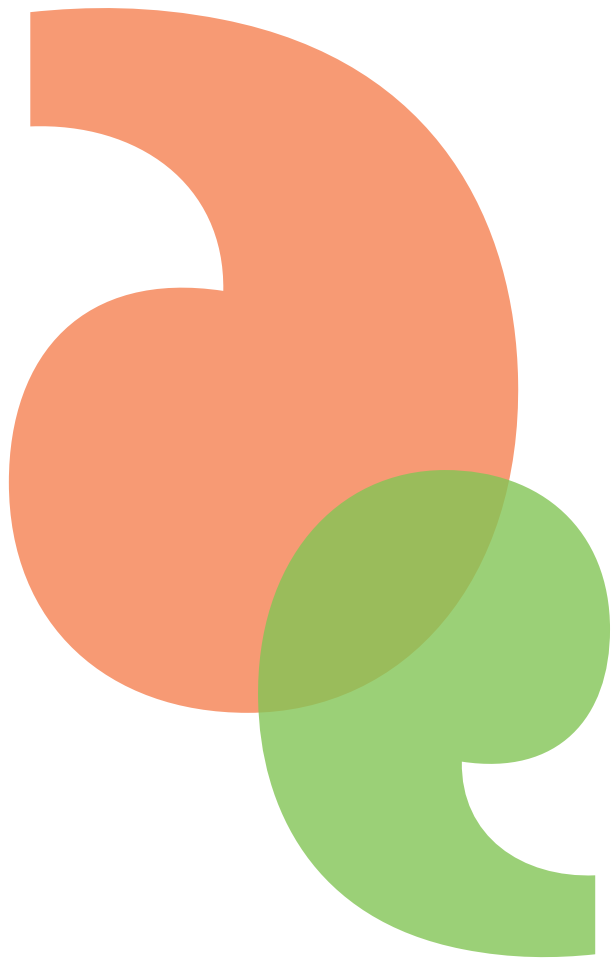
There was a surge in comments to Healthwatch about the dental service in 2015 and 2016, which clearly needed a response. The Healthwatch Board took up the case and reviewed the situation at every meeting.

It's important to note that while islanders consider themselves lucky to have a fully NHS dental practice, it is the only dental service on the islands. There is no provision for NHS funded travel for dental care and travel costs are high.

During the autumn and winter of 2015-16 the local surgery was operating with reduced cover, and appointments were restricted to emergency treatment only. In addition, telephone contact was routed via a mainland based call centre and appointments were allocated on the day.

When a full time resident dentist took up post in the spring of 2016, patients were dismayed to discover that direct contact with the surgery was not reinstated; this was because the second dental nurse post was not to be replaced.

Healthwatch was in regular contact with the provider, and assisted with their patient information during the period of interim cover. We passed on feedback and made representation on behalf of patients, which resulted in adjustments to appointment systems. We continued to discuss arrangements with the service and were pleased when the second dental nurse post was filled, early in 2017. This led to appointments being managed within the surgery and direct telephone contact was reinstated.



## ***Our plans for next year***

## **What next**

Our priorities for 2017-18

### ***Making sure you have your say***

We intend to conduct our occasional household survey again this year, where we can ask everyone about everything. It is a hugely useful barometer of current health and care provision and people's views, and will be made available to commissioners and providers, in order to inform service planning.

We will continue to promote information and opportunities to comment on wider system change.

### ***Short, medium and long term Adult Social Care provision.***

Last year, there was a crisis in local adult social care and residential provision. We met with service leads to receive an account of the situation and their plans for dealing with it. The service itself had flagged the problem and we were satisfied that all necessary procedures were in place regarding working with regulators, residents and their families, and the wider community.

The crisis came during a long ongoing process of consultation and planning for future health and care provision on the islands. While looking ahead, we will continue to keep a watching brief on current provision through your feedback and our regular contact with services.

### ***System transformation***

We will work with Healthwatch Cornwall to provide input to the Shaping our Future Transformation Board, which oversees the process of planning for system change; and we will participate in discussion about local health and care planning, via our seat on the Health and Wellbeing Board, and in local stakeholder working groups.

### ***Working with Children and Young People***

Last year we made really valuable contact with the Five Island School Student Council. We would now like to go beyond this conversation and help them take on issues themselves, by putting our contacts and resources at their disposal.

This spring, we met with students and school staff to discuss the health and wellbeing information which young people need, and in what format, and work on this continues.

We hope to establish a formal relationship with the Student Council, giving them a bigger voice in Healthwatch activity, and representation in our work with services.



### ***Facilities for people with a physical or sensory disability***

If you have a disability we know that, simply geographically, Scilly isn't the easiest place to get to or from or around. We receive comments about obstacles and difficulties, but also about the great help and assistance that services and businesses offer. We began a desktop survey last year, and now we'd really like to hear more from you, so this will feature in our surveys this year.

### ***Dental treatments***

Your feedback, and our discussion with the service provider, has highlighted some apparent barriers to treatment or gaps in provision. We will take this up with NHS England this year.

### ***Experience of cancer patients***

People tell us that they receive excellent treatment and care, but access to care involves particular difficulties at times. The matter is of concern to families as well. The subject of cancer services was top of the items that students chose to discuss at our Takeover Challenge.

We have already met with cancer service leads at Royal Cornwall Hospital Trust and will continue to work on what can be done to improve the experience of cancer patients.



## *Our people*

We began our fourth year with a review of how we go about our tasks, what we do well and where we could improve. We were helped in this by the Chair and Chief Executive of Healthwatch Cornwall, and our regional development officer from Healthwatch England.

We based the session on the Healthwatch Quality Statements, i.e. what might be said to indicate an effective local Healthwatch, which were developed by the Healthwatch network.

We added a staff to staff meeting which included consideration of how we can improve joint working; plus a session for the Board to discuss processes and progress with the Chair of a neighbouring Healthwatch, and Healthwatch England.

We also took the opportunity to share notes on plans for devolution in Cornwall, and system transformation in Cornwall and the Isles of Scilly.

We are very grateful to our invited partners for supporting us in this reflective audit. They asked all the right kind of pointy questions, seeking evidence of what we did and how and why (or why not); while also offering helpful advice and suggestions, and acknowledgement of work well done.

## ***Decision making***

The overriding principle of Healthwatch Isles of Scilly is that everything we do starts with what you tell us: Board members don't push their own concerns and we don't act on hearsay. Every meeting includes a review of recent feedback, and this helps us to prioritise tasks.

Work planning also considers four key questions, concerning our functions, tasks, tools and opportunities:  
Is this within our remit? What exactly is the issue and what needs to be done?  
How can we best take it forward? What opportunities can we use or create to get attention for the issue?

Our meeting agendas and minutes are published on our website, along with updates on tasks we are undertaking, and all our reports. This year we added 'you said, we did' pages to illustrate the progress of work we are doing in a simpler, clearer way.

We provide regular activity reports to our members and the wider community in bulletins and newsletters, and encourage comments and suggestions.

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Your board members in 2016-17 were:

Paul Charnock (Chair), Julia Day (Treasurer), Chris Douglas, Jane Hurd (Vice Chair), and Barbara Jones.

Penny Penn-Howard joined the Board in April 2017.

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## ***How we involve the public and volunteers***

Healthwatch Isles of Scilly is a membership organisation, and the wider membership group can hold the Board to account and ensure they reflect the needs and wishes of the community. This could be by resolution at general meetings, or simply by getting in touch at any time.

The people in the organisation who are most 'hands on' are the volunteer Directors. They are responsible for delivering the statutory functions of local Healthwatch, and guide and undertake our activities to that end.

The Board has developed clear policies regarding governance, including delegation of authority and how decisions are made. You can ask for copies of our policies, or read them on our website.



## ***Our finances***

Healthwatch Isles of Scilly receives its principal funding from the Local Reform and Community Voices Grant and the Local Government financial settlement of the Council of the Isles of Scilly.

Income	£
Funding received from the local authority to deliver local Healthwatch statutory activities	50507
Brought forward from 2015-16	2267
<b>Total income</b>	<b>52774</b>
Expenditure	£
Direct costs: community engagement and projects	3607
Staffing costs	34480
Operational costs	5737
Premises costs	4425
<b>Total expenditure</b>	<b>48249</b>
Balance carried forward	4525

**Note:**

Core funding for 2017-18 has been reduced and in anticipation of this the Board resolved to put certain projects on hold until we had been notified of the grant allocation, and were able to set our budget for the coming year.

The funds carried forward include an agreed reserve against future unplanned expenditure, and an amount of approximately £2300 which we have earmarked for community projects in 2017-18.



# Contact us

## ***Get in touch***

Unit 1, Gleaner House,  
Buzza Street,  
St. Mary's,  
Isles of Scilly  
TR21 OHW

Phone number: 01720 423037

Email: [contact@healthwatchislesofscilly.co.uk](mailto:contact@healthwatchislesofscilly.co.uk)

Website: [healthwatchislesofscilly.co.uk](http://healthwatchislesofscilly.co.uk)

Twitter: @HWScilly

Facebook: Healthwatch-Isles-of-Scilly

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We will be making this annual report publicly available by 30th June 2017 by publishing it on our website and sharing it with Healthwatch England, CQC, NHS England, NHS Kernow Clinical Commissioning Group, and the Council of the Isles of Scilly.

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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[www.healthwatchislesofscillyco.uk](http://www.healthwatchislesofscillyco.uk)

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