

Healthwatch Redbridge

Annual Report 2015/16



This report is available to download from our website, in plain text version, **Large Print**, and can be made available in Braille or audio versions if requested.

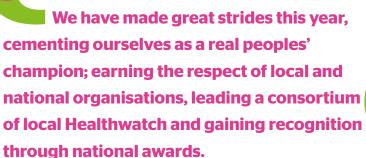
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Message from our Chair







Chair: Vanda Thomas

We have continued to develop our work to ensure all people in Redbridge are afforded the opportunity to have their say about the health and social care services they use.

We have worked closely with Volunteer Centre Redbridge to develop a supportive volunteer management framework. This has recently seen us completing a volunteer health check for our volunteering practices. We hope this indicates to our volunteers, colleagues, funders and stakeholders that we are serious about implementing good practice.

Working with other local Healthwatch has reaped many benefits for our organisation. Not only have we been able to lead on an exciting and inclusive Deaf Inclusion Project (page 14) we have also been able to gather local people's views on urgent and emergency care by working with our colleagues in Barking & Dagenham and Havering (page 9). Two positive examples where we know that local Healthwatch have made a difference to local people.

On a sadder note, we have had to say goodbye to one of our longest serving Board members when Glynis Donovan, my Co-Chair and Executive Director of Redbridge Carers Support Service, took the decision to step down after more than seven years. Glynis played a pivotal role firstly in developing Redbridge Local Involvement Network (LINk), and later supporting our transition into Healthwatch Redbridge. We cannot thank her enough for her contribution and we know that she continues to actively support our organisation.



Glynis Donovon receiving flowers from Healthwatch Redbridge Chair

I am very proud that we continue to have a small but committed Board of Directors and staff who have responded to the challenge of supporting the development of this organisation.

Message from our Chief Executive



Ensuring the engagement and involvement of people in the continuing changes to health and social care services has never been more important than it is today.

Local people need the opportunity to be heard, and we can ensure they have a voice.



Cathy Turland, Chief Executive Officer

This year has brought its challenges and opportunities. Reviewing the information in this Annual Report, I am very pleased to think that, in many ways we have had the opportunity to involve people that would have not been heard without our involvement.

Healthwatch is sometimes called a 'consumer champion' and this was never more evident than our involvement in training people with communication impairments to actively participate and make truly inclusive recommendations for hospital emergency departments across north, central and east London.

We have places on many statutory committees such as the Health & Wellbeing Board, Redbridge Clinical Commissioning Group, Health Scrutiny Committee, Primary Care Transformation Board, Accountable Care Organisation, Health and Social Care Services (HASS) and the Primary Care CoCommissioning Committee, to name but a few. This ensures that we have the opportunity to discuss and respond immediately on behalf of local people when we are made aware of local issues that affect them.

We couldn't do this as effectively if we didn't have meaningful engagement from local people. Last year, over 6,000 people attended our events and over 22,000 people were reached on social media. This couldn't have happened without the support of our volunteers who gave us well over 2,000 hours of their precious time.

It is only because people take the time to tell us what they think, attend a meeting, call us for information or to let us know when something has happened, that we can continue to grow this organisation and respond to local issues and concerns. I can't thank you enough for supporting Healthwatch Redbridge and I look forward to continuing to work with the people of Redbridge to ensure our health and social care services are right for our communities.

Our people

A number of changes to our staffing structure has taken place throughout the year as we have seen some staff roles change and new roles created to support our work.

- Cathy Turland: Chief Executive Officer
- Thomas Thorn: Media & Volunteer Support Officer
- Abdullah Al Junaid: Volunteer Coordinator (left September 2015)
- Sarah Oyebanjo: Enter and View Coordinator (started October 2015)
- Miranda Peers: Volunteer Coordinator (started December 2015)
- Naina Thaker: Projects Coordinator (started February 2016)
- Harmander Singh: Projects Coordinator (left March 2016)

Please see our operational structure on page 22



From left to right: Thomas Thorn, Naina Thaker, Cathy Turland, Miranda Peers, Sarah Oyebanjo



Our board

The Healthwatch Redbridge Board consists of a maximum of 8 people who are also full members of the Charity. This is a non-executive Board. The Board skills include areas such as finance, HR, health and care specialist knowledge and business development. The roles include Chair, Treasurer and Company Secretary which is currently part of the CEO's role.

Board members (Trustees) take overall responsibility for everything the charity does

Our board members:

- Athena Daniels
- Lorraine Silver
- Vanda Thomas
- Mike New
- Mo Dedat

and they act collectively to govern the organisation. Although in practice many day-to-day tasks are delegated to staff (where they are employed) or to individual Board Members, volunteers or others.

The central responsibilities of Trustee Boards are the same, no matter the size of the Board or nature of the organisation. At the moment, we are actively recruiting for additional Board Members.







Mo Dedat



Above left to right: Athena Daniels, Lorraine Silver and Vanda Thomas

The year at a glance

22,500 people were reached on social media



- 50 people regularly volunteered for us
- 2,316 hours were completed by our volunteers





6,217 people attended our events



3,500 comments were made to support us in developing our work programme



■ 63 E&V visits were carried out to health and social care services



■ 300 people responded to our dignity campaign



90 people asked for information and signposting

THIS WAY



Who we are

Healthwatch Redbridge exists to make health and care services work for the people who use them.

Everything we say and do is informed by our connections to local people. Our sole focus is on understanding the needs, experiences and concerns of people of all ages who use services and to speak out on their behalf.

We are uniquely placed as a national network, with a local Healthwatch in every local authority area in England.

Our role is to ensure that local decision makers and health and care services put the experiences of people at the heart of their work.

We believe that asking people more about their experiences can identify issues that, if addressed, will make services better.

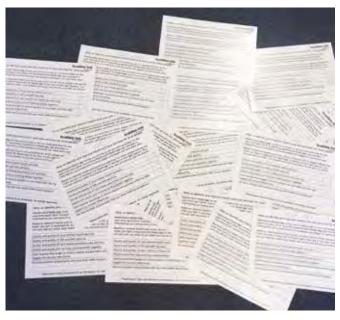
Setting our priorities for 2014-2015

Working with local people, we developed a short survey to identify our work programme and priorities for the year.

Staff and volunteers actively engaged members of the public at a number of events and engagement opportunities throughout the borough during January to March 2015. We developed a simple postcard that could be taken away, completed and sent back to us using our freepost address.

We were very pleased to have over 3500 comments and responses with the top four forming our work plan for the year.

- More information and availability of Mental Health services for children, adolescents and adults.
- Improve the quality of adult social care services (both residential and home care) with extra consideration given to outreach



A collection of our Priority Postcards

services such as dementia, rehabilitation and hospital aftercare.

- Better access, availability and continuity of GP services including out of hours services, as well as shorter waiting times in A&E.
- Accessible information and access to a standardised complaints process needs to be available to all.

Listening to people who use health and care services





Members of the public at a Healthwatch consultation

Urgent and Emergency Care project

Healthwatch Redbridge joined forces with our neighbouring Healthwatch's in Barking & Dagenham and Havering when we were commissioned to support the local Clinical Commissioning Groups in Barking, Havering and Redbridge (BHR CCG) to review the use of urgent and emergency care in the local area.

Working with BHR CCG we completed a range of patient engagement sessions at places such as our local Emergency Department, Urgent Care Centre, Walk In Centre, three Local GP Hubs (out of hours services) and a number of local GP Practices.

We also held a number of focus groups with specific groups of people such as older people, Carers, people from Eastern European communities, homeless people and people who identified as Deaf or Hard of Hearing.

We completed 361 user surveys and presented the findings at an event in March 2016 together with our Healthwatch colleagues. In total, over 1,000 survey responses were gathered across the three boroughs within 6 days.

Survey responses have helped to identify how local people currently make use of urgent and emergency care services. There is a high

degree confusion over the range and access to out of hour's health services currently being provided.



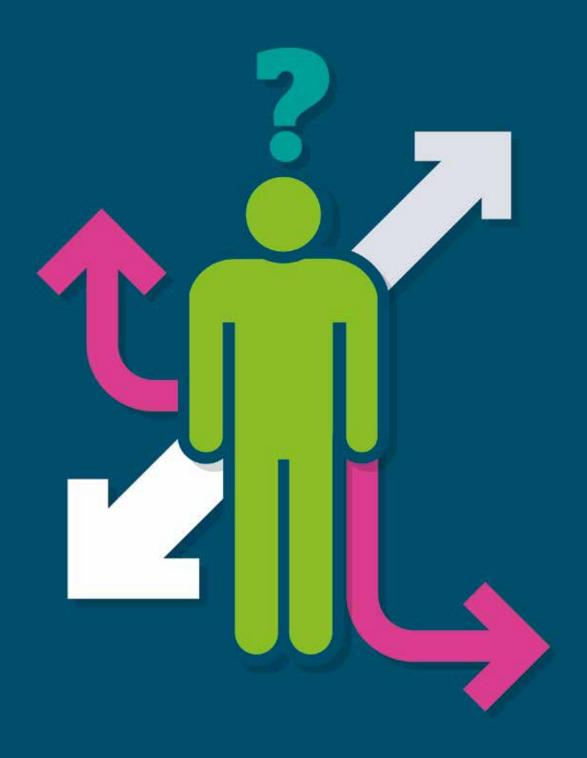
Further work is now being completed as part of the Vanguard pilot across the three boroughs to identify better service provision.

Further information on urgent and emergency care can be found at:

http://www.bhrpartnership.org.uk



Giving people advice and information



Stroke rehabilitation services

Stroke rehabilitation services in Barking, Havering and Redbridge are currently being reviewed to identify services that would support more people across all three boroughs.

Between October and December 2015, BHR CCG completed a number of pre-consultation events with a range of community and voluntary sector organisations including Healthwatch being invited to comment and support the consultation process.

The consultation ran from January to March 2016 and Healthwatch Redbridge held its own event in order to gather people's views prior to sending in a formal response.



Accessible information was made available for the consultation



Members of the public in attendance at the Healthwatch Redbridge Stroke Consultation meeting.

Other events were planned by BHR CCG and supported by HWR throughout the consultation period with many people making positive comments about the way the consultation was planned and carried out.

People attending the HWR (Healthwatch Redbridge) event were given the opportunity to listen to a presentation by members from BHR CCG and the North East London Commissioning Support Unit (NELCSU). A number of questions were asked and answered, and discussions took place. Responses from attendees as well as additional comments from people who could not attend on the day, helped to draft the basis of our response.

Respondents were in favour of in-patient stroke rehabilitation services being provided at one specialist rehabilitation unit. However, there were concerns about the lack of transport links to the preferred unit location which were described by many attendees as very poor.

Further information can be found on the BHR CCG (Barking, Having and Redbridge Clinical Commissioning Group) website:

(http://bit.ly/1U8HIse) and our full response can be found here: http://bit.ly/1Oeq8nn

How we have made a difference



Complaints Handling at GP Practices

During the first part of the year, we received a number of calls from members of the public who wanted information about raising a complaint with their respective GP practice.

As part of our Healthwatch role we needed to ensure the information we held for each practice was accurate in order to signpost correctly. We conducted a survey to identify individual complaints procedures at each of the 46 GP practices in the borough. The survey identified whether each practice had a complaints procedure, where it was placed and how patients could access it or make a complaint.

After the survey was conducted, E&V Representatives carried out visits to each practice in order to check and verify the information we had gathered. Our report identified a number of recommendations including:

- Complaints information should be made available in a variety of formats. As the minimum, we recommended that ALL practices provide information as a poster, in a leaflet and on their practice website.
- Posters, leaflets and website information should be simple to understand and accessible

- for disabled people (clear fonts, large print, easy read with photo symbols etc).
- Website settings should ideally conform to certain accessibility standards (such as W3C AA). Websites should provide clear labelling, plain language and have an ability to change text size and background colours for contrast options. An information video (with British Sign Language, audio and subtitles) would be an excellent addition to a website to support patients.
- Practices should allow people the option of making their complaint in person. The requirement to only accept a complaint in writing may be a barrier to some people.

Working with Healthwatch England we were invited to join a working group led by the Parliamentary and Health Service Ombudsman (PHSO). Other members included Healthwatch England, Care Quality Commission and NHS England. We presented our complaints report at a national conference in March 2015. Our research evidence was used as part of the PHSO report into GP Complaints.

Our full report can be found on our website: http://bit.ly/25NAnXt

The PHSO Report 'An Opportunity to Improve' can be found here: http://bit.ly/1tjQrzi

Signposting: A case study

Healthwatch Redbridge provides an information and signposting service to local people where they can contact us for information on local health and social care services.

In February we were contacted by Jane (not her real name) who was the sister of an elderly gentleman who was about to have a major operation at Whipps Cross Hospital. She was very worried as she had read lots of concerning stories about the hospital and Barts Health Trust being placed in 'special measures' by the Care Quality Commission (CQC). To allay her concerns, we contacted Barts Health and explained the situation. The Assistant Director of Nursing contacted Jane the next day. Barts Health worked with the family to identify and talk through the whole process, inviting them to make a pre-operation visit. They also gave Jane contact details so that on the day of the operation, a senior member of the nursing staff could be contacted for additional support.

Jane said she felt that Barts Health had listened to her concerns and made her feel less anxious about the procedure which, in turn had meant she could support her brother more effectively.

Deaf Inclusion Project

Part 1

The Deaf Inclusion Project saw 12 Local Healthwatch across North, Central and East London working in partnership with The British Deaf Association to improve deaf inclusion in their work and increase the involvement of London's deaf community in the improvement of health and social care services across the capital.

At the heart of the project was recruiting and supporting 20 volunteers from the deaf community in London and training them to be accredited Authorised Representatives and mystery shoppers. The British Deaf Association (BDA) was a key partner, helping recruit the volunteers. All training was designed and adapted for the deaf community to ensure full accessibility.



Volunteers & community groups at the HENCEL event

Once trained, the volunteers conducted Enter and View (E&V) Visits looking at deaf access and pathways through 3 London Emergency Departments; Queen's Hospital Romford, University College London and Newham Hospital.

A conference in May 2015 was attended by 68 representatives from NHS Trusts, CCGs, local authorities, voluntary sector providers and members of the deaf community; the project



raised awareness of the barriers faced by deaf patients and service users.

The conference helped partners share the findings from the E&V Visits, good practice identified through the project and enabled a constructive dialogue between deaf patients, service providers and commissioners.

Six short films with BSL signers and subtitles were produced through the project, some targeted at staff training in the NHS and sharing good practice.

For a one year project, the collaborative approach has already had a big impact on participation, NHS and local authority services. For Healthwatch Redbridge, we have seen a number of positive outcomes:

- Bart's Health NHS Trust are addressing weaknesses in deaf access at Whipps Cross Hospital (identified by deaf delegates as having very poor deaf access at the conference), Trust Directors are feeding recommendations from the project into the hospital's improvement plan.
- 2. Redbridge Council have approached us for assistance in improving deaf access across all areas of activity.
- 3. BHRUT (Barking, Havering and Redbridge University Trust) are working with us to

- support Deaf patients to continue to improve access within their Trust.
- 4. The short film featuring good practice in deaf access across health and social care services is being used as a staff training tool in the trusts involved in the project.
- 5. Local Healthwatch in the sub-region have a pool of trained deaf volunteers engaged in their work, as they are a seldom heard part of the community.

The participation of deaf patients in the work of Healthwatch Redbridge has increased, having a direct impact on deaf awareness in the NHS and social care sector.



Making a Difference: Healthwatch England awards

Part 2

The project was so successful that additional funding was secured to include more volunteers with communication support needs. The pool of volunteers now includes people with sensory impairments and learning disabilities.

A further five E&V visits were conducted in March 2016 at four Hospital Emergency Departments (North Middlesex, Royal Free, Whipps Cross, and Homerton Hospital) and one Outpatient Department (Newham).

The findings from these visits echoed similar issues raised previously. The reports were published in May 2016 at a stakeholder event in Stratford.



Members of the HENCEL project steering group

Despite the existence of legislation and guidance, in reality many service users continue to receive information from health and social care organisations in formats which they are unable to understand and do not receive the support they need to communicate.

We are currently working with our local Trusts, CCG and Local Authority as well as local Care Homes, to support the development of accessible information action plans ahead of the implementation date of 31 July 2016.

The HENCEL project won three national awards; two from Healthwatch England for 'Making a Difference with other Local Healthwatch' and for 'Diversity and Inclusion', and another for equality and inclusion from National Compact.



Celebrating the National Compact award (left to right): Cathy Turland CEO Healthwatch Redbridge, Rob Wilson MP, Minister for Civil Society, Councillor Barbara White, Mayor of Redbridge, Marlene Daniels, Rehabilitation Officer Action on Hearing Loss and Colleen Daniels, Healthwatch Redbridge member

Our work in focus



Dignity and Respect

The main theme of our work programme this year has been to focus on the issues of dignity and respect. We completed this work throughout the year with different engagement methods such as using surveys, outreach events, E&V Visits, a stakeholder conference and an event to mark Dignity Action Day.

Postcards, Surveys and Outreach Events

Using a simple postcard, we conducted a survey asking local people what they considered were the important aspects of dignity and respect. We received over 300 responses.

Using similar surveys, we attended over 34 outreach events to promote our dignity campaign, engaging with over 3,000 people.

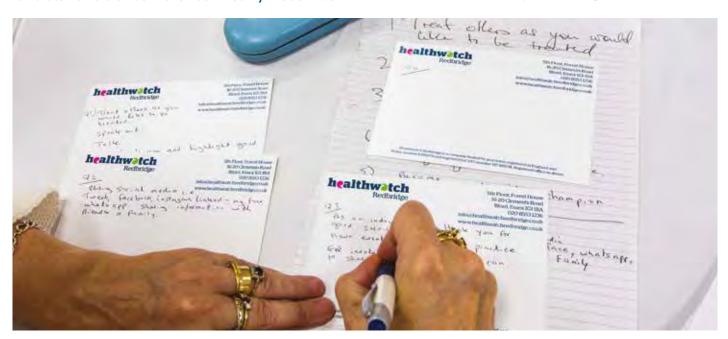
Enter & View Visits

In September and October 2015, we conducted E&V visits to eight care homes and two hospital wards across the borough. Trained authorised representatives met and spoke with residents, patients, carers and staff members about dignity and respect.

The findings from these visits formed the basis for a stakeholder conference in early December.



One of our members completes the 'digni-tea' crossword'



Collecting ideas on improving dignity in care'



Angela Wade from MEHT speaks about dignity in care at Broomfield Hospital

Dignity in Care Conference

On 4 December 2015, we held a stakeholder conference at the Karamsar Centre in Ilford. The purpose of the conference was twofold, firstly to promote dignity and respect in health and social care services, and secondly, to launch and share the findings of the ten E & V Reports completed in the preceding months.



Keynote Speaker: Ashley Brooks speaks about his work

The reports were launched at the conference and examples of good practice and areas for improvement were presented.

Ashley Brooks, National Patient Champion was our key note speaker and spoke about his work with staff and patients at Barts Health and Barking, Havering and Redbridge University Trusts.

Angela Wade, Dignity Lead for Broomfield Hospital (Mid Essex Hospital Trust) was also welcomed and gave attendees an insight into the importance they place on Dignity Action Day (1st of February each year) and how they have increased their recruitment of Dignity Champions across the Trust.

Representatives from NHS Trusts across North East London, Redbridge CCG, Adult Social Care, London Borough of Redbridge, Care Homes and members of the general public attended the event. Attendees were given the opportunity to generate ideas and pledges around the dignity campaign to support their own work.

All reports can be found on our website.







Dignity Conference attendees

Celebrating Dignity Action Day 'Digni-Tea Party'

A cream tea was the order of the day as people from around the borough joined **Healthwatch Redbridge to celebrate Dignity Action Day 2016 on the 1st of February**

Over 60 people including residents and staff from care homes, staff from community health and social services and people from the deaf community, came together at the Valentines Café in Valentines Park to talk about and celebrate Dignity Action Day.

A vintage theme was created for the 'Digni-Tea' party by decorating the café with bunting and table coverings. Music from the 1920-40's was also played.



The 'digni-tea' afternoon in full flow

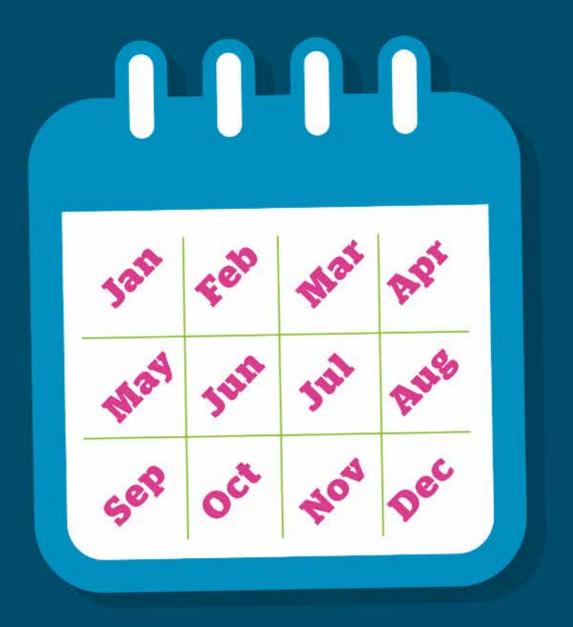
Some members of the audience had written their own poems about dignity and these were read aloud.

Representatives from the Intermediate Care Community Treatment Team and the



The Dignitea booklet that was given to every attendee

Our plans for next year



Our plans for next year

Each year, Healthwatch Redbridge invites local people to support us in developing our work programme for the next year.

Early in 2016, we created an online survey and postcard to give local people a say in what our work plan should contain. Our work highlights national and local health and social care issues. We listed the top five priorities and asked people to rank them from 1-5. We also gave people a chance to write down if they feel there are any other local priorities that Healthwatch Redbridge could consider.

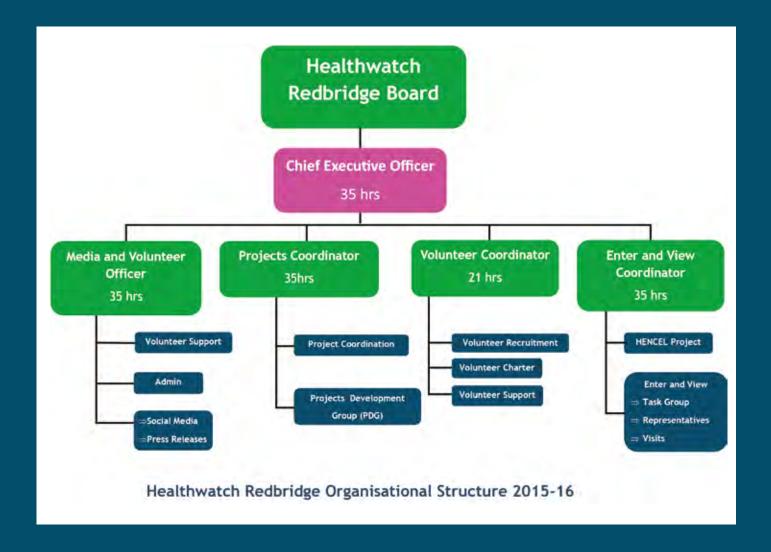
Our work plan for this year will look at:

- Safe hospital discharge to ensure people are provided with the right support and information to recover effectively
- Ensuring patients, users and carers have information provided to them in an accessible format so that they can read it, listen to it or have someone support them to understand it before they make a decision about their care
- Health and social care services working better together
- More information and availability of Mental Health services for children, adolescents and adults
- Better access, availability and continuity of GP services including out of hours services, as well as shorter waiting times in A&E





Governance



We continue to develop a strong and robust organisation, making it fit for purpose and developing a robust business plan for the future.

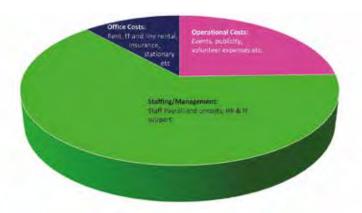
In December 2015, we held our second Annual General Meeting (AGM) using our revised voting membership structure. At the first AGM last year, the Board approved a change in our governance structure to provide our members with a greater say in the way our organisation is managed and controlled. By signing up to the new structure, members would have the opportunity to attend and vote at our AGM.

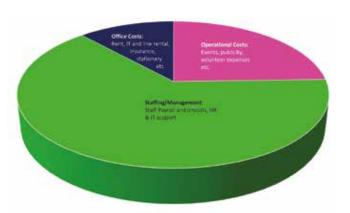
Although in its early stages, we hope that more members will take the opportunity to sign up, attend and support the organisation to grow.

In January 2016, we were very pleased to have an extension to our original three year contract confirmed until March 2017.

Funding

2014/15 2015/166





INCOME	2015/16	2014/15
Funding received from local authority to deliver local Healthwatch statutory activities	£166,000	£166.000
Additional income	£4,500	£2,846
Total income	£170,500	£168,846
EXPENDITURE		
Operational costs	£40,974	£42,042
Staffing costs	£111,998	£109,230
Office costs	£20,,160	£20,205
Total	£173,132	£171,477
Surplus/(Deficit)	(2,632)	(2,631)
Balance b/fwd	2,059	4,690
Balance c/fwd	(573)	2,059





Contact us





Get in touch

Write: **By Freepost:**

We have set up a freepost address which means you can post us your views without the need to buy a stamp. Simply write the address below onto your envelope and post it to us:

Freepost RTEK-HYXH-RLZT Healthwatch Redbridge 5th Floor, Forest House 16 - 20 Clements Road, Ilford IG1 1BA

Telephone: Call 020 8553 1236

Between 9.00am - 5.00pm Monday to Fridays, a member of

staff will record your comments

Email: info@healthwatchredbridge.co.uk

Website:: www.healthwatchredbridge.co.uk

You can use it to tell us what you think by clicking through to

our 'Talk to us' page

Social Media: Please follow us on Twitter and Facebook

Twitter: @HWRedbridge

Facebook: Redbridge Healthwatch

We will be making this annual report publicly available by 30th June 2016 by publishing it on our website and circulating it to Healthwatch England, CQC, NHS England, Clinical Commissioning Group/s, Overview and Scrutiny Committee/s, and our local authority.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work.

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