

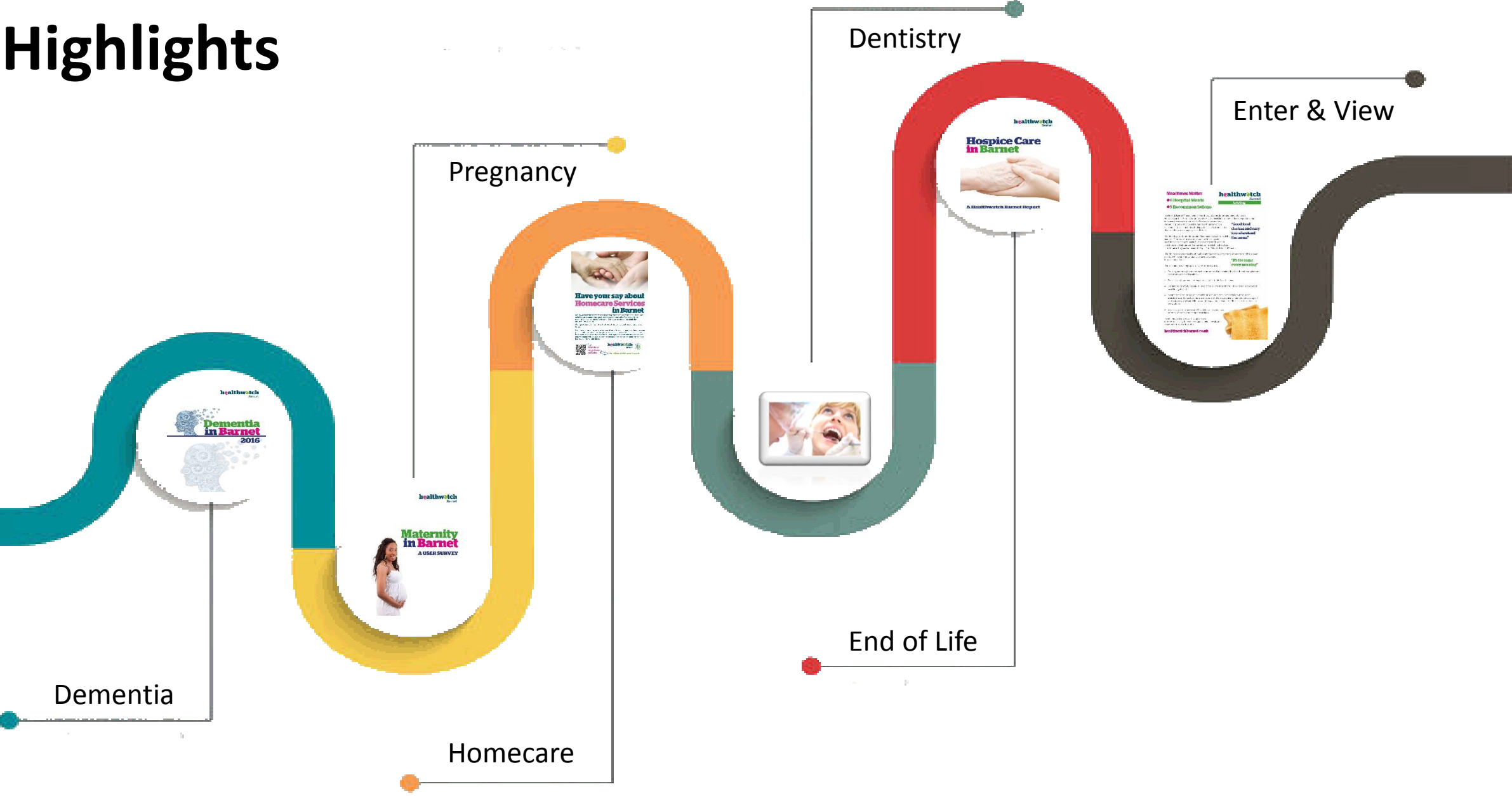
# Welcome and Introductions

**Julie Pal**

# Healthwatch Update

**Mike Rich**

# Highlights





**healthwatch**  
Barnet

**Making sure the voice of Barnet people is heard in health and social care**

Get involved  
Tell us what you think today

Call and tell us about your experience  
0203 598 6414  
@HWBarnet

Magnificent midwife? Concerned about your care? We want to know about your experience of health and social care and we want to help improve things. Make a difference, contact us today.

**Call 0203 598 6414**

Email: [info@healthwatchbarnet.co.uk](mailto:info@healthwatchbarnet.co.uk)  
[healthwatchbarnet.co.uk](http://healthwatchbarnet.co.uk)

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Delightful dentist? Obstructive optician? We want to know about your experience of health and social care and we want to help improve things. Make a difference, contact us today.

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08877 6724987  
[info@healthwatchbarnet.co.uk](mailto:info@healthwatchbarnet.co.uk)  
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0203 598 6414  
@HWBarnet

Do you have praise for your pharmacist? Concerns about your care home? We want to know and we want to help improve things. We are independent and want to improve things for the people of Barnet.

Make a difference, contact us today.

**Call 0203 598 6414**

Text: 08877 6724987  
Email: [myvoice@healthwatchbarnet.co.uk](mailto:myvoice@healthwatchbarnet.co.uk)  
[healthwatchbarnet.co.uk](http://healthwatchbarnet.co.uk)

**healthwatch**  
Barnet

# Patient Participation Groups

*Get involved today*

**A Best Practice Guide**



Linda Jackson  
Gillian Goddard  
Ann Graham  
Stewart Block  
Janice Tausig  
Lyn Tobin  
Derrick Edgerton  
Rosalia Bush  
Ganesh Dutt  
Amlan Kaur Ghosh  
Sue Blain  
Wilfred Canagarettna  
Alan Shackman  
Suria Shah  
Helena Pugh  
Asmina Remtulla  
Marion Kafetz  
Derek Norman  
Arati Banerjee  
Monica Shackman  
Ranil Jayasinghe  
Alison Wright  
Sarah Brown  
Maureen Lobatto  
Margaret Peart  
Jeremy Gold  
Helen Andrews  
Melvin Gamp  
Hitesh Parmar  
Ellen Collins



## **Dentistry in Barnet**

**a tale of teamwork**

- **Idea**
- **Planning**
- **Research/Mystery shopping**
- **Report**
- **Influence and presentation**



2017 onwards



nhs finance



28.09.16

## The next cut is the deepest

Source: NHE Sept/Oct

Mark Dayan, policy and public affairs analyst at the Nuffield Trust, explains that while NHS leaders strive to deliver historic efficiency savings they should realise there is a real chance that they will ultimately fall short.



# Campaign to End Loneliness

**Dr Kellie Payne**



Marianne Siddorn

Campaigns and Communications  
Manager

A graphic consisting of four concentric circular bands in teal, light blue, purple, and orange. Various icons are placed along these bands: a magnifying glass over a person icon on the teal band, a thought bubble on the purple band, a group of six people icons on the orange band, and two speech bubbles on the light blue band.

OUR  
THIRD AGE  
CAN BE OUR  
BEST AGE

Campaign to  
**EndLoneliness**  
CONNECTIONS IN OLDER AGE

# TODAY I WILL DISCUSS ...



- **The prevalence of loneliness**
- **Who is lonely**
- **What impact loneliness can have on our health and our health and social care system**
- **How we can reduce loneliness**

# Bristol Ageing Better Animation



## AARDMAN ANIMATION FOR BRISTOL AGEING BETTER PROGRAMME



Please use the following link to see the video

[https://www.dropbox.com/s/0sg82xiag9gzi2p/babSpotOne\\_FC-V01-01\\_150814medium.mov?dl=0](https://www.dropbox.com/s/0sg82xiag9gzi2p/babSpotOne_FC-V01-01_150814medium.mov?dl=0)

# The Campaign to End Loneliness ...

- Five years old this year
- Campaigning body to promote a major shift in thinking about loneliness
- Drive increased awareness of loneliness as a major health and economic problem
- Campaign for positive policies and plans on the ground
- Promote sharing of knowledge and best practice
- Over 100 organisations in our learning and research network





# Lil's Story – loneliness from a urban perspective



Please use the following link to see the video

<https://www.dropbox.com/s/95tg55e4avdo6e8/Lil%27s%20Story%20%28long%29.mp4?dl=0>

# DEFINING LONELINESS



## LONELINESS: IS SUBJECTIVE

the unwelcome feeling of a gap between the social connections we want and the ones we have

It can be

- Social or emotional
- Transient, situational or chronic

## ISOLATION: IS OBJECTIVE

a measure of the number of contacts or interactions

*“Language... has created the word ‘loneliness; to express the pain of being alone. And it has created the word ‘solitude’ to express the glory of being alone.”*

**Paul Johannes Tillich**

# LONELINESS IN THE UK

10%

of the population aged  
over 65 are often or  
always lonely



65+



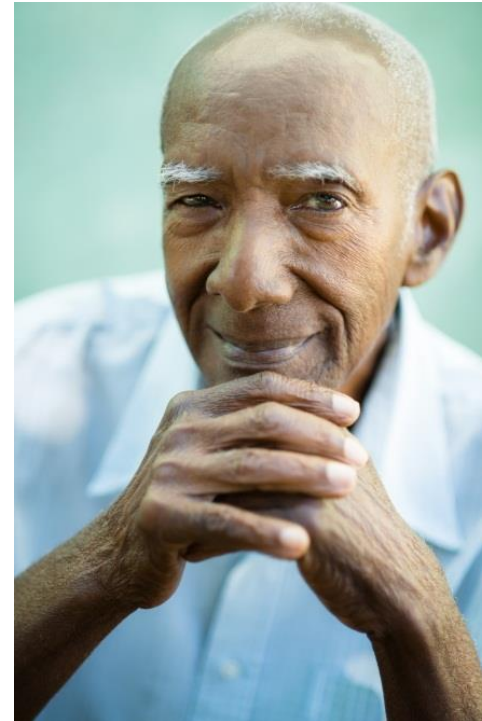
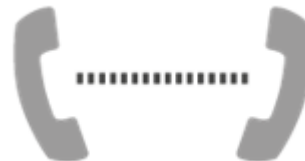
1/2

Of all older people  
(over 5 million) say  
television is their  
main company



17%

of older people are  
in contact with  
friends, family and  
neighbours less  
than once a week,



# RISK FACTORS FOR LONELINESS



## Personal:

- Poor health
- Loss of mobility, sight or hearing
- Becoming a carer
- Low income
- Bereavement
- Retirement
- Anxiety
- Being part of an ethnic or minority social group

## Wider society:

- Lack of transport
- Not living near family
- Inadequate/poor housing
- Fear of crime
- High Population turnover
- Few amenities e.g. public toilets or benches

**Risk factors converge and increase, and our resilience may reduce, as we age**



# LONELINESS HARMS PHYSICAL HEALTH



## Loneliness:

- ⦿ Poses an equivalent risk for early death as smoking 15 cigarettes a day
- ⦿ Increases the risk of high blood pressure
- ⦿ Increases risk of cardiovascular disease
- ⦿ Increases risk of dementia

## Lonely people are:

- ⦿ More likely to smoke and drink alcohol
- ⦿ More likely to be overweight and have poor diets
- ⦿ More likely to skip medication

# LONELINESS HARMS MENTAL HEALTH



## Loneliness:

- ⊙ Is linked to development of depression
- ⊙ Can delay recovery time from illness
- ⊙ Correlated with self-reported poor health and psychological distress
- ⊙ Can predict suicidal behaviours in older age

# COSTLY TO HEALTH AND SOCIAL CARE



## What we know:

- ⊙ Preventing and alleviating loneliness helps older people to remain more independent
- ⊙ 76% GPs report 1-5 patients a day come to their surgery because they are lonely
- ⊙ The cost of being chronically lonely to the public sector on average is around £12,000 per person based on costs associated with GP and A&E visits
- ⊙ Research in Cornwall and Devon found a third of patients admitted to A&E had very infrequent meaningful social interactions– less than once a month, or never

# COSTLY TO HEALTH AND SOCIAL CARE



**Reducing loneliness can boost independence and reduce costs by resulting in:**

- ⦿ Fewer GP visits
- ⦿ Lower use of medication
- ⦿ Fewer days in hospital
- ⦿ Improved ability to cope after returning from hospital
- ⦿ Reduced inappropriate admission to care homes
- ⦿ Increased contribution of older people to society: sharing skills, knowledge and experience

# HOW CAN WE ADDRESS THE ISSUE?

## IF YOU ARE FEELING LONELY

- ⦿ Think about yourself
- ⦿ Look after yourself
- ⦿ Share your skills and time with others
- ⦿ Your community and neighbourhood
- ⦿ Meditation and mindfulness
- ⦿ Speak with your GP or other health worker
- ⦿ Call a helpline such as The Silverline or get in touch with one of the many charities who are there to help





# HOW CAN WE ADDRESS THE ISSUE?



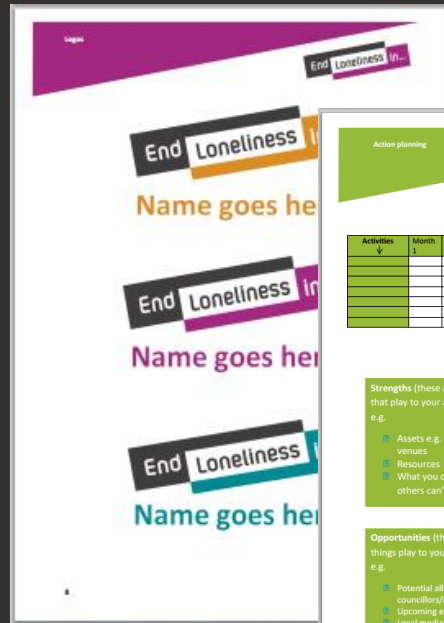
## INDIVIDUALS

- ⑦ Join the Campaign to End Loneliness – CAMPAIGN, LEARN, CONNECT
- ⑦ Get in contact with older friends and relatives at times when they might be feeling lonely, such as on Sundays and Bank Holidays, or Christmas and Easter.
- ⑦ Support older neighbours; offer to take them shopping or other help with transport, say hello to them and invite them for tea, provide them with help with IT and support them to learn how to use the internet
- ⑦ Volunteer with a local charity such as Age UK, Independent Age or Royal Voluntary Service





# You can create change in your community!



Action planning

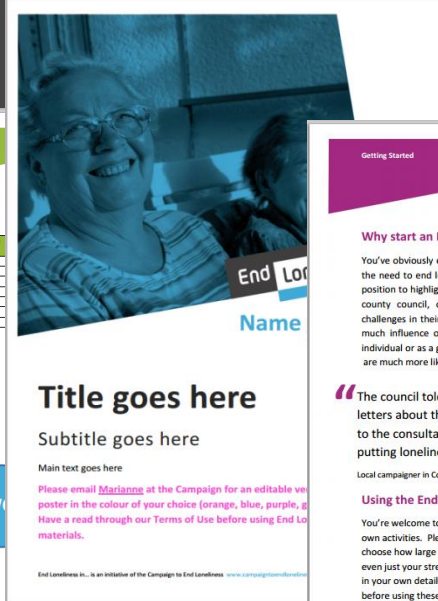
Activities	Month 1	Month 2	Month 3	Month 4

Strengths (these are the things that play to your advantage) e.g.

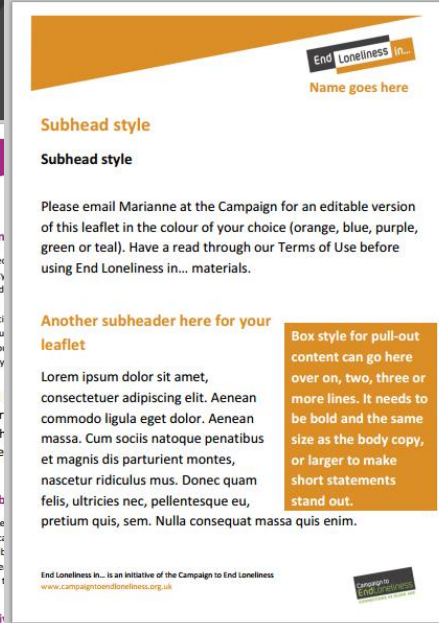
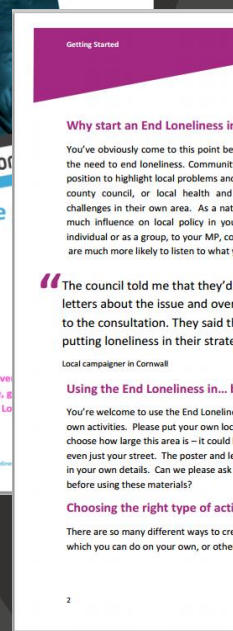
- Assets e.g. people, venues
- Resources
- What you can do that others can't?

Opportunities (these are the things that play to your advantage) e.g.

- Potential allies e.g. councillors/council officers
- Upcoming events
- Local media
- Strategic deadlines e.g. refresh of joint health and wellbeing strategy



refresh of joint health and wellbeing strategy  
Getting heard amongst other issues



# HOW CAN WE ADDRESS THE ISSUE



## CHARITIES AND SERVICE PROVIDERS

- ③ Join the Campaign to End Loneliness Learning Network
- ③ Learn about evaluation and measurement to gain a better understanding of the impact you are having on reducing your clients' loneliness – with the Campaign's **Measuring your impact on Loneliness in Later Life** guide
- ③ Learn more about how you can identify the most isolated with the Campaign's report **The missing million: in search of the loneliest in our communities.**

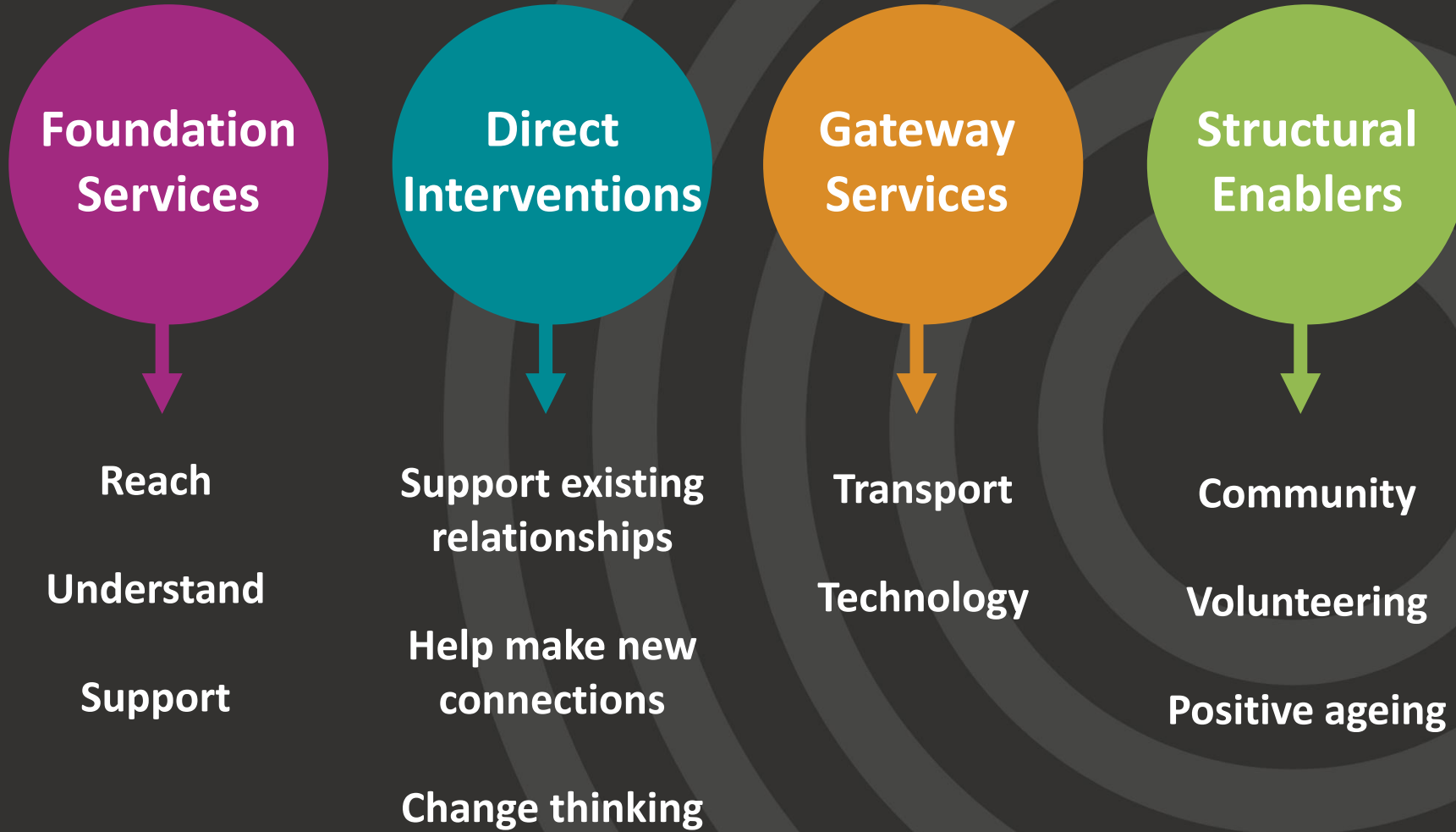
# HOW CAN WE ADDRESS THE ISSUE

## LOCAL AUTHORITIES , HEALTH AND WELLBEING BOARDS AND COMMISSIONERS

- ◎ Develop an overall strategy for reducing loneliness and isolation amongst older people
  - mapping local assets
  - highlighting gaps
  - developing strategies to identify the most lonely
- ◎ Take a lead in delivering this strategy
- ◎ Lead on the development of partnerships across the community to ensure that local resources are being used to best effect
- ◎ Use the Campaign's online Guidance for Local Authorities and Commissioners



# ADDRESSING LONELINESS





Find out more

[www.campaigntoendloneliness.org](http://www.campaigntoendloneliness.org)

020 7012 1409

[info@campaigntoendloneliness.org.uk](mailto:info@campaigntoendloneliness.org.uk)

[@EndLonelinessUK](https://twitter.com/EndLonelinessUK)



# Novus Home Sharing Charity

## Zakar Hussain

# Homeshare

LLOYDS BANK FOUNDATION  
England & Wales 

**SharedLivesPlus**  
THE UK NETWORK FOR SMALL COMMUNITY SERVICES

Awarding funds from  
**The National Lottery**® 

 **ageUK**  
Love later life

**harrow  
carers**  
supporting  
family & friends 

The  
**FOYER**  
Federation 

**novus**  
The London Carers' Centres Consortium 

**NOVUS-HOMESHARE  
PROJECT OUTLINE**

# History and Background of Homeshare

- Originally set up in the USA
- First established in the UK in 1990
- Crossroads Care CNL wanted to expand their services in 2009 and they acquired the service from Vitalise, a charity that didn't have the infrastructure to run the service.
- Novus LCCC acquired the scheme in August 2014 after the closure of Crossroads Care CNL.
- Novus-Homeshare is a leading pilot programme working with Lloyds Foundation, The Big Lottery Fund, Age UK and Shared Lives Plus to create a quality standard for Homeshare.

# What is Homeshare and how does it work?

- Homeshare is a programme that matches people who need help or support around the house with people who need accommodation and are willing to help.
- The programme helps older people to remain in their own home, keep their independence and feel more secure with live-in support.
- Homesharers commit to 10 hours per week doing things like: cooking, cleaning, shopping, help with computers or gardening in exchange of accommodation.

**Note:** Homeshare is not a care service, but can work alongside care services.

# HOMESHARE



Homeshare has proven successful in France, Germany, Canada, Spain and America

## Householders

Requiring support and  
Companionship at home



## Younger people

Looking for affordable  
accommodation  
Friendly and willing to help

---

**A SHARED ECONOMY SOLUTION**



# Benefits of Homeshare (wider society)

- Mutually beneficial arrangement – not service user and service provider
- Service for people not eligible for council support
- Reduces the risk of falls and ill-health, and delays the need for health and social care services
- Affordable accommodation for key workers
- Promotes intergenerational understanding
- Part of the solution for the care crisis and London living cost
- A affordable preventive service

# Safeguards and minimising risk

- Thorough referencing and DBS (CRB) process.
- Interview and detailed assessment to Homesharers and Householders.
- A matching process which includes introductory visits and a trial period.
- A written Homeshare agreement between both parties which is not a contract.
- Clear information for Homesharers on the Householder's needs.
- Ongoing support and monitoring with both parties.
- Ongoing support and involvement from family and friends.



# How it works / Matching



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[www.novus-homeshare.org.uk](http://www.novus-homeshare.org.uk)

# How it works / Monitoring



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[www.novus-homeshare.org.uk](http://www.novus-homeshare.org.uk)

# Case Study



**Fredi:** Novus-Homeshare matched us perfectly, it is a responsibility to be a Homesharer but it was the right thing for me to do.

**Olga:** I didn't want to be alone, especially at night, I have carers during the day but at night I would get anxious and Homeshare was a solution for me.

“ It was really nice to hear Fredi play the cello from time to time and she was extremely helpful to me. ”

Olga, Householder.

# What we need from YOU

## Key challenges

1. Reaching elderly people that only need support and companionship can be challenging
2. Changing the perception of older people about having an unknown person living with you
3. Highlighting that Homeshare is a preventive service and extra helping hand but it is not care

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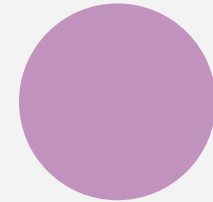
## Strategy



- Write about Homeshare in the council's magazine
- Email key people in the council for leadership buy-in
- Promote through social media



- Create an event to introduce Homeshare to the community
- Brief social workers and partner organisations about the benefits of Homeshare



- Refer people to Novus – Homeshare
- Distribute Information Packs
- Promote case studies constantly



# Summary

## Mission

Provide a high quality, personalised Homeshare service in Greater London and actively advocate to raise the awareness of Homeshare in the UK.

## Market

From census data (2011) we know that in London there are:

1. over 2 million people aged 50 or over, of which 900,000 are aged over 65
2. 366,600 higher education students

## Revenue Model

We are working towards becoming a self-sustainable charity. Householders and Homesharers contribute to our charity every month.

## USP

1. Only charity in London providing Homeshare
2. Solution developed with strong end-users involvement
3. Excellent working relations with key partners
4. Personalised service and matching expertise

## Seeking

1. Partners to promote the scheme
2. Partners to send us referrals
3. Media opportunities

# Thank You

Follow us on Twitter @Novus\_Homeshare  
Use the hashtag #HomeshareLondon

**Zakar Hussain Business Development Manager**

**[www.novus-homeshare.org.uk](http://www.novus-homeshare.org.uk)**

**[zakar.hussain@novus-homeshare.org.uk](mailto:zakar.hussain@novus-homeshare.org.uk)**

**Barnet Mencap**

**Matt Gamble**



Expect the Best Quality Checking Service:  
Working with Healthwatch Barnet

Healthwatch Barnet / Barnet Mencap video:  
Experiences of people with learning disabilities when  
accessing care services

Matt Gamble – Expect the Best Project Manager, Barnet Mencap  
Healthwatch Barnet Public Meeting - 13/10/2016





## Expect the Best Quality Checking Service

- We Quality Check Learning Disability Services
- Run by the North West London Mencap Consortium - which includes Barnet Mencap
- We employ people with Learning Disabilities and Autism, and their Carers as Quality Checkers
- Aim is to quality check and improve services for people with learning disabilities, autism, and other needs.
- We work closely with Local Authority and other local organisations including Healthwatch Barnet

## Expect the Best 2013 – June 2016



- Funded by the Department of Health from 2013 – June 2016
- Quality checking Care Homes, Supported Living Services and Activity Centres - including those not registered with CQC
- Quality Checked over 130 services including 23 different services in Barnet
- Spoke to over 800 service users, including over 140 in Barnet.
- DOH funding ended in July 2016



## Expect the Best – Current work in Barnet



- Working with Healthwatch Barnet
- Quality Checking Barnet's Phlebotomy services (having your blood taken by a doctor or nurse)
- Quality Checking 2 x GP Practices and Barnet General Hospital
- Engaging with people with learning disabilities to hear their stories and experiences about Phlebotomy services
- Working with NHS England to trial their new Learning Disability Quality tools



## Experiences of People with Learning Disabilities when accessing Care Services



- In 2015 Healthwatch Barnet and Barnet Mencap produced a video talking about the experience of people with learning disabilities when accessing primary care services.

You can find the Mencap video on our website:

<http://www.healthwatchbarnet.co.uk/experiences-people-learning-disabilities-when-accessing-care-services>

# Thank you

[Matt.gamble@barnetmencap.org.uk](mailto:Matt.gamble@barnetmencap.org.uk)

[info@expectthebest.org.uk](mailto:info@expectthebest.org.uk)

[www.expectthebest.org.uk](http://www.expectthebest.org.uk)

[www.barnetmencap.org.uk](http://www.barnetmencap.org.uk)

Barnet Mencap - 0208 349 3842



# **Healthwatch Barnet**

## **Maternity Report**

### **Sarah Brown and Amani Fairak**

# PREGNANCY IN BARNET

JUNE 2016





# BACKGROUND

- NATIONAL VIEW: STATE OF MATERNITY REVIEW 2015
- LOCAL VIEW:
  - RFL – MATERNITY PROVIDER, 5,000 BIRTHS IN BARNET, 3,000 IN HAMPSTEAD, 176 MIDWIVES
  - LOCAL RESIDENTS – AN OPPORTUNITY TO VOICE OUT CONCERN AND POSITIVE EXPERIENCE
  - BARNET CLINICAL COMMISSIONING GROUP – TO GUIDE COMMISSIONING INTENTIONS

# APPROACH

- A COLLABORATIVE APPROACH:
  - RFL SERVICE USERS FORUM
  - CCG QUALITY VISITS
  - SURVEY DESIGN (ONLINE, VOLUNTEER)
  - ONE ENGAGEMENT EVENT
  - AN INTERVIEW WITH MIDWIFE

# FINDINGS

- GENERAL CARE
- COMMUNITY CARE
- HOSPITAL CARE

## VOLUNTEER'S ROLE

- MIDWIFE'S EXPERIENCE
- GUIDANCE AND ADVICE
- SURVEY DESIGN

# CONCLUSION

## **WHAT WOMEN ARE TELLING US:**

“EVERYONE HERE IS PROFESSIONAL...THEY EXPLAINED EVERYTHING FROM A TO Z”

“COMMUNITY MIDWIFE IS AMAZING...SHE DID MORE AND BEYOND AND GAVE US EXTRA VISITS”

## **AT THE END...**

WHAT MAKES THE DIFFERENCE IS HAVING A GOOD RELATIONSHIP WITH MIDWIFE

**Goodbye**

**Thank you for coming**