

Healthwatch Oxfordshire Board of Directors

Date of Meeting: 24 th November 2015	Paper No: 2
--	--------------------

Title of Presentation: Chief Executive's Report, September 11 th - November 10 th 2015
--

This paper is for	Discussion		Decision		Information	x
--------------------------	-------------------	--	-----------------	--	--------------------	---

Purpose and Executive Summary (if paper longer than 3 pages): This paper summarises activity undertaken by the Healthwatch Oxfordshire (HWO) Staff team in the period since the last Board meeting.

Financial Implications of Paper: None
--

Action Required: The Board is asked to: <ul style="list-style-type: none"> • Note the contents of the paper.
--

Author: Rachel Coney

Introduction

The key areas of work for the team since the last Board meeting have been:

- i. Responding to Oxfordshire County Council's budget cut options.
- ii. Starting to prepare this year's 360 degree feedback survey.
- iii. Preparing for the re-launch of the national Healthwatch customer relationship management database by Healthwatch England.
- iv. Continuing to build HWO profile with other organisations who can assist us with delivery of our mission and vision.
- v. Researching the pros and cons of converting to a Charitably Incorporated Organisation (see agenda item 6).
- vi. Following up publication of the report into Improving Discharge from Hospital (see agenda item 7).
- vii. Publishing the report on Dignity in Care (see agenda item 7).
- viii. Promoting the grant fund, running applicants training, supporting applicants and recommending 3 further grants (see agenda item 7).
- ix. Continuing to deliver the outreach programme (see agenda item 7).
- x. Identifying sites for enter and view activity in the last ¼ of this year (see agenda item 7).
- xi. Preparing for the January 2016 voluntary sector and Hearsay! (see agenda item 7)
- xii. Further development work on the CSE project (see agenda item 7)
- xiii. Starting to update the website , preparing new general HWO print and drafting a new communications and marketing strategy (see agenda item 8)
- xiv. Making final edits to a draft written strategy for Healthwatch Oxfordshire(see agenda item 9)

1. External meetings attended by the CEO or Deputy in this period¹.

Organisation	Meeting	Purpose/outcome
OCC (Oxfordshire County Council)	<ul style="list-style-type: none"> • Regular monthly liaison meetings with Director of Adult Social Care, John Jackson. • Meetings with commissioner (Ben Threadgold) • Health and Wellbeing Board 	<ul style="list-style-type: none"> • Maintain 2 way flow of intelligence and discuss impact of cuts proposal. • Discussed HWO draft strategy and development of Young Healthwatch • To act as watchdog to the committee on behalf of the public; updated the Board on our work to date this year and raised concerns about proposed cuts.

¹ Note some of these were conducted by telephone

Organisation	Meeting	Purpose/outcome
	<ul style="list-style-type: none"> • Health and Wellbeing Board steering groups • Health Overview and Scrutiny Committee • Joint Strategic Needs Assessment (JSNA) Content steering group. • Consultation meeting on intermediate care services in North Oxfordshire • Director of Public Health • Faringdon and Wantage OCC locality meeting • Cllr Lynda Atkins, Independent 	<ul style="list-style-type: none"> • Worked with officers from other member organisations to plan and manage the business of the Board. • Shared areas of concern with the committee and generated support for Discharge report • Advised on content of JSNA for 2016/17 • Observed meeting to ensure fair play and to contribute response to consultation from HWO • Received briefing on Oxfordshire's bid for devolved funding • Briefed County Councillors on HWO work and to lobby for support • Lobbied for support against proposed cuts
Multi-partner meetings	<ul style="list-style-type: none"> • Joint OCC/OCCG meeting to discuss our concerns with the Big Plan and their response. • Regular quarterly meetings with OCC, Oxfordshire Clinical Commissioning Group (OCCG), Oxford University Hospitals Trust (OUHT), South Central Ambulance Service (SCAS), OHFT and NHS England (NHSE) Directors of Quality & Patient Experience leads to share information arising from patient engagement and to co-ordinate activity. • Meeting with OCC and Thames Valley Police re CSE project 	<ul style="list-style-type: none"> • Significant changes to implementation of Big Plan for the future of Learning Disability services announced at HOSC in response to HWO report • Shared best practice on engagement and planned engagement activity to try and reduce duplication/overlap. • Barnardo's mandated to work with us to try and progress this project.

Organisation	Meeting	Purpose/outcome
	<ul style="list-style-type: none"> • Dignity in Care event planning meetings with Oxford University, Age UK Oxfordshire and the Oxfordshire Association of Care Providers. • Meeting with OUHT, OHFT, OCCG and OCC about the Discharge Report • Dignity in Care draft report discussion with OUHT, OHFT, OCCG, OCC and Age UK 	<ul style="list-style-type: none"> • Ensured smooth running of event on November 4th • Gained commitment to publish joint action plan before Christmas and agreed improved ways of working together in future. • Secured commitments to action to be incorporated in report at publication
OCCG (Oxfordshire Clinical Commissioning Group)	<ul style="list-style-type: none"> • Primary Care Co-Commissioning Board. • HWO/ OCCG LFCs (Locality Forum Chairs) meeting. • Health Inequalities Commission steering group. • Patient Advisory Group 	<ul style="list-style-type: none"> • Provided scrutiny and challenge on behalf of public. • Joint information exchange between HWO and LFCs. • Agreed briefing papers and terms of reference for this commission. • Supported evaluation of Prime Minister's Challenge Fund schemes
District and City Councils	<ul style="list-style-type: none"> • Community Partnership Network Meeting, Banbury 	<ul style="list-style-type: none"> • Heard concerns of community groups in Cherwell and participated in workshop on infrastructure planning for health and social care
CQC (Care Quality Commission)	<ul style="list-style-type: none"> • Nicola Cliffe, area lead for HW • Lisa Cooke, area hospitals lead • John Kelly, area Primary Care lead 	<ul style="list-style-type: none"> • Discussed ways of making an improvement in working relationships with HW across Thames Valley • Shared information ahead of quarterly meeting between CQC and OUHT • Establish detailed joint working arrangements

Organisation	Meeting	Purpose/outcome
Healthwatch England	<ul style="list-style-type: none"> Thames Valley network meeting 	<ul style="list-style-type: none"> Received report from SCAS on 111 serious incident investigation; updated on actions where 1 of us is leading for the group; received update from HWE and shared learning.
NHS England	<ul style="list-style-type: none"> Quality Surveillance Group 	<ul style="list-style-type: none"> Represented HW from across Thames Valley in quality management discussions with local authorities, CCG's and NHS England.
Oxford Health Foundation Trust	<ul style="list-style-type: none"> AGM 	<ul style="list-style-type: none"> Ensured HWO present and lobbied informally for action on discharge report.
Health Education Thames Valley (HETV)	<ul style="list-style-type: none"> Annual Conference 	<ul style="list-style-type: none"> Developed ways our recommendations can influence medical and clinical training.
Voluntary sector (some by phone)	<ul style="list-style-type: none"> Oxford 50+ network Barnardos Helen and Douglas House Oxford United charity lead AGE UK Vale of White Horse and West Oxfordshire Partnership Meetings Oxfordshire Stronger Communities Alliance; Oxfordshire Rural Community Council re-launch and annual conference; Oxfordshire Council of Faiths 	<ul style="list-style-type: none"> Raised awareness of HWO with this group Progressed work on CSE project Discussed their concerns and how HWO might help their service users To plan men's health event at the Kassam To help promote HWO with voluntary organisations in this area and to hear about local concerns. To explain what HWO does and to build closer working relationships with other listening organisations
Other	<ul style="list-style-type: none"> Firebird PR 	<ul style="list-style-type: none"> To close contract with Firebird PR To explore joint working opportunities arising from

Organisation	Meeting	Purpose/outcome
	<ul style="list-style-type: none"> Rosamund Snow (British Medical Journal patient editor; freelance patient engagement expert working in field of clinical workforce education) 	Health Education Thames Valley conference.

2. Organisational development issues

- 2.1 The Marketing and Communications Group considered a draft marketing and communications strategy which is being brought to the Board for approval- see agenda item 5.
- 2.2 The Chairman and HR Group have been progressing actions arising from agreement made at the June Board workshop on renewing Directors terms of office, and the Chairman's and Vice Chair's recommendation that Jean Nunn-Price's term of office be renewed has been approved by email vote of the Board.
- 2.3 The HR group has been revising the grievance and disciplinary policies and procedures and has agreed a new staff appraisal process. These will be brought to the January meeting for approval as the Chair of the HR group has had to give apologies for the November meeting.
- 2.4 Terms of reference have been drafted for all Board sub groups which are being brought to the Board for approval - see agenda item 3.
- 2.5 The Marketing and Communications Manager has begun a review of our operational compliance with data protection requirements and will be advising the CEO on operational changes that need to be made to ensure we are adhering to best practice and delivering our agreed policy.
- 2.6 The contract with Firebird PR has been formally closed, and responsibility for all media and PR work has been brought in house.
- 2.7 The draft HWO strategy has been finalised, but work is now on hold on the delivery plan until next year's budget is known - see agenda item 9.

3. Oxfordshire County Council (OCC) budget saving options

In October OCC formally informed Healthwatch that the proposed budget options for 2016 would include a 100k cut in our funding. This equates to almost 1/3rd of our grant. OCC sought a detailed explanation from us of what the impact of such a cut would be. Following discussion at the Board workshop on October 27th the CEO and Chairman were mandated to ask OCC to reconsider this proposal. OCC have been informed, in a meeting on November 9th, that if such a cut were to go ahead the Board estimates that the impact on our activity levels would be as set out in the table overleaf.

ACTIVITY	CURRENT WORK PLAN FOR A FULL YEAR	WITH A 100K CUT
Major research projects eg reports into Improving Discharge from Hospital and meeting national standards on Dignity in Care	Do 3 per year	Do 1 per year
Enter and View review of care quality Eg volunteers visiting specific wards, waiting rooms, care homes etc to get feedback on a very specific service	3 sites per year	No change
Grant aided projects Eg; Asian Women's Group Report, Alice's Report, ORCC report on sustaining dementia friendly communities	5 groups each receiving a 5k grant and getting a report published with our help	This activity would stop
Partnership projects Focussed partnership projects with organisations who might previously have had a grant.	0	2 per year
Hearsay! Programme of events to hear from users of adult social care	4 events	This activity would stop
Voluntary sector listening events: Eg to inform CQC inspection of primary care and JSNA investigation into unmet needs of working age adults	3 events	This activity would stop
Voluntary sector liaison Eg: working with other organisations to increase our listening capacity by regularly sourcing data from them	Relationships in active development with 20+ organisations	This activity would stop
Outreach programme Eg On street conversations with the public about their care, analysis of what we hear and feedback to providers.	Feedback from 2000 people/year passed on to commissioners and providers	Feedback from only 1000 people/year passed on to commissioners and providers
Annual Patient Experience event with University of Oxford Eg events on care.data and Dignity in Care	1 per year	This activity would stop
Work with CCG supported locality based patient groups	Attend c.30 listening meetings round the county each year Hold 4 meetings a year with their Chairs & attend 4 meetings a year at OCCG	Halve number of listening events we can attend
Develop Young Healthwatch Develop then support a group of young people to work with the Children's Trust Board and other bodies	15 days next year	This development would not happen

ACTIVITY	CURRENT WORK PLAN FOR A FULL YEAR	WITH A 100K CUT
Provide advice and information To individuals struggling to access care	6 hours/week	Would reduce to 3 hours/week
Lead campaigns for change Eg; lobbying for changes to implementation of Big Plan, improvements to care at Campsfield House and future of community hospitals	5 campaigns at any one time	No change
Support commissioners By attending formal meetings, committees, programme boards etc	30 meetings a year	No change
Support our partners Attend other external meetings, speak at events to raise HWO profile . eg ORCC relaunch event; Oxford 50+ networks; Oxfordshire Council of Faiths; Bereavement Network	35 events a year	30 events a year
Marketing to promote our service EG Newsletters, posters, leaflets, media work, social media, website	£13 k budget	Budget reduced to £3k so only reaching digitally literate audience.

An action plan has been drawn up to build support amongst elected members to oppose this proposal, and a letter writing and press campaign is underway. Healthwatch Oxfordshire understands the financial pressure facing OCC, but has expressed deep concern that the cuts package as proposed disproportionately impacts on the most vulnerable. Given the scale and nature of the changes planned in NHS and social care provision over the coming years, we will be arguing that now, more than ever, the system needs the kind of objective, evidence based and independent feedback on how these changes are affecting individuals that only we can give.

We have written to all our supporters, the press, elected members at District and County level and MPs asking them to write to the Cabinet Member for Adult Social Care opposing this cut. We will also be submitting a formal response to the consultation setting out the arguments why this cut should not proceed, and arguing that if a cut of any scale must go through then it should be phased so we have time and capacity to generate alternative sources of income.

Healthwatch England will be challenging OCC to demonstrate how they are assured that we can still fulfil our statutory obligations if this cut goes through.

OCC have been notified that all staff have been told that the whole team will be put at risk of redundancy before Christmas, so that in the event of this cuts proposal not being rescinded appropriate notice can be issued to affected staff as soon as an OCC decision is final. We will know by the end of January 2016 what cabinet is recommending to full council.

OCC have also been notified that we cannot now plan our work programme for 2016/17. They have accepted that, as the decision on our grant will not be made until the end of February, there will be a drop in productivity in the early part of next year caused by planning blight, even if the current cuts proposal is rescinded in full.

The Healthwatch Board is asked to note that it may need to make the February Board Workshop a formal decision making meeting, in order to make final and firm decisions about what changes it needs to make to our staff structure, strategy and delivery plan.

Campaigns

3.1 The CEO is supporting 4 campaigns at present:

a) Campsfield House

The safeguarding concerns raised as a result of our campaign have been investigated as far as was possible given the limited information available, but no action has been found to be necessary. We have received assurance that NHS England is bringing forward a full day visit to Campsfield House, to take place in the spring of 2016 and they have promised that this will include a focus group of detainees, recruited on the day to avoid management bias in the selection of participants. NHS England have also committed to sharing the patient experience report they are due to receive from the provider at the end of the financial year with us. Other than continuing to attend quarterly stakeholder meetings at Campsfield House, this draws this campaign to a close for now.

b) Community Hospitals

We have been observing the public consultation on proposed changes to intermediate care provision in Chipping Norton. Our next step here, and in Witney and Henley, will be to encourage local people to report any concerns they have about new services to us, once they are up and running, so that we can raise these formally with providers and commissioners.

OCCG is developing the materials for a conversation with communities all over Oxfordshire about a new strategy for developing care outside hospital, and we will continue to advise them on how best to undertake these conversations and to feedback where we see any failings in this consultation.

We have already expressed concern that gathering patient feedback when services are increasingly provided in the privacy of patients' homes presents a major challenge to all organisations with a responsibility to monitor quality - including Healthwatch, and have alerted OCC that this activity will be more expensive to do than our current listening work - and so may well not be possible if our budgets are cut.

c) *The Big Plan*

In response to a paper submitted by us to the Joint Health Overview and Scrutiny Committee in September, OCC issued a statement saying that they had reconsidered their plans to implement the Big Plan and would now:

- Be transferring lead responsibility for commissioning learning disability services to OCCG
- Be working with OCCG to deliver the change of provider by December 2017 instead of January 2016, in order to allow the risks we had identified to be properly managed.
- Be ensuring that the transition of care from Southern health FT to Oxford Health FT would be overseen by an independently chaired Transition Board with user and family membership.

We have been back in touch with all those who had raised concerns with us, and they are content with this adapted plan. Healthwatch will be closely monitoring the work of the Transition Board to see that it is addressing the risks identified through our campaign.

4. Other correspondence

Commissioners and providers have a responsibility to respond to advice, recommendations and requests for information from HWO within 30 days. In addition to the formal letter-writing campaigns reported on above, the CEO and her Deputy have entered into one-off correspondence on a number of issues. This section of the report updates the Board on this activity and its outcomes.

4.1 Correspondence not yet responded to at the time of writing - all of which is now very overdue and all of which has been chased by email:

- a) Following our attendance at the Oxfordshire Veteran's Forum we wrote to the CCG on August 19th, asking them to co-ordinate a response to concerns on a range of health and social care issues raised by veterans and their organisations at that event. We have now received their reply, which we will forward to the Chair of the Veteran's Forum for comment, before we respond.
- b) OCCG committed in June to holding a one off meeting of the Better Mental Health Programme Board, specifically to discuss Alice's Report. We wrote to them on August 20th asking for confirmation of the date of this meeting, and have had verbal assurance that action is being taken, but have yet to receive confirmation in writing.

If no progress has been made with getting answers on this issue by the time the Board meets, a further formal letter will be sent and will be published on our website.

5. Quality and Patient Experience leads.

At the last meeting Healthwatch convened of the Quality and Patient Experience leads in Oxfordshire, the group shared learning on the most effective means of gathering patient feedback. The conclusions of this discussion were that face to face conversations are the most effective, with surveys on specific issues also being useful, but that seeking generic online or paper based survey feedback is almost never

effective. The group also began a shared consultation forward planner so that we can try and eliminate duplicate and overlapping consultations.

The next meeting of this group will be sharing learning on the most effective way to present data collected to those with the power to make change.

6. Care Quality Commission (CQC)

The CEO submitted a substantial portfolio of information to the Care Quality Commission when it called for information to inform its inspection of OHFT. CQC responded to say that:

“We found the information you submitted incredibly helpful, and it formed an integral part of the data pack provided to our inspection team, assisting them in focussing their inspection activity”

The Quality Summit at which the CQC will feedback on what they found is provisionally scheduled for January 5th, but is likely to be delayed. We have been advised that there are no urgent issues emerging from the inspection that require rapid action ahead of the quality summit.

We now have scheduled monthly teleconferences with CQC so that they can tell us which practices they are inspecting in the month ahead and what they have found in their inspections in the month just gone. We have met with the local lead inspector for primary care and have a meeting scheduled with the lead inspector for adult social care for Oxfordshire. We are in discussion with them about targeting enter and view activity in 2016 on sites where CQC would be doing a follow up inspection if their resources allowed, and where the issue that might trigger a follow up inspection is a non clinical issue that lay volunteers can usefully gather feedback about .

7. Oxfordshire Health Inequalities Commission

The CEO has now attended 3 meetings of the steering group for the Health Inequalities Commission. The TOR for the group and a general briefing about the Commission have now been agreed, and a Commission Chair, Dr Sian Griffith has been appointed.

8. Media activity

Since the last board meeting the team has undertaken press and broadcast interviews relating to:

- Standards of English amongst clinical staff
- Discharge
- Dignity in care
- The ambulance service

9. Feedback from the Locality Patient and Public Involvement Forums

The North Oxfordshire Forum held a very successful public meeting on November 10th, and the issues discussed included: the future of Intermediate care provision in the north of the county, health and social care planning for population increase and the Chipping Norton First Aid Unit. Issues of population increase are also a major concern

for the South West Forum, who are lobbying for Didcot to be a pilot site for CCG new models of care outside hospital. The West Oxfordshire Forum recently held a public event in Carterton, and the most consistent feedback concerns the poor co-ordination of hospital outpatient and specialist clinics leading to cancellations, waits, delays and lack of communication.

10. Progress reports on key pieces of project and outreach work in last month

Appendix One sets out detailed progress reports on all major pieces of internal work being led by the team. The work of the Head of Projects and her team is, this month, reported in Paper 5.

APPENDIX ONE- PROGRESS REPORTS ON KEY PIECES OF INTERNAL WORK

These reports are risk rated using a traffic light red, amber, green system. Green projects are progressing well; amber projects have some risks attached but we are confident these can be managed effectively. Red projects are a cause for concern.

Developing use of CRM	
Lead	Head of Projects
Status	Amber
Progress	The team has so far made limited use of the CRM, and addressing this is a key objective. We had a day of on-site training provide by HWE, who advised that they are upgrading the CRM. The new version should be available by the end of November and this should resolve lots of the operational blocks we have found in trying to use it, so data should now start being entered into the CRM from January 1 st (assuming the re-launch has happened as promised by then).
Risks and mitigating actions	<p>Risks:</p> <ul style="list-style-type: none"> • That HWE will not deliver promised upgrade in time for q4 use by us. <p>Mitigating Actions by end December:</p> <ul style="list-style-type: none"> • Team is now producing a detailed report for providers and commissioners of feedback received, but this cannot be published without compromising patient confidentiality. • Themes from that report are included in the Head of Projects report to the Board
Issues requiring board input	None
360 degree survey	
Lead	Head of Projects (working closely with Marketing and Communications Manager)
Status	Green
Progress	<ul style="list-style-type: none"> • The CEO has identified a number of areas of our activity for evaluation by an annual 360 degree survey, as required by our funding agreement. • The team are working together to create and distribute a survey monkey questionnaire, which is on track for distribution in the new year, with a view to results being included in the annual report. This will have a far wider reach than last year's survey.
Risks and mitigating actions	None at present
Issues requiring Board input	None

We Said They Did (or Didn't) Report	
Lead	Head of Projects (working closely with Business Manager)
Status	Green
Progress	<ul style="list-style-type: none"> • Template has been reviewed and agreed to be fit for purpose • On track to be disseminated to providers and commissioners for completion and return before Christmas, to enable us to analyse and submit to HOSC for discussion on February 4th.
Risks and mitigating actions	<p>RISK: Providers and commissioners fail to complete</p> <p>MITIGATING ACTION: CEO has sent heads up email with early advice of the timeline to CEOs and Chief Operating Officers</p>
Issues requiring Board input	None at this stage
Website Development	
Lead	Marketing and Communications Manager
Status	Green
Progress	<p>The Marketing and Communications Manager has begun a systematic update of the website.</p> <p><i>In the period Sept 4th- November 9 we have had:</i></p> <ul style="list-style-type: none"> • 1,693 hits by 1,174 users • 37.5% returning visitors 62.5 % new visitors • 5007 pages viewed • Average length of visit 3m 10s
Risks and mitigating actions	<p>Risks: Work to overhaul website on hold while Marketing and Communications manager gets up to speed.</p> <p>Mitigating Actions: Marketing and communications strategy coming to Board sub group in October</p>
Issues requiring board input	None
Stimulating Social Media Activity	
Lead	Marketing and Communications Manager
Status	Amber
Progress	<p>HWE have reported that we are above average in terms of social media followers.</p> <p><i>In the period Sept 4th- November 8 , on twitter we have had:</i></p> <ul style="list-style-type: none"> • 1,267 followers • 44 Tweets • 34 Retweets • Retweet reach of 29,682 people • 21 Mentions • Mention reach of 14,192 people <p>On Facebook we have:</p> <ul style="list-style-type: none"> - 187 page likes - 1,708 people reached

Risks and mitigating actions	<p>Risks: Social media profile still perceived to be poor by key stakeholders including members of the Board.</p> <p>Mitigating actions being taken now:</p> <ul style="list-style-type: none"> • Head of Projects, CEO and team tweeting on behalf of HWO. • Marketing and Comms Manager briefed to maximise potential of social media to support our work.
Issues requiring board input	None