

Healthwatch Oxfordshire Board of Directors

Date of Meeting: 26 th July 2016	Paper No: 3
--	--------------------

Title of Presentation: Executive Director's report
--

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 up to 13 th July.

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: Carol Moore

Introduction

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

1. External meetings attended by Executive Director 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 Oxfordshire Safeguarding Adult's Board (multi-agency) 	<ul style="list-style-type: none"> Maintain 2-way flow of intelligence and discuss impact of cuts proposal. We are attending meetings to feedback where possible and advise, however to keep our independence we do not join in the decision-making of the board.
Cherwell District Council Community Partnership Network	<ul style="list-style-type: none"> Regular CPN meeting - June Special Horton Hospital redevelopment session (x2) 	<ul style="list-style-type: none"> Discussion was primarily focused on Horton Development and Maternity services Detailed session on options for Horton redevelopment
OCCG (Oxfordshire Clinical Commissioning Group)	<ul style="list-style-type: none"> Regular liaison meeting with David Smith and Joe McManners Meeting of the Locality Forum Chairs and CCG Damon Palmer and Corrinne Yates (CSCSU) x 2 Transformation Board x2 	<ul style="list-style-type: none"> Regular meeting to discuss ongoing issues - discussed transformation priorities in Oxfordshire. To close the feedback loop and support chairs. To discuss engagement with patients and the public with the Transformation Board, including the 'public roadshows' Supporting lay rep and advising the transformation board on how to

¹ Note some of these were conducted by telephone

Organisation	Meeting	Purpose/outcome
	<ul style="list-style-type: none"> Helen Ward (x2) and Sula Wiltshire 	<p>communicate successfully with the public</p> <ul style="list-style-type: none"> Discussing how HWO could support quality work at CCG and reporting detailed feedback on OUH Patient advice and liaison services (PALS)
Oxford University Hospitals	<ul style="list-style-type: none"> Bruno Holthof 	<ul style="list-style-type: none"> A quarterly meeting to update each other on anything relevant at each organisation. This meeting covered the home care workers and eye hospital work.

2. Media activity

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

- National audit office report on delayed transfers of care
- Gypsy and travellers report
- Publication of our annual report x 2
- Eddie's column
- Story on A&E pressures
- Preview of our previous board meeting

3. Public Service Reorganisation in Oxfordshire Proposals Update:

We have been unable to find any publicly available information on the status of the District Councils' review (being undertaken by PwC) into reorganising local government in Oxfordshire. The Oxfordshire County Council has sent out an updated newsletter to stakeholders (attached below). The last stakeholder meeting on this review gave the following update:

- a final report with recommendations will be available by end July - discussion in the meantime is about 'emerging findings' - which may be published by the time of the board discussion
- Grant Thornton is stressing that the four options which have been investigated are 'broad visions' and not (as yet) detailed plans and thus difficult to evaluate fully - particularly in relation to the relative cost effectiveness of the different models - with all the complexities that entails
- a single unitary, if it goes ahead, would be the largest unitary in existence - but would none the less be within the government's recommendations in relation to size
- it is suggested that the fear of losing contact with the grassroots and the distinctiveness of different localities can be mitigated by 'Area Boards' - so-called

‘enhanced localism’. Cornwall has a system like this - but much would depend on how these are constituted and made to work



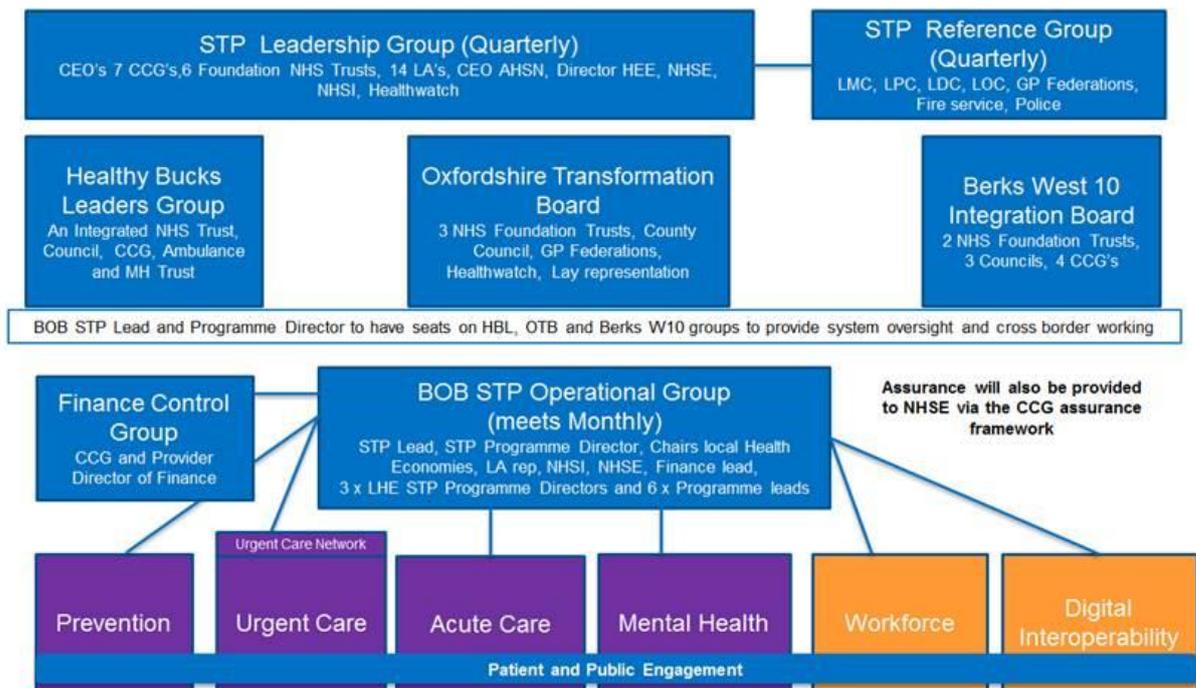
Re-org newsletter
No4 - July 2016

4. Sustainability and Transformation Plans (STP) Update

The Buckinghamshire, Oxfordshire and Berkshire West (BOB) area (described by the NHS as a Footprint) submitted its plans to NHS England on 30th June. Our understanding that these plans are still relatively high-level, and cover the same areas we previously reported to you, but we have not been able to see the plans.

As we have been unable to see the plans for the STP, and it is our understanding that NHS England has asked that STP plans are not shared widely at this stage, we have submitted a Freedom of Information request to all 7 CCGs asking for access to the 30th June submission. We expect a response in early August.

The STP leadership Group meets quarterly and will be meeting next in October. This group has asked for a local Healthwatch representative. The five local Healthwatch (Oxfordshire, Buckinghamshire, Reading, West Berkshire and Wokingham) have asked our Executive Director to represent them at this group, as we have a relationship with the STP lead David Smith. They have asked that we share all papers, put forward views on their behalf, and update them on meeting outcomes. As with our role on similar board (Oxfordshire Safeguarding Adults Board, Oxfordshire Transformation Board) I envisage our role on the board as advisory, and not to be seen as representative or as a replacement for good public engagement. To retain independence, I suggest we are not voting members of the board should decisions be made in this way.



5. Oxfordshire Transformation

Oxfordshire's transformation board and its associated work streams are working up the detailed options that will be going to the consultation currently scheduled for autumn (likely October).

They are also seeking feedback on these 'emerging themes and options' to help them refine the final options. For the public, the main thrust of this work is in having six locality roadshows, as well as working with the Community Partnership Network as per the schedule below. Despite trying to spread the word about these sessions, I'm not sure they'll reach a large number of people. Anything the board can do to encourage others, including other groups they belong to, to get involved can only help increase the range of voices in this 'big conversation'.

Big conversation roadshows:

- Tuesday 12 July, 6pm - 9pm, at Banbury Town Hall
- Monday 18 July, 6pm - 9pm, at The Beacon in Wantage
- Thursday 21 July, 6pm - 9pm, at Oxford Town Hall
- Tuesday 26 July, 2pm - 5pm, at St Mary's Church, Wallingford
- Thursday 28 July, 2pm - 5pm, at the Littlebury Hotel, Bicester
- Thursday 4 August, 11am - 2pm, Methodist Church, Witney

They are also seeking views from the localities (both patient groups and GP groups) and have had one session with the voluntary sector on 6th June, and have another planned for 28th July.

Information on the transformation programme is available at their website:

<http://www.oxonhealthcaretransformation.nhs.uk/>

A brochure for the public about the transformation programme was published last week and is available at:

<http://www.oxonhealthcaretransformation.nhs.uk/what-is-the-vision/consultation-documents/64-the-case-for-change-brochure/file>

6. Health and Wellbeing Strategy update

The Health and Wellbeing Strategy is updated annually in order to reassess progress on identified targets, and re-evaluating the targets for the remaining period. Good progress is reported in about half of the strategic areas. The report is included below.



Health and Wellbeing Board - u

7. Update on Delayed Transfers of Care (DTC) initiatives

At its last Board meeting the CCG highlighted the following impact of the 'rebalancing the system' programme to move approximately 70 beds from the acute sector into nursing and care homes. The impact includes:

- 30% reduction in delays in context of average 6% quarter by quarter increase - forecast q4 2015/6 on trend of 181
- Reduced DTC length = 13% increase in proportion DTC of less than 1 week
- Delayed days per 100,000 population (BCF Indicator) in January at 890.2 from November figure of 1004.5
- Fewer DTC days (2,041) in December and January than in same period 14/15
- Reduction in secondary delays within the pathway: people waiting to move on from reablement to domiciliary care packages has reduced from c 30 each day in Dec 15 to 16-20 each day in March 16. This frees up capacity for people awaiting discharge from hospital

The CCG announced in its plans for improvement for DTC for 2016/17 will include:

- A focus on assessment and choice processes that will reduce unnecessary delays
- Continued grip on daily and weekly operations to ensure that flow is managed and available resources deployed appropriately
- Planning for discharge from the point of admission
- To achieve a 50% reduction.

Further information can be found in the CCG Board papers:

<http://www.oxfordshireccg.nhs.uk/wp-content/uploads/2016/05/Paper-16.35-Better-Care-Fund-Plan-2016-17.pdf>

Alongside the system-wide DTC work, Oxford University Hospital Trust has started its own initiative to improve DTC:

- OUH employed around 60 support workers, who provide care in people's home after identifying that the system required 1600 hours a week of home care packages.
- This took the one-day snapshot of patients waiting to be discharged from a high in January 2016 of 123 to a June 2016 figure of 57.

<http://www.hsj.co.uk/newsletter/topics/quality-and-performance/new-oxford-hospitals-chief-reveals-delayed-transfers-turnaround/7006113.article?sm=7006113>

8. This month we heard

After the first quarter of publishing what the team had heard in the preceding month, we have developed a process to ensure it's as smooth as possible. It has allowed us to directly flag with both Health Overview and Scrutiny Committee and Health and Wellbeing Board experiences, problems or praise which members of the public have brought to us in a timely manner. We've also received good feedback from our lead contacts at the trusts or other organisations we've contacted with the feedback. I recommend that the directors commend the team or both the idea and the dedication to get this initiative off the ground.

First Quarter feedback:

June 2016

During June 2016, we heard from approximately 65 people, and one organisation. These are the main areas of concern that people or voluntary groups have been talking to Healthwatch Oxfordshire about:

GP surgeries:

- Problems with repeat prescriptions; concern over new appointment system at one practice which requires waiting for a call back; lack of breastfeeding support from GP; praise for Luther Street Drop-in, Bury Knowle Health Centre and Deer Park Medical Centre.

John Radcliffe Hospital

- Long waits for cardiology appointments (four months); poor communication between hospitals and GPs, especially with regard to access to x-rays taken in trauma clinic; Respiratory clinic at JR praised; two positive reports from the Oxford Eye Hospital.

Turning point- substance misuse recovery service

- Criticism of post-rehab aftercare.

Mental health services

- Real concern over loss of support services and peer support services from Mind in Bicester; not enough supported housing available for people with mental health problems; inconsistent quality of adult mental health teams across county; inadequate support for patient discharged from hospital; materials needed for carers to support patients after discharge; dismissive attitude of some GPs towards people with mental health problems; positive feedback on Fulbrook Centre and CAMHS services, despite long wait for latter.

Blewbury Parish Council

Detailed feedback from village of around 800 homes, approximately four miles from Didcot where the medical centres serving the village are located.

- Surgery in Blewbury is only open two days a week so emergency appointments have to be made in Didcot, with possible transport problems; difficulty in accessing Oxford hospitals; parking problems; criticism of prescription delivery system, which has recently become much more complicated.
- Villagers would like:
- Use of facilities at local health centres and hospitals in Didcot, Wantage and Wallingford for clinics to ease travel problems;
- Support for local health centre to facilitate its periodic use of the surgery in the village for tasks such as minor ailments, phlebotomy etc
- A rapid return to the system where patients are able to collect prescriptions from the village surgery.

NHS 111

- A call to 111 described as helpful and reassuring.

Social Care

- Criticism of social worker regarding son's care and reluctance to listen to family.

May 2016

During May 2016, we heard from approximately 45 people, and three organisations. These are the main areas of concern that people or voluntary groups have been talking to Healthwatch Oxfordshire about:

GP surgeries - praise for surgeries in Abingdon, Wallingford and Witney; some complaints about receptionists; concerns surrounding poor communication between GP surgeries and other service providers such as community hospitals; concerns over waiting times.

Pharmacies: Problems concerning repeat prescriptions and shortage of stock; delays caused by smaller pharmacies referring prescriptions to larger branches.

Social services: Staff at the Citizens Advice Bureaux are seeing clients who have mental health problems but are unable to get the support they need and feel there is a real lack of support for people with mental health difficulties; two complaints concerning lack of compassion by social work teams.

Mental health services: Concern over lack of services in the south east of Oxfordshire - problems include poor public transport and the need to travel further afield to places such as High Wycombe; praise for the complex needs service, concerns about the difficulty in car parking at the Wallingford GP surgery where the adult mental health team is also located adding to the anxiety of people using the services; concern over lack of services in Bicester following the closure of the Julian Centre.

John Radcliffe Hospital: Difficulty in bringing forward appointment with neurology; numerous concerns around the Oxford Eye Hospital, including administration errors, lack of access, and lack of information for patients; praise for speech therapy service, complaints about condition of toilets on Levels 3 and 7, long waits in A&E department.

Churchill Hospital: Several comments concerning parking and public transport, especially for those travelling from outside Oxford; praise for radiology staff.

Talking Space: Concerns over access to the service and communication, which could be improved by improved information.

Hospital transport: Praise for service but concerns over the length of time in advance appointments have to be booked.

General communication problems: why services cannot communicate with each other to avoid people having to go through their details with every initial assessment; also why the hospital departments do not speak to each other to ensure a more fluid care pathway for the individual rather than being treated for each separate condition rather than in a holistic manner.

April 2016

During April 2016, we heard from approximately 50 people, and five organisations. These are the main areas of concern that people or voluntary groups have been talking to Healthwatch Oxfordshire about:

- **Poor communication** - letters arriving after appointment dates, unanswered telephones, miscommunication by and between hospital departments.
- **Delayed discharges** owing to waits for prescription drugs.
- **Too early discharge** - people discharged without adequate care package in place.
- **Parking** - Lack of provision and cost.
- **Lack of compassionate care** -accounts of nursing staff who have not demonstrated compassion or concern and stories of patients not being given adequate pain relief and “overlooked”. People have expressed to us their concern about people who do not have family or friends to “advocate” for them, and referred to “a constant battle to get basic care”.
- **Cleanliness** - unclean hospital ward and toilets at the John Radcliffe Hospital.
- **Mental health services** - Long waits for mental health support and lack of one-to-one support. Mental health services and GPs not understanding OCD (Obsessive Compulsive Disorder).
- **GP surgeries** - long waiting times for GPs - also complicated telephone menus can make getting through difficult for people with memory problem, particularly in the north and west of the county, Also praise for a responsive Oxford GP for helping patient access hospital care quickly.
- **Health provision** - concern about health provision for new housing estates.
- **Support services** - concerns over funding for support services for people who have experienced sexual abuse, particularly men. For more information visit www.cleanslate.org.uk or email office@cleanslate.org.uk or telephone 01869 232461.
- **Advocacy** - An advocacy service exists for people aged over 50 who have been diagnosed with cancer, but not enough people are being referred to by their GP to this free service. The organisation asked how GPs can be made aware of the service. Greater awareness in general is needed.
- **Talking Space** - Frustration that Talking Space does not cater for people who are dealing with the physical and mental health consequences of historic sexual abuse like post-traumatic stress disorder. Also the limit of six sessions offered by Talking Space is not felt to be long enough for some people to be able to deal with some complex mental health issues.
- **Dementia** - concerns at possible loss of specialist day services for people with dementia because of budget cuts.

- **Children's Centres** - continued concern over proposed closures.

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 Customer Relationship Management system	
Lead	Executive Director
Status	Amber
Progress	The team had a group training on the demo feedback wizard. HWE had promised to release the wizard on w/c May 16, but we have still not had it uploaded, and the updates on timelines have stopped.
Risks and mitigating actions	<p>Risks:</p> <ul style="list-style-type: none"> • That the CRM wizard never appears <p>Mitigating Actions ongoing:</p> <ul style="list-style-type: none"> • Staff have developed an interim process to collate information to create the 'this month we heard' website feature. • Business manager has taken on task of following up with HWE on progress. • Alternate feedback tracking could be set up in excel or access, software
Issues requiring board input	None
Care Home Care Quality Commission inspections project	
Lead	Community Involvement (Organisations)
Status	Green
Progress	<ul style="list-style-type: none"> • Draft has been submitted to ED for review
Risks and mitigating actions	None at this stage
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>In the period May 11-July 10 we have had:</p> <ul style="list-style-type: none"> • 1,550 hits by 1,197 users. • 27.3% returning users, 72.7% new users • 3,903 pages viewed. • Average length of visit 2 min 25s

	<p>This compares to last Board meeting's stats of:</p> <ul style="list-style-type: none"> • 1,133 hits by 880 users. • 29.9% returning users, 70.1% new users • 3,251 pages viewed. • Average length of visit 2 min 39s
Risks and mitigating actions	None at this time
Issues requiring board input	None
Stimulating Social Media Activity	
Lead	Marketing and Communications Manager
Status	Amber
Progress	<p>Though we are posting much more regularly on social media, we continue to work to develop our messages as well as our active followers. Over the past two months we've started to see a shift to more engagement with our posts and we're having more to share/say on social media</p> <p>In the period May 11 to July 10, on Twitter we have had:</p> <ul style="list-style-type: none"> • 1362 followers • 23 Tweets • 24 retweets • 6,211 impressions (the number of times users saw a tweet) • 91 engagements (the number of times users interacted with a tweet) <p>On Facebook during the same period we have had:</p> <ul style="list-style-type: none"> • 192 page likes • 916 people reached <p>This compares to last board meeting:</p> <p>In the period <i>March 8th - May 10th</i>, on twitter we have had:</p> <ul style="list-style-type: none"> • 1325 followers • 20 Tweets • 18 retweets • 6.5k impressions (the number of times users saw a tweet) • 45 engagements (the number of times users interacted with a tweet) <p>On Facebook we have:</p> <ul style="list-style-type: none"> • 197 page likes - • 1,321 people reached
Risks and mitigating actions	<p>Risks: Missing an audience and potential avenue for feedback without having a following on SM</p> <p>Mitigating actions being taken:</p>

	<ul style="list-style-type: none"> Marketing and Comms Manager briefed to maximise potential of social media to support our work. Communications and Marketing Manager investigating boosting some facebook posts or a facebook ad to boost number of followers Consider whether staff should take on a social media training session so all team members are actively involved.
Issues requiring board input	To join and share our networks with contacts
Enter and View (minor injuries / unscheduled care)	
Lead	CIO public
Status	Green
Progress	<ul style="list-style-type: none"> Feedback from 28-day review due on Friday 22nd July - to be published on 28th July. Board will receive this as a late paper for information at the board meeting.
Risks and mitigating actions	Risks: <ul style="list-style-type: none"> None at this time
Issues requiring board input	None
Public Outreach	
Lead	Community Involvement (Public)
Status	Green
Progress	Both CIOs have been developing their plans for the next year. We have also been working to develop a series of listening sessions with black and minority ethnic groups locally, the first of which took place on 14 th July at the East Oxford Community Centre Since the last Board meeting we have spoken to approximately 120 people
Risks and mitigating actions	Risks: <ul style="list-style-type: none"> None at this time
Issues requiring board input	None
Voluntary Sector Outreach	
Lead	Community Involvement (Organisations)
Status	Green
Progress	Since the last board meeting, Kanika has met with the following organisations:

	<ol style="list-style-type: none"> 1. Beeching Way supported housing for people on the autistic spectrum 2. Oxford Mela (Mela is Hindi for festival) in Rose Hill- organised by the Oxford Hindu temple <p>The summer schedule for voluntary sector groups is lighter due to holidays.</p>
Risks and mitigating actions	None at this time
Issues requiring board input	None
Project Fund	
Lead	Community Involvement (Organisations)
Status	Green
Progress	<ul style="list-style-type: none"> • Status of current projects: • Oxfordshire Parent and Infant Project (Oxpip) project on children and parents from conception to two years report is being edited. • Refugee Resource project on refugee/asylum seeker experiences of primary care is being edited. • Oxford Against Cutting project on experiences of FGM is being edited • Cruse bereavement has submitted its first draft of its report on experiences in the north of the county.
Risks and mitigating actions	<p>Risks:</p> <ul style="list-style-type: none"> • Non-completion or late completion of current projects <p>Mitigating actions:</p> <ul style="list-style-type: none"> • Level of support to organisations has increased to encourage them to complete on time.
Issues requiring board input	None at this time