

Healthwatch Oxfordshire Board of Directors

Date of Meeting: May 26 TH 2015	Paper No: 5
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Title of Presentation: Discussion paper on Healthwatch Oxfordshire Strategy

This paper is for	Discussion	x	Decision		Information	
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<p>Purpose and Executive Summary (if paper longer than 3 pages):</p> <p>This paper summarises the preliminary thinking of the Strategy, Planning and Finance sub group of the Board. It takes the mission and vision statements agreed at the Board workshop of April 28th 2015 as its starting point, and proposes how these might be delivered. It also sets out first thoughts on how success in delivery might be measured, and what obstacles might need to be overcome.</p>

Financial Implications of Paper: None

<p>Action Required:</p> <p>To discuss the attached paper, in order to inform the next stage of the work of this group in drafting a 3 year strategy and 1 year plan for Healthwatch Oxfordshire.</p>

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1. Introduction

Healthwatch Oxfordshire is committed to developing a short and easily understood written strategy that sets out what it is trying to achieve and how it will measure its own success. The Board held a workshop on April 28th 2015 at which it began to discuss what this strategy might say. The Strategy, Planning and Finance (SP&F) sub group of the Board then met on May 11th 2015 to reflect on the outcomes of that workshop and to develop some ideas for further discussion by the full Board at this meeting.

2. Starting point

At the April workshop the Board proposed the following statements be adopted as the company's mission and vision statements:

- *Healthwatch Oxfordshire exists to be the independent champion for health and social care users in Oxfordshire.*
- *Our vision is that the people of Oxfordshire are shaping their own health and social care services.*

The strategy will set out:

- the context within which HWO is working
- how HWO will fulfil its mission and move towards delivery of its vision, specifically:
 - what success will look like
 - what obstacles it will need to avoid or work around to achieve success
 - what it will do and what it won't do to avoid or work around obstacles
- how HWO will prioritise use of resources
- how success will be measured

The strategy will be a short and accessible document that builds, incrementally, on what HWO is already doing. It will encourage small / staged and often experimental changes that strengthen what is working and reduce or avoid what is not working. The sub-group will aim to bring a completed draft to the Board for approval in July.

3. The core components of our Strategy

The SP&F sub group considered whether we can fulfil our mission and work towards delivery of our vision through four main activities:

- Finding out about local people's experiences of using local health and social care services.
- Using that information to provide independent and informed advice to relevant local and national organisations about how local services need to change.

- Helping to hold those in charge of local health and social care services publicly to account for improving services in line with our advice
- Providing advice and information to individuals about access to local care services

The table in Appendix 1 maps these activities to our current work programme and the statutory activities against which we are required to report in our annual report. It also sets out work-in-progress on draft statements of success for each of these four areas and possible obstacles to delivery.

ACTION: The Board is asked to review and comment on the table in Appendix 1 in order to inform the next steps of the SP&F sub group on strategy development.

Appendix 1.

Healthwatch Oxfordshire exists to be the independent champion for health and social care users in Oxfordshire				
Our vision is that the people of Oxfordshire are shaping their own health and social care services.				
We will fulfil our mission and work towards our vision by:	The ways in which we currently do this are:	We will know we have succeeded when:	Barriers we will need to overcome to succeed:	These activities map to HWE statutory activities as follows:
A. Finding out about local people's experiences of using local health and social care services.	<ul style="list-style-type: none"> i. Projects funded by grants and delivered by 3rd party organisations who can reach communities we cannot reach by ourselves. ii. Outreach work with the general public in order to hear unsolicited feedback on any topic of interest. iii. Major projects using E&V as core part of methodology - often in partnership (eg Patients Association, Age UK) iv. Conferences, workshops and events on particular topics - eg Hearsay! v. Supporting consultations vi. Directors of Quality and patient experience leads meetings. 	<p>A wide range of local people in Oxfordshire are sharing stories about their experience of health and care services with HWO on a regular basis and are saying that this is easy to do and that it helps them feel connected to decisions taken by commissioners and providers.</p> <p>A representative sample of people living in Oxfordshire are saying that they have heard of Healthwatch Oxfordshire, that it is responsive to</p>	<ul style="list-style-type: none"> a) No mechanism for encouraging people to share stories about their experience on a regular basis - either directly with HWO or via other organisations in Oxfordshire's PPE network. b) Feedback fatigue c) HWO capacity d) Lack of clarity on differences between HWO and other organisations in Oxfordshire's PPE network and on the history of the impact they have made / value they have added. e) Limited information on what makes it easy for people to share stories about their experience. f) Limited information on what would 	<ul style="list-style-type: none"> 1. Obtaining the views of local people regarding their needs for, and experience of, local care services and importantly to make these views known. 2. Enabling local people to monitor the standard of provision of local care services, and whether and how local care services could and

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	<ul style="list-style-type: none"> vii. Partnership with the OCCG Locality Forums. viii. Building our networks and encouraging others to share their information with us. ix. Work with the media and wide range of local networks to raise our profile with the public so they bring us their stories. 	<p>their needs and that they know what it has achieved on their behalf.</p>	<p>allow people to feel connected to decisions taken by commissioners and providers and encourage them to want this outcome.</p> <ul style="list-style-type: none"> g) Lack of practicable way to reflect different needs / priorities of different groups in each of the areas noted above. h) No clear way to measure satisfaction of the public with our service. 	<p>ought to be improved.</p>
B. Using that	i. Ensuring all our work leads to	Commissioners and	a) Finding ways to collate this	3. Making reports

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<p>information to provide independent and informed advice to relevant local and national organisations about how local services need to change.</p>	<p>publication and dissemination of reports with clear recommendations.</p> <p>ii. Attending programme boards, workshops and other meetings as required/requested to enable the voices we hear to be heard.</p> <p>iii. Responding to requests to provide a patient/service user perspective in writing or by attending meetings.</p> <p>iv. Responding to consultations and commenting on strategies/plans/ quality accounts and other formal publications and proposals.</p> <p>v. Directors of Quality meeting.</p>	<p>providers of health and care services in Oxfordshire are:</p> <ul style="list-style-type: none"> • Demonstrably taking positive action to improve services as a result of considering feedback and evidence about service user experience provided by HWO. • Saying that they value and respect the independent evidence-based advice that HWO provides. 	<p>information that is useful and time-efficient.</p> <p>b) Lack of HWO capacity</p> <p>c) Lack of information on which to base informed advice</p> <p>d) Providers and commissioners have limited capacity / time to cope with / use information which highlights existing / new issues without also identifying new / practicable solutions.</p> <p>e) HWO advice , in most cases, is not correlated with other sources and / or provided in a way that makes it easy to use</p> <p>f) Engagement is built on personal relationships rather than on formally acknowledged organisational arrangements.</p> <p>g) Confusion as to HWO's role:</p>	<p>and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services, and shared with HW England.</p> <p>4. Formulating views on the standard of provision and</p>

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			<p>collector of (sometime) useful views to support decision making vs. mini-regulator identifying (often well-known and intractable) problems.</p> <p>h) Limited understanding of / unclear assumptions about what is respected and valued. For example is evidence-based advice more respected than context-based understanding of constraints; and (how) can these two alternatives co-exist without negating the other.</p> <p>i) Difficulty in finding clear & believable ways to demonstrate the connection between stories about experience and decisions taken by commissioners.</p> <p>j) HWO's influence over statutory providers is the same as that of</p>	<p>whether and how the local care services could and ought to be improved, and sharing these views with HW England.</p> <p>5. Making recommendations to HW England to advise the CQC to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the</p>

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			<p>other private and voluntary organisations in the PPE Network and this is not sufficient to bring about the changes required to respond to the needs expressed by people who share their experience of using local health and social care services.</p> <p>k) Local managers working for the national and international companies that are increasingly winning contracts for the provision of health and social care do not have sufficient authority to make decisions that allow them to provide services that meet local needs. Decisions made by senior managers / central teams at these organisations are based on insufficient local knowledge / a policy requirement to:</p> <ul style="list-style-type: none"> o impose standard processes and 	<p>CQC); and to make recommendations to HW England to publish reports about particular issues</p> <p>6. Providing HW England with the intelligence and insight it needs to enable it to perform effectively</p>

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			<p>procedures that appear to be simpler and more cost effective; and</p> <ul style="list-style-type: none"> o prioritise an increase in activity and revenue rather than manage throughput and deliver quality within the envelope of local funding. l) HWO's ability to influence decisions is limited by its inability to control or mitigate the impact of national and local politics of health and social care. 	
C. Helping to hold those in charge of local health and social care services publicly	<ul style="list-style-type: none"> i. Single issue lobbying. ii. Holding Commissioners and Providers publicly to account for delivering the changes we recommend via 6 monthly 	We can evidence to local people that services have changed in response to advice and information provided by HWO on	<ul style="list-style-type: none"> a) Lack of action by, or failure of, HWO to create an open and public discussion about the changes local people want. b) Limited information on what 	7. Promoting and supporting the involvement of local people in the commissioning,

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<p>to account for improving services in line with our advice.</p>	<p>“we said, they did (or didn’t!)” reports to HOSC and Health and Wellbeing Board.</p> <p>iii. Selective and informed media commentary.</p> <p>iv. Supporting lay people to play an active role on relevant commissioning, provision and scrutiny projects, boards and committees.</p>	<p>their behalf.</p>	<p>information (different groups of) local people would want to see about the status of previous changes and where / how they would prefer to obtain this information</p> <p>c) Achieving the right level of representation in the system at the right times and in the right places to have our advice heard and acted on.</p> <p>d) HWO capacity to get authorities to listen/act</p> <p>e) Limited information on existing mechanisms for aggregating / tracking the status of previous changes.</p> <p>f) Building relationships needed with others so they input to our ‘dashboard’ of the status of</p>	<p>the provision and the scrutiny of local care services.</p>

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			changes / improvements that have resulted from the collection of stories and / or research.	
D. Providing advice and information to individuals about access to local care services.	<ul style="list-style-type: none"> i. Providing links to core sources of information on the website. ii. Responding to queries from individuals by email, phone and in writing. 	Local people are telling us that our website and the advice we provide by phone helps them make sense of information available on other websites and allows them	a) Our current inability to use existing local information resources to assist in signposting (ie NHS choices, Support Finder , new website being developed with Prime Minister’s Challenge Fund money etc).	8. Providing advice and information about access to local care services so choices can be made about local care services.

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	<p>iii. Noting queries made during outreach events and getting back to people with the answers.</p>	<p>to be more confident in talking with commissioners and providers about their needs and the needs of people for whom they provide care.</p>	<p>b) Lack of mechanism for measuring customer satisfaction.</p> <p>c) HWO capacity to become a knowledge bank.</p> <p>d) The disparate views that exist within the organisation on our role in signposting.</p> <p>e) HWO does not currently have the capacity or ability to identify / keep track of the many different websites and services that provide information about access to care, nor does it have the ability to understand and provide reliable guidance on the different ways in which these websites and services structure and present information. HWO does not have the capacity to keep information on access to care up to date and cannot provide sufficient assurance on the quality</p>	

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			<p>of advice it provides.</p> <p>f) In most cases, HWO will need to hand 'difficult' enquiries to the commissioner or provider organisation or to an organisation that provides advocacy services and is unable to follow-up to ensure that the question has been answered / issue resolved. As such, this may leave HWO open to 'complaint by association'.</p>	