

Healthwatch Oxfordshire Board of Directors

Date of Meeting: 10 th October 2017	Paper No: 3
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Title of Presentation: Executive Director Report

This paper is for	Discussion		Decision		Information	x
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Purpose and Executive Summary (if paper longer than 3 pages): Please click the icon to access the document

Financial Implications of Paper:

Action Required: The Board is asked to: <ul style="list-style-type: none">• Note the Executive Directors report

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1.0 Summary of activity since last meeting

1.1 Health Overview and Scrutiny Committee (HOSC)

Healthwatch Oxfordshire's report to the HOSC meeting held on 14th September 2017 is attached and available on our web site. The focus of the report was to give information on what we have heard about reports that were to be presented at the Committee meeting including:

- Independent Review Panel advice on Deer Park Medical Practice
- Oxford Health proposals to reorganise stroke rehabilitation services across Abingdon and Witney Community Hospitals

Healthwatch Oxfordshire published a short report on people's experiences of stroke services¹ in August 2017 that was shared at the HOSC meeting. The report fed back what 40 people spoken to at stroke clubs around Oxfordshire. There was general agreement that stroke services seemed to have improved since 2013. The main themes that emerged around stroke care were:

1. Good care at the John Radcliffe stroke unit and community hospitals
2. Excellent care at the Oxford Centre for Enablement (OCE) though people experienced delays in accessing this service
3. Praise for occupational therapists and social services
4. Mixed experience with GP follow up support
5. Lack of support at home following discharge - one person said it felt almost like they had "been dumped at home. You get all this attention in the hospital and then nothing [at home]"

2.0 Healthwatch Ambassadors / Lay Representatives / Volunteers

Children's Trust Board

Sylvia Buckingham, Director of Healthwatch Oxfordshire is to attend the Children's Trust Board as Healthwatch representative.

We have two new volunteers - both of which have supported the staff at the Bicester market stalls and other outreach events. A very welcome and valuable resource.

3.0 Travel Survey - hospital sites

Oxfordshire Clinical Commissioning Group (OCCG) commissioned Healthwatch Oxfordshire to conduct a Travel Survey of people attending the Oxford University Hospitals Foundation Trust four hospital sites. The survey was conducted between 8th to 26th May. The full report is available on HWO web site. The Report is to be considered by OCCG when implementing Phase 1 changes to health services in

¹ People's experiences of stroke service in Oxfordshire August 2017 Report can be found on HWO web site <http://www.healthwatchoxfordshire.co.uk/healthwatchoxfordshirereports>

Oxfordshire and considered when planning future changes in health services in the county.

Key findings from the report include:

Overall, people's experience of travelling to the four hospital sites was that they would have early starts to avoid traffic, leave plenty of time to queue and park, and they were stressed by the thought of the queue to get into the John Radcliffe or Churchill sites. They also observed that it took three people to make the appointment on time - driver, patient escort and patient - and the sense of 'would it all come together and will I get to my appointment on time?' ran through many of the comments.

Despite the planning needed and uncertainty about the journey and parking, most people reported that their journey felt fine, 'as expected'. Others reported that the parking experience was not fine - queuing, being let into parking areas where there were no spaces (only Blue Badge spots), the price of parking and for HGH the fact that the change machine was giving new pound coins that were not accepted by the parking meters.²

Most people chose to travel by car and park on the hospital site. Some were pleasantly surprised, relieved, to find that the journey and parking were easier than they had expected. Many people told us that setting off and planning for the journey was a stressful time as traffic onto the site was expected to be difficult and parking a 'nightmare'.

Travel times to the hospital sites varied based on the time of day and whether people came from outside Oxfordshire (taking 1-2 hours) or within Oxfordshire taking 30 minutes to 1 hour. On arrival, the longest time taken to park varied depending on the time of day. Finding a parking space took longer between 10am and 2pm - up from under 15 minutes in the early morning to at least 30 minutes after 10am at the JR, NOC and Churchill sites. Parking at the HGH was usually achieved under 15 minutes throughout the day.

Many people who travel to hospital regularly told us of much more difficult experiences they have had on earlier visits, including missing appointments, dropping the patient off and looking for parking and not getting parked in time to be with them for the appointment.

On the day one person told us:

² Healthwatch Oxfordshire raised this with OUHT on the day and they responded within 4 hours by suspending parking meters.

'...took 20 minutes [to park] ...I queued for 57 minutes from the junction...wife gone into surgery without seeing me even though I was there, just couldn't park. It's just horrendous...' (JR site)

The preference to travel by car was influenced by many factors, including lack of public transport from outside of Oxford or Banbury, travel times and having to take multiple buses, the cost of public transport, and patients unable to use public transport due to illness or disability. People did comment that with more direct buses to the hospital sites and serving the hospitals later at night - both from their point of departure and park & ride sites - they would consider using them, if able so to do.

People took the opportunity to make suggestions that would make their, and others', experience better. These included the provision of nearby multi-storey car parks, off-site parking with a regular shuttle bus, car park barriers not letting people in when only Blue Badge spaces were available, better information on the park and ride buses about drop-off points, spreading appointment times to ease pressure on access and parking on site, and having direct buses from all park and ride sites to the hospitals.

Recommendations - Horton General Hospital site:

Part of the planning process for the development of the HGH site should include:

Consideration of ease of access to the site

A proportionate and prompt increase in parking spaces on site

Consideration for dedicated park and ride facilities located on the main routes into Banbury from the expected direction of travel of the 'additional' outpatients.

Recommendations - Headington Hospitals sites:

OUHFT should further explore 'spreading' out-patient appointments across the day / week. This will relieve the pressure on the access routes and parking facilities, thus improving the patient experience of attending a hospital appointment.

OUHFT should undertake a review of the number of Blue Badge spaces available at all sites, and their use

OUHFT should explore a simple solution, adopted by other hospitals in the country, of a dedicated Blue Badge only parking area with separate access.

4.0 Locality Forum support

We welcome Veronica Berry who has started work at HWO as Community Information Officer (Localities) to provide the secretariat support to the Locality Forums and development support to patient participation groups.

5.0 Bicester Town

Bicester Town event started on 29th September and runs until 14th October. The first two events organised and delivered by HWO staff were held on the 29th September:

‘The Healthwatch Happening’ where 24 different organisations involved in health and social care were promoting their services and available to offer to members of the public advice and support. The Mayor of Bicester Cllr L Sibley opened the event and spent over 2 hours meeting exhibitors and talking to the public. Dr Helen van Hoss, Chair of North Oxfordshire Locality Forum kindly offered free blood pressure readings - out of 11 readings taken she advised 3 people to visit their doctor to have their pressure checked and seek advice.

Bicester market stall - staff and volunteers put up the HWO gazebo early on Friday morning and over seven hours spoke to over 150 people. A long day but very worthwhile. We often heard about how difficult (impossible) it is to be registered with a NHS dentist in Bicester.

By the time you read this the team would have been at Bicester market again, attended the opening of the new sports pavilion as part of Bicester Healthy New Town, had a stall at the Bicester library, visited Humming bird group, met residents from The Willows and Kingsman estate, visited the veterans’ self-help group, and attended a toddlers group.

6.0 Voluntary Sector Forum - Health Inequalities, 13th July in Abingdon.

Focussing on Health Inequalities the Forum will hear from Richard Lohman and Jackie Witherspoon, Public Health Oxfordshire - on progress made since the Oxfordshire Health Inequalities Commission Report was published in November 2016. This is an opportunity for the voluntary sector to hear what is happening, contribute to the debate, and explore the role of the sector in addressing health inequalities in Oxfordshire. The report is available on HWO web site.

To summarise what the sector had to say:

- The voluntary sector has an important role in tackling health inequalities including:
- Signposting their communities to services
- Prevention and awareness raising
- Developing and delivering social prescribing services / activities
- Challenging the system when it does not work for their community
- They are experts in their communities, have access to the community and often fill the gaps in services where the statutory sector is unable to meet a need

Suggestions made on what needs to be done to tackle health inequalities included:

- Involving the voluntary sector organisation early on in-service design and delivery.
- Explore how the sector can be represented on the Health & Wellbeing Board - with a seat reserved for it.
- Following the Forum, Healthwatch Oxfordshire reported that in light of the issues raised by attendees, we recognise that we can play an important role in supporting community and voluntary groups, including local, self-help groups to:
 - Have their voices and their members' voices heard by decision makers, commissioners and providers of health and social care services in the county.
 - Stay informed about upcoming events, meetings, policies, and decisions of significance that have an impact on their role.
 - Network with each other on key issues and areas of interest.

Healthwatch Oxfordshire is keen to develop further our mechanisms for ensuring this happens. To this end, we will be holding another Forum later in the year to explore with voluntary sector partners how we can strengthen this aspect of our work.

7.0 Outreach

Over four busy months, the Healthwatch Oxfordshire team has attended several events, giving us an excellent opportunity to listen to a wide range of experiences from many different users of Oxfordshire's health and social care services.

We have heard the concerns of people from the many regions of rural Oxfordshire and have noticed some recurring themes and concerns.

Many of the events where we have run the Healthwatch Oxfordshire stall have been the Play and Activity Days organised by Oxfordshire Play Association where we have been given the opportunity to speak to parents and carers of children and younger people.

7.1 A recurring theme that emerged from these days was the impact of the cuts on children's services including:

Loss of children's centre services resulting in feelings of isolation; difficulty in accessing services including health visitors; lack of breast feeding support in the community whilst the support at JR was excellent.

7.2 Mental health support for children

Common concerns regarding the length of time to access the service

7.3 Schools

Healthwatch Oxfordshire heard from young people that:

Drug and alcohol sessions were not useful because the overriding message was just “Don’t do it” rather than teaching young people about harm reduction which, they felt would be far more effective.

Counselling services should be more anonymous and accessible - perhaps using a direct telephone line.

On Healthy Eating, the students said that it costs £1.80 to buy a salad for lunch in the school canteen compared to 90p for a sausage roll or Cornish pasty. They said that there were posters around school promoting the “Eat Healthy, Eat Well” message but that the school canteen prices did not encourage students to do that.

7.4 Hospital Experiences

Good care and praise for nursing staff but concerns included those around hospital food, the use of ‘technical language’ by staff that is not properly understood, waiting times for physiotherapy that resulted delay in discharge.

7.5 Military Families

At the **Carterton** Play and Activity Day we had the opportunity to talk to the Community Fundraising Officer for *Combat Stress, The Veteran’s Mental Health Charity*.

He informed us that only eight percent of referrals to the charity came from GPs. He explained the reason, as being that veterans were reluctant to talk about their feelings due to the stigma that still surrounds mental health. This creates a barrier to seeking help and support for those who are finding it difficult to adjust to life as a civilian.

He felt that the solution was at the point of referral so that it is clear on patient’s referrals whether they have served in the armed forces, allowing the GP to see this and be aware of the patient’s history.

7.6 GP Practices

Lots of feedback on lots of practices across the county, and common theme was the wait associated with getting a GP appointment. We spoke to a lady who pointed out the challenge of phoning the GP practice and being made to wait in a queue which eats away at phone credit. She told us that she has previously run out of credit, lost her place in the queue, and had to go to a neighbour to phone again. She felt that there should be a free phone number.

8.0 Activity variance against agreed 2017/18 work Plan

There are no additional variances in the 2017/18 Workplan and associated KPIs were reported to the Board in September.

Update on progress with HWO compliance

8.1 Health & Safety

A full health and safety review has been undertaken of the premises and working arrangements. Where actions have been required they have been put into place and a full report went to the September Governance, Finance and Strategy Group (GSF).

8.2 Policies & Procedures

We are now reviewing all our policies and procedures to ensure they are up to date with current legislation and that we are implementing the procedures. A report went to the September Governance, Finance, and Strategy Group (GSF).

8.3 Human Resources

Staff recruitment

Recruitment of the Community Involvement Officer (Localities) is completed and Veronica Berry started work on the 11th September 2017.

Recruitment to the Community Involvement Officer (Projects) post will commence mid-October

Work pressures

With the Board moving from six meetings per year to 11 meetings / management meetings plus the Governance, Strategy and Finance and Communication Groups meeting staff time supporting the Board has increased significantly. I intend to review the situation and report to the Board in November.

KPI 1 Listening well to people, especially the most vulnerable, to understand their experiences and what matters most to them

Outreach, Enter & View, town events

KPI 1	Target 2017/18	Q1	Q1 actual	Q2	Q3	Q4	Comment	Date
Town events	2	1	0	0.5	0.5	1	Review of Witney forced greater lead in time so plan 2 town events in 2017/18	22/8/2017 Bicester event straddles Q2 & Q3
People heard	1100	500	238	300	300	300	Outreach & groups - revised target from 2000 to 1100	22/8/17
Surveys	4	1	1	1	1	1		
Questionnaires completed	1750	950	285	250	600	600	Dependent on town events - No town event in Q1 - moved to Q2. Figures include the Travel survey activity. Revised target down to 1750	April '17 22/8/17
Enter & View activity	2	1	0		1	1	Two planned, one unplanned (Q4) - linked to town events. Revised down to 2.	22/8/17

KPI 2 Influencing those who have the power to change services so that they better meet people’s needs now and into the future

KPI 2	Target 2017/18	Q1	Q1 actual	Q2	Q3	Q4	Comment	Date
Reports published	10	3	3	2	2	3		
Reports to committees, commissioners	80	10	22	30	20	20	HWO Board, Oxfordshire County Council, Oxfordshire Health & Overview Scrutiny Committee, Oxfordshire Health & Wellbeing Board, Health Improvement Board, Oxfordshire Adult Safeguarding Board, CQC, Oxfordshire Health Transformation Board, Thames Valley NHS Committees. Includes verbal reports to NHS Thames Valley Committees that were not originally included; OCC monitoring, increased CQC contact/reporting; Locality Forum Chairs included;	April '17 14/8/17

KPI 3 Empowering and informing people to get the most from their health and social care services and encouraging other organisations to do the same

KPI 3	Target 2017/18	Q1	Q1 Actual	Q2	Q3	Q4	Comment	Date
Voluntary sector forum	3	1	0	2		1	Q1 Forum to be run in Q2 so still on track to achieve 3 / annum.	22/08/17
Public contact by phone, mail, email, web site, face to face	700	250	149	150	200	200	Includes groups. Target needs to be revised down. Revised annual target to 700.	22/8/17

KPI 4 The development of the Healthwatch brand and brand values, to reflect Healthwatch's ambition as THE health and care champion for Oxfordshire

KPI 4	Target 2017/18	Q1	Q1 actual	Q2	Q3	Q4	Comment	Date
Improved web site	1				1		Now likely to be Q3	30/8/17
Publications - newsletter, updates	8	2	2	2	2	2		
Web site hits base line Q4 2016/17 = 1474	7900	1600	1588	1800	2000	2500		
Media hits Base line Q4 2016/17 = 35	135	30	23	35	30	40	Cyclic, dependent on external activity - No town event affected level of activity. Q2 as of 22/8 activity 44.	April '17 22/8/17
Twitter impressions Base line Q4 2016/17 = 9794	35000	10000	7200	7000	10000	10000	As above - No town event affected level of activity. Revised target 35000.	April '17 22/8/17

