

Healthwatch Oxfordshire Board of Directors

Date of Meeting: 28th July 2015

Paper No: 8

Title of Presentation: Minutes of Strategy, Planning and Finance (SP&F) sub group meeting of July 10th 2015

This paper is for	Discussion		Decision		Information	x
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Purpose and Executive Summary (if paper longer than 3 pages):

This paper sets out the minutes of the meeting of the SP&F sub group of July 10th 2015.

Financial Implications of Paper: None

Action Required: The Board is asked to:

- review these minutes
- note the matters arising
- note the progress on developing a strategy and plan

Author: Carol Ball and Paul Ader

Title: Strategy, Planning and Finance Sub Group			
Venue: Suite 2, Whichford House		Date: 10/7/15	
Time: 14.00-16.00	Chair: Paul Ader (PA)		
Minute Taker: Carol Ball (CB)			
Attendees: Board members: Paul Ader (PA), Eddie Duller (ED), George Smith (GS), Mia Van Manen (MM) Staff in attendance: Rachel Coney (RC),			
Apologies : Carol Moore (CM)			
Agenda item	Notes		Action by
1	Minutes of last meeting PA agreed to e-mail out to the group the amended weighting scoring tool. These minutes were approved		PA
2	Working Paper on Development of Strategy PA to meet with Healthwatch England reference their quality statements, as these are not yet fit for our purpose. In the meantime Healthwatch Oxfordshire will continue to develop its own quality statements. The members of the group discussed in detail three of the four strategic areas set out in the paper focussing on the success statements and potential barriers to delivery. Following on from this discussion it was agreed that RC will update the quality statements, measures of success and the barriers we will need to overcome to succeed.		RC

	<p>It was also agreed that the main change we will undertake in terms of our information and advice role is that the Healthwatch Oxfordshire website will be updated to contain curated links to other organisations.</p> <p>The use of CRM to record themes was discussed and the group requested a copy of the themes used by Healthwatch England be circulated.</p>	CB
3	<p>Next steps</p> <p>It was agreed that RC and PA will have a telephone meeting on Friday 17th July to discuss the next steps on the strategy document.</p>	PA/RC
4	<p>Next meeting</p> <p>The next meeting of the group will be in September and will be determined by a Doodle Poll</p>	CB

Appendix 1 - current version of working paper (following item #3 above)

This is provided for information only, in order to assure the Board that progress is being made on the development of thinking to inform our strategy and plan. The Chief Executive will be taking some time out of the office in August to draft a strategy and plan document for review by the SP&F group.

Working Paper on Development of Strategy

MISSION: Healthwatch Oxfordshire exists to be the independent *watchdog*¹ for health and social care users in Oxfordshire

VISION: Our vision is that the people of Oxfordshire are shaping their own health and social care services.

STRATEGIC AREAS:

We will fulfil our mission and work towards our vision by:

- A. Finding out about local people's experiences of using local health and social care services.
- B. Using information about local people's experiences to provide independent and informed advice to relevant local and national organisations about how local services need to change.
- C. Helping to hold those in charge of local health and social care services publicly to account for their agreement to formulate policy and strategy and to improve services in line with our advice.
- D. Providing advice and information to individuals about access to local care services.

MAPPING HWE QUALITY STATEMENTS TO STRATEGIC AREAS

	A	B	C	D
1. Strategic context and relationships		✓	✓	
2. Community voice and influence	✓		✓	
3. Making a difference locally		✓		
4. Informing people				✓
5. Relationship with Healthwatch England		✓		

Strategic Area (A)

¹ Note this change from champion to watchdog is to be agreed

Finding out about local people's experiences of using local health and social care services.

The ways in which we currently do this are:

- Projects funded by grants and delivered by 3rd party organisations who can reach communities we cannot reach by ourselves.
- Outreach work with the general public in order to hear unsolicited feedback on any topic of interest.
- Major projects using E&V as core part of methodology - often in partnership (eg Patients Association, Age UK)
- Conferences, workshops and events on particular topics - eg Hearsay!
- Supporting consultations
- Using the Directors of Quality and patient experience leads meetings and our relationships with other voluntary sector organisations to ensure we know the key things what service users are telling other agencies.
- Reviewing other relevant data and information sources.
- Partnership with the OCCG Locality Forums.
- Building our networks and encouraging others to share their information with us.
- Work with the media and wide range of local networks to raise our profile with the public so they bring us their stories.
- Working with others in the HW network to strengthen our skills and capacity

These activities map to HWE statutory activities and quality statements as follows:

<u>Statutory Activity</u>	<u>Quality Statement</u>
• 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 ought to be improved.	2

We will know we have succeeded in this strategic area when:

- 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.
- A sample of people across a diverse section of the local population are saying that: they have heard of Healthwatch Oxfordshire; sharing information with us is easy and we are responsive to their needs - ie they know how we have used the information we have collected and feel that we have used it to good effect.

- We can demonstrate that we understand the information that major commissioners and providers, and our voluntary sector colleagues, know about their users' experiences and, that we use that to develop a big picture of service user feedback across the system.

Barriers we will need to overcome to succeed in this strategic area include:

- a) HWO capacity
- b) Lack of awareness of HWO amongst the general public.
- c) Lack of awareness of HWO's unique role and powers in the local health and social care economy
- d) The public's perception that telling us about their experiences won't make a difference.
- e) Feedback fatigue.
- f) Understanding what constitutes meaningful feedback for the individuals who share information with us.
- g) No robust way to measure satisfaction of the public with our service.

Note the following sections are work in progress and included on an illustrative basis

Outcome Measures (for achievement of success in this strategic area)

- a) Number, diversity and richness of experiences shared with HWO by people living in Oxfordshire [These may be separate measures or a composite measure]
- b) Xxxx (tbc) people who have heard of HWO, who find it easy to share information with us, who feel that we are responsive, are aware of how we have used information and who feel that we have used information to good effect.
- c) Ability to include 'good news' stories based on (a) and (b) above on our website, in our annual reports, in presentations at committees / events and in media engagements.

Trajectory towards achievement of outcome measures over a 3 year frame

Progress Measures (for strengthening what we do & reducing / mitigating barriers)

Priority actions	Progress Measure
Priority action to strengthen current activity and / or overcome barrier	How would we demonstrate that this action is having the intended effect
Etc.	Etc.

Strategic Area (B)

Using information about local people’s experiences to provide independent and informed advice to relevant local and national organisations about how local services need to change.

The ways in which we currently do this are:

- Ensuring all our work leads to publication and dissemination of reports with clear recommendations.
- Attending programme boards, workshops and other meetings as required/requested to enable the voices we hear to be heard.
- Responding to requests to provide a patient/service user perspective in writing or by attending meetings.
- Responding to consultations and commenting on strategies/plans/ quality accounts and other formal publications and proposals.
- Directors of Quality meeting.

These activities map to HWE statutory activities and quality statements as follows:

<u>Statutory Activity</u>	<u>Quality Statement</u>
• Making reports 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.	1 & 3
• Formulating views on the standard of provision and whether and how the local care services could and ought to be improved, and sharing these views with HW England	1 & 3
• 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 CQC); and to make recommendations to HW England to publish reports about particular issues	5
• Providing HW England with the intelligence and insight it needs to enable it to perform effectively	5

We will know we have succeeded in this strategic area when:

- Commissioners and providers of health and care services in Oxfordshire are:
 1. Demonstrably taking positive action to improve services as a result of considering feedback and evidence about service user experience provided by HWO.

2. Saying that they value and respect the independent evidence-based advice that HWO provides.
 - We can demonstrate to local people that we have influenced the formulation of local health and social care policy and strategy.
 - Our national partners (CQC and HWE) are making effective use of the information we provide them.

Barriers we will need to overcome to succeed in this strategic area include:

- a) Lack of HWO capacity
- b) Finding ways to collate this information that is useful to recipients and time-efficient for both them and us.
- c) Providers and commissioners have limited capacity / time to cope with / use information that highlights issues without at the same time identifying new / practicable solutions.
- d) Willingness of authorities to involve us in policy and strategy formulation
- e) Managing the perceived conflict of being the independent watchdog for local people and an advisor trusted by providers and commissioners
- f) Some providers are too distant from HWO for us to influence them effectively either directly or via their lead commissioners because their local managers do not have sufficient authority or autonomy to act on our advice..
- g) 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.
- h) People will stop listening to us if we are relentlessly negative

Outcome Measures (for achievement of success in this strategic area)

[To follow]

Trajectory towards achievement of outcome measures over a 3 year frame

[To follow]

Progress Measures (for strengthening what we do & reducing / mitigating barriers)

Priority actions	Progress Measure
Priority action to strengthen current activity and / or overcome barrier	How would we demonstrate that this action is having the intended effect
Etc.	Etc.

Strategic Area (C)

Helping to hold those in charge of local health and social care services publicly to account for their agreement to formulate policy and strategy and to improve services in line with our advice.

The ways in which we currently do this are:

- Single issue lobbying.
- Holding Commissioners and Providers publicly to account for delivering the changes we recommend via 6 monthly “we said, they did (or didn’t!)” reports to HOSC and Health and Wellbeing Board.
- Active participation in relevant project boards, programme boards and other formal boards, committees, workshops and meetings.
- Selective and informed media commentary.
- Supporting lay people to play an active role on relevant commissioning, provision and scrutiny projects, boards and committees.

These activities map to HWE statutory activities and quality statements as follows:

<u>Statutory Activity</u>	<u>Quality Statement</u>
<ul style="list-style-type: none">• Promoting and supporting the involvement of local people in the commissioning, the provision and the scrutiny of local care services.	1 & 2

We will know we have succeeded in this strategic area when:

We can demonstrate to local people that services, policies and strategies have changed in response to advice and information provided by HWO on their behalf.

Barriers we will need to overcome to succeed in this strategic area include:

- a) HWO capacity to get authorities to listen/act and to check back with the public to verify claims made by the authorities about changes made.
- b) 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.
- c) Limited mechanisms for aggregating / tracking the status of previous changes.
- d) Building relationships needed with others so they input to our ‘dashboard’ of the status of changes / improvements that have resulted from the collection of stories and / or research.

Outcome Measures (for achievement of success in this strategic area)

[To follow]

Trajectory towards achievement of outcome measures over a 3 year frame

[To follow]

Progress Measures (for strengthening what we do & reducing / mitigating barriers)

Priority actions	Progress Measure
Priority action to strengthen current activity and / or overcome barrier	How would we demonstrate that this action is having the intended effect
Etc.	Etc.

Strategic Area (D)

Providing advice and information to individuals about access to local care services.

The ways in which we currently do this are:

- Providing partially curated links to core sources of information on the website.
- Responding to queries from individuals by email, phone and in writing.
- Noting queries made during outreach events and getting back to people with the answers.

These activities map to HWE statutory activities and quality statements as follows:

<u>Statutory Activity</u>	<u>Quality Statement</u>
• Providing advice and information about access to local care services so choices can be made about local care services.	4

We will know we have succeeded in this strategic area when:

- 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 to be more confident in talking with commissioners and providers about their needs, and the needs of people for whom they provide care.

Barriers we will need to overcome to succeed in this strategic area include:

- 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).
- b) Lack of mechanism for measuring customer satisfaction.
- c) HWO capacity to become a knowledge bank.
- d) 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.
- e) HWO does not have the capacity to keep information on access to care up to date and cannot provide sufficient assurance on the quality of advice it provides.
- 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’.

Outcome Measures (for achievement of success in this strategic area)

[To follow]

Trajectory towards achievement of outcome measures over a 3 year frame

[To follow]

Progress Measures (for strengthening what we do & reducing / mitigating barriers)

Priority actions	Progress Measure
Priority action to strengthen current activity and / or overcome barrier	How would we demonstrate that this action is having the intended effect
Etc.	Etc.