

Healthwatch Oxfordshire Board of Directors

Date of Meeting: October 14 th 2014	Paper No: 2
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<p>Title of Presentation:</p> <p>Chief Executive's Report, August 19th- October 2nd 2014</p>

This paper is for	Discussion		Decision	x	Information	X
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<p>Purpose and Executive Summary (if paper longer than 3 pages):</p> <p>This paper summarises activity undertaken by the HWO Staff team in the period since the last Board meeting.</p>
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<p>Financial Implications of Paper:</p> <p>None</p>
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<p>Action Required:</p> <p>The Board is asked to note the contents of the paper and to:</p> <ul style="list-style-type: none"> Decide who wishes to be trained and authorised to undertake enter and view activity. Consider HEXI proposals for future collaboration Authorise the CEO to enter into discussions with Firebird about managing the workload within contract for the remainder of the year. Approve the recruitment of a freelance project manager to lead the dignity in care project.
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1. Introduction

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

- i. Delivery of the care.data debate
- ii. Delivery of the voluntary sector conference
- iii. Revising the care homes project
- iv. Following up on Hearsay 2014 and starting to plan Hearsay 2015
- v. Finalising GP report
- vi. Volunteer recruitment
- vii. Laying the foundations for the first enter and view projects
- viii. Reviewing and improving our processes for gathering and analysing incoming information about local services
- ix. Developing systems for tracking commitments to action and holding providers and commissioners to account for delivery
- x. Reviewing our governance and engagement structures
- xi. Planning board recruitment
- xii. Progressing the premises move
- xiii. Completing the CEO induction
- xiv. Provision of ongoing support to grant funded projects
- xv. Working with OCC and OCCG to determine how best HWO can support the 6 CCG locality forums and the PIN.

2. External meetings attended by the CEO in this period.

OCC	<ul style="list-style-type: none"> • Andrew Colling re contract management • Pharmaceutical Needs Assessment Steering Group • PIN core group • Health and Wellbeing Board special meeting • HOSC • Contract team re outcome measures • Joint meeting with OCCG re engagement • Health Improvement Board • Hearsay review and planning meeting
OCCG	<ul style="list-style-type: none"> • Sarah Adair re joint working on engagement with CSCSU • Urgent care team re Student report • Ben Lloyd Shogbesan to discuss BME outreach work • Rosie Rowe re GP report • Emergency Care Intensive Support team review • Planned care team re FEMisa • Induction meeting with Joe McManners and David Smith • Induction meeting with Sula Wiltshire
OHFT	<ul style="list-style-type: none"> • Induction meeting with CEO, Stuart Bell • Induction meeting with Ros Alstead, Claire Price and Jane Kershaw
OUHT	<ul style="list-style-type: none"> • Caroline Heason re whole system working on quality and patient experience
Voluntary sector	<ul style="list-style-type: none"> • AGE UK and Carers Oxfordshire to discuss joint working opportunities

	<ul style="list-style-type: none"> • OXHOP to discuss joint working and conference plans • Patient Voice re discharge project • SEAP and OA re premises • Oxfordshire Association of Care Providers re joint working • Guideposts re joint working
Newsquest	<ul style="list-style-type: none"> • Introductory meeting with Oliver Evans, Heath Correspondent
Individuals	<ul style="list-style-type: none"> • Tony Stratton to discuss Board development and recruitment • Linda Watson induction meeting • Johnny Latham and Dermot Roaf induction meetings • Anita Higham induction meeting
NHS England	<ul style="list-style-type: none"> • TV Healthwatch meeting • Quality Surveillance Group • Induction meeting with Director, Matthew Tait
University	<ul style="list-style-type: none"> • Sian Rees and Fiona Caldicott re care.data
MPs	<ul style="list-style-type: none"> • Linda Atkins for Ed Vaisey; Andrew Smith; Tony Baldry
Cherwell District Council	<ul style="list-style-type: none"> • Community Partnership Meeting
CQC/HWE	<ul style="list-style-type: none"> • Advisory conference
Horton Treatment Centre	<ul style="list-style-type: none"> • Elaine Whittaker

3. Organisational development issues

3.1 The Board met in workshop format on September 23rd 2014 to:

- Receive a presentation on the PQASSO Quality Assurance Process and consider whether HWO should adopt this;
- Undertake internal training on the 2010 Bribery Act.

3.2 At this meeting it was agreed that:

- PQASSO looks like an excellent organisational development tool, but the organisation does not have the capacity to embark on the PQASSO process at present. This will be revisited in April 2015.
- The CEO would ensure absent members of staff and Board received copies of the Bribery act slides.
- The office would close on January 2nd, providing all staff were happy to take that day as leave.

3.3 The CEO has instituted regular 1:1s with all staff, and has set short term objectives for each of them, which are reviewed in these meetings. These are currently task based and progress is captured in Appendix 1 of this report. Routine HR processes for requesting and recording absence have been reviewed and are working well.

4. Premises

4.1 A joint premises specification has been agreed with SEAP and Oxfordshire Advocacy, and has been sent to OCC, Oxford City Council and NHS Property Services. NHS Property Services have appointed a lead officer who is actively seeking public sector and commercial premises that may fit the brief.

5. HEXI partnership

5.1 The full transcript of the care.data debate has been completed by the University, and work is underway to determine which sections should be edited into the short final film. This work is due for completion by the end of October at which point the final report comprising transcript, film and additional comments will be sent to NHS England. The film will be uploaded onto our website and participants notified.

5.2 HEXI have proposed that:

- i. The 2 organisations collaborate on an annual public interest debate on a mutually agreed topic
- ii. HWO becomes a HEXI partner. This is an informal arrangement, with no financial implications, that HEXI has with a small number of organisations interested in the HEXI mission of understanding and using patient experience. HEXI commits to supporting and collaborating with these partners, and this would enable us to access HEXI expertise in an advisory capacity as and when appropriate

ACTION: The Board is asked to agree to these 2 proposals

6. Firebird PR monthly update

- i. **Media coverage for Healthwatch Oxfordshire achieved from 1st June to 26th September 2014 includes:**
 - 91 items of media coverage secured in total*
 - 42 regional newspaper articles
 - 24 broadcast features and interviews
 - 25 online features

**Since there is no formal media monitoring service in place, total figures are conservative*

- ii. **PR Activity Summary:**

- **Project Fund** - liaising with four grant recipients to publicise reports individually, including Oxfordshire Family Support Network, My Life My Choice, Sign Lingual and Asian Women's Group; drafting press releases and managing print, TV and radio interview requests.

- **Care.data public debate** - liaising with Oxford University Health Experiences Institute and Healthwatch England over media plans, which included a media alert, press release and press pack. Coverage included a 30 minute interview on BBC Radio Oxford with Bill Heine, and an article in the Oxford Mail.
- **Commentary** - supplying expert comment to the media on a range of health and social care issues in the county, ranging from CQC inspection reports to cuts to mental health services to the NHS constitution.
- **Enter and View volunteer recruitment** - drafting and issuing press release.
- **Annual Report** - managing copy, design and print production.
- **Issues management** - handling PR around the resignation of the Chair and appointment of new Chief Executive.

iii. Next Steps:

- Securing Oxford Times First Person opinion piece by Chief Executive
- Voluntary sector conference press release
- BBC Radio Oxford Breakfast Show interview with Chief Executive (confirmed for 10 October)
- Student report on mental health and A&E services press release
- PR plans for GP survey report
- Chair and board recruitment/appointment

iv. Contract compliance

- Firebird were contracted to provide 10 days of service in the period June-September (2 days/month) , but have actually worked 22.5 days to deliver the above. This figure reflects the number of exciting projects HWO is running, the success in securing and achieving PR, and the media hunger for health and social care stories, but it also shows the huge discrepancy between contracted time and time spent. This requires discussion as we enter the next period and plan for the 15/16 financial year.

ACTION: The Board is asked to authorise the CEO to enter into discussions with Firebird about managing the workload within contract for the remainder of the year.

7. Progress reports on key pieces of work in last month

Appendix One sets out detailed progress reports on all major pieces of work being led by the team. Key issues for the Board to note/consider are:

- i. Risks to capacity to deliver ambitions on enter and view if volunteer recruitment drive does not yield sufficient volunteers.
- ii. Whether Directors wish to undertake enter and view volunteer training and be authorised to undertake enter and view activity.
- iii. The likelihood that we will need to contract further freelance support for delivery of the Dignity in Care project, and possibly ongoing project fund work.
- iv. Whether Directors wish to invite spokespeople from projects to talk to the Board - eg Simon Gabriel from Oxford City Council.

APPENDIX ONE- PROGRESS REPORTS ON KEY PIECES OF WORK

Voluntary Organisations Conference - “Working Better Together”	
Lead	Aimee
Status	Green
Progress	<ul style="list-style-type: none"> • The event was successfully delivered with over 60 participants attending • Initial assessment of feedback forms suggests the event was viewed as overwhelmingly positive with a large proportion of delegates interested in finding out more about becoming volunteers • The few negative comments focus on HW reps at tables contributing too much and not listening enough, the early start and the poor public transport links to the venue.
Risks and mitigating actions	<ul style="list-style-type: none"> • n/a
Issues requiring Board input	Consideration of feedback in discussion of proposals in Paper 4.
Care Homes Project	
Lead	Aimee
Status	Amber
Progress	<ul style="list-style-type: none"> • In conversations with Freeland Care Home about response to letter circulated to relatives. Will look to explore Relatives and Residents Good Practice handbook with Freeland Care Home manager. • Carol circulated flyer/letter at Care Homes Provider conference 26/09/14 which has generated interest from a home in Abingdon • Have been in touch with two other homes in Abingdon
Risks and mitigating actions	<p>Risks:</p> <ul style="list-style-type: none"> • This project lacked clear focus and project plan so may not deliver original objectives • HWO will not have capacity to sustain support for multiple care home relatives groups in the long run <p>Actions:</p> <ul style="list-style-type: none"> • Revised action plan to be more realistic and take into account resources already available. Now only aiming to test existing best practice guidance with two or three homes, and to revise as necessary before passing onto OACP to distribute to its members.
Issues requiring Board input	None at this stage

Hearsay!	
Lead	Aimee
Status	Green
Progress	<ul style="list-style-type: none"> • Rachel and Aimee met with County Council team. The final Action plan is to be prepared to send out with event summary and progress report to all delegates by the 14th October 2014. • A plan is being put together for Hearsay! 2015 which will deliver smaller events in 3 areas - North, South and City. It will seek to attract a younger audience and will be for service users of CQC registered providers, and individuals in receipt of personal budgets. • 2015 events will focus on gathering feedback to inform CQC inspections of care homes and care providers.
Risks and mitigating actions	<p>Risks:</p> <ul style="list-style-type: none"> • The County Council do not deliver the progress report to circulate • That it could require a large amount of staff time alongside other projects due to take place in March <p>Actions:</p> <ul style="list-style-type: none"> • Rachel will raise with senior County Council staff • Hearsay! could take place in April if there are too many other commitments in March
Issues requiring board input	None at this stage
GP Survey	
Lead	Carol
Status	Green
Progress	<p>The completed report was circulated to stakeholders and responses are expected week commencing 3rd October. CEO is to meet with the Patients Association lead on this project on the 10th October to agree a final version taking into account all comments, errors and omissions.</p> <p>To date two comments from stakeholders have been received; both comment on the inclusion of practice level data in this report. This is likely to be removed as it leads to practices ignoring the big picture on the basis that the sample size for their practice makes it not relevant to them.</p> <p>The timetable for promoting the outcome of the survey in partnership with the CEO of the Patients Association, Katherine Rake is as follows:</p> <p>13th October - released under embargo, 20th October - report made public.</p>

Risks and mitigating actions	<p>Risks</p> <ul style="list-style-type: none"> • Release of final version to stakeholders prior to obtaining Patient Association final approval may have damaged relationship <p>Mitigating actions</p> <ul style="list-style-type: none"> • Apology to Patients Association and • Update e-mail circulated to stakeholders informing them of the error. • Commitment to Patients Association to joint promotion of agreed report
Issues requiring board input	To review after publication and decide whether Healthwatch Oxfordshire conduct further research into this area as per the key recommendations.
Care.data - Completed final update	
Lead	Carol
Status	Green
Progress	<p>The event was successful and achieved its objective which was:</p> <ul style="list-style-type: none"> • <i>To increase public awareness of care.data and enable people to raise questions.</i> • <i>To promote widely to encourage a cross-section of people to attend.</i> • <i>To enable the voice of local people to be heard by NHS England to inform the care.data programme</i> <p>The event attracted 130 attendees including the public, academics, and professionals. It was widely advertised and reported in the local press and on social media. We have compiled a list of comments (30+) which we will send to NHS England along with a transcript of the debate; this will help inform them of the views of local people on the care.data programme. The event was filmed and once the editing is completed it will be uploaded onto our website as a short 10 minute film. A member of the Healthwatch England team attended and tweeted throughout the debate ; the total reach through tweets for this event was 23,238.</p>
Risks and mitigating actions	N/A
Issues requiring board input	None at this stage
Volunteer Recruitment	
Lead	Carol
Status	Amber
Progress	<ul style="list-style-type: none"> • The HWO team plan for the year listed the recruitment and training of volunteers as a priority and set a deadline for January 2015. The call for volunteers went out through all media and networks. To date we have had four new applications and have sent out five further information packs - in addition to Patient Voice members who we are not requiring to apply and be interviewed before they embark on enter and view training.

	<ul style="list-style-type: none"> • The voluntary sector conference has generated 21 more expressions of interest in volunteering. • The 16th October has been set aside for interviews and the panel will consist of Rachel, Dermot and Carol (non-voting). Generic Healthwatch Oxfordshire training will be delivered internally for all volunteers and is to be developed by Aimee and Carol. • An internal framework to include the induction process for volunteers has been developed and will be used during the interview and recruitment process. This will then be evaluated for potential improvements. • Safeguarding training will be delivered externally and possibly Equality and Diversity. • If we have a significant number of applicants the main priority of the volunteers programme will be to ensure that Enter and View Volunteers are recruited and trained first. This will enable us to deliver on our first planned Enter and View in February 2015.
Risks and mitigating actions	<p>Risk:</p> <ul style="list-style-type: none"> • We may not attract enough volunteers • We need to develop the internal training plan to train volunteers • Resources needed to manage volunteer recruitment and on-going support • No clear milestone plan for using volunteers, apart from Enter and View which will deliver on the Hospital Discharge Project. <p>Mitigating action:</p> <ul style="list-style-type: none"> • Widely promote the recruitment drive • Liaise with other Healthwatch to learn from their processes • Commit internal resources to develop volunteer programme • Develop a volunteer strategy for Healthwatch Champions and Ambassadors.
Issues requiring board input	Interview potential volunteers - Dermot Roaf
Enter and View/Volunteers	
Lead	Carol
Status	Amber
Progress	<p>Before the voluntary sector forum we had 8 volunteers interested in delivering the Enter and View function, of these six have previously volunteered for LINK. It was felt inappropriate to ask these volunteers to be re-interviewed so they have been moved straight into the volunteer training programme. The further two applicants will be expected to follow the full recruitment process.</p> <p>Four external training providers have been identified and will be invited to be interviewed by the CEO and a volunteer with experience of Enter and View training. The trainers will be scored using an evaluation method which has been developed internally modelled on other local Healthwatch tools.</p>

	The first Enter and View Training is planned for late November and will be evaluated for any potential improvements. The first Enter and View is planned to be delivered in February 2015.
Risks and mitigating actions	<p>Risks:</p> <ul style="list-style-type: none"> • Managing volunteer expectations • Poorly trained volunteers may cause damage to the Healthwatch Oxfordshire reputation • Volunteers not achieving the standard required of Healthwatch Oxfordshire <p>Mitigating Actions:</p> <ul style="list-style-type: none"> • Clearly define how volunteers and Healthwatch Oxfordshire will work together • Develop a thorough induction/training programme • Develop a framework for utilising Enter and View
Issues requiring board input	<ul style="list-style-type: none"> • Approval of the discharge project proposal. • Interview of Enter and View applicants - Dermot Roaf • Decision as to whether Board members want to participate in training and be authorised to act as volunteers
Enter and View Discharge Project	
Lead	Rachel
Status	Green
Progress	<ul style="list-style-type: none"> • Project outline developed with Patient Voice • Project outline circulated to potential project partners requesting involvement in project steering group. • Nominations received from OCCG, OUHT, OHFT, OCC and Pharmaceutical network, but not from LMC.
Risks and mitigating actions	<p>Risks:</p> <ul style="list-style-type: none"> • Volunteer recruitment and training unsuccessful • Duplication /overlap with Dignity in Care project • Remaining key partners fail to sign up • Timescales may slip <p>Mitigating Actions:</p> <ul style="list-style-type: none"> • Scale back project if necessary • Single managerial oversight through CEO of both projects • CEO to call key partners again and follow up with email • Manage expectations re timescales with partners and the Board
Issues requiring board input	<ul style="list-style-type: none"> • Approve draft project proposal, accepting that it is subject to further review by project steering group - see agenda item 10, Paper 8

Enter and View Dignity in Care project	
lead	Annie
Status	Amber
Progress	<ul style="list-style-type: none"> • Project proposal drafted for consideration by AGEUK and Carers Oxfordshire after initial positive scoping meeting. • Comments not received back from them in time to bring project proposal to the Board for approval this month
Risks and mitigating actions	<p>Risk:</p> <ul style="list-style-type: none"> • Project won't be developed enough to launch it publicly at Dignity Everyday awards on November 14th • Project may overlap/duplicate elements of discharge project • HWO may not have capacity to deliver both projects simultaneously • HWO does not currently have capacity to manage both projects <p>Mitigating action:</p> <ul style="list-style-type: none"> • Delay project timescale so that it follows discharge project rather than running concurrently • Seek freelance project management support to oversee delivery
Issues requiring board input	<ul style="list-style-type: none"> • Note possible delay in timing • Approve recruitment of freelance project manager to oversee delivery
Developing tracking systems for issues raised by the public	
Lead	Ben
Status	amber
Progress	<p>The Healthwatch England CRM Database is due for release soon. Staff are currently gathering information on cost, timescale and training. CB has done training. BM investigating progress at national HW England Comms meeting Oct 3rd</p>
Risks and mitigating actions	<p>Healthwatch England has recently delayed the deployment as the member of staff developing it went on compassionate leave. The risk is that it could be delayed further. BM will start to look at other systems as an alternative if looks like delay beyond Christmas.</p>
Issues requiring board input	None at this time

Updating the website	
Lead	Ben
Status	Green
Progress	<ul style="list-style-type: none"> • BM continues to update the website on a regular basis. • The speak out section of the website has been revamped with a more in-depth form mirroring the one issued by CQC <p>The project fund section continues to be updated with the most up to date reports and news about events, surveys and important information continue to be uploaded.</p> <ul style="list-style-type: none"> • 172 Hits on the website for the month of September.
Risks and mitigating actions	<p>Risk: Website becomes out-of-date</p> <p>Mitigating action: Review daily. Diarise website updates at least weekly and update as often as possible with new information.</p>
Issues requiring board input	none
Stimulating Social Media Activity	
Lead	Ben
Status	Green
Progress	<p>Twitter:</p> <p>For the month of September we had:</p> <ul style="list-style-type: none"> - 24 Tweets - 7 Retweets - 2,268 Retweet Reach - 16 Mentions <p>10,484 Mention Reach</p>
Risks and mitigating actions	<p>Risk: That the content does not remain current.</p> <p>Mitigating action: Social media will be updated regularly with news of Healthwatch activity.</p>
Issues requiring board input	none
Developing a tracking system to trigger follow up requests for information from partners who have agreed to make changes to services in the light of a report published by HWO raised by the public	
Lead	Ben
Status	Green
Progress	Continues to be populated but some functionality issues to be worked out.
Risks and mitigating actions	<p>Risk: - The spread sheet may not have the functionality we would like;</p> <ul style="list-style-type: none"> - The CRM database has not been procured as of yet. <p>Mitigating action: BM to develop work arounds to ensure report promised to Health and Wellbeing Board for November can be produced.</p>
Issues requiring board input	none

Administering Project Fund - Community events	
Lead	Annie
Status	Green
Progress	<p>3 applications approved for events:</p> <ul style="list-style-type: none"> • Cottsway Housing, Witney 30th October • Oxfordshire Play Association in Sonning Common 30th October • Wantage LINK 13th November <p>One application was turned down by the Project Fund Subgroup: Oxfordshire Play Association for another event in the same week as Cottsway, also in Witney.</p> <p>Next steps:</p> <ul style="list-style-type: none"> • More promotion needed at Conference and also through media. • More outreach and direct promotion by the engagement and communications team.
Risks and mitigating actions	<ul style="list-style-type: none"> • There is not a lot of time for people to apply for grants and make events happen in this financial year, so it is possible the fund will be underspent. • Suggest that the engagement team focus on promotion to community groups in Cherwell district - Chipping Norton, Banbury and Thame and Wheatley in the South. There may be an opportunity for some City based applications for events following on from the publication of the Quality of Life survey including opportunities to link with City Council and Public Health on this. • When asking people to apply in 'open bidding' HWO needs to find ways of making sure applicants are alerted if an event is already happening in their area. This is currently not always possible as groups can download the application form from internet without going through office
Issues requiring board input	None
Administering Project Fund - Large grants	
Lead	Annie
Status	Green
Progress	<ul style="list-style-type: none"> • Asian Women's Report presented to the Health Improvement Board and Published with significant media attention on 25th October. • Oxford City Council Quality of Life Survey: Over 50 new members added to our mailing list. Report publication delayed as needs to go through various discussions with City Council (head of service, members etc.). Expected circulation of draft in October. . • Student Report (2) has already attracted attention pre-publication from both the Clinical Commissioning Group and Oxford University Student Welfare Personnel. (see impacts statement below). Report is being finalized picking up recommendations and corrections from Board members and will be released for publication under embargo 20/10 and published 27/10.

- Satisfactory progress on other current live projects - Oxfordshire Neurological Alliance, Restore. These will be discussed in detail at Project Fund Subgroup in November.
- Awaiting further budgetary information from Oxfordshire Advocacy
- AD actively seeking new applications from outside of the City and from groups working with Children, Young People and Families.

IMPACT OF THIS WORK

Oxfordshire Family Support Network:

There have been a number of significant impacts as a result of this report:

- Jan Sunman met with John Rouse, Director General of the DH about the peer to peer support network research. The report is now being read at the DH.
- There was an [article in Community Care](#) about the report (Healthwatch gets good mention!)
- OFSN are working with NHS England and the Learning Disability Commissioning Project Board of NHS England. They have sent an impact statement from families that have been incorporated into a risk mitigation plan.
- They met with the outgoing head of OCCG and the new strategic commissioner as well to discuss moving forward on the peer to peer support.

OMHF

The Director of NHS England South, Matthew Tait wrote, “We are delighted to read this report of young people’s engagement with Mental Health issues compiled by Oxford Mental Health forum and we support its recommendations and we will recommend them to commissioners for Children and Adolescent Mental Health Services in Oxfordshire. The recommendations resonate with the findings of our summary report of CAMHs for Thames Valley which will also shortly be sent to commissioners across Thames Valley”

Oxford Students’ Report (2)

The first report published in December 2014 caused considerable interest and resulted in us working with a second team on the report focusing on A and E admissions and mental health (as presented to the Board in July).

The second report has been widely circulated, whilst still under embargo. We have brokered 2 meetings between University Welfare Department and OCCG. As a result they have already undertaken the following actions:

- Posters (provided by the CCG) will be distributed to all colleges by the beginning of term.
- OU Welfare have approached university communications experts about the best way of getting the CCG information to all students at the beginning of term.
- Once that is agreed, a copy of that information will be sent to academic and administrative staff who hold welfare roles (particularly residential roles) in colleges so that they can reinforce what the students have been told.
- The College Doctors and Nurses will have the same information so that they can refer to it in the sessions they conduct in colleges during

	<p>Fresher's week.</p> <ul style="list-style-type: none"> • All of this will be reported in November to the University's Committee on Student Health and Welfare - comprised of representatives from central services, colleges and medical practitioners. • One of the students became so interested in the work that she applied for and got an internship with Healthwatch Durham <p>In addition: OCCG have undertaken their own data analysis and confirm that their data correlates with the findings of a significant take up of A and E services by University Students. They are inviting a representative from the student project group to join the strategic taskforce to reduce pressure on A and E in Oxfordshire.</p>
<p>Risks and mitigating actions {please separate out risks and mitigating actions as in previous pieces}</p>	<ul style="list-style-type: none"> • The work of monitoring the impact of reports and holding providers and commissioners to account will grow. Need to develop good systems without become entangled in time consuming processes and data entry. • Need to keep central the fact that through very small amounts of funding HWO is capturing a very wide range of views and experiences that would otherwise not be heard. • There is a creative tension between eliciting the proactive involvement of the voluntary sector to identify their own 'bubbling' issues in ways that make sense to them, shaping their own research projects and possible external shape the way HWO delivers its contract to fit top down model of strategic planning and commissioned services. • Incentive of small project grants might not attract sufficient further bids to provide reports of the previous calibre, quality and interest. • HWO may not achieve restructuring needed to sustain this work in the long term in time to avoid further contracting of freelance support.
<p>Issues requiring board input</p>	<p>Consider formally inviting Simon Gabriel (Neighbourhood Team manager and lead for this project) to a future Board Meeting to discuss findings of City Quality of Life report and the next steps, including potential for future joint working between Oxford City Council, Public Health, and HWO.</p>