

1 Future operation of Healthwatch Oxfordshire

- 1.1** The current grant for the delivery of Healthwatch Oxfordshire (HWO) was awarded to Oxfordshire Rural Community Council (ORCC) until 31st March 2014. Following a subsequent tender process the operation of HWO will be taken over by a Community Interest Company which was specifically created to act as a vehicle for the delivery of HWO. The Community Interest Company (CIC) will take over responsibility for the delivery of the service from 1st April 2014. Arrangements are underway to complete the transition of the service from ORCC to the CIC.
- 1.2** A CIC is a new type of company designed for social enterprises that want to use their profits and assets for the public good. CICs are intended to be easy to set up, with all the flexibility and certainty of the company form, but with some special features to ensure they are working for the benefit of the community

2 Board

- 2.1** 10 people from a range of backgrounds have now been appointed to act as the Board for Healthwatch Oxfordshire. A gap has been identified in the skills available to the Board and a recruitment process for an additional Board member with recent and relevant financial experience is underway. The current Board will all be transferring to the new CIC as Board members.

3 Director

- 3.1** David Roulston was appointed as an interim Director in November 2013. The process of appointing his successor is underway with a view to appointing a permanent replacement early in the next financial year.

4 Project Fund

- 4.1** A project fund was established to support project work and research into different areas affecting people in respect of health and social care. HWO launched the Project Fund in September 2013. The purpose of the fund is to enable HWO to better understand the experiences and needs of people in Oxfordshire and to identify good practice and areas for improvement in local Health and Social Care services. The Healthwatch staff team have been actively supporting the development of applications and proposals from frontline projects, including from 'seldom heard' groups.

- 4.2 The Project Fund is overseen by a sub-committee of the Healthwatch Board and projects funded include:
- 4.3 Research in partnership with the Patients Association into people in Oxfordshire's experience of access to GPs (further detail below).
- 4.4 Research by Oxfordshire Family Support Network into the health service experiences of people with learning disabilities and their families.
- 4.5 Research by Oxford Asian Women's Project into the health and social care experiences of Asian women in Oxford with a particular focus on primary care, mental health and domiciliary care
- 4.6 Research by Oxford Mental Health Forum into young people's perception of the information available to them about mental health support services.
- 4.7 Research by Community Glue to provide information and gather perspectives from a range of organisations about the introduction of Personal Health Budgets based on the personal experience of service users and carers, projects in other parts of the country and evaluations.
- 4.8 A project with Sign Lingual to explore the underlying communication issues affecting deaf people in accessing health and social care services leading to the production of a video describing their experiences.
- 4.9 A project by My Life, My Choice to explore the experiences of people with learning disabilities of their healthcare treatment at their local GP surgery.
- 4.10 Partial funding support for a Quality of Life survey to be undertaken by Oxford City Council's neighbourhood team.

5 Research into the Healthcare Experiences of students of Oxford University

- 5.1 In October 2013 Healthwatch offered an opportunity to a team of 4 students to work on a project which would collect intelligence about Oxford University Student's experience of and impact on local publicly funded Health Services.
- 5.2 The Student Consultancy team conducted a survey of 317 Oxford University students in November 2013, attempting to gain an insight into varying student experience and perceptions of the quality and ease of access of the different public health services they used.
- 5.3 A subsequent report has been compiled and the results shared with Oxford University Hospitals NHS Trust and Oxfordshire Clinical Commissioning Group for attention.
- 5.4 There were 4 main findings from the report:

- 5.5 High usage of A and E services -a surprisingly high number of students surveyed (13.88%) claimed to have used A&E services whilst at Oxford. Of particular concern was that over 20% of males surveyed has used A and E services.
- 5.6 Problems of access for UK students: In comparison with UK students problems with knowing how to access public services was far more prevalent amongst international students. More than half of the international students surveyed had no idea how to access listed health services (such as GPs and the 111 service) and the numbers of international students using services was lower. This provided a strong suggestion that information about local health services for international students is inadequate and accordingly they do not know how to properly use services.
- 5.7 Mental health services: From a comparison of students perceptions of quality and access to the services they used mental health services came out lower than their perception of other health services. It also came out as more polarised with many responses extremely positive but also many negative responses. The research recognised that further research needs to be collected concerning the different types of mental healthcare provision and how improvements could be made.
- 5.8 Centralisation: each college at Oxford provides certain health services such as a privately employed nurse and NHS GPs present once or twice a week. However the system is decentralised with no college mandated to do anything and little or no centralised authority or provision for student healthcare. This came up both in the analysis of current services and issues surrounding were raised in many of the personal comments made by respondents.
- 5.9 A follow up study to examine some of these issues in greater depth is currently being designed in conjunction with the Student Consultancy.

6 Initial Priorities Set by Healthwatch Oxfordshire

- 6.1 The following four initial priorities for attention were set by the Board of HWO:
- Access to GPs
 - Setting up representative groups for relatives in care homes
 - 15 minute visits in domiciliary care
 - Whistleblowing
- 6.2 In order to explore the issue of GP access a questionnaire was designed in conjunction with the Patients Association to build on an earlier report they compiled during 2013 called 'Access Denied' which found a variety of evidence of patient experiencing difficulties in accessing community based healthcare.
- 6.3 A survey was launched during February and is about to close at the time of compilation of this report. There has been a healthy response to the questionnaire

with over 600 having been returned. The results of the survey will be analysed during March with a view to completing and subsequently issuing a report.

- 6.4 HWO wrote to every care home in Oxfordshire during February and has had discussions with different parties about the establishment of representative groups for relatives. We plan to establish a pilot set of such groups in 4 care homes facilitated by HWO's Engagement Officer with a view to compiling a subsequent best practice guide to promulgate the establishment of such groups more widely in care homes.
- 6.5 HWO welcomes the additional resources which have been found to reduce the number of 15 minute visits being commissioned by Oxfordshire County Council. We are in the process of designing a study into domiciliary care to further this priority area.
- 6.6 HWO is reviewing a range of literature which has been issued in respect of whistleblowing in health and social care with a view to designing how best to take this priority area forward. The ultimate objective is to seek reassurance that whistleblowers in health and social care services in Oxfordshire are being actively listened to and their concerns are acted upon.

7 Contacts made with Healthwatch

- 7.1 Awareness of the existence of HWO as gradually increased over the course of the year as evidenced by contacts made to the office and requests to participate in a range of activities.
- 7.2 Healthwatch England (the parent body for local Healthwatch organisations) is finalising a relationship database for use by local Healthwatch like HWO in capturing the range of comments about health and social care services for national compilation and to enable local Healthwatch to provide more detailed feedback to local organisations. The database is expected to 'go live' shortly and HWO will be seeking to introduce the system in the first quarter of the next financial year.
- 7.3 It is anticipated that this will be supplemented by the promotion of the use of a dedicated website to support the public in giving feedback about health and social care services in Oxfordshire.

8 Future Events

- 8.1 An annual social care engagement event called 'Hearsay' will be being held on 14th March. This will build on previous events which have taken place since March 2010. The purpose of the day is to ask the users of services and their carers what changes the most want to see made to adult social care services and come up with suggestions about how to make these changes. A report will be compiled following the event to support commissioners and providers in responding to the points raised.

8.2 HWO plans to hold an event later in the year to enable a range of stakeholders to help shape its future priorities in respect of areas requiring attention in respect of the commissioning and delivery of health and social care.

9 Care.data

9.1 HWO contacted Healthwatch England regarding concerns which had been raised by patients and other patient groups regarding the introduction of the care.data programme. This echoed concerns which had been raised by a range of other local Healthwatch organisations. Subsequent work included participating in a mystery shopper exercise of the NHS care.data telephone helpline. Healthwatch England subsequently raised concerns about the failure to adequately inform the public about this measure. HWO has welcomed the use of Healthwatch England's statutory powers to raise such concerns and the subsequent delay of the programme to enable better engagement and information for members of the public.

10 Additional matters for attention by the Health and Wellbeing Board

10.1 HWO is concerned that there needs to be monitoring of the impact of the combined effect of changes taking place at present associated with social care cuts, health efficiency savings and other changes (for example to benefits) and would encourage the Health and Wellbeing Board to take steps to monitor the impact of the changes so that this can be used to inform future priorities.

10.2 Homeless Pathways has given a good example of how the impact of cuts could be monitored in respect of homeless services. Potential measures could include:

- Numbers of rough sleepers
- Length of stay in homelessness services
- Rate of return to homelessness services
- Referrals to floating support teams
- A&E visits by people with No Fixed Abode
- Number of days of Delayed Transfer from hospital due to lack of suitable accommodation to be discharged to
- Number of homeless people detained under S136 for their own/others' safety, because there is nowhere else for them to go
- Number of people using food banks
- Petty crime stats, e.g. anti-social behaviour, shoplifting, drinking on the streets, begging
- Methadone prescribing because there likelihood of prescribing for longer and higher doses because someone is homeless.

10.3 Recent research has highlighted that people with a learning disability and/or mental health problems live, on average, fifteen to twenty years less than the general population of the UK. It is a priority of the local strategy that early death be prevented, particularly for those most at risk. Valuable work and targets are in

place but it appears to Healthwatch that the enormity of the mortality gaps is not fully reflected in either. HWO would encourage the Health and Wellbeing Board to take steps to address the mortality gaps as reported and address the health inequalities experienced by people with a learning disability and/or mental health issues.