

Healthwatch Oxfordshire

Update for the Health Overview and Scrutiny Committee - 20 November 2014

1 Introduction

- 1.1 On August 28th HOSC received an update on the activities Healthwatch Oxfordshire had undertaken in the preceding month. This report updates the committee on Healthwatch Oxfordshire's organisational development and project activity in September and October.

2 Governance

- 2.1 Healthwatch is grateful to Jean Nunn Price and Dermot Roaf for stepping into the Chair and Vice Chair roles in June of this year with a mandate to serve until January 2015. The organisation is now actively seeking a new Chair and new Directors to bring its board up to full complement. A full recruitment pack was published on October 20th, and can be found here http://www.healthwatchoxfordshire.co.uk/sites/default/files/healthwatch_oxfordshire_board_recruitment_pack.pdf. Applications are sought in writing by the end of November, for interview in December. It is hoped new Board members will take up post at an AGM in January. A new Vice Chair will then be elected from amongst the new Board in April or May. HOSC members are asked to assist in this recruitment process by circulating the recruitment pack widely across their own networks.

3 Listening effectively

- 3.1 HWO exists to hear the stories local people have to tell about health and social care services and to use those stories to drive change. In order to do this the organisation needs to be structured and clear about how its very small staff team can most effectively listen to Oxfordshire's sizeable population. HWO held a very successful conference with the wider voluntary sector on October 1st, in part to explore how best the organisation might listen through others.
- 3.2 The Board has subsequently decided that HWO will increase and improve its listening capacity by:
- i. Holding 2 large voluntary sector events a year at which communities of geography and interest from across the county are well represented. These 2 events will agree subjects for a series of between 4 and 6 in depth topic based workshops a year, to be attended by a wide range of organisations and individuals interested in the given topic.

- ii. Holding an annual Hearsay! event in partnership with OCC to hear the experiences of social care users.
 - iii. Increasing its capacity to get out into shopping centres and other public spaces on a regular basis to talk to the public.
 - iv. Giving small grants (up to £500) to groups wishing to stage events in local communities, who are willing to have a Healthwatch team attend to talk to their visitors about health and social care.
 - v. Raising its profile in the media to encourage more people to contact the organisation with their stories.
 - vi. Raising its profile with all elected politicians to encourage them to share the stories constituents bring to them about local services.
 - vii. Meeting 3 times a year with the Directors of OUHT, OHFT, OCC and OCCG who are responsible for making improvements to quality in the light of patient/service user feedback, and ensuring information is shared across the group and with HWO about what they are hearing from their users and how they are acting on that information.
 - viii. Finalising arrangements with OCC for taking over the functions and responsibilities of the Public Involvement Network, and working with OCCG to ensure we develop a close working relationship with the 6 OCCG locality Stakeholder Forums.
 - ix. Actively recruiting volunteers from across the County who can be the organisations' eyes and ears, represent it at meetings and assist it with enter and view activity. HOSC members' support is sought in promoting the search for volunteers. Information about the roles, and how to apply can be found here :
<http://www.healthwatchoxfordshire.co.uk/content/volunteer-us>
- 3.3 HWO will use all these information sources to determine its priorities for project and other work and to inform its contribution to the JSNA.
- 3.4 We will also regularly summarise the themes we can draw from this wealth of information and will pass it on to commissioners and providers as appropriate, including by making regular reports to this committee.

4 Looking at issues in more depth

4.1 The mechanisms through which we will look at issues in more depth , once priorities have been established, will be:

- i. To continue to give project support and grants of up to £5000 to constituted voluntary organisations wishing to explore, in more depth, access and quality issues experienced by the communities they exist to represent. We will then bring the reports they produce to public attention and will challenge commissioners and providers to respond. A recent example of this way of working is the Asian Women’s Group report. HOSC members are asked to help promote the project fund, and details of how to apply can be found here: www.healthwatchoxfordshire.co.uk/grants-and-funding .
- ii. To undertake research, sometimes in partnership with others, into particular topics of concern - building on the success of the project undertaken with the Patients Association into access to GP services.
- iii. To design and deliver enter and view based research projects which result in clear recommendations for service improvement. The first two such projects will explore patient and carer experiences of being discharged from Oxfordshire’s acute and community hospitals , and the degree to which the local system is successful in offering Dignity in Care. Partners to this work will include Patient Voice and Age UK. The project outline for the discharge project is appended to this paper for information.

4.2 We will be building our capacity to manage and deliver these complex partnership projects.

5 Holding to account

5.1 All HWO work will lead to a series of recommendations for change in the way services are commissioned or delivered, and we will work with the media to ensure that the change local people are asking for is as publicly shared as possible.

5.2 Twice a year we will publish a summary of the recommendations we have made, and the progress commissioners and providers have made in delivering the change sought. This report will come to HOSC and Health and Wellbeing Board on a regular basis, with the first such report coming to HOSC in February 2015. Again, we will seek maximum publicity for this report.

5.3 We will seek to work with HOSC and other relevant scrutiny and performance committees both in terms of helping to set the scrutiny agenda, and to inform the scrutiny process by sharing relevant intelligence with the committee.

6 Project work undertaken in September and October 2014

6.1 Since the August HOSC meeting HWO has:

- i. Published a report by the Asian Women's Group highlighting issues of access to mental health, GP and domiciliary care services.
http://www.healthwatchoxfordshire.co.uk/sites/default/files/asian_womens_group_-_health_watch_final_report_19_9_14_rc_0.pdf
- ii. Published a second report looking in depth at issues of student use of A&E and access to GP services.
- iii. Published a report in partnership with the Patients' Association, highlighting concerns about local access to GP services.
http://www.healthwatchoxfordshire.co.uk/sites/default/files/oxfordshire_healthwatch_gp_survey_final_october_2014.pdf
- iv. Shared a more in depth report on GP services with CQC, members of this committee, the Local Medical Committee, the CCG and NHS England. This report adds intelligence on GP services from our grant funded projects and from the voluntary sector conference to intelligence gathered in our formal survey and creates a richer picture of the issues that need addressing in primary care.
- v. Attended our first two small grant funded events in Witney and Sonning Common.
- vi. Given grants to Oxfordshire Neurological Alliance and Restore to undertake research projects. These should both lead to further published reports early in 2015.
- vii. Agreed the detailed design of our first enter and view project, which will be looking at discharge. This has been developed with our key partner on the project, Patient Voice, and with the full co-operation of the commissioners and providers who will be affected by the study.
- viii. Started to develop the design of our second enter and view project in partnership with Age UK, which will explore issues of Dignity in Care.
- ix. Held the first of a series of bi-annual conferences with the voluntary sector.
- x. Staged a debate on care.data in partnership with the University of Oxford Health Experiences Institute.
- xi. Promoted consultations on: the statutory Pharmaceutical Needs Assessment for the County, OCCG's research into community eye health services, Monitor's research into adult hearing services and OCC's day services for people with physical disabilities.
- xii. Continued to lobby OCC on the impact of withdrawal of the Social Welfare Fund.

Appendix 1: Patient Voice and Healthwatch Oxfordshire Discharge Project Outline (shared for information)

1. Background

1.1 Patient Voice and Healthwatch Oxfordshire are concerned that the voices of patients and carers have not been sufficiently heard, or responded to, in the on-going debates between health and social care providers and commissioners about how to improve the discharge of patients from Oxfordshire's hospitals.

1.2 The two organisations will therefore be collaborating on a project which aims to bring the voices of those being discharged and those caring for them into this debate by exercising our powers to enter and view, in order to interview patients, relatives and carers about their experience of being discharged from Oxfordshire's acute and community hospitals.

1.3 Given the importance of this issue to the whole system, Patient Voice and Healthwatch Oxfordshire would like to undertake this project in collaboration with OUHT, OCC, OHFT and OCCG, and those professionals providing health and social care after discharge from hospital.

1.4 We have created a project steering group to oversee this work which also includes representation from the following organisations:

- Oxfordshire Clinical Commissioning Group
- Oxford University Hospitals Trust
- Oxford Health Foundation Trust
- Oxfordshire County Council
- The Oxfordshire Association of Care Providers
- The Local Medical Committee
- The Local Pharmaceutical Committee

2. WHAT WE WANT TO KNOW

2.1 This project seeks to discover, and share:

- i. People's experience of being discharged from Oxfordshire's acute and community hospitals.
- ii. The impact that their discharge experience has had on their health and wellbeing, and the health and wellbeing of their families and/or carers.
- iii. The impact of poor discharge processes on on-going care from the perspective of other care professionals.
- iv. How the quality of the discharge process impacts on people's ability to live independently at home after a stay in hospital.
- v. The extent to which the discharge process is meeting the quality standards and/or processes agreed in contracts between commissioners and providers.
- vi. Examples of well managed discharge that the whole health and care community can learn from.
- vii. Examples of poorly managed discharge, and the key things providers need to work to improve.

3. WHY DO WE WANT TO KNOW THIS

- i. Patients have raised the issue as a concern with Healthwatch Oxfordshire both through Patient Voice and individually.
- ii. Oxfordshire remains one of the worst performers in the UK for delayed transfers of care.
- iii. Commissioners remain committed to working with providers to improve discharge processes in Oxfordshire.
- iv. Local GPs have raised the issue of the quality of the discharge process as an area of ongoing concern with OCCG.
- v. Healthwatch England has been sufficiently concerned about this issue to undertake a national special enquiry on the topic.

4. SCOPE OF THE PROJECT

- 4.1 This project will explore the experience of patients being discharged (or who have been discharged in the calendar year of 2014) from all OUHT hospital sites and from OHFT community hospitals. It will not explore discharge from mental health wards run by OHFT, discharge from private hospitals or discharge of Oxfordshire patients from hospitals outside Oxfordshire.
- 4.2 This project will focus on the experiences of adults and older adults, and in particular those aged 70+, and will be designed and delivered in ways that enable dementia patients and their families and the homeless to participate.
- 4.3 The project will seek the views of GPs, care workers (domiciliary and residential), social workers and pharmacists about the impact of the discharge process on on-going care.
- 4.4 This project will focus predominantly on the collection of qualitative data about the experience of being discharged , and the impact of the discharge process on ongoing wellbeing and care and rates of re-admission. It will not review the wealth of quantitative data already examined regularly by OCCG and OCC.
- 4.5 In addition to a published report, it is hoped the project will result in a new patient information leaflet about how discharge is supposed to be planned and managed and video clips that can be used for staff training.

5. PROJECT METHODOLOGY

- 5.1 The views of patients, carers and relatives will be sought via:
 - 5.1.1 Structured interviews, based on a formal questionnaire, and conducted by HWO volunteers (including members of Patient Voice) who have been trained to undertake enter and view. These interviews will take place in hospitals, hostels, care homes and at home.

5.1.2 Self-completion of an online questionnaire, widely promoted to the public via HWO communications and media leads and available via HWO website.

5.2 The views of professionals responsible for patients' on-going care post discharge will be sought by emailed questionnaire sent from the HWO office to relevant professionals, where possible via their representative bodies such as the Association of Care providers, Local Medical Committee, Practice Managers Forum and Local Pharmaceutical Committee.

5.3 A desktop review of published information on what constitutes good discharge and why it is important will set the context for the findings.

5.4 Findings will be analysed by the HWO team, who will prepare a report that summarises the key themes to emerge from this analysis.

6. PROJECT MILESTONES

DATE	ACTION	KEY PARTNERS
5/9/14	Seek initial feedback on this proposal from Patient Voice	Patient Voice (PV)
8/9 – 19/9	Circulate v2 to relevant organisations seeking: <ul style="list-style-type: none"> views and comments nominations for project steering group 	PV, OCCG, OCC, Association of Care Providers, LMC, LPC, OHFT, OUHT, HWO Board.
Early October	1 st meeting of project steering group to approve final project proposal for submission to HWO Board.	PV, HWO, OCCG, OCC, Association of Care Providers, LMC, LPC, OHFT, OUHT, patient and carer reps
14/10	HWO Board approve finalised project proposal	HWO Board
End October	Enter and view volunteers recruited (to include members of PV)	HWO, PV
Mid December	Enter and view training complete Develop and agree questionnaires	HWO PV and HWO for agreement by steering group
Early January	Enter and view trial sessions to test: <ul style="list-style-type: none"> Questionnaires Interviewing skills Housekeeping and safeguarding arrangements with provider partners <p>Draft questionnaires for LMC, LPC and Care providers tested with relevant partners and content agreed.</p> <p>Launch awareness raising campaign</p>	PV, HWO and OUHT and OHFT

Mid January	Evaluation of test/rehearsal sessions Project plan and materials adjusted accordingly	Project steering group
February	<ul style="list-style-type: none"> • 100 enter and view interviews conducted in variety of care settings • Questionnaires circulated to relevant professionals, via their professional bodies for return by the end of the month • 1 month campaign promoting Self completion questionnaire • Desk research 	PV, HWO, OUHT, OHFT, Assocn of Care Providers, LMC, LPC.
March /April/May	Analysis complete and draft report circulated for comment/accuracy checks and to inform final contract negotiations.	PV, HWO, OUHT, OHFT, Assocn of Care Providers, LMC, LPC, OCC, OCCG
June	Report launched	HWO

HWO - Healthwatch Oxfordshire; PV- Patient Voice; OCCG – Oxfordshire Clinical Commissioning Group; OCC – Oxfordshire County Council; LMC – Local Medical Committee; LPC – Local Pharmaceutical Committee; OHFT – Oxford Health Foundation Trust; OUHT – Oxford University Hospitals Trust.