

Healthwatch Oxfordshire

Update for the Health and Wellbeing Board - March 2015

1 Introduction

- 1.1 The main focus of this report is on providing a summary of the actions taken by commissioners and providers in Oxfordshire in response to recommendations made by Healthwatch Oxfordshire and its grant aided partners since April 2014 (Sections 2 and 3).
- 1.2 The report also provides an update on other internal and external HWO activity since the November meeting of this Board (Sections 4 and 5).

2 Tracking delivery of HWO recommendations

- 2.1 During the course of 2014/15 Healthwatch Oxfordshire has published a number of reports in which recommendations have been made to commissioners and providers about changes they should consider making to local services.
- 2.2 Some of these recommendations have been made directly by Healthwatch (for example, those relating to the annual Hearsay event and those relating to GP Access). Others have been made by organisations to which Healthwatch has given grant funding and project support. Healthwatch has then undertaken to bring the issues raised by these organisations to the attention of commissioners and providers. For example we have published reports produced by the Asian Women's Group, Oxford University Students and My Life My Choice.
- 2.3 HWO wrote to all commissioners and providers in Oxfordshire before Christmas, reiterating the various recommendations we have made to each organisation this last year, reminding them about the commitments they had made to address issues raised at the point of publication of the relevant reports, and asking for an update on delivery of those commitments.
- 2.4 We are delighted that all providers and commissioners responded and a report detailing their responses can be found in the appendix to this paper and on the Healthwatch Oxfordshire website, www.healthwatchoxfordshire.co.uk. Section 3 below summarises the key changes being delivered on behalf of local service users as a result of recommendations made by HWO and its partners in 2014/15.
- 2.5 We look forward to working with all partners in 2015 to make equally good progress on issues such as learning disability health check take up, CAMHS waiting times, cancer treatment time targets, 4 hour A&E waits, cancelled operations, hospital discharges and the provision of dignity in care.

3. Summary of action taken

3.1 Oxfordshire County Council. OCC have provided us with detailed evidence that demonstrates they are acting on the vast majority of the recommendations made to them this year by Healthwatch Oxfordshire. Highlights to draw the Board's attention to include:

- a) Agreement to flex use of Direct Payments to enable more Asian families to pay family members for care.
- b) Work that is underway to develop user informed customer standards for Personal Assistants and Supported Living service providers.
- c) Developing systems through which performance of individual care agencies can be published by this summer.
- d) Working with OCCG to ensure that Outcomes Based Contracting for older people's services results in a single health and social care assessment process.
- e) Training and supporting people with Learning Disabilities to act as paid quality monitoring assistants and to be involved in service reviews such as the recent review of Supported Living Services.
- f) Reviews of care packages for the 172 people identified as getting 15 minute visits for personal care, and amending the care package to remove this, if that is what the client wishes; ceasing commissioning of 15 minute visits for personal care for new clients.

3.2 Oxfordshire Clinical Commissioning Group. OCCG have provided us with detailed evidence that demonstrates they are also acting on the vast majority of the recommendations made to them this year by Healthwatch Oxfordshire. Highlights to draw the Board's attention to include:

- a) Developing mental health first aid training for Asian Women; supporting community leaders to enable them to advertise mental health support services in the mosque; working with Restore to develop more culturally appropriate equality and diversity training material and developing bite size confidence to care courses that Asian Women will be able to access; disseminating information on halal medicines to all GP practices.
- b) Submitting the Oxfordshire Mental Health Forum report as evidence to the project board charged with reviewing CAMHS services - although this review is not yet complete so the impact of this is as yet hard to gauge.
- c) Commissioning an SOS bus to support young people in Oxford City Centre on weekend evenings (see SCAS section).
- d) Using the Sign Lingual report to inform the service specification and procurement process for the reprocurement of BSL interpreting services from June 2015, and targeting an intensification of staff training on deaf awareness in those NHS departments/services where this is particularly needed.

- e) Ensuring the Oxfordshire bid to the Prime Minister's Challenge Fund for funding to improve access to primary care draws closely on the findings of the HWO report and that it includes bids for piloting schemes such as enhanced home visiting services, provision for extended appointments for patients with complex care needs and enhanced use of email for consultations.
- f) Development of a "Use your NHS Wisely" campaign to help the public make best use of their GP service.
- g) The invitation to HWO to sit on the Primary Care Programme Board, in order to ensure that recommendations made in the HWO report are addressed by the work of the Board.

3.3 Oxford Health Foundation Trust. OHFT have also taken HWO's recommendations seriously. Changes resulting from HWO recommendations in OHFT that are of particular note include:

- a) Members of the IAPT service meeting Imams in Oxfordshire to promote access to talking therapies in the Muslim community.
- b) Providing training to schools on mental health early intervention and prevention.
- c) Running a MH in reach pilot programme in 3 schools, and as a result now assigning a PCAMHS link worker to all secondary schools and extending the piloted MH in reach service to further 5-10 schools each term.
- d) Securing additional research monies to increase the clinical staff team in the Early Intervention Service, and increasing referrals into this service from 14-18 year olds.
- e) Amending staff induction and training programmes to raise awareness of the needs of deaf people and how best to meet them.

3.4 Oxford University Hospitals Trust. OUHT has also taken steps to address issues brought to its attention by HWO. These include:

- a) Participating in development of a whole system Mental Health Crisis Concordat, which includes actions to address students' fears around being dismissed when asking for help as well as a working group focusing on all elements of mental health across Oxfordshire.
- b) Considering development of a Minor Injuries Unit for Oxford, but (with commissioners) agreeing this was not feasible, and developing an alternative 4 point plan to reduce minor A&E activity.
- c) Improving information about interpreting services on the Trust intranet and in equality and diversity training, and reviewing use of plain English in letters.

3.5 Southern Health Foundation Trust. In response to HWO and its partners' recommendations, SHFT have:

- a) Committed to developing and delivering improved training on the needs of deaf service users early in 2015.

- b) Started a service redesign process that will lead to a reduction of inpatient beds and an enhancing of Intensive Support Team services to service users in the community.
- c) Improved access to advocacy services.
- d) Involved users and their families in peer reviews of community and inpatient services.
- e) Rolled out Proactively Reducing Incidents for Safer Services (PRISS) training to staff in all Oxfordshire inpatient services and Going Viral training to all staff.
- f) Put in place a transition policy between Community Learning Disability Teams and CAMHS to ensure that young people are referred and handed over to the adult services in a timely way using the Care Programme Approach (CPA).

3.6 **South Central Ambulance Service.** SCAS have only been asked to respond to one of HWO's reports, and in response they have:

- a) Introduced an SOS "bus" to central Oxford for the busy nights in the town centre. The vehicle is crewed by a paramedic/ECP, an RAF nurse and St.Johns, to deal with minor illness/accidents/alcohol related incidents etc.

3.7 **NHS England.** NHSE has:

- a) Raised the issue of access to interpreting services for a number of communities at The Thames Valley Quality Surveillance group, when it undertook to charge all CCGs in Thames Valley with reviewing the effectiveness of interpreting and translation services in their area and to remind the providers it commissions about how and when to access these services for patients.
- b) Committed to ensuring that the HWO GP access report informs local plans to progress co-commissioning of primary care in Oxfordshire.

4 **Other external activity undertaken by HWO since the last Health and Wellbeing Board meeting.** Since the last meeting of the Health and Wellbeing Board HWO has:

- 4.1 Undertaken all necessary planning and preparation to undertake upwards of 100 enter and view interviews to explore local people's experience of discharge from hospital, starting on 25th February.
- 4.2 Agreed a project plan in partnership with Age UK Oxfordshire for undertaking a second large scale enter and view based project exploring issues of dignity in care in Oxfordshire, with enter and view interview work due to begin in April/May.

- 4.3 Undertaken the following project grant funded work:
- a) Published the Oxfordshire Neurological Alliance Report on gaps and issues in services for this patient cohort.
 - b) Supported a Restore service user with her research into service user engagement best practice.
 - c) Awarded grants to:
 - Homestart to look into pre and post natal care for women they look after in Oxford and Bicester.
 - Guideposts Trust to explore whether the needs of young carers and carers of people with MH and LD are being met.
 - Donnington Doorstep to look at the effectiveness of services made available to young people and families affected by child sexual exploitation.
- 4.4 Via a Board member, continued to lobby Oxford City Council on health and social care issues affecting the homeless community - which remain of concern.
- 4.5 Advised and supported BBC Oxford on the design and content of its NHS week.
- 4.6 Arranged to attend events and/or have a stall in public locations in Witney, Cowley, Banbury, Kidlington, Wheatley, Abingdon, Banbury, Woodstock, Bicester, Marston, Cowley, central Oxford and Wood Farm to talk to the public about local services. Funded “talk to the public events” with partners in Chipping Norton and Kidlington.
- 4.7 Progressed work on best practice advice to care homes on establishing relatives groups.
- 4.8 Agreed an approach with OCC for Hearsay 2015, which will include events in the north, city and south of the county this year leading up to a countywide event.
- 4.9 Undertaken a workshop to explore the unmet health and social care needs of working age adults to inform the JSNA.
- 4.10 Requested that the CEO of Oxfordshire CCG, and his Chief Executive colleagues in provision and commissioning, give due consideration to how HWO can be most effectively involved in the development, by the whole system, of major schemes and proposals like the Better Care Fund, Single Plan and other transformational changes before they come formally to Health and Wellbeing Board for approval. It is essential that we no longer find ourselves being asked to approve plans in public, where we have had no input to their design and development and it is too late for our comments to affect any real change in thinking. We understand that a proposal is in development to redress this issue and we look forward to further dialogue and a speedy resolution of this issue with our partners.

- 4.11 Met with Directors of Quality and Patient Experience leads in all major commissioners and providers, and agreed with them the following joint priorities for quality improvement work in Oxfordshire in 2015/16:
- a) Joining up people's care, when it is being delivered by a range of health and/or social care providers.
 - b) Communication between different organisations within the system about patients.
 - c) Communication by all parts of the system with patients and carers, both in terms of staff attitudes, involvement of people in decision making about their care and delivery of dignity standards.
 - d) Carer involvement in care planning and care delivery.
 - e) Better treatment of patients with physical and mental health needs, and recognising and addressing the psychological component of all healthcare.
 - f) Continuing to build a culture in which staff, carers and patients feel able to raise concerns or complaints without fear of retribution.
 - g) Supporting delivery of public education about how to use the NHS wisely, and self-care programmes that might help reduce demand.

We hope these will be reflected in the updated Health and Wellbeing Board Strategy.

- 5 **HWO organisational development.** In the period since the last Board meeting, HWO has also:
- 5.1 Recruited 8 new Directors who will formally join its Board in March, including a new Chair who will take over at the March 23rd meeting.
 - 5.2 Undertaken a staff restructure and advertised two posts which will significantly enhance its capacity to deliver its core business.
 - 5.3 Moved to new, more accessible offices on the Oxford Business Park South.
 - 5.4 Completed a 360 degree survey on our own effectiveness. 24 completed surveys were returned, and this represents a response rate of 36% from the individual email addresses we mailed the survey too. The key findings from these were that:
 - i. All respondents answered the question "do you know what we exist to do" and 95.8% of them said yes.
 - ii. 21 respondents told us about the areas of our work that they have had direct experience of. 100% of them had direct experience of our core work to gather the views of the public. 66% had direct experience of our media work and the work we have undertaken to make recommendations to improve services, and just under 50% had direct experience of the work we undertake to look into areas of concern. Perhaps unsurprisingly only 14% of those who responded were aware that we work with HW England on national issues.

- iii. 21 respondents told us about how effectively they think we fulfil our core functions. The following percentages believe we are quite or very effective at:

Gathering the views of the public	60%
Awarding grants to groups to conduct research	79%
Commissioning projects to look into areas of concern	84%
Signposting people to services	33%
Reporting concerns in the press	53%
Making recommendations to improve services	55%
Working with CQC	35%
Working with HW England	29%

- iv. 43% of 21 respondents believe our work has, or will, impact on their decisions, and 33% don't know - which perhaps reflects the fact that our first impact report is only now being published.
- v. Free text comments suggest the organisation is now recognised as beginning to deliver and as showing potential, but that particular focus is required on consolidating the changes made in the last six months, raising our profile with the public and holding others to account for the change we have recommended they deliver. Action is in hand to address all of these.

A fully detailed organisational response to this report can be found on the Healthwatch Oxfordshire website www.healthwatchoxfordshire.co.uk

The organisations are:

- Oxfordshire County Council
- Oxfordshire Clinical Commissioning Group
- Oxford Health NHS FT
- Oxford University Hospitals Trust
- Southern Health Foundation Trust
- South Central Ambulance Trust
- NHS England Thames Valley Area team

Healthwatch Oxfordshire is very grateful for their co-operation in producing this report.