

## 1. Introduction

1. The key areas of work for the Healthwatch Oxfordshire team since the last HOSC meeting in April 2015 have been:
  - i. Enabling publication of “Alice’s Report”, a report by a mental health service user which recommends improvements to the way in which services users are involved in service redesign in Oxfordshire.
  - ii. Preparing for publication of a report by ORCC on how to sustain dementia friendly communities in Oxfordshire.
  - iii. Running three Hearsay! events to gain feedback on adult social care services from across the county.
  - iv. Launch of a Dignity in Care project in conjunction with Age UK Oxfordshire.
  - v. Starting analysis of the discharge project data.
  - vi. Recruiting new HWO Ambassadors to sit as lay members of the Children’s Trust and Health Improvement Boards.
  - vii. Attending outreach events across the County.
  - viii. Improving liaison with the OCCG Locality Forums.
  - ix. Publication of our own annual report, which can be found here: <http://healthwatchoxfordshire.co.uk/AnnualReport2015>

## 2. Grant aided projects

- a) Healthwatch is currently supporting five groups to produce reports on their service user experience through its grant programme:
  - i. **Restore** have completed a report examining best practice guide on mental health service user involvement in service redesign. “Alice’s Report” is available here <http://healthwatchoxfordshire.co.uk/reporting-back>. See section 2.2 for more detail.
  - ii. **ORCC** have completed a report setting out how best to sustain dementia friendly communities.
  - iii. **The Guideposts Trust** is exploring how well the needs of young carers, carers of MH patients and carers of people with learning disabilities are being met and this report is scheduled for publication in mid July.
  - iv. **Homestart** is looking at how well pre and post-natal support services are working for the families it supports in Oxford and this report is scheduled for publication by the end of July.
  - v. **SEAP (Support, Empower, Advocate, Promote)** is undertaking a project to determine the experience of gypsy and traveller communities trying to access services, and this report will be completed in the autumn.

- b) Donnington Doorstep have decided they do not currently have capacity to progress the planned CSE project, and we are actively seeking an alternative partner in order to ensure this important piece of work can proceed.

### 3. Alice's Report

- a) This report was researched and written by local service user, Alice Hicks, with support from Restore. It identifies that the mental health service providers in Oxfordshire who make up the new Mental Health Partnership need a mechanism to access service users who are not only experts by experience but who have a variety of different skills and levels of understanding about the services they use.
- b) The report asserts that service providers and commissioners find it difficult to identify enough service users who might have the confidence, skills or interest to take on these different involvement roles, or to support and train these users to enable them to engage effectively.
- c) The study argues that the existing user groups in Oxfordshire do not have the brief, structure or capacity to be able to provide or support such service users effectively. There is no central point or "hub", where a wide and varied pool of service users, with the potential and desire to be involved, could be contacted or supported. The report argues that too much reliance is currently placed on a few well known and available service users to achieve service user engagement in commissioning and service redesign decisions.
- d) The report recommends setting up an independent, funded, user-run group, where members are supported and appropriately trained for involvement activities. It argues that such a group would be able to provide a range of service users with a variety of different experiences who have the confidence and support to take on various levels of involvement work or to represent others at meetings and consultations. It could really ensure that a wider "user voice" is clearly heard. It would also be invaluable in promoting personal recovery for its members.
- e) The report concludes that such a group would:
- Have a positive influence on service redesign and delivery
  - Greatly improve the lives of its members by fostering social interactions, creating friendships and positive relationships, inspiring hope, challenging stigma, promoting personal recovery and independence and lessening the need for mental health service interventions.
- f) The report describes a best practice model for such a group, based on evidence drawn from other parts of England. The key features of the group recommended are that it should be:
- A properly constituted organisation with its own space
  - Staffed by people with lived experience
  - Funded to provide training, skills development and support to users who join it

- Enabled to become large enough to develop a substantial pool of service users with a variety of skills and lived experiences with whom commissioners and providers can work
  - Independent of the provider and commissioner organisations.
- g) “Alice’s Report” was circulated to providers and commissioners in May, asking them to let Healthwatch know how they would respond to the recommendations Alice has made. We will update the committee verbally on the responses received.

#### 4. Hearsay! 2015

- a) Healthwatch Oxfordshire ran Hearsay! events in May and June in Didcot, Oxford and Banbury. These events were designed to find out what users of adult social care services in Oxfordshire think is working well and what they think could be improved.
- b) In all, close to 50 people attended the 3 events, in addition to staff from Oxfordshire County Council, Oxfordshire Clinical Commissioning Group and Healthwatch Oxfordshire. Though the event was for users of adult social care, it became clear in the discussions that people wanted to talk about both health and social care, and indeed requested a “more joined up approach” between the two.
- c) Across the 3 events, common themes that emerged were:
- Navigating the (health and) social care system is a “minefield” and there is an urgent need to offer greater support to service users and their carers to enable them to understand what they are entitled to and how to access it, and to offer a more joined up experience of health and social care.
  - There are gaps in the provision of age-appropriate services like respite care and housing particularly for young people, working age adults and for those with complex needs and learning disabilities.
  - It is vital for care providers to adopt a person-centred, personalised approach to the health and social care offered- remembering there is an individual and their family at the centre of every intervention and maintaining a focus on their quality of life.
  - It is important to identify and support carers in their role.
- d) There were also region-specific discussions around the need for training of agency care staff on the Care Act 2014 (Oxford), anxieties around changes to the Independent Living Fund (Didcot) and access to services across county borders (Banbury).
- e) Feedback gathered from attendees on what they thought about the Hearsay! events indicated that attendees felt they were listened to and were glad they had attended the event.

- f) The next step is to collate all the feedback and write a report that will be presented to Oxfordshire County Council. The Council will then produce an action plan to address the issues raised and will present an update on their progress at a further feedback event to be held in January 2016.

## 5. Discharge from hospital project

- a) The field work stage of this project was completed at the end of April. The on line survey was completed by 215 people, we conducted 66 interviews with users and carers across four secondary care hospital sites, two community hospital sites and in a small number of people's homes. We also heard from nearly 140 GPs, pharmacists and care providers about how they thought discharge could be improved. We are currently analysing the data collected, and will be sharing our findings with providers and commissioners in August, in order that we can publish the report, with their planned responses, in early September.

## 6. Dignity in Care project

- a) This project was launched on June 8<sup>th</sup> by Healthwatch Oxfordshire and Age UK Oxfordshire. It aims to establish how well (or badly) national standards on dignity in care are being met in the county for service users of all ages. The methodology comprises:
- Discussion groups with seldom heard groups
  - Case studies with members of seldom heard communities
  - Face to face interviews with service users and carers, conducted by trained Healthwatch volunteers in hospitals, day centres, care homes and hospices
  - An online survey for services users and carers
  - An online survey for staff working in the health and social care sector
  - A call for nominations for a series of Dignity in Care Awards.
- b) The discussion group and case study work already completed suggests that the project will uncover examples of excellent practice, but that it will also reveal some shocking lapses in care. For example in discussion group and case study work already completed for the project by The Guideposts Trust we heard opinions ranging from the very shocking:

I have had a series of operations .... I reacted badly to anaesthetic and so I was completely loopy for 3 months whilst on a ward. I was left for hours in my piss and shit, I was sedated and my health needs were neglected. None of the '10 Do's' were there. It is a completely aspirational list. I have seen no attempts to put it into practice - only lip service.

To the truly outstanding:

I've been more than happy with the help she received. I actually wrote a letter to thank the doctor and sent a box of chocolates to the receptionists and nurses. When I went in for myself too I was very happy with the way they treated me. I said 'you've only got me on a drip so you can keep me here!'

- c) The online questionnaire for service users and carers will be live at <http://healthwatchoxfordshire.co.uk/DignityinCare> until July 24<sup>th</sup>, and we would be grateful for HOSC's support in publicising this. We also still have capacity to set up further face to face interviews with individuals in their own homes or in care settings, and again would welcome introductions from Members of the committee.
- d) The workforce survey can be found here <http://healthwatchoxfordshire.co.uk/staff-dignity-care-survey> and will also be live until July 24<sup>th</sup>.
- e) This project also, importantly, incorporates a celebration of what is good or excellent about local care services and we are actively encouraging local people to nominate individuals and service providers who deliver great dignity in care. Details of how to submit nominations can be found here <http://healthwatchoxfordshire.co.uk/DignityAward> and on the Age UK Oxfordshire website.
- f) Findings from the project, with a call to action and announcement of the award winners will happen at a high profile Dignity in Care debate event on November 4<sup>th</sup> at St Antony's College, to be hosted by the Oxford Patient Experiences Institute. As soon as this goes live for bookings we will inform Members.

## 7. Campaigns

- a) Following several months of correspondence about the failure to meet 62 day cancer treatment time targets the CEO has received verbal assurance from the CCG that the contract recently signed with the Oxford University Hospital Trust includes specific provisions relating to improved performance on cancer treatment time targets and that one of the specialisms under particular scrutiny will be urology.
- b) There is a risk that the new GP contract that came into force across England in April will jeopardise development of GP Patient Participation Groups as it does not define what practices have to do to achieve payment in a measurable way, and it relies solely on practices making a self-declaration. The contract is set nationally and we have now clarified that there are no local plans to put additional requirements in place that would offset the risks to PPG development. We have therefore escalated this issue to Healthwatch England, who are currently considering whether they can lobby for change to the GP contract at a national level to. The change being sought is for practices to be required to submit joint reports on progress with their PPGs.
- c) A number of individuals and organisations have contacted us raising concerns about the planned changes to Learning Disability services. The principle worries expressed to Healthwatch are that:
  - The consultation document and process were misleading in that they did not make it clear that the option of mainstreaming services meant that specialist teams would be disbanded.

- Disbanding specialist teams will remove a service that is vitally important to service users.
- The speed of the planned change means that new teams cannot possibly acquire the skills and experience required to replace the specialist community teams safely.
- The plan fails adequately to address the housing needs of the learning disabled population.
- The plan does not adequately address the issue of transition from children's to adult services.
- OHFT's most recent staff survey reports very high levels of bullying and harassment, and there is a concern that the Trust may not be able to manage the organisational change programme required to achieve a good transition at high speed - with subsequent risks to patients.
- The consultation event on the draft of the most recent Verita report into the death of Connor Sparrowhawk concluded that whilst there were leadership failures in Southern Health FT, these were not a contributory factor in the failings that led to that death. Local voluntary organisations are dismayed by this conclusion. The particular concern is that many of these leadership failures stemmed from the transfer of services from Ridgeway Trust to SHFT, and unless the lessons of leadership failure are learned, the community are concerned that similar failings could occur in the transfer of services from SHFT to Oxford Health and OUHT.

Healthwatch will be writing formally to the Director and Cabinet Member for Adult Social Care to raise these concerns and to request clarification on the steps that will be taken to address them.

- d) Concerns have been raised with us by local voluntary organisations about healthcare provision in Campsfield House. As a result we have:
- Attended a meeting between CQC and local organisations during which concerns about the CQC inspection were discussed. The CQC is now revising its approach to inspecting services for detainees and local groups are advising them on this.
  - Set up a meeting between concerned local organisations and officers supporting the Adult Safeguarding Board to discuss how concerns about Campsfield can be brought to the attention of the Board.
  - Agreed to visit the centre and attend a stakeholders meeting.

## 8. Outreach programme

a) During outreach events since the April meeting of HOSC we have received positive feedback on local health and social care services. However we have also heard concerns, and the most common of those have been about:

- GP and hospital follow-up appointment waiting times
- Poor mental health services and care
- People feeling there is a lack of recognition and awareness in their community of mental health illnesses which makes them feel alienated
- Difficulty getting support for children with learning difficulties
- The potentially good CAMHS (Child and Adolescent Mental Health Service) service being compromised by the fact that families do not have one particular case manager so will see different specialists each time which can be disruptive and difficult for the child and the carer.

b) The outreach programme scheduled for the summer comprises:

5th June and 18th September.	Kidlington Friday Market
Saturday 6th June	Eynsham Community Event in Partnership with the West Oxfordshire Locality Forum Goring and Woodcote PPG open meeting
Saturday 13th June	Oxford's Sustainable Market in Broad Street
19th June and 4th September	Bicester Friday Market on Sheep Street
25th June and 10th September	Banbury Thursday Market
Tuesday 30th June	Dalton Barracks Health and Wellbeing Fayre
Wednesday 1st July	Age UK Information Fayre, Dorchester upon Thames
Sunday 5th July	Cowley Road Carnival
4th August	Thame Tuesday Market
Thursday 24th and Saturday 26th September.	Carterton Community Event
Sunday 4th October.	Banbury Canal Day
throughout the Summer	Oxfordshire Play Association Play & Activity Days in Abingdon, Carterton, Banbury, Woodstock, Bicester, Wallingford and Marston.

## 9. Feedback from OCCG locality forum Chairs

a) Healthwatch is developing much closer working relationships with the six locality based engagement forums set up and supported by the CCG. These groups liaise directly with patients and service users in their localities and provide feedback directly to the CCG on issues which it has the power to address.

- b) Inevitably each of the forums receive feedback on services that is of interest to other bodies. Healthwatch has agreed with the chairs of these forums that it will therefore include a regular report from these locality groups in each submission it makes to HOSC and the Health and Wellbeing Board. Five of the six groups have asked to have issues brought to HOSC's attention in this report.
- c) The West Locality Forum held a public meeting in Charlbury earlier in the year and most of the issues raised pertained to the local practice. These have been raised directly with the practice or via the CCG. The group also held a meeting in Eynsham on June 6<sup>th</sup>, where it received 40 written submissions from people of a wide age range. These are currently being analysed.
- d) The South West forum would like HOSC to note that the issues it is currently most concerned about are:
- The lack of engagement by the NHS with local developers in funding from developers for development of health facilities to meet the changing needs resulting from housing growth. It is lobbying the CCG and OCC on this issue.
  - The lack of workforce planning in the NHS, particularly given the government's stated intent to move to seven day working. It is in discussion with the CCG about this issue, who in turn are in discussion with Health Education Thames Valley.
  - The impact of the changes to the GP contract on Practice Participation Groups- an issue which Healthwatch Oxfordshire are escalating on their behalf (see p 5).
  - The increasing difficulty of getting referrals to secondary care resulting from a combination of: local decisions about funding low priority treatments (known as services governed by Lavender statements); pressure on GPs to keep referrals low and the Trusts' apparently persistent breaches of 18 week referral to treatment time targets.
- e) The North Forum held a question time format event in May at which 25 local people were able to find out more about the pilot primary care improvement projects being funded by the Prime Minister's Challenge Fund and about plans to integrate health and social care. Afterwards Anita Higham OBE, Lay Chair of the Forum, said: 'It was a fascinating meeting and led to really useful discussion and feedback from patients. We will be following up on the plans for developing GP practices and watching the roll out of community integrated health and social care teams with interest and will arrange a further feedback session to update patients and the public at our next public forum in October'.
- f) The City Forum is concerned about how the new GP access projects to be funded by the Prime Minister's Challenge Fund are going to be developed, run and evaluated with effective input from patients.



- g) The South East Forum (SELF) is currently most concerned about the proposed changes to services at Townlands Hospital, Henley. While SELF supports the concept of ambulatory care and returning patients home quickly proposed in the current consultation, they:
- Do not think sufficient consideration has been given to the infrastructure and resources required to deliver a successful service which will extend to the areas surrounding Henley.
  - Think that this proposed new model of care will have serious implications for carers and that it will not deliver the care packages that will be needed to support people at home.
  - Would like to see an Emergency Multidisciplinary Unit (EMU) and a community hospital on the site, as is the case in Abingdon and Witney.
  - Believe that if the EMU is successful, the number of beds in the community hospital could be gradually reduced, but are very concerned at the proposal to move to just having intermediate care beds on site.
  - Very firmly believe that there will always be a requirement for beds in Henley for those recovering from acute care that are not ready to return home, and those facing a crisis that prevents them from staying at home but who do not need the services of an acute hospital.

## **10. Events**

- a) Planning is progressing for an all-day voluntary sector conference on July 8<sup>th</sup> at the Kings Centre. This will:
- Promote access to our grant fund
  - Enable the sector to participate in a Q&A session with the CEO of Oxfordshire CCG and the Director of Adult Social Care about their commissioning priorities
  - Facilitate discussions between the sector and lead commissioners for children and young people's services on children and young people's health and social care needs and transition to adult services.
  - Facilitate discussions between the sector and lead commissioners on the Implementation of the new Care Act, and its implications for Carers.
- b) We would be grateful if Members could promote this event. Bookings can be made, by visiting <http://healthwatchoxfordshire.co.uk/events/healthwatch-oxfordshires-voluntary-sector-conference>

## **11. Lay involvement in decision making**

- a) Healthwatch Oxfordshire has now recruited new lay people to sit on the Health Improvement and Children's Trust Boards. These new representatives will attend their first meetings in July. We have appointed: Adrian Sell who will be our Parent Rep to sit on the Children's Trust Board alongside the existing Parent Rep, Naomi Spriggs; and Laura Epton and Emma Henrion who will be job sharing the role on the Health Improvement Board. They will all be receiving a full induction to Healthwatch and the work of the boards.