

## Healthwatch Oxfordshire

### Update for the Health Overview and Scrutiny Committee - February 2016

#### 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 to recommendations made by Healthwatch Oxfordshire and its grant aided partners since April 2015. (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 committee. (Sections 4 and 5.)

#### 2 Tracking delivery of HWO recommendations

- 2.1 During the course of 2015/16 Healthwatch Oxfordshire with our partners have made a number of recommendations about how local services may be improved.
- 2.2 Some of these recommendations have been made directly by Healthwatch (for example those relating to the annual Hearsay event, or our Discharge and Dignity reports. Others have been made by organisations to whom 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.
- 2.3 HWO wrote to all commissioners and providers in Oxfordshire before Christmas, reiterating the various recommendations we have made to each organisation this 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 on the Healthwatch Oxfordshire website, [www.healthwatchoxfordshire.co.uk](http://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 this year.

### 3 Summary of action taken

- 3.1 **Oxfordshire County Council.** A number of our recommendations were already addressed by OCC's work to be compliant with new legislation, and they have addressed other issues brought to their attention:
- a. Introducing a thorough carers assessment, assessing 4,000 carers since 1 April 2015 - 1,152 of which were found to be eligible for a direct payment
  - b. Introducing Dementia Oxfordshire, which provides a range of support services to people living with dementia and their carers.
  - c. Increasing the befriending service and face to face support through the council's contract with Carers Oxfordshire
  - d. Developing an e-marketplace for to help people choose good quality care (to be implanted April 2016)
  - e. Introducing Age UK as a partner in the Integrated Teams, having care navigators, dementia support workers and carers outreach workers working in the locality integrated teams.
  - f. A commitment to co-producing documents and films to inform the public on - eligibility criteria, care assessment, financial assessment and benefits information.
  - g. Implementing new ways of working: senior practitioner and social workers working as part of community health teams; a Nursing Triage Hub in the West of the county; and weekly cross health and social care complex case meetings.
  - h. Working towards an Oxfordshire Care Summary.
  - i. Working with carers and clients in developing new home care contracts.
- 3.2 **Oxfordshire Clinical Commissioning Group** has:
- a. Developed and released a guideline to GPs on a wide range of treatments and therapies to help patients with migraine.
  - b. Are working on a new headache pathway.
  - c. Scheduled a conference for 23<sup>rd</sup> February to discuss the possibility of a service-user lead organisation to support service users in service redesign.
  - d. Monitoring that the providers it commissions delivers care within the 6 C's which are care, compassion, courage, communication, competence and commitment.
  - e. Monitoring performance and facilitating improvements in cancer treatment wait time targets.
- 3.3 **Oxford Health Foundation Trust.** In response to HWO and its partners' recommendations, OHFT have:
- a. Established a service-user working group to take the lead of developing an organisation across the mental health partnership, including a conference on service-user involvement in April 2016.
  - b. Ensured that all health visitors in the trust receive baby-friendly training within 6 months of joining the trust.

- c. Developing an Alliance programme with the OUH to transform urgent healthcare services for older people.
- d. Active participants in 'breaking the cycle' quality improvement initiative to test ways of working to resolve delayed transfers of care.
- e. Consulting widely with patients and stakeholders on a new Patient Involvement and Experience Strategy
- f. Introducing the recovery star model, which identifies joint goals and monitoring with adult mental health teams.
- g. Sharing the 10 dignity dos with all members of staff in their monthly update on patient experience and committed to use them in training courses going forward.
- h. Reviewing the questions used in ongoing patient surveys to ensure dignity is monitored.
- i. Employing locum staff to support waiting list management on PCAMHS, given an increase in referrals of 49% in the last 3 years.

**3.4 Oxford University Hospitals Foundation Trust.** In response to HWO and its partners' recommendations, OUHFT have:

- a. Co-produced a new privacy and dignity policy
- b. Delivers a trust-wide weekly compassionate care training, (536 members of staff have attended).
- c. Working to review advocacy arrangements at the trust including raising the profile of Independent mental capacity Advocates.
- d. Implementing a means by which it can understand exactly how much 'direct' and 'indirect' time (i.e. managing a complex discharge process) Nurses and Nursing Assistants spend with patients.
- e. Piloting and evaluating a carer's surgery.

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

- a. Ensured specialist needs are identified within their core assessment process.
- b. Regularly provided deaf awareness training run by a member of staff and but the speech language therapy team.

**3.6 South Central Ambulance Service.** In response to HWO and its partners' recommendations, SCAS have:

- a. Introduced a strategy to integrate their services with other providers and ensuring best use of front-line ambulances and referring others to appropriate advice or services as appropriate.
- b. Introduced a quality assurance coach into the 111 and 999 services.
- c. Rolled out values based recruitment to ensure SCAS recruits to NHS and trust values.
- d. Worked to identify areas for quality improvement, including in streamlining processes.