

## Healthwatch Oxfordshire Update November 2017

### 1. Introduction

The Healthwatch Oxfordshire (HWO) Board has met twice since last HWWB meeting on 11<sup>th</sup> July and 10<sup>th</sup> October 2017. Minutes of the July meeting are on Healthwatch Oxfordshire web page:

<http://healthwatchoxfordshire.co.uk/healthwatch-oxfordshire-board-meetings-and-minutes>

#### 1.1 Health Improvement Board

Richard Lohman, ex HWO Board member and Commissioner on the Oxfordshire Health Inequalities Commission has agreed to take up the vacant position of Healthwatch Ambassador on the HIB.

#### 1.2 Children's Trust

Sylvia Buckingham, Director of Healthwatch Oxfordshire is to attend the Children's Trust Board as Healthwatch Oxfordshire representative.

## 2. Key points relevant to the Health and Wellbeing Board Agenda November 2017

### 2.1 Governance

One of the suggestions made by attendees at our Voluntary Sector forum in July was to explore how the sector can be represented on the Health & Wellbeing Board - with a seat reserved for it.

### 2.2 Special Educational Needs and Disability (SEND) reform

Healthwatch Oxfordshire was asked by the CQC Children's Services Inspector to contribute information to their recent inspection of SEN Children services & disability.

### 2.3 Director of Public Health Annual Report

The Director of Public Health was the key speaker at the Board's last meeting in October.

We welcome his report and are particularly supportive of the section on population and the need for all stakeholders to work together to plan for health and social care services.

## 2.4 Health Inequalities Commission

Healthwatch Oxfordshire continue to support the implementation of the recommendations of the Commission and play an active part in the implementation group. The development of a strategic approach to supporting social prescribing across Oxfordshire is an exciting outcome that will support self-care and properly begin to engage with the voluntary organisations in the health agenda.

## 3.0 Bicester Town event - summary early points to note

Bicester Town event ran from Friday 29<sup>th</sup> September to Friday 14<sup>th</sup> October. The first two events organised and delivered by HWO staff were held on the 29<sup>th</sup> September:

‘The Healthwatch Happening’ where 24 different organisations involved in health and social care were promoting their services and available to offer to members of the public advice and support. The Mayor of Bicester Cllr Les Sibley opened the event and spent over two hours meeting exhibitors and talking to the public.

Dr Helen van Oss, Chair of North Oxfordshire Locality Forum kindly offered free blood pressure readings - out of 11 readings taken she advised three people to visit their doctor to have their pressure checked and seek advice.

Bicester market HWO stall and in seven hours we spoke to over 150 people. A long day but very worthwhile.

We often heard about how difficult (impossible) it is to register with a NHS dentist in Bicester. Bicester Advertiser followed up this story and it was on the front page that week. We are now developing a project to find out whether other areas of Oxfordshire are experiencing similar difficulties in accessing NHS dental services.

Other activities included attending the opening of the new sports pavilion as part of Bicester Healthy New Town, a stall at the Bicester library, visited Humming bird group, met residents from The Willows and Kingsman estate, visited the veterans’ self-help group, and attended a toddlers group.

## 4.0 Locality Forum support

We welcome Veronica Barry who has started work at HWO as Community Information Officer (Localities) to provide the secretariat support to the Locality Forums and development support to patient participation groups.

## 5.0 Project Fund

HWO is to relaunch our project fund. The fund will be used to:

- support local voluntary and community groups to carry our qualitative studies and research within their communities

- support HWO projects including large qualitative studies

Further details will be available in November 2017.

## 6.0 Outreach activity

Over four busy months, the Healthwatch Oxfordshire team has attended several events, giving us an excellent opportunity to listen to a wide range of experiences from many different users of Oxfordshire's health and social care services.

We have heard the concerns of people from the many regions of rural Oxfordshire and have noticed some recurring themes and concerns.

Many of the events where we have run the Healthwatch Oxfordshire stall have been the Play and Activity Days organised by Oxfordshire Play Association where we have been given the opportunity to speak to parents and carers of children and younger people. A recurring theme that emerged from these days was the impact of the cuts on children's services including the loss of children's centre services resulting in feelings of isolation; difficulty in accessing services including health visitors; lack of breast feeding support in the community whilst the support at JR was excellent.

### 6.1 Mental health support for children

Common concerns regarding the length of time to access the service

### 6.2 Schools

Healthwatch Oxfordshire heard from young people that:

- Drug and alcohol sessions were not useful because the overriding message was just "Don't do it" rather than teaching young people about harm reduction which, they felt would be far more effective.
- Counselling services should be more anonymous and accessible - perhaps using a direct telephone line.
- On Healthy Eating, the students said that it cost £1.80 to buy a salad for lunch in the school canteen compared to 90p for a sausage roll or Cornish pasty. They said that there were posters around school promoting the "Eat Healthy, Eat Well" message but that the school canteen prices did not encourage students to do that.

### 6.3 Hospital Experiences

Good care and praise for nursing staff but concerns included those around hospital food, the use of 'technical language' by staff that is not properly understood, waiting times for physiotherapy that resulted delay in discharge.

## **6.4 Military Families**

At the Carterton Play and Activity Day we had the opportunity to talk to the Community Fundraising Officer for Combat Stress, The Veteran's Mental Health Charity.

He informed us that only eight percent of referrals to the charity came from GPs. He explained the reason, as being that veterans were reluctant to talk about their feelings due to the stigma that still surrounds mental health. This creates a barrier to seeking help and support for those who are finding it difficult to adjust to life as a civilian.

He felt that the solution was at the point of referral so that it is clear on patient's referrals whether they have served in the armed forces, allowing the GP to see this and be aware of the patient's history.

## **6.5 GP Practices**

Lots of feedback on lots of practices across the county, and common theme was the wait associated with getting a GP appointment. We spoke to a lady who pointed out the challenge of phoning the GP practice and being made to wait in a queue which eats away at phone credit. She told us that she has previously run out of credit, lost her place in the queue, and had to go to a neighbour to phone again. She felt that there should be a free phone number.

## **6.6 Physiotherapy**

We have received many expressions of concern about the transfer of physiotherapy services from OHFT/OUHFT to Healthshare Ltd. The loss of facilities in Abingdon and Wantage, poor communication between the authorities and the public, and the difficulty of establishing continuity of appointments and treatment, have given rise to much anxiety. The proposal to concentrate stroke rehabilitation facilities in Abingdon Community Hospital raises further issues. We consider that greater clarity is required regarding the future provision of, and continuity between, in-patient and out-patient physiotherapy services for stroke patients in the Abingdon area, following the transfer of services

## **7.0 Voluntary Sector Forum July 2017**

Focussing on Health Inequalities the Forum with presentations from Richard Lohman, Health Inequalities Commissioner and Jackie Witherspoon, Public Health Oxfordshire - on progress made since the Oxfordshire Health Inequalities Commission Report was published in November 2016. This was an opportunity for the voluntary sector to hear what is happening, contribute to the debate, and explore the role of the sector in addressing health inequalities in Oxfordshire. The report is available on HWO web site follow the link here <http://healthwatchoxfordshire.co.uk/healthwatchoxfordshirereports>.

To summarise what the sector had to say:

The voluntary sector has an important role in tackling health inequalities including:

- Signposting their communities to services
- Prevention and awareness raising
- Developing and delivering social prescribing services / activities
- Challenging the system when it does not work for their community
- They are experts in their communities, have access to the community and often fill the gaps in services where the statutory sector is unable to meet a need

Suggestions made on what needs to be done to tackle health inequalities included:

- Involving the voluntary sector organisation early on in-service design and delivery.
- Explore how the sector can be represented on the Health & Wellbeing Board - with a seat reserved for it.
- Following the Forum, Healthwatch Oxfordshire reported that in light of the issues raised by attendees, we recognise that we can play an important role in supporting community and voluntary groups, including local, self-help groups to:
  - Have their voices and their members' voices heard by decision makers, commissioners and providers of health and social care services in the county.
  - Stay informed
  - Network with each other on key issues and areas of interest.

Healthwatch Oxfordshire is keen to develop further our mechanisms for ensuring this happens. To this end, we will be holding another Forum in December 2017 to explore with voluntary sector partners how we can strengthen this aspect of our work.

## 8.0 Travel Survey Outcome

Our travel survey report of patient experiences travelling to the four Oxford University Hospital NHS Trust (OUHT) sites completed in May 2017 has been accepted and included in the documents for consideration during implementation of the Oxfordshire Health Transformation Programme.

## 9.0 Witney

The Report on our Witney Town activity is now available.

In September Healthwatch facilitated a meeting of stakeholders including Deer Park Action Group, Witney Town, West Oxfordshire District Councillors, County Councillor and Officers from Oxfordshire Clinical Commissioning Group, and WODC, local patient participation group members, Chair of WO Locality Forum and representatives from local GP surgeries.

The purpose of the meeting was agreed in April following discussions between HWO, OCCG and Deer Park Action Group to explore how well all stakeholders work together when planning health services. Key notes / actions:

1. WODC and OCCG are working together regarding information sharing and planning particularly around housing development.
2. Key emerging themes for the West Oxfordshire Locality Plan were shared - timeline for its completion to OCCG Board December 2017
3. OCCG to work with Healthwatch to make data information aka OCCG slide show more accessible for wider distribution
4. Deer Park patient group has concerns that the Locality Planning is not within the IRP report parameters.
5. OCCG slide presentation and PCLP data is the start for planning Locality Plan, now need to reach out to PPGs, patients and public to find out their ideas for future and opinions on emerging themes.
  - a. Two meetings in public with PPGs and others to be arranged by CCG with support from the Forum and Healthwatch

## 10.0 Links with Foundation Trust Councils of Governors

The Council of Governors of a Foundation Trust is intended to be the voice of the people whom the Trust serves. It helps to set priorities and shape services, and holds the Trust Board to account. There is a commonality of interests between such Councils and Healthwatch. We have had a cordial and productive meeting with the Governors of OHFT, and a similar meeting with the Governors of OUHFT is scheduled to take place early in the New Year. We expect that, by providing evidence-based reports to these bodies, we will be able to increase our influence upon key strategic decisions within the Trusts.