

Summer 2012



Oxfordshire LINK Newsletter

Message from the Chair of Oxfordshire LINK

It has been a busy few months in the LINK office hitting targets to complete current pieces of work whilst reviewing on-going projects, and communicating the massive change in Health and Social Care to the public.

Having suffered cuts to funding in 2011, and a reduction in the staff team, we have now had an opportunity to make a new appointment and have welcomed Margaret Eaglestone to support Communications and Projects. Margaret has already made an impact co-ordinating activity to draw in new contacts and consolidate project work that allows others in the team to focus on key work and reports. This greater productivity is reported in the newsletter highlighting the range of projects and engagement in the community, and the invaluable work of the experienced volunteers involved.

There was a good turnout at the Core Group meeting in Wallingford with lively debate encouraged by speakers from Oxford University Hospitals Trust, and Oxford Health, and an update on the innovative reorganisation and monitoring of the medical bags used by District Nurses to improve efficiency in patient care. There was much interest and feedback about the new Patient Participation Groups and LINK's PPG toolkit.

It is stimulating to listen to the views of local people which has been vital to the progression of LINK as has been shown by the success of our Hearsay! events. We are now planning the inclusion of new projects covering NHS dentistry and maternity services. If you wish to be involved in any particular topic of interest to you, please contact the LINK office - there is likely to be an opportunity to participate in your own area.

Annual Report 2011 - 2012

Welcome to the Summer edition of the LINK newsletter. As a member of the public you have a right to be involved in decisions about health and social care services in Oxfordshire. By sharing experiences and ideas with your Local Involvement Network you can influence the way services are run. The job of Oxfordshire LINK is to find out what people like and dislike about services. The LINK then feed this information back to health and social care providers, helping them to plan and deliver better services that reflect the wishes of local people. The more people who get involved in LINK the stronger and more influential we are. You can [contact the office](#) for a copy of our Annual Report to find out more.



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Oxfordshire LINK host team

- [Adrian Chant](#)
LINK Manager
- [Nicky Robinson](#)
Development Officer
- [Sue Marshall](#)
Development Officer
- [Margaret Eaglestone](#)
Communications & Support Officer

LINK Core Group

The Core Group meeting was held on the 12th July in Wallingford. We were delighted that a number of Patient Participation Groups were represented at the meeting.

Elaine Strachan-Hall, Chief Nurse, Oxford University Hospitals Trust, has been in position since February 2007, and now heads the four hospitals in the Trust: the John Radcliffe, the Horton General, the Churchill and the Nuffield Orthopaedic Centre. She gave a talk on several topics - Developments with Food and Nutrition following the Care

Quality Commission Review; improving experience of the discharge process; The 'Productive Ward' initiatives; and The Patient Engagement Structure.

Tessa Slater, the Programme Facilitator of 'The Productives Programme' from Oxford Health NHS Trust, explained that the aim of the programme is to eliminate waste and increase efficiency.

Finally, Adrian Chant provided an overview of the Annual Report and work that LINK has done this year.

LINK Core Group

The next Core Group Meeting

will be on 18th October

1.30pm Refreshments & Networking

2-4pm Meeting

Yarnton Village Hall

Please [contact the office](#) for more information

Volunteers needed for Oxfordshire Dentistry Survey

Would you be willing to help conduct a survey of NHS Dental Practices in South Oxfordshire? Oxfordshire LINK is recruiting a team of volunteers to carry out a survey of information provided for patients by NHS Dental Practices. The survey will be looking at information on the range of services offered, the charges relating to those services, and about entitlement to receive certain services on the

NHS. LINK volunteers who conduct the survey will find out if the information is clear and helpful to patients and highlight areas of good practice or good examples of clear information.

If you would like more information on volunteering on this project, please [contact the office](#) for more information.



Taking Control - Choices and Challenges: Self Directed Support Report

On the 1st March, The Oxfordshire Wheel held a one day event about Self Directed Support and Personalisation, which was called 'Taking Control – Choices and Challenges'.

Comments received demonstrated that personal budgets, increased flexibility, choice, independence and freedom were working well.

But comments on what is *not* working exceeded what *is* working, and there is still much to be done to improve information and support. Although many acknowledge that the theory behind personal budgets and self directed support is good, the reality does not match this, with many feeling their choices have been limited. Please [contact the office](#) for more information.



New Maternity Project

We are currently working with Oxfordshire Joint Health Overview and Scrutiny Committee to carry out a review of post-natal maternity services in Oxfordshire and are in the process of forming a project group to carry out the work over the next few months. We want to obtain a comprehensive, up to date picture of how people feel about their maternity services by gathering views. As with all Oxfordshire LINK's projects, the results and suggestions from our work will be shared with the

relevant service provider(s) and a request for a response made.

Post-natal maternity services are those services used after birth including; breastfeeding clinics, the newborn screening programme, neonatal unit, Special Care baby unit (SCBU), birth afterthoughts and includes community Health Visitors.

If you have any comments about these services that you would like to share please [contact Sue Marshall](#) via the LINK office. If you have any spare time and

would like to be part of the project group to help with research gathering we would value your input.

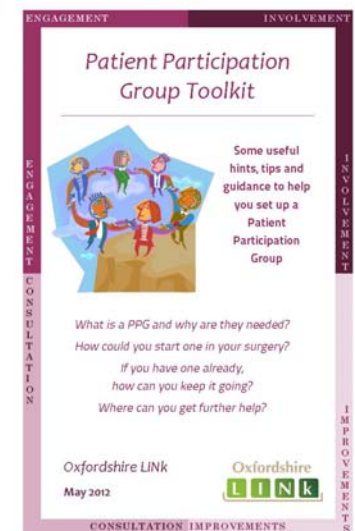


Patient Participation Group (PPG) Toolkit

LINK has put together a toolkit to provide information to assist with establishing and working with PPGs. It is designed as a means to help each PPG develop according to the needs and wishes of the patients in the practice. Along with some ideas on how to set up and keep a PPG going, the booklet also includes some useful documents that could be adapted for individual use, for example: Ground Rules;

Roles within your PPG; Terms of Reference; Tips on successful involvement, funding and reporting. Please [contact the office](#) if you would like a copy, or [download](#) it from our website.

We are also looking into the possibility of running an event for PPGs, involving well established groups sharing their stories, advice, expertise and examples of success with new groups.



Enter and View

Enter and View volunteers have been visiting Residential and Nursing care homes across Oxfordshire to find out more about the quality of care provided. Pairs of trained volunteers follow set guidelines to ensure that similar issues are considered on each visit.

Around 75% of the planned visits have taken place and a report, due later in the year, will be submitted to the Joint Health Overview and Adult Social Care Scrutiny Committees and to the Care Quality Commission before being published. Information in the report is fed back to OCC for comment and action where appropriate.



Social Care Hearsay!

Since March 2010 Oxfordshire LINK has been running an annual social care engagement event called Hearsay! to provide people who use social care services with the opportunity to speak directly to the people who coordinate these services. Click [here](#) to download a copy of the report from this years event, which outlines the key priorities from the day and an action plan from Oxfordshire County Council on how those issues will be addressed. Please [contact the office](#) if you would like a hard copy.

Key Priorities 2012

- To ensure all information is easy to access
- To look at the assessment process
- To improve the training and consistency of carers
- To monitor the quality of care provided in a transparent way
- To look at housing and transport concerns
- To complete the outstanding actions from last year

Mental Health Hearsay!

An event was held for people who currently use (or have used) Mental Health services in Oxford, and their friends, carers and family members, to meet with people who organise, commission, and deliver these services. LINK invited representatives from OCC, Oxford Health, Oxfordshire PCT/CCG, and LINK to tell them about their experiences.

At the time of writing, the report from the event is about to be published. We realise it has been a long time since the event itself and do appreciate your patience.

Key Priorities Mental Health Hearsay!

- Pathway to care and access to services
- Relationships—between physical and mental health services, service user, carer and family
- Carers
- Confidentiality
- Communication and Information

15 Steps Challenge

The *15 Steps Challenge* is a short, simple toolkit to help NHS Trusts gain a better understanding of what patients feel about the care they provide. The NHS Institute worked with patients, carers, staff and board members to develop it. The Challenge includes a ward walkaround, seeing the ward through a patient's eyes. A small 15 Steps Challenge team, consisting of a patient/carer, a staff member and a board member, walk onto the ward and take note of their first impressions. Do these build confidence and trust? The Challenge toolkit helps structure these observations, and is underpinned by the Care Quality Commission's essential standards. After the ward walk around, the 15 Steps Challenge team feeds back to staff and senior leaders in the trust. Feedback focuses on good practice to share, and areas for improvement. The Challenge is repeated on a regular basis, to cover all ward areas and to ensure that improvements are being progressed. The Challenge enables patient's views about care to be heard. It supports staff and patients to work together to identify the improvements that can enhance the patient experience, and highlight what is working well and what might be done to increase patient confidence.

The NHS Institute is now developing additional versions of the 15 Steps Challenge. A version for mental health inpatient care, and a version for community services – care in patients own homes. These versions are currently being field tested with a number of organisations. If you are interested in finding out more, or commenting on the draft toolkits, please get in touch with alice.williams@institute.nhs.uk

Blue Badges

The Government is taking forward important reforms to the welfare system. One of these reforms will involve changes to Disability Living Allowance and will affect eligibility for a Blue Badge. About a third of all badges are currently issued to people who receive the higher rate of the mobility component of Disability Living Allowance. The Department for Transport is therefore seeking your opinions on the options for dealing with the impact of the changes. The consultation period began on 10 July 2012 and will run until 2 October 2012. Please ensure that your response is sent before the closing date. If you would like copies of this consultation document, it can be found at www.dft.gov.uk/topics/access/blue-badge or you can contact Sally Kendall if you would like alternative formats (Braille, audio CD, etc).

Please send consultation responses to: Sally Kendall, Traffic Division, Department for Transport Zone 3/26, Great Minister House, 33 Horseferry Road, London, SW1P 4DR Email: bbes@dft.gsi.gov.uk

Deadlines introduced for NHS continuing healthcare funding

The Department of Health has recently announced the introduction of deadlines for retrospective requests for NHS continuing healthcare funding assessments. The deadlines apply to periods of care, between the 1 April 2004 and 31 March 2012, which have never previously been assessed. Any retrospective applications for funding should now be made by the following dates:

Period in which care took place	Deadline
1 April 2004 – 30 September 2007	30 September 2012
1 October 2007 – 31 March 2011	30 September 2012
1 April 2011 – 31 March 2012	31 March 2013

The DOH have introduced deadlines so that individuals who should have been assessed from 1 April 2004 onwards are identified and considered for eligibility as soon as possible. This is because as time passes, detailed recorded evidence of an individual's needs for the period of time in question may no longer be available. www.oxfordshirepct.nhs.uk/your-health/continuinghealthcare.aspx

Oxfordshire County Council's (OCC) Day and Resource Centres consultation

The reason for the consultation is that OCC is planning changes and would like to hear people's views on:

- A proposed increase in the attendance charge (from £4.18 per day to £15.00 per day)
- A proposed increase in the transport charge (from 82p to £5)
- An improved service (lots more inclusive activities including bathing, manicures, counseling, etc . See attached: "Additional inclusive activities").

The proposed changes only affect Day and Resource Centres run by Oxfordshire County Council (in Abingdon, Banbury, Bicester, Didcot, Oxford, Wantage, Wallingford) and the Leonard Cheshire run Day Centre in Witney. For further info please contact Claire Soper: claire.soper@oxfordshire.gov.uk or Rachel Taylor: rachel.taylor@oxfordshire.gov.uk

Partnership - is it the way forward to Healthwatch?

Change is fast paced at the moment and none less so than in the developments of Health and Social care, but one common element is the importance of partnership and alliances between organisations and institutions. This requires a shift in thinking to develop trust to recognise and respect the business of another in order to engage and participate jointly.

There are some new examples, one being the integration between [Southern Health NHS Foundation Trust](#), and the [Ridgeway Partnership](#), formerly Oxfordshire Learning Disability NHS Trust. This will mean sharing a future vision and strategy and pooling resources and expertise that will bring other opportunities. Is this scary stuff or is it invigorating?

The Oxford University Hospitals NHS Trust has four main sites: the Churchill, John Radcliffe, Nuffield Orthopaedic Centre in Oxford and the Horton in Banbury, and a joint vision for a future Foundation Trust underpinned by the Trust's founding partnership with the University of Oxford. They are working with active partners across healthcare, education and research as well as being a provider of essential general services for the local population. This will form an effective bridge across development in clinical research and evidenced based best practice in care.

The strength of partnering another agency is also shown in the Health and Wellbeing Board following eight weeks consultation on the draft guidance for the Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategies (JHWS). The Health and Wellbeing Board is made up from the Clinical Commissioning Group, Local Authority, patient representatives, Public Health and Childrens' and Adult Social care who will decide how services will be commissioned emphasising joined-up working across Health and Social care services. This aspect has been long needed and promoted by users and carers, so we will watch with interest as the JSNA and JHWS sets out local needs and agrees priorities to underpin local community plans – that means services that affect you and me.

The development of HealthWatch, scheduled for April 2013, needs a combined approach to set in place the legal and regulatory requirements. The recently appointed Chair of HealthWatch England, Anna Bradley will be leading these changes to guide the national structure allowing for local differences to carefully consider the options and views of people as Local HealthWatch is established in each area. In Oxfordshire, the County Council has new time scales for the procurement process (now starting in November 2012) to enable local groups to consider how best Local HealthWatch could be delivered. A collaborative consortium of local organisations will consider the OCC service specification within the context of earlier public engagement and what they have heard people in the community say.

There is much to do to build partnership relationships across another important group. The voluntary sector is well known to be in tune with its specific client group. Bringing organisations together to look at joint interests, with the potential to share resources and expertise will benefit what we all feel passionate about – the users of the service, that is so often overlooked in the battle for funding.

It is timely to look outward to identify common ground. Shared ethics and delivery of services from a like-minded 'neighbour' where a joint action may well work better in providing a stronger influence from wider evidence based practice. To coin a phrase from the Olympics, we need to 'inspire the next generation' to cope with the opportunities offered by change.

Sue Butterworth

Oxfordshire LINK Chair

Health and Wellbeing Board

What are the priorities for Oxfordshire's Draft Health and Wellbeing Strategy?

Adult Health and Social Care

Priority 1: Making health and social care services better for older people and their carers, by working together closely



Priority 2: Supporting older people to live with dignity and greater independence



Priority 3: Supporting adults with long-term health conditions or disabilities to live independently and achieve their potential

Children and Young People

Priority 4: Keeping all children and young people safe



Priority 5: Helping all school children, young people and school leavers to achieve greater things



Priority 6: Making sure our most disadvantaged children and young people do as well as they can



Priority 7: Making sure all children have a healthy start in life and then that they stay healthy

Health Improvement

Priority 8: Preventing early death and improving quality of life in later years



Priority 9: Preventing long term disease by tackling obesity and increasing exercise



Priority 10: Improving housing



Priority 11: Stopping disease spreading, through immunisation



Do you know aboutOMEGA?

The Oxfordshire ME Group for Action started in 1989. It is a volunteer run self-help support and campaign group for people with ME, and their families, friends and carers. OMEGA also welcomes people with Chronic Fatigue Syndrome, Fibromyalgia and Post-Viral Syndrome. OMEGA represents the interests of its members and continuously campaigns for improved health services, improved treatments, and more biomedical research into the causes of the illness. OMEGA also campaigns for the extension of NHS services to children.

"I would have given anything to have known about OMEGA five years ago when my ME was really bad. The recognition of my illness has been really important to me and the support from other members."

An OMEGA member

ME is an illness which affects an estimated 250,000 people in Britain, and 2,400 in Oxfordshire. ME is classified as a neurological illness by the World Health Organisation. The most common symptom is a profound, persistent, and debilitating fatigue, often made worse by exertion. Other symptoms can include muscle pain, headaches, dizziness, digestive disorders, sensitivity to light and sound. Many people suffer memory and concentration problems. It affects people to varying degrees irrespective of lifestyle, age or gender.

If you are a health professional, OMEGA offers information and training to promote understanding of ME/CFS amongst health professionals interested in knowing more about ME/CFS.

Email: enquire.omega@gmail.com

Telephone: 01865 766310

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