Healthwatch Oxfordshire

Appendices to Health and Wellbeing Board report, March 5th 2015

1.1 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.

1.2 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 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. For example we have published reports produced by the Asian Women's Group, Oxford University Students and My Life My Choice.

1.3 HWO wrote to all commissioners and providers in Oxfordshire before Christmas, re-iterating 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.

1.4 We are delighted that all providers and commissioners responded. This Appendix sets out their responses in full.

Asian Women's Wellbeing project - June 2014		
Report recommendations	**Oxfordshire County Councils Response and Public Health Responses** *(these are included when the report was sent to the Director of Public Health)*	**Progress report on action taken**
Educational work within the Asian community to reduce stigma and promote understanding about mental health issues. AWG suggests that local health providers should work with Asian women who have had experience of mental health issues themselves, to enable them to support other isolated women in their own homes and provide information and signposting to services; and to work with the wider Asian community to eradicate cultural myths around mental illness. **More accessible GP services.** AWG encourages the provision of culturally aware GP surgeries and provision of GP drop-in appointments in accessible centres	*John Jackson by letter on 25/7/14* 1) Staff are currently required to complete the online 'Respect for People' e-learning course and we encourage staff to repeat the course every two years. 2) We are raising this with our operational managers how the current awareness raising can be enhanced for staff. This may be best addressed through professional practice based groups (Occupational Therapy and Social Work). 3) We are currently looking at our approach to personalisation (direct payments, information and advice on self-assessment) and we are just embarking on a series of workshops to include users of services, commissioners and providers of development of our services. This	1) What percentage of staff have repeated this course every 2 years? The data is not available in exactly this way. However, we know that between January 2012 and December 2014: 916 county council staff completed 'Respect for People' (many others enrolled and at least partially completed it) and 162 of these completed it twice in this time. 2) What steps have been taken to raise awareness of the issues raised in this report with operational managers and what has the outcome of that action been? Operational team managers have agreed to include the issues raised in this report on their team meeting agendas. This will have happened at every team by the end of March. Staff share understanding and good practice through supervision. The use of Direct Payments to pay family members in the same home is not usual practice across the population in Oxfordshire, but in many Asian families (as well as other BAME groups) this is the most appropriate way to provide care and support. Exceptions are made by staff for families where this

with a less formal structure (e.g. clinics in appropriate community settings or children's centres). Practices need to find ways to remove the barriers Asian women face accessing GP services, such as women feeling embarrassed by consulting with a male doctor, or their need to have Halal food and medication. **Social care** Better information and support regarding what care provision is available for Asian families caring for family members at home (including direct payments and personal budgets). There is a need for more research to identify the needs of the disabled and elderly, and for training to put culturally appropriate care packages in place.	may be an opportunity that members of the Asian Women's Group would like to take up; we will make contact with them to discuss this. 4) We need to review how our providers equip themselves for this challenge. It may be that rather than expect a normal training approach to staff, we need to explore other options, for example more use of 'experts by experience' going to care providers' offices , and speaking at their team meetings. 5) We currently have a quality monitoring framework that is implemented by the Contract and Quality Monitoring staff to ensure diversity is addressed by providers in their recruitment practices. We are currently reviewing this framework to ensure the outcomes that a user needs are addressed as effectively as possible. 6) We have established a Community Information network throughout Oxfordshire and a key aim of this service is to enhance access for all older people who feel isolated or excluded form services. They are producing locality plans that will	is what is wanted so that payments can be made within a close family and there has been a good take up by Asian families. 3) What workshops took place on personalisation and were the Asian Woman's Group invited to be involved? What steps were taken to support them to take up this invitation? Two workshops were held with providers and commissioners about how personalisation works for those who have direct payments which the Asian Women's Group were not involved in. Before the end of March there is another workshop planned which will be examining specifically how social care is accessed and, in the light of the new Care Act, how the council can continue to make sure people know what their choices are and where to find the support and care they want. The Asian Women's Group will be very important to this and will be invited. 4) How have you reviewed providers own cultural awareness training and what steps have you taken to enable them to improve this? Through the annual monitoring framework we look at staff training the council induction and support and supervision all providers must show evidence of equality and diversity training. Alongside this the council ran training for the quality monitoring officers to support them in how they can listen to the feedback and voice of service users better and use their feedback in their monitoring role. On the training was led by five service users with a range of needs and from a range of BAME backgrounds. 18 monitoring officers were trained.

	set out how they will be approaching this in all localities. These plans will be available shortly. The Director of Public Health found this report useful. His last two annual reports have also highlighted the growing proportion of ethnic minority groups in Oxfordshire's population is a major health issue now and in the future. It is useful to see a report highlighting women's experiences in this way.	5) Has the quality monitoring framework been reviewed and what does it now include to ensure that the outcomes this user group needs are incorporated? The quality monitoring framework has been reviewed and the new framework is being piloted. The pilot began in October 2014 and will be reviewed in April 2015, within this are two standards that address specifically equality and diversity issues: • Standard 3 Staff skills and training - monitoring officers look at the training, induction, support and supervision given to staff. • Standard 8 Quality assurance and complaints section which encompasses service user feedback, each provider's internal complaints system internal quality assurance systems in relation to equality. 6) Have the locality plans been produced by the Community Information Network and what specific actions do they set out to improve the access to services for Asian women and their families? Yes - the Community Information Network has two dedicated BAME Networkers, one in Oxford and one in Banbury. The Banbury Networker regularly works with Asian Women's sessions, and the Oxford worker has developed close relationships with the Mosque in East Oxford. The Carers Oxfordshire outreach worker has given a lot of one-to-one specialist advice to Asian Women, and has also organised courses which Asian Women have expressed particular interest in, such as Emergency First Aid. She has attended several faith groups and promoted the services available.

		Oxford Health Foundation Trust, who provide mental health services, took forward actions from the April 2014 Conference with mental health service providers, commissioners and Mosques. These are described in the update from the Oxfordshire Clinical Commissioning Group. 7) HWO would welcome a response from the Director of Public Health around the educational aspects of this report. Public Health have recently launched a public awareness campaign about mental wellbeing which uses photos of local people making statements about mental health. This has been inclusive of our diverse population including the Asian Community. It has been well received. A similar campaign is planned which will be created by and delivered to young people. **Please note the Director of Public Health (Jonathan McWilliam) works very closely with the Director of Adult Social Services (John Jackson) and responses represent commitments from both.**
Community Glue- personal Budgets: Where next in Oxfordshire - May 2014		
Report recommendations	**Oxfordshire County Council Response and Public Health Responses** (*these are included when the report was sent to the Director of Public Health)*	**Progress report on action taken**

Support - people told us there wasn't enough support for personal Budget holders and that the support that was available was too focussed on setting up the support plan quickly. People wanted support throughout the process, including help with employing personal assistants. **Bureaucracy** – not everyone wants to manage their budget for Direct payment. We recommend a menu of support options that still maximises the degree of control and choice available. **Peer support** – Many of the important, creative elements of person centred care can be supported or delivered by small community of voluntary groups, and user-led organisations. This is providing information and advice, help with planning, timebanks, microenterprises and the development of individual service funds	Following on from the publication of this report in February, Community Glue was invited to a meeting organised by Oxfordshire County Council in June chaired by Martin Routledge of In Control. The purpose of the meeting was to look at personal budgets in adult social care and the wider support that makes them possible to access and manage. Recommendations from participants at the meeting to OCC included: 1) That OCC should provide support planning (brokerage) to smaller groups of friends who wanted to plan their support together, and embed information and advice within smaller groups and organisations 2) That OCC sign up to the Think Local Act Personal 'benchmarks' for Making it real.	1) Please provide a copy of the report from the meeting in June and update us on the actions and progress since then? 2) How have OCC improved the menu of support options available throughout the personal budget process from drawing up a plan through to its implementation and review? 3) What specific provision has it made in this work to enable small groups to plan and deliver support together? 4) Has OCC signed up to the Think Local Act personal benchmarks and if not, why has this action not been taken? The report from the June meeting is attached. As part of the response to this and the useful work that was carried out both inside the workshop and following on from it, the council held another workshop in October 2014 to examine issues further. The council also reconvened a Task Group looking at the Support with Confidence scheme. This has started work on bite-sized taster sessions particularly aimed at BAME communities. We continue to develop pre-payment care alongside a Self Service programme and to develop an outcome-based approach in homecare. The way that care and support is planned is currently being examined to make sure the council is compliant with the Care Act. Part of this is to examine how people are helped to make plans and access information and advice together with groups of friends. The council is committed to making this happen, and there are already some examples of it working well. The Community Information Network also links to small organisations to embed information and advice within them.

		The Think Local Act Personal framework continues to be an important part of the way we approach commissioning and monitoring services. The Older People's Strategy, for example, is based on the 'I' statements used, developed with local people who use services and their families. We have not officially 'signed up' to the benchmarks because we do not have the capacity to carry out the associated reporting and processes and believe that local people in Oxfordshire are best placed to decide how to feedback on their services. This is why we have developed our local Home Support Customer Charter with people who use services and their families. These are used when we survey people who use services.
Hearsay! A Social Care User Event held on 14/3/14		
Report recommendations	**Oxfordshire County Council Responses and Public Health Responses** (*these are included when the report was sent to the Director of Public Health)*	**Progress report on action taken**
Consistency. A familiar face (a couple of mentions of the voluntary organisations doing this well.) Where there needs to be change, people would like this managed and communicated well. **Monitoring, Quality and Training.** This should be at a high level across all services and not come at the expense of care received (e.g. no training in times when a service is normally offered)	*Lisa Gregory by e-mail 14/11/14* 1) We will publish performance of individual care agencies month by month, by agency the number of missed visits and the number of late visits. 2) Provide Healthwatch with a quarterly update on our plans to ensure an appropriate number of people of the appropriate skills are wanting to provide care services in Oxfordshire.	*The following update was provided on 14/11/14 by e-mail:* We are in the process of publishing performance of individual care agencies from the information we get through the monitoring of services, and asking service users how their agency performs against the care standards being developed below: **User Survey on Home Support Services** We are undertaking a comprehensive user survey to people who use home support services. This will help us identify key provider performance against the Home Support Customer Charter that we developed with service users and carers last year. Once this is complete we will make this information public. We will also extend our reporting to include making public contract monitoring information; this will be done by January 2015.

Consistency. A familiar face (a couple of mentions of the voluntary organisations doing this well.) Where there needs to be change, people would like this managed and communicated well. **Monitoring, Quality and Training.** This should be at a high level across all services and not come at the expense of care received (e.g. no training in times when a service is normally offered) **Communication and information**, particularly in paper copy - booklets, packs etc. Information helps people to have more power and independence. People were particularly keen to see a clear and transparent process when it comes to eligibility criteria, assessment and benefits. **Independent living** was quite a strong theme too – transport access to information, local services and money management.	3) Provide Healthwatch with a quarterly update on our plans to introduce Outcome based commissioning 4) We will publish performance of individual care agencies. We will ask service users how the agency performs against the agreed care standards and publish these results per agency 5) We will Extend Care Standards, similar to Home Support Customer Charter, for: Care Homes, Personal Assistants, Social Workers and Occupational Therapists 6) We will co-produce (working with a panel made up of service users, voluntary organisations, Healthwatch Oxfordshire and people working for the community information network) documents and films on: Eligibility Criteria, Care Assessments, Financial Assessments and Benefits Information	**Customer Standards** We will develop Care Standards, similar to the Home Support Customer Charter, for care homes, personal assistants, supported living, Social Workers and Occupational Therapists. **Care Home Customer Standards** We have worked with residents and home managers and are now in the final stages of producing the customer standards for care homes. We are running a workshop at the end of October with people who use this service to finalise this. We will then work with people who use the service to work out the best way to monitor the standards. **Customer Standards for Personal Assistants** We are working with Support with Confidence / The Wheel to run 2 workshops with Oxfordshire's registered personal assistants and the people they support, in order to create the first draft of customer standards. We will talk to all agencies that employ personal assistants to give their views on the standards. We will run a workshop to finalise these standards in December 2014 and launch them in January 2015. We will then work with people who use the service to decide the best way to monitor the standards. **Customer Standards for Supported Living** Using the existing charter and mission statements from supported living providers we will build a draft charter based on their good work. We will work with service users and User Led Organisations to agree some draft standards. In December we will mail out to all residents asking them for feedback on the draft standards and receive feedback by the end of January 2015. We will also talk to relatives and other stakeholders, aiming to finalise standards by April 2015. We will then work with people who use the service to

		decide the best way to monitor the standards. **Customer Standards for Social Workers and Occupational Therapists** Standards for Social Workers and Occupational Therapists already exist through their governing bodies. We will work with people who use this service to develop ways of monitoring these standards; this work will begin at the end of 2014. **We have funded the setting up of Oxfordshire Association of Care Providers** – We will work with them to ensure that care being provided meets the individual's needs and is of good quality. We have also produced reports and are sharing them with providers (Market Position Statements) so that they know the services that are needed in Oxfordshire to meet the needs of Oxfordshire's adult population. **Publish performance of individual care agencies** We will publish performance of individual care agencies month by month, by agency showing the number of missed visits and the number of late visits. We have identified the data that we need to take this forward; however we need to do some further work to firm up the definition of late visits. We will be working on making this happen over the next six months. **Work to ensure there is sufficient supply of high quality care provision in Oxfordshire** We have set up the Adult Social Care Workforce Development Programme to develop the capacity and skills of the adult social care workforce in Oxfordshire. Our top priority is to increase recruitment and retention, and improve the capability of staff by

		providing better support and training. The programme is being delivered by via 4 key projects: 1. **Workforce Development Strategy** - we are working with the Oxfordshire Association of Care Providers (OACP) and other stakeholders to develop a comprehensive workforce strategy and action plans. 2. **Dementia Learning and Development** - we are working with partners to develop a dementia learning and development framework for health and social care. We are also developing dementia training and awareness programmes for staff across health and social care and specialist training in dementia assessments to social workers. 3. **Assistive Technology Training and Awareness** - we are stepping up delivery of existing training programmes to help staff across health and social care to make better use of assistive technology along with installation of "just checking" kits to help people try out assistive technology. 4. **Values and Behaviour based recruitment** pilot with social care providers - we will work with a small group of social care providers to pilot and evaluate recruitment processes that focus on the core values and behaviours that are needed to deliver excellent, personalised and effective care to vulnerable adults and older people We are reducing the number of forms we use and reviewing all the forms to make sure that we do not ask unnecessary questions; duplicate work and that we make it quicker and easier to get the services you need.

		We are working hard to ensure you only have to tell your story once and are working towards having one named member of staff who will work with individuals who have on-going needs. **You said:** We need individual, personal service, including measures which also include carers; you wanted floating and flexible support when you need it. You also said we only want one assessment. **We listened:** We are rolling out Outcomes-focused services that aim to achieve the aspirations, goals and priorities identified by service users – in contrast to services that deliver standardised support or are determined solely by those who deliver them. Outcomes based contracting identifies a group of clients (for example, people with mental illnesses or frail, elderly people) and then identifies the outcomes that the commissioners want for those people. It then funds a single provider or a group of providers to deliver these outcomes for people. This is combined with relatively long contracts (5 years) to give providers incentives for preventative and community based work. In Oxfordshire, outcomes based commissioning is now being considered for two current areas; these are Mental Health and Older People. These areas are being procured via a most capable provider assessment. This assesses existing providers against set criteria. The contract detail (final budget, amount incentivised, detailed outcomes and activity measures) will be negotiated after award of most capable provider status. Oxfordshire County Council is committed to working with Oxfordshire Clinical Commissioning Group to support the implementation of outcomes based contracting for people with mental health problems and frail, older people in Oxfordshire.

		The outcomes that will form a central part of each contract were developed with people using services and their carers. The Community Information Network Working with our partners Age UK, we have set up the Community Information Network to support people in Oxfordshire to keep well, live at home and remain independent and active in their community for as long as possible. Age UK has employed trained individuals to put people in touch with local community, statutory and voluntary organisations that offer help and support to residents. The Network is available to all residents in Oxfordshire but its initial focus is on people who are older, frail and vulnerable. My Care My Home – support for people who fund their own care We've launched a new service with My Care My Home, to offer people in Oxfordshire advice about their care and support options, as well as independent financial advice. Through home visits or over the phone, this service provides independent advice about the best support to people who fund their own care My Care My Home helps people find a suitable home care provider, care in sheltered or Extra Care Housing schemes and care homes in Oxfordshire. It also offers guidance about the cost of care and funding options and how people can adapt their existing home to meet their requirements and if necessary, helps people to let or sell their home to fund the cost of their care. Providing information about services available We have established Oxfordshire Support Finder 2014, a directory

		to help people independently find support and care services. It introduces people to services and includes details of how to find out more information. Support Finder is available online and as a booklet - free copies are available in council offices, Health and Wellbeing Centres, and in libraries. Residents can also call up the customer services and get a copy sent to them. Over the next two years we are also developing a website which allow Oxfordshire residents to search for and pay for services, support, groups and activities. This will enable residents who use the internet to find a lot of the information they need in one place. We are working with clients and local organisations to develop this so that it takes into consideration the needs of residents. <u>Co-producing guidance</u> We are committed to co-producing (working with a panel made up of service users, voluntary organisations, Healthwatch Oxfordshire and people working for the Community Information Network) documents and films that explain: Eligibility Criteria Care Assessment Financial Assessment Benefits Information Since the 'Hearsay!' event in March, detailed government guidance has been produced about how to put into practice the new Care Act 2014. The guidance has been consulted on and will be published in the autumn. The Care Act will bring about a lot of change in the ways that Local Authorities work with people, including changes to the availability of information and advice. Oxfordshire County Council has a programme of work to ensure we can meet the requirements of the new Care Act. We have the

		Adult Services Improvement Programme which is a short-term programme to build on the ways that people can live as independently as possible, get support and care if they need it, to improve processes and systems to help make this happen as smoothly and as swiftly as possible. By the spring next year: • There will be new information about the way that care and financial assessments work • There will be new national rules on eligibility for social care services arranged by the Local Authority Once we know what these changes are, we will work to co-produce information about them as documents and short films on the web. These will be in place by April 2015, when the changes in the Care Act come into force. For now, we are developing the way that Information and Advice are provided, including about benefits and this will take into account what you told us through 'Hearsay!' As the developments and changes to assessments and eligibility are planned we will talk to Healthwatch to ensure we know what people think. Work continues on these commitments, and the above updates were provided in November. We will provide Healthwatch with further updates in the Spring and will talk to them as more information becomes available about financial assessments and eligibility in relation to the Care Act.

My Life My Choice – research into GP provision for people with Learning Disabilities – March 2014		
Report recommendations	**Oxfordshire County Council Responses and Public Health Responses** (*these are included when the report was sent to the Director of Public Health)*	**Progress report on action taken**
The report was very positive about many aspects of services, but highlighted six key areas of concern: **1.** People with learning Disabilities find it much harder than other people to access assessment and treatment. 2. Insufficient attention is given to making reasonable adjustments to support the delivery of equal treatment, as required by the Disability Discrimination Act (ramps, disable toilets, easy read format etc.) 3. Parents and carers of children with learning Disabilities often find their opinions and assessments ignored by healthcare professionals.	*John Jackson – by e-mail 19/5/14* We are keen to take forward their ideas as part of the commissioning work we are doing over the summer…. We see this as a joint process working with families ……and service users (through My Life My Choice). The Director of Public Health did not respond to this report **Please note that as Public Health is now part of the remit of the local authority the Director of Adult Social Services (John Jackson) works very closely with the Director of Public Health (Jonathan McWilliam). The response here represents views from the council as a whole.**	1) The key message of this project was about more health checks for people with learning disabilities being carried out by GP's. Healthwatch would like an update on progress towards the 60% target. The latest figures show that 31% of health checks have been carried out, which we are not satisfied with. The Community Learning Disability teams are supporting GPs in carrying these out. The Learning Disability Partnership Board, which involves people with Learning Disabilities and their families, will be contributing on rating progress on this and other performance indicators through our Self Assessment. The council's new draft strategy - the Big Plan - includes proposals to address access to health services for people with Learning Disabilities. The plan is currently out for consultation. 2) How was My Life My Choice involved in the commissioning work that took place over the summer? The council have recently developed a new draft strategy for people with Learning disabilities - The Big Plan. This was co-produced with people with learning disabilities, their parents and carers and is now out for consultation. The tendering and procurement that comes out of this will also involve people with learning disabilities and their

4. Health service staff, particularly those working in general healthcare, have limited knowledge about learning disability. 5. Care, between services of different age groups, and across NHS primary, secondary and tertiary boundaries is poor for adults with learning disabilities. 6. Take up of health checks by this group is not meeting targets		families. 3) What steps have OCC taken to ensure the providers it contracts with: • make reasonable adjustments to support delivery of equal treatment for this group? • Better involve carers and relatives in care • Improve co-ordination of services for this population group • Raise staff awareness about learning disability The Big Plan, as described above, includes a proposal to commission a new 'Reasonable Adjustments Service' with the purpose of making sure that providers involve carers, co-ordinate reasonable adjustments to services for people with Learning Disabilities and raise awareness in their workplaces. This service will work with all providers the council has contracts with. It has not started yet as the Big Plan is still out for consultation. Our providers are already expected to work in the ways outlined here. The new service will provide assurance that this is happening consistently.
Oxfordshire Family Support Network - A Local Experience of National Concern - May 2014		

Report recommendations	Oxfordshire County Council Response and Public Health Responses (*these are included when the report was sent to the Director of Public Health)*	Progress report on action taken
Oxfordshire County Council (OCC) must commission services for people with learning disabilities, mental health needs and challenging behaviours that are safe and of good quality - indeed that Oxfordshire can be proud of. The global principles of open contracting should be employed OCC must ensure that commissioners have a close working relationship with providers that enable them to be sure of how the providers are performing. The key performance indicators need to be robust, meaningful and with a focus on providing personalised approaches with positive outcomes for people using these services OCC should work with families and people with learning disabilities to define what the characteristics of good services should be like and to identify innovative approaches and locate gaps in commissioning so that people are not held in secure	*John Jackson by e-mail on 19/5/14* In the case of the report from the Oxfordshire Family Support Network we have been discussing their ideas with them for some time. We are keen to take forward their ideas as part of the commissioning work we are doing over the summer …. We see this as a joint process working with families (viz the Oxfordshire Family Support Network) and service users …. **Please note that as Public Health is now part of the remit of the local authority the Director of Adult Social Services (John Jackson) works very closely with the Director of Public Health (Jonathan McWilliam). The response here represents views from both Directors and the Council.**	1) How were OFSN involved in the commissioning work that took place over the summer and with what outcomes? 2) Has consideration been given to the development of a 'peer to peer' support model working with experts by experience? 3) How has OCC worked to ensure that providers have made reasonable adjustments to ensure that people with learning disabilities receive high quality healthcare? The council has developed a peer to peer review system where people with Learning Disabilities are trained and supported as paid quality monitoring assistants and are involved in service reviews. They were recently involved in the review of TQ21 supported living services. When contracts are up for retendering people who use services are given the option to consider other providers to support them or continue with their current provider. This is possible as we now have a Learning Disability framework that only providers who meet quality standards are part of. People who use services therefore have choice about who they want to support them, alongside ensuring that these providers meet certain standards. The council have recently developed a new draft strategy for

units simply because there is no opportunity to move on Work with experts by experience with learning disabilities and family carers to monitor quality and develop good training for staff Crucially, OCC should not allow providers to continue providing services on the basis that they are "too big to fail" as it is simply too risky for vulnerable people with learning disabilities The recent experiences of failing services demands greater local accountability from service providers in the future.		people with Learning disabilities - The Big Plan. This was co-produced with people with learning disabilities, their parents and carers and is now out for consultation. The tendering and procurement that comes out of this will also involve people with learning disabilities and their families. Other examples of this include involvement include the review of respite services, and the commissioning of supported living services.
15 Minute Domiciliary Care Visits (a Healthwatch Oxfordshire priority)		
Information requested from OCC	**Oxfordshire County Council Response and Public Health Responses** (*these are included when the report was sent to the Director of Public Health)*	**Progress report on action taken**

David Roulston by letter on 30/4/14 1) What, if any, tasks will be seen to be appropriate to be completed within 15 minutes and has an agreed list of suitable tasks been compiled? What definition will staff charged with implementing the commissioning of domiciliary care and providers of domiciliary care use when interpreting the phrase 'personal care' 2) What approach is being used by OCC in managing the move away from 15 minute personal care visits in respect of those service users who will be affected by the change? 3) Can you confirm how many service users currently have 15 minute domiciliary care visits as part of their care package and how you	*Andrew Colling by letter on 6/6/14* 1) We issued an instruction to staff in April for them to stop commissioning fifteen minute home care visits for new packages of care for the following tasks: • Bathing • Hoisting • Assisting to dress/undress • Assisting to toilet/with toileting • Assisting with continence aids including continence pads and catheter care (includes elements of personal care such as washing, applying creams /ointments etc. • And any other intimate personal tasks not covered by this list 2) We want to discuss with providers how we can best undertake these reviews and how they can support us to achieve our aims. We do intend to write to all clients who receive a 15 min visit and we will then book reviews with them. 3) A recent analysis of our records has indicated that about 770 people have been identified as receiving a 15 minute visit of some form. We are currently working to establish how many of these visits relate to the	1) Will you confirm that 15 minute visits are no longer being commissioned for personal care? 15 minute visits are not commissioned for new care packages which involve the tasks outlined in the response from Andrew Colling in June. The only exception to this would be if people themselves request 15 minute visits as we are committed to the principle that people are best placed to plan their own care and support in ways that suit them. 2) Have all clients who received 15 minute visits for personal care been contacted and offered a review? We reviewed all case records where people had 15 minute visits and asked providers to identify those which involved the list of tasks outlined in Andrew Colling's' response. 172 cases were identified. Each one of these people has been contacted and offered a review. 25 of these have already been carried out and resolved. The rest will all have been reviewed by the end of March 2015. There is a social worker dedicated to carrying out the reviews. 3) How many of the 770 people were identified as having a 15 minute visit for personal care? See above - 172 people were identified by providers. 4) What further work was carried out to ensure the code of practice is being followed by commissioners? All future arrangements will apply the same principles and will use the agreed task list along with offering choice. The Commercial Services / Market Development manager in Joint

envisage the numbers affected will change as a result of the changes you are making? 4) We understand that a shared code of practice has been created reflecting one of the recommendations of the internal OCC report. Can I clarify whether this code of practice is now agreed and in place? 5) The report indicates that one of the concerns arising from interviews with service users was that they 'weren't clear who to ring in the council to raise any concerns or issues with their care'. Would there be value in issuing a letter of clarification to all service users which could include the details of Healthwatch Oxfordshire if they felt reluctant to raise their concerns with the County Council? 6) A further conclusion of the report was that in the	tasks mentioned above as these will form the basis of the ones we review. Some of the 15 minute visits will however not fall into the above category and will remain. 4) As part of our research in this area we looked at the work that other local authorities had done on 15 minute visits to learn from their expertise and understand the approach they had taken. We spoke to providers in Oxfordshire, service users and the Carers Forum to elicit their views and then agreed on the above list of tasks. The task list was circulated to our staff in April and has been in operation since. Recent analysis is suggesting that during this April and May the number of newly commissioned 15 minute visits has reduced. Further work needs to be done in this area but the draft results appear positive. 5) There is a difference between '..weren't clear who to ring in the council..'.. and your comment about people being '..reluctant to raise their concerns with the County Council..' Our approach to concerns and complaints is that they should first be dealt with at the source of concern so the first stage should be	Commissioning is responsible for implementing the principles. 5) Has any further work been carried out to review the area of complaints? Yes - the Comments and Complaints service are working closely with the Contracts Monitoring Officers to make sure that complaints are managed in the most appropriate way for the person raising issues. The service have also contacted all contracted providers to ask them for the key messages they have heard through compliments and complaints, and what they have learned and changed as a result. This means we have a much better picture of what people are telling us, whoever they speak to. 6) Has the workforce strategy been developed and which stakeholders were involved? The Workforce Strategy is being developed and is ready to be shared with stakeholders in the coming weeks, so that we can engage with organisations providing support and care, people who use services, Healthwatch and community and voluntary organisations. The list of stakeholders can be shared with Healthwatch when we launch the engagement process. 7) Has the review into the Home Support market been conducted? Yes. We are going to re-commission home support services from April 2016, using a smaller number of providers and commissioning based on outcomes. 8) What work has been carried out around future capacity development?

comparison 4 week period used for the review 32.5% of the visits were planned to take less than 20 minutes but in practice 40% of the visits were delivered in less than 20 minutes. Does this indicate a lack of capacity for the delivery of domiciliary care in Oxfordshire and if so are there further steps which can be taken in the commissioning of service to improve capacity?	with the provider. If the complainant is not or does not feel able to complain they can refer direct to the council. We have included details about whom to contact on our Home Support Customer Service Standards - these have been circulated to service users in receipt of home support - we are aware that service users have said they want any system to be simple and they don't like to be confused with too many numbers to call. We intend to continue to review the area of complaints to monitor how this develops. 6) I don't feel you can draw the conclusion that the number of visits delivered in less than 20 minutes is an automatic indication that the market lacks capacity. Having visits of this duration can be the product of various factors and we will know more about this once we have reviewed individual cases. However we do want further capacity in the market to improve the responsiveness and flexibility of service delivery together with service user choice. We are planning to achieve this through a number of strategies including: • a Workforce Strategy which is being developed with various stakeholders	See above - work continues on the Workforce Strategy and market development.

	• a review of the way in which the home support market is structured and how we buy services in general • future capacity development involving different tender arrangements	
Oxford Mental Health Forum – An investigation into the information and support available on mental health to young people in Oxfordshire - May 2014		
Report recommendations	**Oxfordshire County Council Response and Public Health Responses** (*these are included when the report was sent to the Director of Public Health)*	**Progress report on action taken**
1) Increased mental health awareness and understanding, including more provision of information through schools 2) Early intervention offering support aimed at prevention and looking after mental wellbeing.	*Ian Wilson by letter on 10/6/14* I am writing in response to your letter of 16 May, bringing the publication of this report to the attention of myself and colleagues in Oxfordshire County Council. I am writing on behalf of the Council and the CCG as these are services that we commission jointly. We really welcome this report from	1) In what way has this report informed the review of mental health services for children and young people? 2) What specific steps have been taken to improve provision of mental health information in schools, to improve early intervention services and to reduce waiting times for mental health services?

3) Reducing waiting times and increasing ease of access to mental health services	Healthwatch and it reflects much of the work we are currently doing to improve access and waiting times for Children and Adolescent Mental Health Services (CAMHS). As you may know there has been a significant increase in the number of young people accessing CAMHS over the past few years. This is not just a local picture but is also a national trend. It is an area that will require further work this year to make sure we balance the needs of those requiring early help with mental health problems and those who have significant mental health conditions. We will be starting work this year to review the way we commission mental health services for children and young people and this report will help inform the way we take that work forward. The Director of Public Health did not respond to this report **Please note that as Public Health is now part of the remit of the local authority the Director of Adult Social Services (John Jackson) works very closely with the Director of Public Health (Jonathan McWilliam). The response here represents the Council's view including views from both Directors.**	The review of Children's and Young People's mental health services is on-going, and the issues raised in the report here continue to be central parts of the review. It has involved talking directly with children and young people themselves and their families. The report of the review will be published in March 2015. There is further detail in the response from the Clinical Commissioning Group which we endorse as joint commissioners.

Further Investigation into Mental Health and A&E Experiences of Students in Oxford - October 2014		
Report recommendations	**Oxfordshire County Council Response and Public Health Response** (*these are included when the report was sent to the Director of Public Health)*	**Progress report on action taken**
1) **Work to reduce** students' fears of being **stigmatised** or dismissed if they ask for help with a mental health problem. 2) **Reduce waiting times** for accessing urgent mental health support services. 3) **Reduce pressure on A&E** through a range of measures including better information about health services, improving cycle safety, removing barriers to GP referral powers, and developing a wider range of emergency care options for minor injuries and drug and alcohol related urgent care needs. 4) **Improve the 111 telephone screening** process in	It is clear that you are already working closely with both the Clinical Commissioning Group and Oxford University Hospitals Trust. They are the experts in this area as commissioner and provider. From my perspective I welcome this piece of work and look forward to hearing the results from the further discussions. *John Jackson by e-mail 11/9/14* The Director of Public Health did not respond to this report	Stigma will continue to be explored and addressed as part of the Oxfordshire Mental Wellbeing Strategy led by Public Health. The Clinical Commissioning Group has responded to the specific issues raised in their response to you.

emergency situations and improve publicity around the service to ensure students know how and when it can be used.		
Sign Lingual UK -Access to Healthcare Services for Deaf People – June 2014		
Report recommendations	**Oxfordshire County Council Response and Public Health Response** (*these are included when the report was sent to the Director of Public Health)*	**Progress report on action taken**
The conclusion of this project revealed that the current provision and services are not meeting the needs of Deaf people and recommended improvements to deaf awareness training and improved provision of BSL interpreting services for emergency and routine appointments, and the use of plain English in al letters to people for whom BSL is their first language	The Director of Public Health did not respond to this report	The Director of Public Health highlighted the difficulties faced by the deaf and hard of hearing community in his last annual report and made recommendations. This report from Sign Lingual UK is welcome and adds further useful information to help with service development for the future.

All Project reports can be found at http://www.healthwatchoxfordshire.co.uk/reporting-back

Asian Women's Wellbeing Project - June 2014		
Report recommendations	**OCCG Response**	**Progress Report on Action Taken**
Educational work within the Asian community to reduce stigma and promote understanding about mental health issues. AWG suggests that local health providers should work with Asian women who have had experience of mental health issues themselves, to enable them to support other isolated women in their own homes and provide information and signposting to services; and to work with the wider Asian community to eradicate cultural myths around mental illness. **More accessible GP services.** AWG encourages the provision of culturally aware GP surgeries and provision of GP drop-in appointments in accessible centres with a less formal structure (e.g. clinics in appropriate community settings or children's centres). Practices need to find ways to remove the barriers Asian women face accessing GP services, such as women feeling embarrassed by consulting with a male doctor, or their need to have Halal food and medication.	*David Smith by letter on 25/9/14* OCCG has in its locality structure Equality and Access Commissioners. We will ask them to consider the implications of the report, and work with the Programme Manager for Primary Care and Medicines Management to explore how this might be taken forward. OCCG took part in April 2014 in a Conference jointly organized by Oxfordshire Mind, Oxford Health NHS FT and Oxford Mosques to consider the status of mental illness within the Moslem community and how the community might be supported to "help itself"….. Delegates were asked to consider next steps and identified the needs of women, young males and older people as being of particular concern…. As a result of this initiative they are now working with the mosque to produce training that uses less jargon and is culturally sensitive whilst addressing the need for Asian people to recognise when treatment is required and to access mental health	**Have the Equality and Access commissioners and Programme Manager for Primary Care and Medicines Management considered the report and what were the outcomes?** Maggie Dent liaised with Restore, which has already reached out to the Mosque in Manzil Way, offering mental health awareness and links with the community. One of the Equality and Assess team members met with Aziza Shafique (report author) on 27 November offering on behalf of Restore, mental health first air training for key community members (free of charge). Aziza and Restore have been linked together to take this forward. **What were the outcomes of the conference and how have they been implemented?** OHFT undertook to ensure that cultural awareness around the needs of people from the Moslem community was reflected in their Equality and Diversity training for all staff and the religious leaders agreed to look for opportunity to address mental health issues during congregational prayers and how they might advertise support for mental health issues at the mosque. As a follow up to the event Restore have built links

Social Care Better information and support regarding what care provision is available for Asian families caring for family members at home (including direct payments and personal budgets). There is a need for more research to identify the needs of the disabled and elderly, and for training to put culturally appropriate care packages in place.	services when they are needed. This work is on-going. We will share the findings of the report with Restore and Oxfordshire Mind so that they can incorporate the findings into the work they undertake within their OCCG contracts. Going forward there are opportunities to address this further: • An exciting proposal in the partnership bid for OBC is for the development of Recovery Colleges that bring users, carers and professionals together to reflect on and learn from each other's experience of illness, recovery and well-being. This provides a fantastic opportunity for the provider to develop the sort of peer support and learning that the report describes • OCCG is currently redesigning psychological therapy services and is considering the opportunity to develop primary care based responses for those people with lower levels of mental health needs as part of a preventative approach. We will build these findings into our service specification. • We will raise the educational aspects of the report with the Director of Public Health. We agree that these are important matters and will discuss with the Director of Adult Social Care how this might be addressed through our joint commissioning approaches.	with their neighbours at the Mosque in Manzil Way. As a result of this initiative they are now working with the Mosque to produce training that uses less jargon and is culturally sensitive whilst addressing the need for Asian people to recognise when treatment is required and to access mental health services when they are needed. This work is ongoing. The Equality and Access team are jointly delivering with Carers Oxfordshire a 'bite size' version of 'confidence to care' to BME groups. The team have had discussions with Aziza for her to take to the Asian Women's Groups for discussion and potential delivery. Information on Halal medicines has been sourced and passed to the Locality Co-ordinators for dissemination to all GP practices. **Has the report been shared with Restore and Oxfordshire Mind and how has it been incorporated into the work they are contracted to deliver?** We have now shared the link to the report with Restore and Oxfordshire Mind. We will review the impact of the report with them at a future contract review meeting. **How have the findings been incorporated into the service specification of the redesigning of the psychological therapies service?** The revised specification for the improved access to psychological services will include targets around access to BME communities. The new

		service will be commissioned in 2015. **How have the findings been incorporated into the establishment of Recovery Colleges through the partnership bid for OBC?** The specification for OBC requires that the partnership provide services that ensure access and effective impact for people from BME groups. The development of the Recovery College is a matter for the Partnership. **Would you provide HWO with an update on your discussions with the Director of Public Health and the Director of Adult Social Care?** These aspects are being fed into the developing Oxfordshire Wellbeing Strategy that is being led by the DPH. The needs of Asian women were discussed in some detail at a workshop on 27 November.
Oxford Mental Health Forum - an investigation into the information and support available on mental health for young people in Oxfordshire - May 2014		
Report recommendations	**OCCG Response**	**Progress Report on Action Taken**
Increased mental health awareness and understanding, including more provision of information through schools Early intervention offering support aimed at prevention and looking after mental wellbeing.	*Ian Wilson by letter on 10/6/14* I am writing on behalf of the Council and the CCG as these are services that we commission jointly. We really welcome this report form Healthwatch and it reflects much of the work we are currently doing to	**What has been the impact of the work that OCCG has been doing to improve access to waiting times?** Waiting times for CAMHS remain challenging. OCCG set the Trust a target of 75% of young people to be seen within 12 weeks. This has not yet been achieved and is therefore a key focus for

Reducing waiting times and increasing ease of access to mental health services.	improve access and waiting times for Children and Adolescent mental health Services (CAMHS). As you may know there has been a significant increase in the number of young people accessing CAMHS over the past years. This is not just a local picture but is also a national trend. It is an area that will require further work this year to make sure we balance the needs of those requiring early help with mental health problems and those who have significant mental health conditions. We will be starting work this year to review the way we commission mental health services for children and young people and this report will help inform the way we take that forward.	the on-going CAMHS review. **In what way has this report informed the review of mental health services for children and young people? What has / will change as a result?** The review of CAMHS is on-going and the report is part of the evidence submitted to the Project Board. The review report will be published in March 2015.
Further Investigation into Mental Health and A&E Experiences of Students in Oxford - October 2014		
Report recommendations	**OCCG Response**	**Progress Report on Action Taken**
Work to reduce students' fears of being stigmatised or dismissed if they ask for help with a mental health problem. **Reduce waiting times** for accessing urgent mental health support services. **Reduce pressure on A&E** through a range of measures including better information about	*David Smith by letter on 2/10/14* It is profoundly concerning to read that apparently up to a quarter of students do not seek specific support with their mental health problems because of stigma raised by GPs and other health professionals. That finding needs further investigation. Both of these questions re improved access to	**Have OCCG further investigated the reason of stigma? What actions is it taking as a result?** No further investigation has taken place at this point. In OCCG's commissioning intentions for 2015-16 we have included a requirement that health providers ensure their staff be trained around mental health. We are looking into how we can increase awareness in primary care, and will be exploring the issue of stigma as part of the

health services, improving cycle safety, removing barriers to GP referral powers, and developing a wider range of emergency care options for minor injuries and drug and alcohol related urgent care needs. **Improve the 111 telephone screening** process in emergency situations and improve publicity around the service to ensure students know how and when it can be used	mental health services and stigmatization are ones that we could take forward in 2 current pieces of work: the development of outcomes based contracting for people with severe mental illness and the redesign and re-procurement of well-being and psychological therapy services. However, it would be helpful to have a better understanding of the needs that are being discussed in this report……. OCCG would propose that we meet the university and student bodies as part of the review of psychological therapies both to better understand the needs, and make sure that information re mental health services is available in the right format in the right places. **Accident and Emergency, 111 and alternatives to emergency services** The report raises some important questions about how to get information out to students to help them choose the right service. We will explore how best to improve the information available to the university and student bodies. The points raised re 111 are consistent with some of the experiences of the general population and will be taken into account in the future commissioning of that service. OCCG is considering proposals around the better management of alcohol related conditions, and how to provide better alternatives to A&E. We will ensure that this	Oxfordshire Mental Wellbeing strategy **Would OCCG provide an update on the planned meeting(s) with the university and student bodies and the outcome of this meeting on:** • **Improved information provision on right choice of care, mental health services and A&E** • **The re-procurement of wellbeing and spychолog8ical therapy services?** • **The detailed development of outcomes based contracting** • **Student involvement in relevant project and programme boards** Work has been undertaken which has included working with the colleges to provide information regarding the appropriate use of urgent care services. The original minor A&E project that this work was included has been closed due to issues with regards to the feasibility / cost effectiveness of implementing the proposed schemes due to lack of stakeholder engagement. An SOS bus has been implemented and further work is currently underway within the winter pressures schemes to implement improvements to support A&E.

	development considers the specific needs of students in that work, and again will discuss this with university and student bodies. At a meeting on the 29th July 2014 with University Welfare representatives, Lisa Foreweather (OCCG) said she would like invite student participation in the OCCG project group looking at how to reduce A and E admissions. Lisa said there was good concurrence between the data and recommendations in the student report and the things already being considered by this group - e.g. Minor injuries unit, improvements to the 111 matrix, GP walk in, SOS bus.	
Sign Lingual - Access to Healthcare Services for Deaf People - June 2014		
Report recommendations	**Response**	**Progress Report on Action Taken**
The conclusion of this project revealed that the current provision and services are not meeting the needs of Deaf people and there are a significant number of issues currently being experienced by Deaf people in accessing healthcare services throughout Oxfordshire and these are leaving them at a disadvantage compared to hearing patients living within Oxfordshire.	Healthwatch Oxfordshire cannot trace a response from OCCG to the publication of this report.	**What steps has OCCG taken to ensure the providers it contracts:** • **Promote and use the interpreting services it commissions appropriately** • **Undertake appropriate deaf awareness training with relevant staff** A detailed response to the report has been drafted and is with members of the commissioning consortium for approval. This will be shared with Healthwatch / Sign Lingual by the end of January.

		On behalf of the Oxfordshire Commissioning Consortium, OCCG is leading a procurement process for the BSL interpreting service from June 2015. In preparation for this, the findings of the report have been taken into account in reviewing and amending the service specification and shaping the evaluation process for this procurement. Prospective providers will be asked how they will support commissioners in addressing the particular issues relating to health and social care staff being aware of the requirements of deaf service users and the provision of relevant training and information / support materials. In the meantime, the current service has also been reviewed to ensure that it is accessible and providing a good quality service. Whilst commissioners are reassured about the service provided by Deaf Direct, there is recognition that action is immediately required by commissioners to ensure that their staff are provided with training to raise awareness. There has been an on-going programme of training NHS staff over the past 3 years, with over 50 courses to date, and this programme will continue and be intensified over the next few months, targeting in particular those departments / services where there appear to be problems.
My Life My Choice		
Report recommendations	**OCCG Response**	**Progress Report on Action Taken**

The report was very positive about many aspects of services, but highlighted 5 key areas of concern. People with learning Disabilities find it much harder than other people to access assessment and treatment. 1. Insufficient attention is given to making reasonable adjustments to support the delivery of equal treatment, as required by the Disability Discrimination Act (ramps, disable toilets, easy read format etc.) 2. Parents and carers of children with learning Disabilities often find their opinions and assessments ignored by healthcare professionals. 3. Health service staff, particularly those working in general healthcare, have limited knowledge about learning disability. 4. Care, between services of different age groups, and across NHS primary, secondary and tertiary boundaries is poor for adults with learning disabilities. 5. Take up of health checks by this population group is not meeting targets	*Sula Wilshire by letter - 1/8/14* David Roulston kindly sent Oxfordshire CCG your reports "Every Voice Counts", produced with My Life My Choice and "A Local Experience of National Concern" produced with Oxfordshire Family Support Network. I read both the reports with interest. I am pleased to say that what I read reinforced the direction in which Learning Disability Services are moving. You will be aware that the Oxfordshire is currently undertaking a review of learning disability provision. Oxfordshire Clinical Commissioning Group is working with Oxfordshire County Council, the lead commissioner for learning disability services, to establish a new model for learning disability services. We look forward to working with both My Life My Choice and OxFSN in this work to ensure that the findings of their research are used to best effect in this review. As commissioners of health services in Oxfordshire, it is the role Oxfordshire Clinical Commissioning Group to ensure that the services we commission are of a high quality. As a part of this we look to ensure that reasonable adjustments are made by our providers so that people with learning disability receive high quality health care. I would like to thank Healthwatch for supporting this valuable and timely research.	**How has OCCG worked to ensure that providers have made reasonable adjustments to ensure that people with learning disabilities receive high quality healthcare?** Each year a learning disability self assessment is undertaken which looks at the provision of care to people with LD. It is a requirement in all contracts that providers make reasonable adjustments to meet the needs of people with LD. OUH has a strategic health facilitator who supports people with LD while they are in OUH. She also trains OUH staff to better meet the need of patients with LD. The OUH has sought and used feedback from patients with LD in order to improve services. **How has OCCG worked to ensure that providers have improved awareness training and are suitably involving parents and carers in decision making** The community learning disability teams commissioned by OCC have a role in supporting people with LD to access health services. The OUH has developed various resources, including the hospital passport system to support the care and involvement of PWLD. **The key message of this project was about more health checks for people with learning disabilities being carried out by GPs. Healthwatch would like an update on progress towards the 60% target.** The health checks are a directly enhanced service provided by GPs and therefore come under the

		remit of the Area Team. However, OCC have commissioned community learning disability teams to support GP practices to provide health checks. **How was MY Life My Choice involved in the commissioning work that took place over the summer and with what outcomes?** OCC involved My Life, my Choice, self advocates, carers for people with LD and Oxfordshire Family Support Network in commissioning services. The big Plan, which is currently being consulted on and sets out the future commissioning intentions for PWLD has been developed in partnership with these groups.
Oxfordshire Family Support Network – A Local Experience of National Concern – May 2014		
Report recommendations	**OCCG Response**	**Progress Report on Action Taken**
Oxfordshire County Council (OCC) must commission services for people with learning disabilities, mental health needs and challenging behaviours that are safe and of good quality - indeed that Oxfordshire can be proud of. The global principles of open contracting should be employed OCC must ensure that commissioners have a close working relationship with providers that enable them to be sure of how the providers are performing. The key performance indicators need to be robust,	*Sula Wilshire by letter – 1/8/14* David Roulston kindly sent Oxfordshire CCG your reports "Every Voice Counts", produced with My Life My Choice and "A Local Experience of National Concern" produced with Oxfordshire Family Support Network. I read both the reports with interest. I am pleased to say that what I read reinforced the direction in which Learning Disability Services are moving. You will be aware that the Oxfordshire is currently undertaking a review of learning disability provision. Oxfordshire Clinical Commissioning Group is	**How was OxFSN involved in the commissioning work that took place over the summer and with what impact? Particularly what steps have been taken to ensure that KPIs specify positive outcomes for service users?** OxFSN have been fully involved in this redesign work which has been led by OCC, who will be able to offer more information. **What consideration been given to the development of a 'peer to peer' support model working with experts by experience?** See question 1-OCC have led this work and will be able to update on the model being developed.

meaningful and with a focus on providing personalised approaches with positive outcomes for people using these services OCC should work with families and people with learning disabilities to define what the characteristics of good services should be like and to identify innovative approaches and locate gaps in commissioning so that people are not held in secure units simply because there is no opportunity to move on Work with experts by experience with learning disabilities and family carers to monitor quality and develop good training for staff Crucially, OCC should not allow providers to continue providing services on the basis that they are "too big to fail" as it is simply too risky for vulnerable people with learning disabilities The recent experiences of failing services demands greater local accountability from service providers in the future	working with Oxfordshire County Council, the lead commissioner for learning disability services, to establish a new model for learning disability services. We look forward to working with both My Life My Choice and OxFSN in this work to ensure that the findings of their research are used to best effect in this review. As commissioners of health services in Oxfordshire, it is the role Oxfordshire Clinical Commissioning Group to ensure that the services we commission are of a high quality. As a part of this we look to ensure that reasonable adjustments are made by our providers so that people with learning disability receive high quality health care. I would like to thank Healthwatch for supporting this valuable and timely research.	**How has OCCG worked to ensure that providers have made reasonable adjustments to ensure that people with learning disabilities receive high quality healthcare?** This is a central proposal that is being tested in the current consultation in the Big Plan. OUH have for several years employed a dedicated nurse who supports people living with learning disabilities when they are in hospital.

Survey to Determine Patient Views about Accessing their GP Services October 2014 and Summary Primary Care Programme Report November 2014		
Report recommendations	**OCCG Response**	**Progress report on Action Taken**
The main findings of this report were: 66% of patients who answered the relevant question were able to get appointments with their own GP – but 34% were not. 71% of respondents were able to book an appointment within a week – but 29% were not. 71% of respondents also said that the wait they had for an appointment was acceptable, but 29% were dissatisfied. Dissatisfaction levels rose steeply when people had to wait more than a week. Only 40% of people answering the relevant question were able to get through to their GP surgery on the phone straight away and 18% had a wait of more than 5 minutes for the phone to be answered, or gave up waiting. A surprising number of people (27% of those answering the question) did not know if their surgery offered evening and weekend appointments, and 77% of those who	*David Smith by letter on 25/9/14* OCCG thanks Healthwatch Oxfordshire for forwarding a copy of its report on the survey to determine patient views about accessing their GP services. We note the findings with interest as enabling access to GP services is fundamental to providing good quality care. As Thames Valley Area Team commissions core GMS/PMS services we anticipate that they will wish to respond in detail to the findings. *Dr S Attwood by letter on 10/9/14* Thanks for the advance copy of the report – taken as a whole it is interesting and relevant posing questions about GP access .We are only too aware of the pressures on general practice which I think this reflects *Dr R Rowe by email on 3 /11/ 14* Dear Rachel	**Please update on steps taken, with NHSE LAT, to address the core concerns shared with the Primary Care Programme Board?** OCCG has been actively working with GP Federations in developing a pan Oxfordshire bid which is seeking investment into the county to improve and expand access to GP services across the county. In developing this bid the schemes being proposed to seek to address the problems in access identified by the report and to reflect the preferences of local people in terms of increased use of email booking, and improved access to GPs in the evenings and weekends. As part of its primary care transformation programme the CCG is currently planning a public education campaign to increase health literacy across Oxfordshire and to ensure that people are aware both when GP surgeries are open and what support is available. We will be actively consulting Healthwatch in developing the messages in this campaign. The particular needs of patients requiring access to interpreters has been raised with the senior commissioning manager for Primary care and is being pursued through the contract review.

thought these kinds of appointments were not currently available would like to be able to access their surgery at evenings and weekends. a) GP's appear not always to succeed in maintaining the highest standards of provision of dignity in care. Examples of less good care shared with HWO include: the Dr looking at the computer and not at the patient during a consultation; the GP speaking to a carer rather than to the patient (particularly when communication with the patient is challenging); the GP ignoring a carers views; a Dr missing critical information because s/he is distracted or typing while the patient is talking. b) Groups of patients with particular needs report not always having those needs met – for example: access to British Sign Language interpreters is patchy; visual information is not always available to say "Dr will see you now" for people with hearing difficulties and/or verbal information is not always available for blind/partially sighted patients; GPs don't always understand the Muslim populations' particular cultural needs (eg for halal medication) ; easy read information on how to take medicines is not always available for people with learning difficulties or people for whom English is a second	At the last Primary Care Development Board we had a discussion after you left about having a lay member on the board and agreed that we would like to invite you to attend on a regular basis. We think your position as chief exec of Healthwatch Oxfordshire positions you ideally to bring patient views and concerns to the group and will help shape that GP services. Could you confirm whether you would like to attend as a permanent member of the group and I will then ask Nathalie to liaise with your administrative support to get meeting dates in your diary? Regards Rosie	As part of the bid for Prime Ministers Challenge Funding it is planned to improve the proactive care of complex patients through increasing the availability of 20 minute appointments and through the use of care navigators to ensure that the support identified as being needed in care plans is delivered in a timely way. Healthwatch will be informed of progress with the bid through their attendance at the primary care development board.

language (eg deaf community) ; the families of young people with complex mental health needs don't always have their own care needs recognised; touch screens in some surgeries are inaccessible from wheel chairs; letters are often not written in plain English. c) Sharing of information between primary and secondary care, and between primary care and mental health services could be improved – for example patients' suggest that more GPs attend CPA assessments, and that GPs work more closely with consultants, especially when someone is under the care of lots of consultants and the GP is the only person who has the whole picture. d) Patients' requests that GPs more pro-actively follow up vulnerable patients who fail to make appointments and that practices give priority to patients with complex needs, when it comes to enabling people to see their regular Doctor.		

Concerns re Cancer waiting times - letter to Sula Wiltshire		
Information requested from OCCG	**OCCG Response**	**Progress Report on Action Taken**
Rachel Coney by letter - 25/11/14 Dear Sula, We have recently been contacted by a patient concerned about the recurring breaches in cancer treatment time targets for prostate cancer in OUHT – which appear not to have improved in the four years since this patient opted for out of county treatment for the same condition when his own care breached targets. The concern is three fold: What is the root cause of this systemic failure, what remedial action is the trust taking to rectify this problem, and when does it expect to comply with targets for this speciality? Which other specialities have breached one of the following targets for more than 2 quarters in the last four years: 2 week wait 31 day treatment time 62 day treatment time	*Response due by 25/12/14* Response received, but marked not for public dissemination. Further enquiries will be made in January 2015 on the commitments made in this correspondence.	

How does the trust board monitor and address performance at a speciality level in an open and transparent way, given that routine performance reports to the Board focus on trust wide performance against these targets? I would like to know what formal contract monitoring and management steps the CCG is taking to ensure the Trust addresses this systemically poor performance.		

All Project reports can be found at http://www.healthwatchoxfordshire.co.uk/reporting-back

Asian Women's Wellbeing Project - June 2014		
Report recommendations	**Oxford Health Foundation Trust (OHFT) Response**	**Progress report on action taken**
Educational work within the Asian community to reduce stigma and promote understanding about mental health issues. AWG suggests that local health providers work with Asian women who have had experience of mental health issues themselves, to enable them to support other isolated women in their own homes and provide information and signposting to services; and to work with the wider Asian community to eradicate cultural myths around mental illness. **More accessible GP services.** AWG encourages the provision of culturally aware GP surgeries and provision of GP drop-in appointments in accessible centres with a less formal structure (e.g. clinics in appropriate community settings or	*Stuart Bell by letter - 28/7/14* We have distributed this report and your letter for distribution to all our clinical directorates so they are aware of the contents. Copies have also been sent to our leads for equality and diversity across the Trust to ensure that the contents are addressed in our service developments and in our staff training and induction. The recommendations are noted – particularly for translation and interpreting and for targeted services for mental health support in the community. Oxford Health already provides a range of community mental health services and works with numerous third sector services which provide general support groups. Oxford Health joined the Community Support Forum, Oxfordshire Mind, NHS Oxfordshire CCG and the Oxford Pukhtoon Foundation at the recent Muslim Faith and Wellbeing Workshop in East Oxford. For all of our services we provide cultural and religious awareness training. At our 7th August Equality and Diversity Steering Group we will encourage our services to consider more ways to	1) **How have the contents of this report been addressed in service development and staff training and induction?** The Trust's new starter corporate induction equality, diversity and human rights training session and equality, diversity and human rights training which staff complete every 3 years, covers inclusion, prejudices, discrimination and stigma. This training is regularly reviewed to ensure it meets current needs. The Equality and Diversity Lead in addition offers team based training to improve staff awareness around issues. The Oxfordshire IAPT service has a BME working group to raise awareness about available mental health services, how these services can be accessed and to improve staff awareness. Members of the service

children's centres). Practices need to find ways to remove the barriers Asian women face accessing GP services, such as women feeling embarrassed by consulting with a male doctor, or their need to have Halal food and medication. **Social care** Better information and support regarding what care provision is available for Asian families caring for family members at home (including direct payments and personal budgets). There is a need for more research to identify the needs of the disabled and elderly, and for training to put culturally appropriate care packages in place.	meet the cultural and religious needs of our service users and the community. The report also highlights the incidence of type-2 diabetes for Asian families in the community and in primary care. We will continue to work with GPs and community pharmacists to identify and manage diabetes and to provide information and sign-posting in the community.	met with the imams in Oxfordshire and visited community centres in August 2014 to further develop links and share information. The IAPT service has also translated their service information leaflet into all the commonly spoken languages and distributed these to the community centres. **2) Please can you tell us more about the level and take up of training, and it's the impact?** As of Jan 2015 91% of available staff, all professions, have completed the equality, diversity and human rights training. (The Trust's target level for this training is 90%) **3) We gather that the Oxford Pukhtoon Foundation was representing the Muslim Community at the Muslim Faith and Wellbeing Workshop. In response to the report has any contact been made with the report authors to discuss the issues raised or to include them in further discussions?** Yes, there was good representation at the workshop in April 2014. Oxfordshire IAPT services were heavily involved in the workshop and have continued developing links with

		the community centres and imams. **4) What was the outcome and impact of the meeting of the Equality and Diversity Steering Group on august 7th In respect of the recommendations made in this report?** The Equality and Diversity Steering Group, chaired by the Director of Nursing and Clinical Standards, is overseeing the development and monitoring of the Trust's Equality Delivery System for 2014-2018.The objectives in the Equality Delivery System set an ambitious plan showing the Trust's commitment to valuing the diversity of the communities we serve and our workforce to ensure fairness and inclusion are central to the provision of health services. Attached is the Trust's Equality Delivery System objectives.  EQUALITY OBJECTIVES - 2014 -

Oxford Mental Health Forum – An investigation into the information and support available on mental health for young people in Oxfordshire – May 2014		
Report recommendations	**OHFT Response**	**Progress report on action taken**
Increased mental health awareness and understanding, including more provision of information through schools Early intervention offering support aimed at prevention and looking after mental wellbeing. Reducing waiting times and increasing ease of access to mental health services.	*Stuart Bell – by letter – 5/6/14* The Trust is working across a number of fronts with other key stakeholders to provide a greater focus on early intervention and increase the understanding of mental health awareness and understanding. ……. Returning to the age group of young people in your report we were particularly delighted to be awarded the contract to provide school health nursing in Oxfordshire from April 2014. …… The new model means that from September 2014 there will be a School Health Nurse (SHN) in every state secondary school in Oxfordshire. The SHN will have an integral role in ensuring that a health plan is developed in each school which will include the mental health and wellbeing of students. The SHN's will also have additional training in the recognition of common mental health issues and receive supervision and from CAMHS to enable them to work with young people with mild mental health problems and ensure the early recognition of mental illness and the involvement of PCAMHS and CAMHS **2. Reduce waiting times and improve access to mental health services.**	1) **Would you confirm that every state secondary school now has a School Health Nurse (SHN) in post?** Yes, these are in place. 2) **What support and training have they received to enable them to deliver an effective early intervention and prevention service?** All school health nurses have received training and further training is being held in terms 5 and 6 to include training days and a 1 day conference for all school based professionals to be called 'effective early intervention and prevention'. All staff are offered regular supervision, support from school health nursing leads and information about national and local developments through an internal monthly newsletter. 3) **What has been the impact of the pilot project, to put PCAMHS**

	…….A number of actions has taken place to improve access to CAMHS services. This includes moving to self-referral for 16 and 17 year olds this year. We already take referrals from GPs, Schools, children's centres, youth workers etc. We are about to pilot a project, to put PCAMHS sessions into secondary schools on a weekly basis. Schools will be able to book young people into sessions as well as staff being able to discuss any concerns they may have about mental health of pupils. The pilot will initially involve 3 schools but our plan is to roll out to other secondary schools. The Trust is working to reduce the waiting times for young people, including offering some appointments on Saturdays as well as some early evening appointments. ……. . It is essential that we work with commissioners to ensure that there is continued and increased investment in early intervention and mental health services for children and young people. We are developing our Early Intervention in Psychosis service in collaboration with colleagues from Oxford University Department of Psychiatry to ensure that we are providing the best evidence based interventions possible. We would be delighted to work with the Oxford Mental Health Forum to promote the Mind Guide to mental health services in the county. However, there is clearly more to do to ensure that young people are able to access help and support when needed.	**sessions into secondary schools on a weekly basis? What plans are there to roll this out?** Please see attached evaluation of pilot and future developments. PCAMHS WORKERS IN SECONDARY SCHC 4) **What is the current trend (over the last 6 months) in terms of waiting times and what progress has been made towards meeting targets?** The percentage of young people having their first routine appointment within 12 weeks of referral for April to Nov 2014 was 63% against target of 75%. The main pressures are in Tiers 2 and 3, which are being monitored and efforts made to address. These reflect an increase in demand which is being mirrored nationally. 5) **What if any, contact has the Trust had with the OMHF in terms of promoting the Mind Guide?** The Trust works with Oxfordshire MIND to update the MIND guide when

		it is revised. The MIND guide will be signposted from the new and revised children and people website to be launched at the end of Jan 2015. 6) **What progress has been made in securing additional investment in early intervention and mental health services for children and young people?** Additional research monies were secured to re-design the EIS provided in Oxfordshire. Funding has been used to increase the number of clinical staff including a dedicated a clinical psychologist, 3 dedicated support workers and another care coordinator. The team manager and service manager are now responsible for both the Oxfordshire and Buckinghamshire EIS to improve consistency. Work has been undertaken with CAMHS to identify people earlier to refer to EIS between 14-18 years old, in response an increase in referrals has been seen.

Further Investigation into Mental Health and A&E Experiences of Students in Oxford - October 2014		
Report recommendations	**OHFT Response**	**Progress report on action taken**
Work to reduce students' fears of being stigmatised or dismissed if they ask for help with a mental health problem.	HWO cannot trace a response from OHFT to this report	The Trust has a number of services which enable people to self-refer to improve access for example the IAPT service. The newly re-designed EIS in Oxfordshire has plans to raise the profile of the service across all Universities and Colleges. In addition we hope the AMHTs moving to 7 day working will help to improve how people can access secondary mental health services receiving care in a timely and appropriate way. Three Trust consultant psychiatrists also provide part-time psychiatric support to the university counselling services.
Reduce waiting times for accessing urgent mental health support services. **Reduce pressure on A&E** through a range of measures including better information about health services, improving cycle safety, removing barriers to GP referral powers, and developing a wider range of emergency care options for minor injuries and drug and alcohol related urgent care needs. **Improve the 111 telephone screening** process in emergency situations and improve publicity around the service to ensure students know how and when it can be used		

Sign Lingual - Access to Healthcare Services for Deaf People - June 2014		
Report recommendations for OHFT	**Response**	**Progress report on action taken**
The conclusion of this project revealed that the current provision and services are not meeting the needs of Deaf people and recommended improvements to deaf awareness training and improved provision of BSL interpreting services for emergency and routine appointments, and the use of plain English in al letters to people for whom BSL is their first language	*Stuart Bell - by letter - 18/7/14* Thank you for sending me your report by Sign Lingual which clearly describes the frustrating and frequently distressing experiences of deaf people accessing health services in Oxfordshire. I have shared the report with the Service Directors of the three clinical directorates in trust who have distributed it within their services and I have also shared it with our equality and diversity lead. We have drafted an action plan based on your recommendations which will be led by our Equality and diversity lead and overseen by the Equality Steering Group of the Trust …… Your report has already raised the profile of the particular needs of deaf people and also identified areas where it is clear that we need to improve. As our action plan is implemented, I will be happy to provide you with updates.	1) Would you please provide Healthwatch Oxfordshire with a copy of the action plan and an update on its implementation? Attached are the objectives in the Trust's Equality Delivery System – the action plan is incorporated in objective 9. Asking staff to consider people's needs, including the use of interpreters and translators, is included within the new starter induction session and the Equality, Diversity and Human Rights training for staff.  EQUALITY OBJECTIVES - 2014 -

All Project reports can be found at http://www.healthwatchoxfordshire.co.uk/reporting-back

Further Investigation into Mental Health and A&E Experiences of Students in Oxford - October 2014		
Report recommendations	**Oxford University Hospital Trust Response**	**Progress report on action taken**
Work to reduce students' fears of being stigmatised or dismissed if they ask for help with a mental health problem.	We were unable to trace a response from Oxford University Hospital trust to the contents of this report when it was originally issued.	The report on access of Oxford University students to A and E and mental health services made a number of recommendations. The recommendations in relation to mental health were directed at GPs and community mental health services and there were no action points for OUH – however: The first Mental Health Crisis Concordat meeting was held on the 22nd December 2014 and attended by members of staff from the OUHT. There is an action plan which covers students fears around being dismissed when asking for help as well as a working group focusing on all elements of mental health across Oxfordshire. Further training within ED for staff is being provided by our Psychological Medicine Service to ensure staff have the training required to deal with patients attending with an known/undiagnosed mental health conditions. The Centre for Occupational Health and Wellbeing runs stress busting workshops for all Trust staff which include the topic of de-stigmatisation of mental health problems.

Reduce pressure on A&E through a range of measures including better information about health services, improving cycle safety, removing barriers to GP referral powers, and developing a wider range of emergency care options for minor injuries and drug and alcohol related urgent care needs.		**1) What action has OUHT taken with commissioner to address the need for an MIU in Oxford?** ***Please see point 4.*** Development of a Minor A&E service to reduce activity for minor/sub-acute presentations. The key components of this are: 1. **GP access:** Targeted improvements to practices with low GP access scores and low phone consultation use including telephone triage. 2. **Ambulance service:** Intention to reduce the number of ambulance arrivals at A&E with sub-acute presentations. An example being an avoidance car comprising a GP and a driver who will attend Category C calls. 3. **Out of Hours:** Identify improvements to access, location and the performance of the existing Out of Hours service particularly for JR patients. 4. **Minor Injury Unit:** Review the use of the existing Minor Injury Unit including activity levels and review contract and pricing. 5. **Front End Navigatory System:** Aim being to appropriately stream calls.
Sign Lingual - Access to Healthcare Services for Deaf People - June 2014		
Report recommendations	**OUHT Response**	**Progress report on action taken**
The conclusion of this project revealed that the current provision and services are not	We were unable to trace a response from OUHT to this report	**HWO would welcome a response from OUHT around the recommendations of this report**

meeting the needs of Deaf people and recommended improvements to deaf awareness training and improved provision of BSL interpreting services for emergency and routine appointments, and the use of plain English in al letters to people for whom BSL is their first language	when it was originally issued	The Trust's lead for Interpreting services is investigating the concerns identified in this report and by Deaf Direct. As a result of this the Trust will include: 1. Improved advertising on the Trust's interpreting intranet site and in the information for patients on the Trust's internet site. 2. Confirmation to contact PALS if the patient or carer is concerned that interpreting is not available. 3. The need for interpreting support emphasized within the Trust's Equality and Diversity Training. 4. The Trust's Equality and diversity Lead will review the appointment letters with the Trust's Systems and Services Manager. This will be a plain English review and will include people who are deaf and other patients groups.
Concerns re: Cancer waiting times - letter to Sir Jonathan Michael - 25/11/14		
Letter to Sir Jonathan Michael	**OUHT Response**	**Progress report on action taken**
Rachel Coney -by letter - 25/11/14 Dear Sir Jonathan, We have recently been contacted by a patient concerned about the recurring breaches in cancer treatment time targets for prostate cancer in the trust - which appear not to have improved in the four years since this patient opted for out of county treatment for the same condition when his own care breached targets.	OUHT responded by letter on December 18th, and re-iterated the contents of that letter in thei response to this report. See next column	**In November 2014 seven of the eight cancer standards were achieved with the exception of the 62 day urgent GP referral standard. Plans are in place to address performance against this measure and the Trust aims to achieve this standard in January 2015.** The root cause is the very large increase in the number of patients being referred through the

The concern is three fold: i) What is the root cause of this systemic failure, what remedial action is the trust taking to rectify this problem, and when does it expect to comply with targets for this speciality? ii) Which other specialities have breached one of the following targets for more than 2 quarters in the last four years: a. 2 week wait b. 31 day treatment time c. 62 day treatment time iii) How does the trust board monitor and address performance at a speciality level in an open and transparent way, given that routine performance reports to the Board focus on trust wide performance against these targets?		2 week wait pathway. This has stressed our capacity to diagnose cancers quickly enough to complete treatment within 62 days of referral. The remedial actions are as laid out in the letter, with the expectation that overall performance will be restored by January. The target does not apply to individual tumour types or specialties, so we monitor each specialty against national figures rather than the 85% overall target for treatment within 62 days of GP referral. ii) The targets apply across the board, rather than to individual specialties or cancer types. To give an example, we often have to take more than 62 days to treat patients with head and neck cancer as they often have major surgery and have to be prepared carefully to ensure the best outcome. On the other hand, most skin cancers are treated by the diagnostic biopsy, so that we expect performance near 100% rather than the 85% overall target. Patients are often looked after by several specialties in a pathway, so that a breach is not allocated by specialty. iii) We report all the targets by tumour type (some, like urological cancers, are amalgamated) every month on Open Exeter, and the figures scrutinised internally. Our analysis has caused us to focus particularly on Urology, Colorectal Cancer and Lung Cancer in addressing the failure to achieve cancer targets in 2014.

All Project reports can be found at http://www.healthwatchoxfordshire.co.uk/reporting-back

Sign Lingual - Access to Healthcare Services for Deaf People - June 2014		
Report commendations	**Response from SHFT**	**Progress report on action taken**
This project revealed that there are a significant number of issues currently being experienced by Deaf people in accessing healthcare services throughout Oxfordshire, and that these are leaving them at a disadvantage compared to hearing patients living within Oxfordshire.	*Katrina Percy - by letter - 11/7/14* ..It is a very informative and interesting report, and certainly emphasises the need to ensure services are accessible for all the people who need to use them…. As a Trust we have access to interpretative services, and staff are able to facilitate access to this for people who use our services. Given the specific nature of the workforce who look after people with Learning Disabilities who may also live with deafness, we feel well placed to communicate effectively with them. However, additional training could be beneficial and is something we will consider with the future needs of our client group and staff…	1) Has additional training been developed and or delivered? Please give details. This will be actioned in early 2015.
Oxford Family Support Network - A Local Experience of National Concern - May 2014		
Report recommendations	**Response from Southern Health Foundation Trust**	**Progress report on action taken**
The report set out a very detailed set of recommendations to commissioners of services	*Lesley Munro - by letter -16/6/14* A very detailed response to this report was provided, in which SHFT expressed an intent to:	1) Please can you give us a brief update on developments and progress made, since publication, in response to the 12 specific commitments made in your response to the report.

for people with learning disabilities, mental health needs and challenging behaviours. Southern Health was asked to respond as a key provider of these services.	1. Reduce inpatient beds to ensure a focus is on supporting people using community facing models of care, supported by an Intensive Support Team by September/October 2014 2. This Intensive Support Team also supporting patients during inpatient spells to ensure any stay is a short as possible 3. Develop proposals to enhance access to advocacy services 4. Involve families and service users in peer review 5. Build a lay presence at Divisional Board Level meetings 6. Move to a new model of restraint, completing staff training over the forthcoming months 7. Implement Proactively Reducing Incidents for Safer Services (PRISS) 8. Complete and evaluate pilot use of the Health Inequalities Framework and roll out , including across Oxfordshire 9. Work with the local authority to implement a Transition Policy 10. Work with commissioners to improve pathways	1. We have redesigned our model within Oxfordshire to develop an intensive support function within our community services to support people locally whose behaviours challenge. We have worked with our commissioners to reduce our commissioned bed numbers from eight to five to enable us to redesign the services. JSH and STATT closed in September 2014 (15 beds).Our 5 inpatient beds Commissioned by Oxfordshire are at the Ridgeway Centre in High Wycombe and Willow Ward in Southampton. We have recruited to the Project manager post and the clinical posts are currently being recruited to. 2. The IST will be an integral part of our community services who will be able to support people proactively and intensively to reduce the likelihood of admission to an inpatient bed. There will always be a small group of people who will require a short inpatient stay and the IST will be able to support the admission and discharge to ensure that people are only in hospital to receive treatment that requires them being an inpatient and as soon as they are well enough to be discharged this is facilitated swiftly and safely engaging all involved in the person's care. 3. Advocacy services have been worked with to improve access for people we support. This work will continue over the coming year. 4. Involving families and service users in peer reviews. We have a team of peer reviewers made of people with learning disabilities across the division and a number of them are from the Oxfordshire service. Over the last 6 months they

	for: • Forensics • Challenging behavior • Epilepsy • Complex Health and Physical Disabilities • Autism • Mental Health 11. Provide significantly more training to staff on areas including: Mental Capacity Act/Deprivation of Liberty Safeguards within Safeguarding, additional clinical training, PRISS. 12. Roll out the Going Viral training programme	have been involved in peer reviews across our community and inpatient services in Hampshire, Oxfordshire and Buckinghamshire. 5. Lay presence at Board. We have not progressed this to date. We hope to develop this over the coming year. 6/7.PRISS training has now been rolled out across Oxfordshire. Staff have been trained in all inpatient services. 8. HEF – this has been trialled in Hampshire but not utilised yet in Oxfordshire. 9. A transition policy is now in place between the 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). This practice is already embedded in the teams that young people coming through transition who have complex health needs are assessed prior to turning 18 so that they and their families are clear if they are eligible for Learning Disability Specialist Health services, if not then they are sign posted to other local services. 10. MAPS – we have identified leads for each of the Maps within the North of the Division, there were launch days in December and there is a piece of work being led by the Modern Matron and the Head of Psychological Services to ensure that the Clinical Areas of Practice are being embedded and each new referral is aligned with our MAPs. This work will feed into the Big Plan consultation in terms of how we believe we can support people in Oxfordshire

		who have a learning disability and associated health needs to ensure that they receive care based on national best practice which is evidence based. 11. Training – there has over the last six months been an increase in this training being offered in the Oxford area which helped to ensure that staff are able to attend without travelling to Hampshire. This has included the areas highlighted in this question. 12. Going Viral – all staff in Oxfordshire have now attended the Going Viral course and staff are currently attending the Viral Quality.

All Project reports can be found at http://www.healthwatchoxfordshire.co.uk/reporting-back

Further Investigation into Mental Health and A&E Experiences of Students in Oxford – October 2014		
Report recommendations	**SCAS Response**	**Progress report on action taken**
Work to reduce students' fears of being stigmatised or dismissed if they ask for help with a mental health problem. **Reduce waiting times** for accessing urgent mental health support services. **Reduce pressure on A&E** through a range of measures including better information about health services, improving cycle safety, removing barriers to GP referral powers, and developing a wider range of emergency care options for minor injuries and drug and alcohol related urgent care needs. **Improve the 111 telephone screening** process in emergency situations and improve publicity around the service to ensure students know how and when it can be used	*Will Hancock by letter on 13/9/14* …SCAS welcomed this draft research report and welcomed the opportunity to respond to it. There are some particular areas from the research findings and recommendations which my team and I can agree to action; these are outlined below. SCAS would welcome a collaborative conversation with partners to support a presence/ emergency care resources in the city centre of Oxford at night. The report suggests and points strongly to feedback that a minor injuries unit or walk in would offer support to students…SCAS would be happy to participate in discussions around the provision of such a centre with commissioners. We recognise there is a need to promote this [111] service further and to the student population…by working in partnership with the University and its colleges we hope we can review the Directory of Services (DOS) entries in 111 to ensure students can access the right range of	1) **Have the collaborative conversations taken place about emergency care in the city centre at night and if so what was the outcome**? SCAS introduced a SOS "bus" to central Oxford three weeks ago 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. **2) Have SCAS engaged with commissioners around the provision of an MIU in Oxford?** Commissioners would need to lead this as SCAS indicated, we would be happy to

	services at the right time and that we can identify any gaps.	contribute to discussions. 3) **Has the 111 Directory of Services been reviewed**? The DOS is reviewed daily to identify any gaps in services which SCAS need to escalate to commissioners. SCAS will ask the University if they identify any specific gaps to inform us.

All Project reports can be found at http://www.healthwatchoxfordshire.co.uk/reporting-back

Oxford Mental Health Forum – An investigation into the information and support available on mental health to young people in Oxfordshire –May 2014		
Report recommendations	**NHS England Local Area Team**	**Progress report on action taken**
4) Increased mental health awareness and understanding, including more provision of information through schools 5) Early intervention offering support aimed at prevention and looking after mental wellbeing. 6) Reducing waiting times and increasing ease of access to mental health services	*Matthew Tate by e-mail on 27/6/14* We are delighted to read this report of young people's engagement with Mental Health issues compiled by Oxford Mental Health forum and we support its recommendations and we will recommend them to commissioners for Children and Adolescent Mental Health Services in Oxfordshire. The recommendations resonate with the findings of our summary report of CAMHs for Thames Valley which will also shortly be sent to commissioners across Thames Valley.	**1) How has this report informed the TV wide work to improve CAMHS services?** The report has been shared and is part of on-going work. The CCG leads on community services and may have more detail to add.

Sign Lingual UK -Access to Healthcare Services for Deaf People – June 2014		
Report recommendations	**NHS England Local Area Team response**	**Progress report on action taken**
The conclusion of this project revealed that the current provision and services are not meeting the needs of Deaf people and recommended improvements to deaf awareness training and improved provision of BSL interpreting services for emergency and routine appointments, and the use of plain English in al letters to people for whom BSL is their first language.	NHS England out this issue on the agenda of the Quality Surveillance Group for Thames Valley in November 2014, in a paper which also addressed the need for improved access to translation services and written information in plain English for all communities for whom English is not a first language	**1) Please update us on progress with delivering the actions agreed at the November QSG** As indicated this was shared with all partners at November QSG . Within NHS England the Central Primary Care team has initiated a national piece of work on access and we will ensure that this information will be shared with them.
Survey to determine patient views about accessing their GP services – October 2014, Summary Report for Primary Care Programme Board		
Report recommendations	**NHS England Local Area Team response**	**Progress report on action taken**
The main findings of this report were: 66% of patients who answered the relevant question were able to get appointments with their own GP – but 34% were not. 71% of respondents were able to book an appointment within a week – but 29% were not. 71% of respondents also said that the wait they	*Helen Clanchy (Director of Commissioning Thames Valley Area Team) by e-mail on 9/10/14* Our initial review was that we would wish to work with the Oxfordshire Clinical Commissioning Group (OCCG) and their member practices as part of the primary care strategy to improve access to primary care.	1) **What steps is the Area Team taking, with OCCG, to address the recommendations made in these reports?** The report has been shared with CCG and Primary Care Team in NHS England. It will continue to inform the programme of work that is being undertaken by OCCG to improve quality in Primary Care.

had for an appointment was acceptable, but 29% were dissatisfied. Dissatisfaction levels rose steeply when people had to wait more than a week. Only 40% of people answering the relevant question were able to get through to their GP surgery on the phone straight away and 18% had a wait of more than 5 minutes for the phone to be answered, or gave up waiting. A surprising number of people (27% of those answering the question) did not know if their surgery offered evening and weekend appointments, and 77% of those who thought these kinds of appointments were not currently available would like to be able to access their surgery at evenings and weekends. e) GP's appear not always to succeed in maintaining the highest standards of provision of dignity in care. Examples of less good care shared with HWO include: the Dr looking at the computer and not at the patient during a consultation; the GP speaking to a carer rather than to the patient (particularly when communication with the patient is challenging); the GP ignoring a carers views; a Dr missing critical information because s/he is distracted or typing while the patient is talking. f) Groups of patients with particular needs		It will also provide a very useful reference in the ongoing plans that are being agreed through the Primary care Co-commissioning process. The PC quality report presented to the most recent QSG has also been informed by this report.

report not always having those needs met – for example: access to British Sign Language interpreters is patchy; visual information is not always available to say "Dr will see you now" for people with hearing difficulties and/or verbal information is not always available for blind/partially sighted patients; GPs don't always understand the Muslim populations' particular cultural needs (eg for halal medication) ; easy read information on how to take medicines is not always available for people with learning difficulties or people for whom English is a second language (eg deaf community) ; the families of young people with complex mental health needs don't always have their own care needs recognised; touch screens in some surgeries are inaccessible from wheel chairs; letters are often not written in plain English. g) Sharing of information between primary and secondary care, and between primary care and mental health services could be improved – for example patients' suggest that more GPs attend CPA assessments, and that GPs work more closely with consultants, especially when someone is under the care of lots of consultants and the GP is the only person who has the whole picture. Patients' requests that GPs more pro-actively follow up vulnerable patients who fail to make appointments and that practices give priority to patients with complex needs, when it comes to enabling people to see their regular Doctor		

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