1 Healthwatch Oxfordshire update February 2018

The Healthwatch Oxfordshire (HWO) board last met on 9th January 2018. Papers presented at this meeting are on the Healthwatch Oxfordshire web page: http://www.healthwatchoxfordshire.co.uk/healthwatch-oxfordshire-board-meetings-and-minutes

2 Oxfordshire Safeguarding Adults Board (OSAB)

We reported to OSAB in December on the updates on the latest outcomes and impact of our Dignity in Care Report 2015. The full report to the OSAB is available on our web site. To summarise:

The responses to the recommendations made by the trusts that run the hospitals, the county council and Oxfordshire Clinical Commissioning Group, which pays for most health services in the county, have been tracked over the past two years and show that many of the recommendations have been addressed and actions embedded in the organisations.

With this research and report we created a focus on the way that dignity in care is supported across the health and social care system. While there has been progress over the past two years both patients and providers should not be complacent that everything has been attended to satisfactorily. We urge service providers and commissioners to continue to review and evaluate actions, and constantly respond to what they hear from both patients and staff about improvements that can be made.

HWO Action: We will continue to monitor what patients report on their experiences of health and social care services and report back to service providers when we hear both positive and negative experiences.

3 Buckinghamshire, Oxfordshire and Berkshire West (BOB) STP

In December the four Healthwatch organisations that cover the BOB area wrote to the lead officer David Smith raising our concerns about the lack of communication with the public and the inactivity of the BOB Stakeholder Engagement Group, the only route for two-way communication between the operational and governance areas. Both our letter and the reply from the programme director are available on our web site. In summary it appears from this reply that with the recruitment of a permanent lead officer BOB will increase engagement activity.
**HWO Action:** The four Healthwatch leads will be asking for a meeting with the new Chair and CEO at the earliest opportunity.

4 **NHS England South**

After being told by people in Bicester (see report below - Bicester Town) that many people were unable to access NHS dental appointments in Bicester, we met with the NHS England South Director and Commissioner for Dental services. The outcome of this meeting was two-fold:

1. The commissioners said they were aware of several areas within Oxfordshire where access to NHS dental services is limited, mainly in areas of housing and population growth, and that Bicester was one such area.
   a. **HWO Action:** We will conduct a county-wide survey to discover the extent of limited access to NHS dental services. NHS England have said they welcome any additional information and patient experience reports from Healthwatch.

2. NHS England made a commitment to the commissioning of additional dental services in the Bicester area in early 2018. During these discussions NHS England agreed to our suggestion that there should be patient involvement in the commissioning process.
   a. **HWO Action:** We will continue to monitor progress.

5 **Care Quality Commission (CQC) review of Oxfordshire’s health and social care system**

The purpose of the CQC review is to understand how people move through the health and social care system. This is one of twenty reviews across the country. The CQC is focussing on the crossing points between health and social care systems during the review and looking at what improvements can be made. The CQC want to understand the maturity, capacity and capability of the Oxfordshire system. The review will focus on older people aged 65 and over, they will not be looking at people who have a mental illness, but will review people who have a diagnosis of dementia. It is expected the Commissioner’s report will be published at the end of January 2018.

The Healthwatch Oxfordshire Chair and Executive Director attended meetings with the lead inspector and the whole system briefing to the lead inspector.

Healthwatch promoted and recruited six people to attend a focus group facilitated by the Clinical Quality Commission (CQC) inspectors. HWO subsequently reported to the CQC Lead Inspector concerns regarding the short notice given to members of the public for such focus groups and as such has a negative impact on the capacity and ability of carers to attend.

As of 22nd January 2018 Healthwatch Oxfordshire has yet to see a copy of the review report, originally promised by 15th January 2018. This delay by the CQC in publishing
the report will compromise our ability to give a considered response to the findings and recommendations in the report to the CQC Summit planned for 29th January 2018.

**HWO Action:** We will participate fully in the CQC Summit Meeting.

6 **Bicester Town survey**

The report on our Bicester town survey was published in December 2017. The key findings were:

- People value the quality of care and the staff that deliver services.

- However, people feel concerned about the availability of adequate health and social services and their ability to access them. People told us about their difficulty in getting an appointment with GPs, and about the lack of NHS dentists and mental health services in Bicester. They also expressed consternation about the changes to day centre services that were taking place at the time of the project.

- People also questioned the current range of services provided at the community hospital in Bicester and said they wanted an increase in access to minor injuries services including X-ray facilities at the hospital. They reported also that travel to Oxford and Banbury for accident and emergency services and other hospital services causes many difficulties for many in Bicester, which has been made worse by the decrease in public transport services.

- We also told that adults and children with additional needs in Bicester, such as military veterans, older people with care needs, people with substance misuse problems and children with special educational needs, often struggle to access adequate help and support.

6.1 **Next steps**

Where we could, we have already acted to highlight some of the concerns we have heard in Bicester with the relevant authority even before this report was finalised.

- We met with NHS England to discuss the difficulties people have in accessing NHS dentists in Bicester. NHS England has said it was looking to commission additional dentists in Bicester in 2018 and has committed to involving patients in the process.
  - **HWO Action:** Our own research activities in 2018 will also cover people’s access to NHS dentists across Oxfordshire.

- We fed back the comments and concerns about the day centre services to the Director of Adult Social Care at Oxfordshire County Council. We received a response from Oxfordshire County Council that is on our website.
  - **HWO Action:** We will undertake more research into people’s experiences of day centres in 2018.
• **HWO Action:** We are already working with the Oxfordshire Clinical Commissioning Group to provide support to strengthen the patient participation groups based at GP surgeries in Oxfordshire. We noted the lack of mention of the patient participation groups when talking to people in Bicester and see strengthening involvement in them as a key means of ensuring people can have their concerns and comments heard directly by staff at GP surgeries.

• **HWO Action:** We will be offering all the relevant organisations, including the Oxfordshire Clinical Commissioning Group, County Council, District and Town Councils, Oxford Health NHS Foundation Trust, Oxford University Hospitals NHS Foundation Trust, voluntary sector groups and community interest groups, an opportunity to discuss this report at an event in February 2018.

7 **Voluntary Sector Forum - 7th December 2017.**

Following the Health Inequalities Forum in August, the December Forum meeting focused on co-designing the Healthwatch Oxfordshire offer to the sector to:

- Have their voices and their members’ voices heard by decision makers, commissioners and providers of health and social care services in the county.
- Stay informed about future events, meetings, policies, and decisions of significance that have an impact on their role.
- Network with each other on key matters of interest.

The notes of the meeting have been published and circulated to attendees. Key points of agreement were:

- **HWO Action:** Development of the Healthwatch Voluntary Sector Hub web page
- **HWO Action:** Quarterly Forum meetings to continue - with the next on in March 2018 to focus on Social Prescribing
- **HWO Action:** Greater access to a comprehensive directory of services and sector organisations including Patient Participation Groups

8 **Community activities**

At the end of January 2018, we will focus our community and voluntary sector activity around the Rose Hill, Littlemore, Cowley and Blackbird Leys communities in Oxford.

**HWO Action:** From January 2018 we will have a monthly stand in one of the four Oxford hospitals - starting with John Radcliffe. The Oxford University Hospital Foundation Trust is keen to hear what we gather and is providing space for the stand, and links to appropriate trust staff to support us while we are at the hospitals. The results of our research from patients and public will be presented to the trust’s quality committee on a regular basis.
9 Project Fund 2018

In January we launched our project fund for 2018. This enables voluntary sector and self-help groups to gain funding to carry out small pieces of research with our support.

Research proposals in 2018 will be considered if they explore any of the following themes:

- What is the experience of access to health and social care by local communities?
- Areas of health and/or social care development and how services can work better to improve patient experience.
- The impact of changes in health and/or social care services on local communities.
- Health and social care experiences and needs facing communities in areas of social deprivation or inequalities in health in Oxfordshire.

**HWO Action:** For 2018 Healthwatch Oxfordshire welcomes any research that feeds into our work looking at patient experiences of:

- access to local NHS dentists,
- young people’s mental health and wellbeing,
- experience of using Day Care Services across the county.

There are two deadlines for completed applications: 8th February 2018 and 8th March 2018. All work must be completed by 28th September 2018. The maximum amount of grant is £5,000 and the application forms and our criteria are downloadable from our web site or by telephoning the office on 01865 520 520.

10 Healthwatch Oxfordshire Web development

Healthwatch Oxfordshire is developing a new web site, the key feature being a ‘feedback centre’ where people can leave their views on individual services they have used. The feedback centre will improve our reach and understanding of people’s experiences of services. We will share anonymised analysis from the feedback centre with individual service providers and commissioners; increasing our input into informed service development and delivery.

**HWO Action:** The site will be launched in February 2018.
Healthwatch Oxfordshire Report on activity in Q2 2017/18

The tables below show progress against the agreed four key performance indicators.

Overview
Quarter 2 of 2017/18 has been a busy time with much activity by all members of staff. We have heard from 556 people during the quarter giving us a half-year total of 1228. I propose to produce an impact report by the end of 2017 to address the statement and question: activity is spending money – what difference is it making?

KPIs that have not been met by 10% or more are:

KPI 1 - questionnaires completed - explained by Bicester Town event straddling Q2 and Q3
KPI 4 - publications and newsletters explained by no longer producing a quarterly newsletter as we move to a fortnightly electronic briefing circulated to a wider audience. The target for Q3 onwards has been revised upwards to reflect the increased activity.

KPIs that have exceeded their targets are:

KPI 2 - reports to committees, commissioners. The reporting includes verbal reports as well as written reports. The increase in the number of committees and meetings attended accounts for the level of activity. I will continue to review the number of meeting attended to ensure that they add value to our work and HWO makes a positive contribution at meetings.

KPI 3 - Public contact by phone, mail, email, web site, face to face. The target was exceeded by 10% due to the level of activity with groups over this period. The target for Q3 of 200 has been retained.

KPI 4 - Web site hits exceeded the target by 16%. Which is most likely related to our high level of media coverage during this period.

KPI 4 - Media hits - I have changed the way of measuring this to reflect both media enquiries and media coverage as this gives us a conversion rate. A high conversion rate shows that what we say, and how we say it is of public interest - we should always aim to achieve at least an 85% conversion rate; in Q2 our conversion rate was 94%.
NOTE

The predicted impact on our agreed KPIs caused by failure to recruit to the post of COI - Outreach will be on KPI 1 - Listening well to people, especially the most vulnerable, to understand their experiences and what matters most to them. However, the team is committed to running the planned town event at the end of January, and I anticipate the impact will be mitigated by the new web site coming on stream in February 2018 including the Feedback Centre together with the start of the monthly HWO presence in OUHT hospitals in January.

Review of KPIs for 2018/19

I will conduct a review of the KPIs and report to the GSF and Board at the end of 2017/18 Q3.
KPI 1  Listening well to people, especially the most vulnerable, to understand their experiences and what matters most to them

Outreach, Enter & View, town events

<table>
<thead>
<tr>
<th>KPI 1</th>
<th>Target 2017/18</th>
<th>Q1</th>
<th>Q1 actual</th>
<th>Q2</th>
<th>Q2 actual</th>
<th>Q3</th>
<th>Q4</th>
<th>Comment</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Town events</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>Bicester Town event 29/9</td>
<td>27/10/2017 Planned Oxford Town event Jan/Feb ’18</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Review of Witney forced greater lead in time so plan 2 town events in 2017/18</td>
<td>22/8/2017 Bicester event straddles Q2 &amp; Q3</td>
</tr>
<tr>
<td>People heard</td>
<td>1100</td>
<td>500</td>
<td>238</td>
<td>300</td>
<td>271</td>
<td>300</td>
<td>300</td>
<td>Fewer groups and people heard at Town event as reduced time spent in area from 4 to 2 weeks. Outreach &amp; groups – revised target from 2000 to 1100</td>
<td>27/10/17</td>
</tr>
<tr>
<td>Surveys</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td>22/8/17</td>
</tr>
<tr>
<td>Questionnaires completed</td>
<td>1750</td>
<td>950</td>
<td>285</td>
<td>250</td>
<td>136</td>
<td>300</td>
<td>300</td>
<td>Bicester Town event 272 in total with 50% completed in Q2 No town event in Q1 – moved to Q2. Figures include the Travel survey activity. Revised target down to 1750 Dependent on town events</td>
<td>27/10/17</td>
</tr>
<tr>
<td>Enter &amp; View activity</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>Two planned, one unplanned (Q4) – linked to town events. Revised down to 2.</td>
<td>22/8/17</td>
</tr>
</tbody>
</table>
### KPI 2  Influencing those who have the power to change services so that they better meet people’s needs now and into the future

<table>
<thead>
<tr>
<th>KPI 2</th>
<th>Target 2017/18</th>
<th>Q1</th>
<th>Q1 actual</th>
<th>Q2</th>
<th>Q2 actual</th>
<th>Q3</th>
<th>Q4</th>
<th>Comment</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reports published</td>
<td>10</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>Stroke Report &amp; Voluntary Sector Forum report</td>
<td>27/10/17</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Reports published include those supported by the Project Fund</td>
<td></td>
</tr>
<tr>
<td>Reports to committees, commissioners</td>
<td>80</td>
<td>10</td>
<td>22</td>
<td>30</td>
<td>43</td>
<td>20</td>
<td>20</td>
<td>HWO Board, Oxfordshire County Council, Oxfordshire Health &amp; Overview Scrutiny Committee, Oxfordshire Health &amp; Wellbeing Board, Health Improvement Board, Oxfordshire Adult Safeguarding Board, CQC, Oxfordshire Health Transformation Board, Thames Valley NHS Committees. Includes verbal reports to NHS Thames Valley Committees that were not originally included; OCC monitoring, increased CQC contact/reporting; Locality Forum Chairs included; A&amp;E Delivery Board, Witney/Deer Park, Health Inequalities Commission, Oxfordshire Primary Care Commissioning Committee, OUHT, OHT, 111 Mobilisation Board, JSNA Steering Group, Bicester Healthy New Town Partnership, Home Care Board, Children Trust, TV Healthwatch,</td>
<td>27/10/17</td>
</tr>
</tbody>
</table>
## KPI 3
Empowering and informing people to get the most from their health and social care services and encouraging other organisations to do the same

<table>
<thead>
<tr>
<th>KPI 3</th>
<th>Target 2017/18</th>
<th>Q1</th>
<th>Q1 Actual</th>
<th>Q2 actual</th>
<th>Q3</th>
<th>Q4</th>
<th>Comment</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voluntary sector forum</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>Voluntary Sector Forum – July – Health Inequalities. Planned Forum for 6th December (Q3) Q1 Forum to be run in Q2 so still on track to achieve 3 / annum.</td>
<td>27/10/17</td>
</tr>
<tr>
<td>Public contact by phone, mail, email, web site, face to face</td>
<td>700</td>
<td>250</td>
<td>149</td>
<td>150</td>
<td>165</td>
<td>200</td>
<td>Level of activity affected by holiday month August balanced by Voluntary Sector Forum in July. Includes groups. Target needs to be revised down. Revised annual target to 700.</td>
<td>27/10/17</td>
</tr>
</tbody>
</table>
KPI 4  The development of the Healthwatch brand and brand values, to reflect Healthwatch Oxfordshire’s ambition as THE health and care champion for Oxfordshire

<table>
<thead>
<tr>
<th>KPI 4</th>
<th>Target 2017/18</th>
<th>Q1</th>
<th>Q1 actual</th>
<th>Q2</th>
<th>Q2 actual</th>
<th>Q3</th>
<th>Q4</th>
<th>Comment</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved web site</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>Revised to Q4 as impacted by decision to purchase new system with longer implementation time than previously estimated for revamp of existing web site. Now likely to be Q3</td>
<td>28/11/17</td>
</tr>
<tr>
<td>Publications – newsletter, updates</td>
<td>17</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>Planned fortnightly electronic Briefing to commence in Q3 – target figures adjusted up from 8 – 17.</td>
<td>27/10/17</td>
</tr>
<tr>
<td>Web site hits</td>
<td>7900</td>
<td>1600</td>
<td>1588</td>
<td>1800</td>
<td>2,100</td>
<td>2000</td>
<td>2500</td>
<td>Q2 – exceeded target by 16% base line Q4 2016/17 = 1474</td>
<td>27/10/17</td>
</tr>
<tr>
<td>Media hits</td>
<td>200</td>
<td>30</td>
<td>45</td>
<td>35</td>
<td>68</td>
<td>40</td>
<td>60</td>
<td>Q2 Activity measured to include media enquiries (35) and coverage (33). Reviewed Q1 figures and revised Q3 &amp; Q4 figures to reflect change in measurement. Revised target up from 135 to 213. No town event affected level of activity. Q2 as of 22/8 activity 44 Cyclic, dependent on external activity</td>
<td>27/10/17</td>
</tr>
<tr>
<td>Twitter impressions</td>
<td>35000</td>
<td>10000</td>
<td>7200</td>
<td>7000</td>
<td>6,799</td>
<td>10000</td>
<td>10000</td>
<td>Activity reflects Bicester town event but still not reaching levels achieved during Witney Town event. Review target and gain understanding in Q3. No town event affected level of activity. Revised target 35000. Cyclic, dependent on external activity</td>
<td>27/10/17</td>
</tr>
</tbody>
</table>

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