



Healthwatch Oxfordshire Board of Directors

Date of Meeting: November 24 th 2015	Paper No: 6
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Title of Presentation: Updated Healthwatch Oxfordshire Draft Strategy

This paper is for	Discussion		Decision		Information	x
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<p>Purpose and Executive Summary (if paper longer than 3 pages):</p> <p>This paper provides a version of HWO's draft strategy that includes amendments made following discussion at the Board meeting of September 22nd, feedback from our commissioner, Oxfordshire County Council on the legal requirement underpinning strategic area 3 and a further review by the Strategy, Finance and Planning Group.</p> <p>It is shared today for information only and will be finalised and presented to the Board for adoption when it has been used as the basis of, and is supported by, a Delivery Plan. The amendments are summarised in an annex to the new draft.</p>

Financial Implications of Paper: None
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<p>Action Required:</p> <ul style="list-style-type: none">• None - for information only
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Healthwatch Oxfordshire Strategy, 2015/16 - 2018/19

Our mission: To be the independent watchdog and champion for people who use health and social care services in Oxfordshire.

Our vision is that: People are actively involved in shaping the health and social care services they use in Oxfordshire.

To fulfil our mission and work towards our vision, we will:

1. Gather information about people's experiences of using health and social care services in Oxfordshire and make it available to the public.
2. Use this information to make recommendations to relevant local and national organisations about how local services, policies and strategies need to change and improve and, where possible, secure their agreement to make improvements.
3. Help local people hold those in charge of local health and social care services to account for improving services - and do this in a way that is visible to the public.
4. Provide advice and information to help individuals to access health and social care services in Oxfordshire.

These activities are based on the statutory duties of all local Healthwatch organisations as defined by the Health and Social Care Act 2012.

Throughout this document we use the phrase "health services" to cover public health services as well as the diagnostic and treatment services provided by doctors, dentists, chemists, opticians, hospitals and community health service providers.

We have used the four activities noted above as separate areas of the strategy. In each area, we identify: what we are required to do by law, what we are doing and will continue to do to (as a minimum to meet our legal requirement), how we will know we have succeeded, how we will monitor and measure what we achieve and the risks and issues we will need to address. Where appropriate, we also identify what we will not do.

In many respects this strategy is a continuation of how we have organised our work for the last year and builds on our achievements and those of our predecessor organisations. In particular, we will take advantage of the steps we took in 2014/15 to develop our work programme, increase our profile, restructure our staff team, recruit new directors for the Board and relocate to an office in the Oxford Business Park that is more accessible to the public.

Detail about how we will deliver the strategy and how we will use our resources and prioritise activities will be set out in a separate Delivery Plan.

This strategy and its associated Delivery Plan will be used by the Board, which holds its meetings in public, to monitor performance. The strategy and plan will be kept under review and will be updated as required to reflect changes in the strategic context within which Healthwatch operates and, as our work programme evolves, in response to what you tell us is important.

The strategy and delivery plan will also be reviewed by Oxfordshire County Council by whom we are contracted to provide an independent Healthwatch service that meets the requirements set out in the Health and Social Care Act 2012 for people who use health and social care services in Oxfordshire.

We welcome feedback on this strategy and on how well we are delivering it. If you have any comments or suggestions that would help us improve our strategy or performance, please email them to hello@healthwatchoxfordshire.co.uk.

The environment in which we operate

Healthwatch Oxfordshire works in a very complex system and needs to be able to inform and influence decisions that often involve difficult choices.

Financial situation

Healthwatch Oxfordshire is currently operating in an environment where local health and social care providers are being asked to make substantial cuts in their spending. This is likely to require a number of difficult, and potentially controversial, choices to be made by the authorities and we will need to take this into account when we report and respond to the views of people about specific services.

Population¹

The population of Oxfordshire is increasing, growing older and becoming more diverse. In mid-2013 the population was estimated to be 666,100 with just under 17% (112,400) aged 65 and over. Oxfordshire is the most rural county in the South East of England.

Overall, Oxfordshire is prosperous, with a strong economy and a comparatively affluent and healthy population. However, there are pockets of social deprivation. These areas tend to show poorer levels of health and wellbeing across a range of indicators.

At the time of the 2011 Census, around 61,100 people in Oxfordshire (9.4%) said they provided some level of informal care to a relative or friend..

Major providers and commissioners of health and social care services

The following organisations dominate the local health and social care landscape in Oxfordshire:

- Oxfordshire Clinical Commissioning Group - commissioner of hospital and community services and co-commissioner of General Practitioners' services.
- Oxfordshire County Council - commissioner of adult and children's social care.
- Oxford University Hospitals Trust- provider of acute hospital services.
- Oxford Health Foundation Trust - provider of community and mental health services.
- NHS England - commissioner of specialist and primary care services.
- South Central Ambulance Services - provider of the 999 and emergency ambulance services, the NHS 111 service for non-emergency calls and patient transport services.
- Southern Health Foundation Trust - provider of Learning Disability Services.

¹ Source: <http://insight.oxfordshire.gov.uk/cms/joint-strategic-needs-assessment>

In addition there is a plethora of private sector providers of domiciliary and residential /nursing care.

Organisations responsible for oversight and regulation

We are a statutory member of the Health and Wellbeing Board² and have a standing agenda item at the Joint Health Overview and Scrutiny Committee³, at which district and county councillors, and lay members, scrutinise the provision of health and social care services in Oxfordshire. We liaise regularly with the Care Quality Commission and Healthwatch England.

We rely heavily on our relationships with other not for profit organisations - they hear many more voices than we can hear and we have the power to get those voices heard by commissioners, providers and organisations responsible for oversight and regulation. We meet regularly with upwards of 60 third sector organisations.

Major areas of concern reported to Healthwatch

At the time of publication of this strategy the major areas of concern reported to Healthwatch Oxfordshire by members of the public are:

- The future of bed based health and social care in local communities
- The development of services delivered in people's homes
- Access to mental health services for young people and adults
- The quality of basic processes such as making appointments at and being effectively discharged from hospitals
- Adherence to national dignity in care standards
- Changes proposed to the services for people with learning disabilities
- Access to General Practitioners' services.
- How services work with each other.

Statutory powers

Local Healthwatch organisations such as ours were given statutory powers by the Health and Social Care Act 2012 so that they could carry out their obligations. These powers, included below in the form published by Healthwatch England, differentiate Healthwatch from other not for profit organisations. While we have these powers, we will only use them when they are necessary. It is generally more effective for us to make use of our strong relationships with people in key roles in organisations responsible for

²<https://www.oxfordshire.gov.uk/cms/public-site/health-and-wellbeing-board>

³<https://mycouncil.oxfordshire.gov.uk/mgCommitteeDetails.aspx?ID=148>

commissioning, provision and oversight of health and social care services. These relationships, which are built on trust and respect, do not mean that we always agree with what we are told, and often require us to be resilient and persistent in pursuing issues on behalf of local people.

Responsibilities and Powers

(List of statutory levers for local Healthwatch organisations published by Healthwatch England⁴)

- A duty on service providers to allow authorised Enter and View⁵ representatives to observe services on their premises.
- Making reports and recommendations about how local care services could or ought to be improved.
- Local Healthwatch must rely on good relationships, or use the Freedom of Information Act to get information from public bodies.
- A person must acknowledge and respond to reports and recommendations within 20 days or 30 in some exceptional circumstances.
- NHS bodies and local authorities are required to ensure that independent providers respond to requests from us for information within 20 working days.
- A referral to Overview and Scrutiny must be acknowledged within 20 working days and take into account any information provided.
- A place on the Health & Wellbeing Board and statutory consultee of the health & wellbeing strategy.
- Making recommendations to Healthwatch England to advise the Care Quality Commission (CQC).
- Local Healthwatch have the opportunity to comment on Quality Accounts.
- We can escalate issues that can only be addressed at a national level to Healthwatch England, with a request that they take action.

⁴ 20150617 Local Healthwatch Levers Poster published by Healthwatch England via the network sharepoint site.

⁵ Volunteers authorised and trained by HWO visiting service sites to observe service delivery and talk to people about the care they are receiving

Managing ourselves well

“Governance is the act, process or power of governing an organisation. Good governance allows organisations to do the right thing, in the right way, for the right people, in a timely, open, honest and accountable way.” [Home Office]

Healthwatch Oxfordshire is an independent Community Interest Company (CIC) operating under a funding agreement with Oxfordshire County Council. We have a full time Chief Executive Officer (CEO) and a small team of full and part time staff members.

Our Board of Directors is made up of Oxfordshire-based lay people who have volunteered their time and expertise. They provide governance for the organisation by:

- Determining and updating our strategy, policies and priorities
- Confirming our budget and operational plans for projects, marketing and communications
- Overseeing financial controls, delivery against plan and the management of risk; and
- Supporting the CEO and staff team in selecting projects, providing quality assurance for key reports and maintaining relationships with key external stakeholders.

The Board meets in public on a bi-monthly basis The CEO is accountable to the Board and is responsible for providing advice to the Board, for implementing decisions made by the Board and for managing the day-to-day business of the organisation.

Strategic Area 1

Gather information about people's experiences of using health and social care services in Oxfordshire and make it available to the public.

1.1 We are required to:

- a. Obtain the views of local people regarding their needs for, and experience of, health and social care services in Oxfordshire and to make these views known to the commissioners and providers with the power to effect change.
- b. Enable people to monitor the standard of provision of health and social care services in Oxfordshire, and to advise whether and how these services could and ought to be improved.

1.2 Activities

Healthwatch Oxfordshire will continue to:

- a. Undertake our own projects using a range of ways of working, including Enter & View - the main way in which we can enable people to monitor the standard of provision of local health and social care services. We will prioritise and select these projects using specified criteria approved by the Board.
- b. Fund and/or support projects being undertaken by other voluntary organisations, who can find out the views of communities we cannot reach by ourselves.
- c. Deliver a programme of 'outreach' work through which we can talk directly to the general public in their communities.
- d. Seek information about how well services match up to promises made in policies, and how effective those policies are.
- e. Use volunteers to support all aspects of our work.
- f. Work with the media and through our networks to raise our profile with the public so people using services in Oxfordshire, bring us their stories.
- g. Use our statutory powers to tell commissioners and providers formally about concerns communities raise about health and social care services in Oxfordshire; this will ensure that commissioners and providers acknowledge and respond to what they have said. Where we hear positive feedback and suggestions, we will continue to provide these too.
- h. Run conferences, workshops and events for different groups of people on topics of concern to them about health and social care services in Oxfordshire.
- i. Promote consultations on health and social care subjects that are being run by other organisations. (See section 2.2 for our own response to consultations).

- j. Improve our knowledge of what users of health and social care services in Oxfordshire are telling other organisations. We will continue to do this by maintaining our networks with other organisations and by reviewing data and information they publish.
- k. Work with others in the national Healthwatch network at a local, regional and national level where this will increase our impact and/or our capacity.

In carrying out these activities, we will:

- Only get closely involved in lobbying on behalf of an individual service user, where there are generic issues for the system to be learnt from that individual's experience.
- Only publish reports based on Enter and View activity undertaken by volunteers, when the activity and the report have been undertaken under the supervision of Healthwatch staff.
- Only duplicate the data gathering and analysis undertaken by other organisations, when this is absolutely necessary to deliver our objectives.

1.3 Intended Outcomes

We will know we have succeeded in this area when we can provide evidence that:

- a. A wide range of people using health and social care services in Oxfordshire are sharing stories with us about their experience.
- b. A sample of people using health and social care services in Oxfordshire are saying that they know how we have used the information we have collected and agree that we have used it to good effect.
- c. We are using information published by other organisations about their users' experiences to inform our recommendations.

1.4 Measuring performance

We will monitor and measure our performance in this area by:

- a. Keeping a record of the number of experiences shared with us by people using health and social care services in Oxfordshire and the range of topics covered by these experiences.
- b. Assessing the diversity of people who have shared their experience with us. (*Diversity could be defined, for example, in terms of location, age, ethnic group, treatment / care needed or received.*)
- c. Collecting structured feedback on how easy people find it to share information with us, and how well they think we have used that information.
- d. Evaluating the extent to which other organisations choose to share relevant information with us.

1.5 Risks and Issues

To succeed in this area we will need to:

- a. Manage our organisational capacity carefully and, where necessary, make decisions on which activities to prioritise.
- b. Increase awareness of our existence and powers amongst the general public.
- c. Increase awareness of our unique role and powers amongst those in charge of local health and social care services.
- d. Strengthen our reputation amongst the public that telling us about their experiences will enable us to make a difference.
- e. Ensure people do not get tired of telling us their stories.
- f. Develop a clearer understanding of what feedback people want about how we have used their information, and then provide feedback in this way.
- g. Develop a robust way to measure public satisfaction with our service.
- h. Develop a robust way to measure how our recommendations are seen / valued by those who have the power to change services.

Strategic Area 2

Use the information we gather to make recommendations to relevant local and national organisations about how local services, policies and strategies need to change and improve and, where possible, secure their agreement to make improvements.

2.1 We are required to:

- a. Make reports and recommendations about how local health and care services could or ought to be improved. These should be directed to commissioners and providers of health and care services, and people responsible for managing or scrutinising local health and care services, and shared with Healthwatch England.
- b. Formulate views on the standard of provision and whether and how the local health and care services could and ought to be improved, and to share these views with Healthwatch England.
- c. Make recommendations to Healthwatch England to advise the Care Quality Commission (CQC) to conduct special reviews or investigations (or, where the circumstances justify doing so, make such recommendations direct to the CQC); and to make recommendations to Healthwatch England to publish reports about particular issues.
- d. Provide Healthwatch England with the information it needs to enable it to perform effectively.

2.2 Activities

Healthwatch Oxfordshire will continue to:

- a. Use the powers given to us to ensure that all the activities described in section 1.2 of this strategy lead to publication and dissemination of reports or letters with clear recommendations, and that these are sent to relevant commissioners and providers, to Healthwatch England and to the CQC, as well as being published on our website.
- b. Participate in committees, programme boards, workshops and other meetings where we can enable the voices we hear to be heard by commissioners, providers, Healthwatch England, Monitor⁶, the Trust Development Authority⁷ and the CQC. This includes, in particular, participation at the Oxfordshire Health Oversight & Scrutiny Committee (HOSC) and taking an active role as a standing member of the Oxfordshire Health and Wellbeing Board.

⁶ The body that grants Foundation Trust status and oversee Foundation Trust's performance

⁷ The body that supports Trusts to become Foundation Trusts

- c. Respond to requests from commissioners, providers, Healthwatch England, the CQC and other relevant bodies, to provide a patient/service user perspective either in writing or by attending meetings.
- d. Respond to consultations on health and social care subjects that are being run by other organisations where we have evidence to provide - and then review their findings.
- e. Comment on strategies, plans, quality accounts and other formal publications and proposals made by commissioners, providers, Healthwatch England and the CQC - when we have evidence to give.
- f. Share information about what we have heard on a regular basis with those who are in a position to influence the commissioning and provision of local health and social care services.

In carrying out these activities, Healthwatch will:

- Only respond directly to public consultations where it has gathered relevant evidence from service users or has checked that service users agree with evidence collected from other sources.
- Only comment on issues on behalf of the public, when we have feedback we can legitimately pass on.

2.3 *Intended Outcomes*

We will know we have succeeded in this area of our strategy when:

- a. We have evidence that commissioners and providers of health and care services in Oxfordshire, Healthwatch England and the CQC are:
 - Taking positive action to improve services as a result of considering feedback, evidence and recommendations based on service user experience and provided by us.
 - Adjusting policy and strategy as a result of considering recommendations made by us.
 - Saying that they value and respect the independent evidence-based recommendations that we have made.
- b. We are able to publish, present and / or discuss results from work where these results are not welcomed by recipients, but where the public respect our independence and our informed, reasonable and resilient response to challenge.

2.4 Measuring performance

We will monitor and measure our performance in this area by:

- a. Keeping a record of actions taken by commissioners, providers, Healthwatch England and the CQC as a result of our recommendations.
- b. Collecting structured feedback on how we are perceived by these bodies and, in particular, on the extent to which they value and respect our recommendations (even when they might not be welcomed).

2.5 Risks and issues

To succeed in this area of our strategy, we will need to:

- a. Manage our organisational capacity carefully in relation to our participation in committees, programme boards, workshops and other meetings; which consultations and proposals we respond to; and which strategies, plans, quality accounts and other formal publications we review. These activities will be prioritised based on an assessment of the outcome that they will help us achieve, the value we can provide and the impact we can have.
- b. Find ways to pass on our information and recommendations so that recipients can and will act on it. These mechanisms need to be time-efficient for us and for the recipients, and to recognise the importance of maintaining good relationships. We need to recognise, in particular, that providers and commissioners:
 - Have limited capacity / time to take on board and / or respond to feedback from individual service users.
 - Have limited capacity/time to use information that highlights known issues without identifying new insights and solutions.
 - Operate in a highly political and sensitive environment in which they need to balance acting on our recommendations against other constraints and obligations.
- c. Recognise that we have to create a compelling case for change and build the relationships required to persuade commissioners, providers and organisations responsible for oversight and regulation to accept that case, as we have no direct ability to require them to take action based on our recommendations.
- d. Find ways to improve the willingness of authorities to use the information we provide in the formulation of policy and strategy as well as in improvement of existing services.
- e. Find ways to reduce the perceived conflict of being both the independent watchdog for local people and an advisor trusted by providers and commissioners.
- f. Recognise that our ability to influence decisions is limited by the extent to which we can control or mitigate the impact of national and local policies on health and social care.

- g. Encourage people to provide positive as well as negative experiences to help us avoid the risk that commissioners, providers and others might stop listening to us if we are relentlessly negative.
- h. Find ways to check back with the public that changes for the better have been made, through our volunteers, and by maintaining an ongoing dialogue with the individuals and organisations who raise concerns with us.

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Strategic Area 3

Help local people hold those in charge of local health and social care services to account for improving services - and do this in a way that is visible to the public.

3.1 We are required to:

- a. Promote and support the involvement of local people in the commissioning, provision and scrutiny of local health and care services.

3.2 Activities

Healthwatch Oxfordshire will continue to carry out activities that enable direct involvement of local people and that enable us to act on behalf of local people. We will:

- a. Recruit and support lay people to take an active role on commissioning, provision and scrutiny projects, boards and committees.
- b. Support and advise groups and individuals who want to comment directly to commissioners and providers.
- c. Promote consultations and other opportunities for the direct involvement of local people in commissioning, provision and scrutiny.
- d. Operate under a governance structure led by directors recruited from people living in Oxfordshire.
- e. Raise concerns on behalf of groups and individuals who want to make use of the statutory powers that Healthwatch has to demand a response, to get an explanation of any decision and to seek information about action actually taken.
- f. Publish all related correspondence on our website⁸.
- g. Formally raise concerns and questions with commissioners and providers on behalf of the local population; obtain updates on the implementation of previously agreed improvements and publish all related correspondence on our website⁹.
- h. Use our membership of the Oxfordshire Health and Wellbeing Board and our participation in other committees, programme boards, workshops and meetings (as outlined in strategic area 2) to talk with commissioners and providers - and, where necessary, challenge them - about their response our recommendations and the status of previously agreed improvements. These discussions will be reported at

⁸ Except where this would compromise confidential patient information.

our Board meetings, which will be held in public, and when appropriate on our website and in our newsletter.

- i. Prepare annual reports for the Joint Oxfordshire Health Overview and Scrutiny Committee (HOSC) and the Oxfordshire Health and Wellbeing Board summarising our recommendations and describing the status of agreed improvements. These reports will continue to be published with a title of “We said, they did (or didn’t)”.
- j. Use the media to raise public awareness of the recommendations we have made and the response we have received.
- k. Conduct our own business openly and transparently, including holding Board meetings in public, so that local people can see how we are acting on their behalf.

In carrying out these activities we will:

- Not knowingly do anything that might compromise patient confidentiality.
- Be careful only to make recommendations based on the views of local people or on other evidence that we can substantiate.
- Prioritise which external committees, programme boards, workshops and meetings we attend, as we will not have the capacity to accept all invitations.

3.3 Intended Outcomes

We will know we have succeeded in in this area of our strategy when:

- a. We are publishing evidence that services, policies and strategies have changed in response to the recommendations we have made to commissioners and providers of health and social care.
- b. A sample of people in Oxfordshire who are affected by an issue for which commissioners and providers have agreed to improve a service, are verifying that the improvement has been made and is being sustained.

3.4 Measuring Performance

We will monitor and measure our performance in this area by:

- a. Keeping a record of commitments to action made by commissioners, providers, Healthwatch England and the CQC as a result of our recommendations.
- b. Keeping a record of specific actions taken by commissioners, providers, Healthwatch England and the CQC as a result of our recommendations
- c. Collecting structured feedback on the extent to which people are verifying that services have been improved and this improvement sustained.

3.5 Risks and Issues

To succeed in this area of our strategy, we will need to:

- a. Prioritise our activities so that we have the capacity to persuade authorities to listen and act, and the capacity to check back with the public to verify claims made by the authorities about changes made.
- b. Create mechanisms for aggregating and tracking actions taken in response to our advice.
- c. Achieve the right level of representation in the system at the right times and in the right places to have our recommendations heard, accepted and acted on.
- d. Build the relationship needed with the public and the voluntary sector that will enable and encourage them to tell us whether and when services have improved as a result of our recommendations.

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Strategic Area 4

Provide advice and information to help individuals to access health and social care services in Oxfordshire.

4.1 We are required to:

- a. Provide advice and information about access to health and social care services in Oxfordshire.

4.2 Activities

Healthwatch Oxfordshire will continue to:

- a. Provide links on our website to sources of information that will help people access health and social care services in Oxfordshire. We will 'curate' these links by providing guidance and comments.
- b. Develop our website as a source of news, comment and explanation about access to health and social care services in Oxfordshire.
- c. Run an extensive programme of outreach events across the county, where local people can approach us for advice and information on access to local health and care services while, at the same time, sharing with us their experience of accessing and using these services.
- d. Respond to requests for information and advice from individuals about access to health and social care services in Oxfordshire.

In carrying out these activities, we will not:

- Include information on our website if we can provide access to it via a link to another website and if it would require significant time and resource to ensure it is correct and / or keep it up to date.
- Pursue or investigate individual complaints
- Act as an advocate for an individual
- Provide advice that our staff are not qualified to provide - e.g. any advice that may in any way be deemed to be clinical.

4.3 Intended Outcomes

We will know we have succeeded in providing advice and information to individuals that helps them access local health and social care services when:

- a. People are telling us that our website, and the advice we provide in other ways, helps them make sense of information available on other websites and allows them to be

more confident in talking with commissioners and providers about their needs, and the needs of people for whom they provide care.

4.4 Measuring Performance

We will monitor and measure our performance in this area by:

- a. Collecting structured feedback on levels of satisfaction with our advice and information service.
- b. Keeping a record of the numbers of individual enquiries we receive for advice and information.
- c. Keeping a record of the number of people we speak to at outreach events.
- d. Tracking use of our website and the reach of our social media.

4.5 Risks and Issues

To succeed in providing advice and information to individuals that helps them access local health and social care services, we will need to:

- a. Develop a mechanism for measuring customer satisfaction with our advice and information service.
- b. Identify / keep track of many different websites and services that provide information and advice about access to health and social care services in Oxfordshire and keep our own website and staff team up to date with changes.
- c. Find a way to avoid being open to 'complaint by association' when we need to pass 'difficult' enquiries to a commissioner or provider organisation or to an organisation that provides advocacy services and we are unable to follow-up to ensure that the question has been answered or the issue has been resolved.

Conclusion

We welcome feedback on this strategy and on how well we are delivering it. If you have any comments or suggestions that would help us improve our strategy or performance, please email them to hello@healthwatchoxfordshire.co.uk.

If you want to know more detail about our how we intend to deliver our strategy please take a look at our Delivery Plan at [insert link in due course](#) - and again please share your views on this by contacting us.

There are two keys to our success. First, that people know who we are, share their experiences with us and trust us to use the information they provide to good effect in informing and influencing decisions made by people who commission and provide oversight for the health and social care services in Oxfordshire. Second, that these people trust us to provide independent and informed recommendations based on the information you share with us and respect us for doing so. We cannot achieve this on our own, so please share this strategy with your friends, relatives, colleagues and neighbours and tell them about Healthwatch Oxfordshire. We look forward to hearing from you.

Summary of changes in HWO Strategy between Draft v3 and the draft presented to Board for approval in September

Key: Yellow highlights changes. Blue highlights deletions. Strikethrough shows deletions. Page / Ref is in the current draft

Page / Ref	Type	Extract from current draft	Extract from draft presented for approval in September
p1	Change & Add	<p>1. Gather information about people’s experiences of using health and social care services in Oxfordshire and make it available to the public.</p> <p>2. Use this information to make recommendations to relevant local and national organisations about how local services, policies and strategies need to change and improve and, where possible, secure their agreement to make improvements.</p> <p>3. Help local people hold those in charge of local health and social care services to account for improving services – and do this in a way that is visible to the public.</p>	<p>1. Find out about people’s experiences of using local health and social care services in Oxfordshire.</p> <p>2. Use the information we find out about people’s experiences to provide independent and informed advice to relevant local and national organisations about how local services, policies and strategies need to improve and, where possible, secure their agreement to make improvements.</p> <p>3. Help to hold those in charge of local health and social care services to account for their agreement to formulate policy and strategy and improve services in line with our advice – and do so in a way that is visible to the public.</p>
p1	Add	<p>Throughout this document we use the phrase “health services” to cover public health services as well as the diagnostic and treatment services provided by doctors, dentists, chemists, opticians, hospitals and community health service providers.</p>	
p1		<p>We have used the four activities noted above as separate areas of the strategy.</p>	<p>We have used the four activities noted above as the basis for our strategy – with each activity framed as a separate strategic area.</p>

Page / Ref	Type	Extract from current draft	Extract from draft presented for approval in September
p2	Change text	In each area, we identify: what we are required to do by law, what we are doing and will continue to do to (as a minimum to meet our legal requirement) , how we will know we have succeeded, how we will monitor and measure what we achieve and the risks and issues we will need to address.	For each area, we have identified: what we are required to do by law, what we are doing and will continue to do to meet the requirement , how we will know we have succeeded, how we will monitor and measure what we achieve and what problems we will need to overcome to be successful.
p2	Delete / add text	Detail about how we will deliver the strategy and how we will use our resources and prioritise activities will be set out in a separate Delivery Plan.	This document is deliberately brief. Detail about how we will be delivering the strategy and how we will use our resources and prioritise activities during the first two years covered by the strategy will be set out in a Delivery Plan. This plan will be developed and published when the strategy has been approved.
p5	Change text	scrutinise the provision of health and social care services in Oxfordshire	scrutinise local healthcare provision.
p5	Change, delete & add text	We rely heavily on our relationships with other not for profit organisations – they hear many more voices than we can hear and we have the power to get those voices heard by commissioners, providers and organisations responsible for oversight and regulation.	We rely heavily on our relationships with other third sector organisations – they have the power to hear many more voices than we can hear, and we have the power to get those voices heard.
p5 <i>list of major concerns</i>	Add text	How services work with each other.	

Healthwatch Oxfordshire Strategy - Draft 2 (14-Sep-15).

Page / Ref	Type	Extract from current draft	Extract from draft presented for approval in September
p6	Change text	Responsibilities and Powers <i>(List of statutory levers for local Healthwatch organisations published by Healthwatch England)</i>	Statutory powers of local Healthwatch organisations <i>(as published by Healthwatch England)</i>
p6 footnote re Enter & View volunteers	Add	Volunteers authorised and trained by HWO visiting service sites to observe service delivery and talk to people about the care they are receiving	
p7	New section	Managing ourselves well!	
p 8, 11 ,15	Changes	<i>[Names of Strategic Areas simplified in line with changes on page 1]</i>	
p8 s.1.2(a)	Add	We will prioritise and select these projects using specified criteria approved by the Board.	
p8 s1.2(d)	Add	Seek information about how well services match up to promises made in policies, and how effective those policies are.	
p9 s1.2 caveats	Add	Only duplicate the data gathering and analysis undertaken by other organisations, when this is absolutely necessary to deliver our objectives.	
p9 - p19	Change	<i>[Simplify wording of lead-in sentence to sub-sections so they refer to "this area" rather than repeating the description of the area]</i>	

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Page / Ref	Type	Extract from current draft	Extract from draft presented for approval in September
p9 s1.3(c)	Change & Add	We are using information published by other organisations about their users' experiences to inform our recommendations.	We are using information we have gathered from major commissioners and providers, and from our voluntary sector colleagues, on what they know about their users' experiences.
p9 s1.4(d)	Change	Evaluating the extent to which other organisations choose to share relevant information with us.	Evaluating our access to relevant information gathered by other organisations.
p10 – p17	Change	<i>[Refer throughout to “making recommendations” rather than to “giving advice”. These changes apply to areas 1-3 and relate to information provided to commissioners, providers and bodies responsible for regulation and oversight].</i>	
p11 s2.1(d)	Change	Provide Healthwatch England with the information it needs to enable it to perform effectively.	Provide Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.
p12 s2.2(f)	Change	Share information about what we have heard on a regular basis with those who are in a position to influence the commissioning and provision of local health and social care services.	Share intelligence about what we have heard on a regular basis with those who are in a position to influence the commissioning and provision of local health and social care services.
p12 s2.2 caveats	Change	Only comment on issues on behalf of the public, when we have feedback we can legitimately pass on	Refrain from commenting on issues on behalf of the public, unless it has feedback it can legitimately pass on.

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p12 s2.2 <i>caveats</i>	Delete <i>Included in operational guidance for CEO</i>		Sometimes moderate the advice it would like to give, in the interests of achieving some action rather than none, but to be transparent through Board discussion in public about the fact that it has done this.
p13 s2.5(f)	Change	Recognise that our ability to influence decisions is limited by the extent to which we can control or mitigate the impact of national and local policies on health and social care.	Recognise that our ability to influence decisions is limited by our inability to control or mitigate the impact of national and local politics on health and social care.
p14 s2.5	Delete <i>No longer considered to be a risk that we can mitigate</i>		Overcome the fact that some providers are too distant from us for us to influence them effectively either directly or via their lead commissioners, because their local managers do not have sufficient authority or autonomy to act on our advice.
p14 s2.5(g)	Change <i>Focus on the risk / issue</i>	Encourage people to provide positive as well as negative experiences to help us avoid the risk that commissioners, providers and others might stop listening to us if we are relentlessly negative	Encourage local people to provide positive as well as negative experiences so that we can recognise and commend things that are going well and avoid the risk that commissioners, providers and others might stop listening to us if we are relentlessly negative.
p15 s3.2(a)	Add <i>These additional</i>	Recruit and support lay people to take an active role on commissioning, provision and scrutiny projects, boards and committees.	

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p15 s3.2(b)	<i>activities bring the strategy for this area into line with the wording of our legal requirement to promote and support the involvement of local people</i>	Support and advise groups and individuals who want to comment directly to commissioners and providers	
p15 s3.2(c)		Promote consultations and other opportunities for the direct involvement of local people in commissioning, provision and scrutiny.	
p15 s3.2(d)		Operate under a governance structure led by directors recruited from people living in Oxfordshire.	
p15 s3.2(e)		Raise concerns on behalf of groups and individuals who want to make use of the statutory powers that Healthwatch has to demand a response, to get an explanation of any decision and to seek information about action actually taken.	
p16 s3.2(k)	Change <i>Governance procedures now on p7</i>	Conduct our own business openly and transparently, including holding Board meetings in public, so that local people can see how we are acting on their behalf.	Have effective governance procedures in place, and conduct our own business openly and transparently, including holding our Board meetings in public.
p16 s3.3 <i>caveats</i>	Delete <i>As on page 12 - Included in operational guidance for CEO</i>		Moderate our advice from time to time, if we judge that to do so will deliver partial change where otherwise no change would occur at all, but we will be transparent about the fact that we have done this through Board discussion and, where appropriate, on our website and in our newsletter.

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p16 s3.3 <i>caveats</i>	Add	Be careful only to make recommendations based on the views of local people or on other evidence that we can substantiate.	
p16 s3.3 <i>caveats</i>	Delete <i>Included in operational guidance for CEO</i>		Ensure, as far as is possible, that any information we receive on a confidential basis from commissioners, providers or organisations responsible for oversight and regulation is only confidential because it involves discussion of options and issues prior to a decision or to completion of a document that will be made public. We will not accept information on a confidential basis if doing so would compromise our ability to meet our statutory requirements.
p18 s4.2(b)	Add	Develop our website as a source of news, comment and explanation about access to health and social care services in Oxfordshire.	Develop our website as a source of news and comment on health and social care services in Oxfordshire.
p18 s4.2(c)	Change	Run an extensive programme of outreach events across the county, where local people can approach us for advice and information on access to local health and care services while, at the same time, sharing with us their experience of accessing and using these services.	Run an extensive programme of outreach events across the county, where local people can approach us for advice and information on access to local health and care services while, at the same time, sharing their experience with us.
p18 s4.2(d)	Change & Add	Respond to requests for information and advice from individuals about access to health and social care services in Oxfordshire.	Respond to queries from individuals received by email, phone and in writing.

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p18 s4.2 <i>caveats</i>	Change	Include information on our website if we can provide access to it via a link to another website and if it would require significant time and resource to ensure it is correct and / or keep it up to date.	Include information on our website that is provided or updated by other organisations except where this is agreed with that organisation as part of a specific project or initiative and we have capacity to do so.

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