

Healthwatch Oxfordshire Board of Directors

Date of Meeting: 28 th July 2015	Paper No: 5
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Title of Presentation: Projects and Community Involvement Update

This paper is for	Discussion		Decision	x	Information	
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Purpose and Executive Summary (if paper longer than 3 pages): To inform the board of the work of the projects and community involvement work since the last Board meeting and discuss and agree a forward work plan.

Financial Implications of Paper: None

Action Required: 1. Agree use of term 'watchdog' in place of 'champion'. 2. Discuss and agree a forward work plan while overall strategy is being drafted and approved. 3. Discuss and agree the team's name and job roles now that members have been in post 2-3 months.

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1.0 Community Involvement Update:

1.1 Outreach Programme

The Community Involvement Officer (Public), has very quickly grown the outreach programme and has spoken to at least 250 people in her first two months in post.

The outreach programme is going to be busiest over summer with the number of events available for us to attend (at both weekdays and weekends) being significantly higher than at other times of the year.

We have tried to vary our events and Healthwatch Oxfordshire has set up its colourful stall in eleven different places and is booked to go to a further fourteen, taking us up to the beginning of October when we will be at the Banbury Canal Festival. We are also hoping to be able to set up at Wallingford Bunkfest at the beginning of September if we have enough available volunteers.

A. Where we have been:

- Kidlington Market
- Eynsham Community Day alongside the West Oxfordshire Locality Forum
- Oxford's Sustainable Market
- Bicester Market
- Banbury Market
- Dalton Barracks Health and Wellbeing Fayre, Abingdon
- Age UK Information Fayre, Dorchester on Thames
- Cowley Road Carnival
- Play and Activity Day, Abingdon
- Age UK Information Fayre, Chipping Norton
- Play and Activity Day, Carterton

B. Where we are going:

- Play and Activity Day, Banbury
- Play and Activity Day, Woodstock
- Thame Market
- Play and Activity Day, Bicester
- Play and Activity Day, Wallingford
- Kidlington Market
- Wallingford Bunkfest (depending on staff/volunteer resources)
- Banbury Market
- Play and Activity Day, Marston
- Bicester Market
- Carterton Health and Wellbeing Event
- Banbury Canal Day
- Banbury Market
- Deddington Farmer's Market

We also hope to visit Farringdon and Abingdon markets during this time. We will be having a strong presence in Witney in early 2016 as we support the West Oxfordshire Locality Forum run an event as well as supporting West Oxfordshire District Council to host a series of mental health events.

C. What we are doing:

- Ensuring that everyone who speaks to us knows that *their* voice counts and *each and every* story will be given due attention and fed back into reports to relevant commissioners and providers.
- Entering each story on the CRM database.
- Signposting people to services that may be able to help.
- Raising awareness of Healthwatch Oxfordshire just by stopping people and telling them about us and giving them our leaflets.

D. What we have heard:

Matters of Concern:

- CAMHS waiting times; one mother reported a 16 week wait. Now they don't have one particular case manager, which results in no continuity of care and causes distress to child.
- Reduced funding of mental health services, and the impact of that on the person living with a mental health illness and their care-giver.
- Waiting times for the Talking Space service, "not acceptable".
- Lack of support for people living with physical or learning disabilities once they reach transition to adult services and the impact on both them and the care-giver.
- Lack of recognition of the difficult role of paid carers. Quote from one lady: "They are paid the same as a cleaner which is a "scandal".
- Long wait for results from hospital investigations such as scans and MRIs; when people try to call for results, they cannot get through, or leave messages either with a real person or on an answer phone but no-one comes back to them.
- Receiving letters to inform patients of a hospital appointment *after* the date of the appointment.
- Lack of communication between hospital departments.
- Lack of adequate care in residential and care homes. This was a particular issue in Bicester.
- Lack of "holistic care" by GPs who see the symptom rather than the person.
- 10 minute GP appointments "not long enough"
- Having to make different appointments with GPs to discuss different concerns.
- Waiting times for GP appointments.
- GPs unwilling to make referrals for further investigation.
- A&E waiting times both for adult and children.
- PALS: several people have voiced their concern about not receiving responses from PALS following on from their complaints.
- Lack of "aftercare" and "follow up" after discharge from hospital.
- Filling in "DLA" forms and being wrongly assessed.

Positive Feedback:

- Despite a long wait for the Complex Needs service, it is an “excellent”, “lifesaving” and “invaluable” resource.
- Abingdon surgeries have received many positive reviews.
- There are as many people who are happy with their experience of hospital stays as there are unhappy.

E. What we have learnt:

- Working in collaboration with other organisations enables us to reach more people and gives us more resources:
 - Support Empower Advocate Promote (SEAP) have offered to accompany us at events dependent on their staffing resources;
 - The Cherwell District Council health bus is a very useful addition to our table and provides shelter and lots of information about different organisations. We hope to be using them again as often as possible;
 - Attending public events organised by the locality forums enables us to piggyback on already well publicised occasions.
 - We are in discussions with the Terence Higgins Trust about working together to organise a men’s health awareness day around World Aids Day in December.
- We need to encourage volunteers to accompany us at bigger events which will enable us to attend festivals and carnivals.
- Calling ourselves a “champion” makes people think we are actually promoting healthy living as opposed to collecting experiences and stories. We have found that using the term “watchdog” works more effectively.
- Having a “face painter” is a great draw and we hope to have this resource throughout the Summer Play and Activity days.
- Our balls and pens are also a great draw.
- A branded gazebo in the bright Healthwatch colours would give us a more professional look, better attract people to us and make our message clearer from the outset. It would also enable us to have shelter from all weathers and allow us to always display our banner which has a tendency to fall down with the gentlest of breeze.

Our outreach work is an invaluable part of what we do and on the whole, it feels that people are very positive about what we are doing.

Action:

The Board is asked to approve a move to the use of the term “watchdog” in place of “champion”.

1.2 Events

A. Hearsay! 2015

We held a series of three Hearsay! events across the county in May and June 2015 to gain feedback on adult social care services. Around 50 users of adult social care services, their carers, and representatives from Oxfordshire County Council and Oxfordshire Clinical Commissioning group attended the events. The main findings, published in a report out on 15th July include:

1. ***The need for a joined up health and social care system that offers appropriate and adequate information, advice and communication.*** People said the different parts of the health and social care system need to improve how they communicate with each other so that patients experience seamless care moving between social care and health care. It was repeatedly suggested that it would help to have a named key worker to guide people through the care system and to have a single, good quality assessment that is regularly reviewed.
2. ***The need for a personalised, holistic approach to care with an emphasis on maintaining a person's quality of life.*** People said the system was too rigid to respond to their individual needs and often they felt reduced to a symptom rather than being treated as a person. Suggestions for improvement again included the need for a personal key worker, seeing the same GP or care worker, and having good systems to flag up a person's individual characteristics (such as if they are a carer or have dementia) so that the care they receive in any setting takes into account their specific needs.
3. ***There is a gap in services for younger people and working age adults*** and an urgent need therefore to provide more age-appropriate services, housing, respite care and social activities for them.
4. ***It is important to identify carers and their needs and support them adequately.*** Many reach crisis point before asking for help. People said GPs should be proactive in identifying carers and giving them information on what support they can get as carers.

When asked what they thought of the event 100% of those who responded said they were glad they had come to the event, felt they had been able to say what they wanted and felt listened to.

This report has been presented to Oxfordshire County Council. The Council will respond with an action plan to improve services at the end of July and another Hearsay! event will be held on 18th January 2016 at which the Director of Adult Social Care and Cabinet Member will report on progress.

B. Voluntary Sector conference:

We held a conference on 8th July in Oxford with over 40 voluntary sector organisations represented, and with relevant commissioners from Oxfordshire County Council and Oxfordshire Clinical Commissioning Group in attendance.

Discussion areas included:

- HWO's Project Fund- we came away with the strong message that we need to promote this better so organisations are aware of the Fund and we will look at holding a workshop to support organisations interested in the Fund to make their applications.
- There was a session on children and young people and the discussions touched on the issues around transition and the difficulties voluntary sector organisations have in accessing schools and GPs. The question was raised if the Locality Patient Forum Chairs could help these voluntary organisations to get their messages out.
- A session on carers and the Care Act led to the commissioners agreeing to hold workshops to look at the online carers' assessment tool and to agree a local, Oxfordshire definition of the terms prevention and carer. Suggestions were also made directly to the commissioners on improvements to be made in communication and advice to carers and the need for identifying carers early on and offering them much-needed support.
- There was also a session with John Jackson, director of Adult Social care and David Smith, CEO of the Oxfordshire Clinical Commissioning group where they discussed the health and social care commissioning priorities in Oxfordshire and made the difficulties of the current financial situation very clear. This was followed by a Q&A session where audience members raised the difficulty of smaller organisations competing for contracts.
- A final report on the conference will be available soon.

2.0 HWO Initiated projects update

2.1 Discharge

The Discharge project draft is included on the Agenda as item 8, Paper 6. This is due to be sent to stakeholders as soon as possible and is scheduled for publication in September.

2.2 Dignity Project

Enter and View has taken place across the following sites, with 95 interviews completed:

- Henry Cornish Centre - Chipping Norton (intermediate care beds and nursing home)
- Sandford Ward - Churchill Hospital (older people mental health)
- Wintle Ward - Warneford Hospital (adult women's mental health)
- 'Citycom' community hospital Fulbrook Centre, Churchill Hospital
- OUH - John Radcliffe Hospital (Emergency department, Maternity, Outpatients)

- OUH - Horton Hospital Banbury (Emergency department, Outpatients)
- Churchill Hospital (Renal Dialysis and Respiratory medicine)
- Agnes Court (care home for people with physical disability)
- Nettlebed Hospice (inpatient and day hospice patients)
- Brooklands (Banbury Heights Nursing home)

The online survey has been less successful than hoped with only approximately 45 patient respondents to date, and approximately 40 staff surveys. The Community Involvement Officers have been publicising the survey widely while they are out and about. We have also publicised through the local practice managers network to GPs and through the unions. We are offering hard copies and a freepost envelope on all materials going forward, and recontacting those 3rd sector organisations who committed to providing case studies, running focus groups and completing questionnaires as part of the field work on this project.

The project report will be written in August / September in order to meet agreed publication timelines.

Award nominations are currently open (with closing dates in September), information is available at Age UK Oxfordshire's website, and we will be discussing the media plan for these w/c 18th July. Age UK Oxfordshire is taking the lead on this section of the project.

The date of the dignity awards, publication and debate is 4th November at St. Anthony's college at the University of Oxford, starting at 5pm.

2.3 Child Sexual Exploitation Project

Donnington Doorstep have returned the grant funds to us. Rachel has spoken with the National Working Group on Child Sexual Exploitation, who are keen to go forward with this work. The National Working group will provide us with:

- Evidence gathering tools for 1:1 work
- Training for local key workers in use of those tools
- Focus group design and facilitation
- Consultancy advice on data analysis and report writing

The Head of Projects will be working over the summer to connect with local partners in Barnardos, the Kingfisher team as well as other local groups who could:

- Facilitate the 1:1 work through their key workers
- Ensure appropriate risk management systems are in place
- Ensure this work does not disrupt ongoing work to achieve prosecutions .

The project development work is likely to take place in autumn with fieldwork early into 2016 and reporting around the end of the financial year.

3.0 Project Fund Update

Alice's report publication was widely covered in local media on BBC Oxford (radio and TV), the Oxford Mail and Bicester Advertiser.

The Oxfordshire Rural Community Council dementia-friendly communities report will be published this week.

3.2 Live Projects

Homestart & Guideposts reports - After final revisions from the project sub group are completed, these will be ready for stakeholders in the autumn.

SEAP (support empower advocate promote service) - SEAP has visited with the Redbridge, Bloxham and Sandford sites. Interviews are due to take place in July, but dates are still being set for Redbridge and Bloxham. Preparation of associated material is ongoing.

3.3 June Fund Applications

We received two applications for grants in June.

OXPIP

The Projects group has suggested that we should support the application from OXPIP (Oxford Parent and Infant Project) to engage with parents on services that they need and want between conception and the 2nd birthday of their child, as part of the national First 1001 days project. The group have, however, asked that OXPIP come back with a more detailed project plan to include timeframe, more defined scope, better understanding of partner contribution and budget justifications.

ACTION: The Board is asked to delegate responsibility to the Group to approve this application, subject to satisfactory additional information being received.

Green Health Routes

The Project group recommends refusing a proposal from the Centre for Sustainable Healthcare on green health routes. The project seemed an interesting and worthy one, but the group felt its target audience did not fit the criteria as closely as it would like (on seldom heard groups) to go ahead.

ACTION: The Board is asked to approve the group's recommendation to refuse this grant application.

4.0 Forward work plan

With the agreement of the Strategy, Planning and Finance Group, the project sub-group has been considering the forward work plan ahead of completion of work on priorities and decision making tools.

The group took as a given that:

- There will be steady flow of reactive work that the Chief Executive will primarily cover.
- There will be an the ongoing work programme that consists of voluntary sector conferences, outreach, grant funded projects and locality forum attendance and support.
- Healthwatch England (HWE) will be releasing a new version of our CRM imminently and we will need to maintain capacity to have a staff training session led by HWE, and to invest staff time in maximising use of the CRM.

A range of project areas and topics that could supplement this were presented to the group for discussion, and as a result the Project Group recommends the following forward work programme to the Board for the remainder of 2015/16:

1. **CSE project** - That this form the final major external project over this period.
2. **Enter & View activity** - That two enter and view visits of individual areas or services be conducted in the rest of the financial year - locations tbc, but possibly to include Campsfield House.
3. **Health inequalities commission** - In 2014, Dr Joe McManners, OCCG Clinical Chair secured the support of the Health Improvement Board for a 3 month multi-agency Health Inequalities Commission for Oxfordshire, to answer the question: 'what does Oxfordshire need to do over the next 5 years to reduce health inequalities?'. We need to decide how extensively we want to invest resources in supporting this initiative.

Recommendation: The project group suggests that we make the following contribution:

- Rachel to sit on the steering committee.
- A Board member to join the Commission if invited
- Hold one voluntary sector event to cover the commission and solicit input.
- Promote the commission through our networks and encourage others to input.
- Collate the information contained in our project fund reports and other existing data sources for use by the commission.

4. **CQC inspection programme** - The CQC is becoming more proactive in their approach to inspections locally. We are made aware of GP inspections slightly ahead of the public announcement of inspections. We also know that Oxford Health will be inspected in the week commencing September 28th and that there will be a rolling series of GP practice inspections over the next year. We need to decide how pro-actively to support this work.

Recommendation: The project group recommends that:

- We draw on existing intelligence held within the organisation to give CQC a perspective on OHFT.
 - That we work harder to tag feedback on practices at outreach events to named practices in the CRM
 - That we pro-actively encourage the Locality Patient Forum Chairs to solicit intelligence on local practices for us to forward to CQC
 - The Chief Executive participates in post inspection Quality Summits
5. **Men's Health** - We incorporate a one off event with the Terence Higgins Trust as part of the core outreach programme.
 6. **Oxford University Hospitals Routine Processes** - it was suggested that we might work on OUHT issues that are ongoing such as the appointment process or treatment waiting times for example. Given the amount of time invested in OUHT services through the Discharge and Dignity projects, the group felt that we should come back to OUHT at a later date.
 7. **Care Workers contracts and quality of domiciliary care** - Given the workload at present the group wondered if this was something that we might support another group to take on, for example, Carers Oxfordshire.

ACTION

The Board is asked to endorse the Project Group's recommendations for the work programme for the remainder of 2015/16.

5.0 Team development and name

Now that the new team has completed its first quarter, the staff have asked to make slight adjustments to roles and responsibilities to improve efficiency, and to make it clearer to stakeholders what they do.

It is proposed that:

- Accountabilities remain as set out in each individual's job descriptions, but that job descriptions be revised so that the two Community Involvement Officer posts are enabled to work flexibly to support delivery of each other's portfolios.
- The team be renamed Projects and Community Involvement.
- The Head of Projects be renamed the Head of Projects and Community Involvement in order to reflect her leadership all of the team's work.

ACTION: the HR group is asked to agree revisions to job descriptions in line with these recommendations.