

## 1 Introduction

This report summarises the key activities and areas dealt with by Healthwatch Oxfordshire (HWO) since the last board meeting in November 2016.

## 2 Focus

### 2.1 Health Transformation

Over the past few months Healthwatch has been actively engaged in the local health transformation programmes:

- **Oxfordshire Health Transformation** - the consultation began in January 2017 and representatives from Healthwatch Oxfordshire are attending every meeting across the county. At the time of writing (February 2017) we have attended the first three meetings in Banbury, Chipping Norton and Wantage. There are common concerns being raised at these meetings including the decision to deliver the consultation in two phases, particularly the potential impact that decisions made following Phase 1 on services to be consulted on in Phase 2 regarding closure of acute beds and the impact on community hospital beds
- **Buckinghamshire, Oxfordshire, and Berkshire West (BOB) STP**  
Healthwatch Oxfordshire represents the Thames Valley Healthwatch in the BOB STP area and is a member of the Communications and Engagement Group.

### 2.2 Healthwatch Oxfordshire Freedom of Information request and formal challenge to the Information Commissioner's Office.

Last year, Healthwatch Oxfordshire made the request to Oxfordshire Clinical Commissioning Group, asking for details of the Sustainability and Transformation Plan for Buckinghamshire, Oxfordshire, and Berkshire West - known as BOB STP - because it felt it was being produced with unnecessary secrecy. However, the request was refused, as was a subsequent appeal.

Healthwatch Oxfordshire believes the STP to be of national importance, and the decisions around it should not be made in secret. Our concern is that if this decision is upheld, it gives the NHS the right to invent all kinds of committees or sub-committees that are not in themselves statutory bodies and continue to work in secret. We believe that it means also that if the body concerned becomes the vehicle for 'filtering' funds or decisions by the NHS central organisation to individual CCGs, it will give carte blanche for the area being administered in Buckinghamshire, Oxfordshire, and West Berkshire to be done so in secret.

However, the argument that there is room for discussion at individual CCG level does not hold water if decisions have already been made at a higher level in secret. We are also concerned that it is becoming quite clear that the transformation of the NHS is being driven nationally to a pattern that will be difficult to be changed at a local level. There is great merit in some of alleged proposals for sharing resources over a larger area such as BOB, but we believe these decisions should be made in a transparent manner. We would like to make it clear that our complaint is against NHS England and not the Oxfordshire Clinical Commissioning Group, which has been quite open during the lead up to the present consultation period.

**2.3 Other matters in which we have been actively engaged with include:**

**2.3.1 Horton General Hospital - obstetric service, which was suspended temporarily at the beginning of October on safety grounds.**

At the end of last year OUHT announced that the closure will remain in place until March 2017, at the earliest due to continuing difficulty in recruiting sufficient number of junior doctors. In February, the Health Overview Scrutiny Committee referred the temporary closure to the Secretary of State of Health, at the time of writing we do not have sight of the formal referral document.

**Our concern is that a timely decision is made by the Secretary of State for Health as the Oxfordshire Clinical Commissioning Group is currently consulting on the proposed change from an Obstetric led maternity service to a Midwife Led Unit at the Horton General Hospital**

**2.3.2 Deer Park Surgery, Witney will be closing at the end of March 2017.**

Healthwatch Oxfordshire continues to be concerned that patients, particularly vulnerable patients, are being supported to transfer surgeries and so have continuity of care. While we are also concerned about the impact on other GP surgeries in Witney we understand that they indicated to Clinical Commissioning Group that they could take additional patients subject to support from the CCG in respect of recruitment of doctors and premises.

Following the unsuccessful judicial review lodged by a patient at the Deer Park Surgery the OCCG has continued to proceed with the dispersal of the patient list. We continue to seek assurance that the most vulnerable patients are being supported to move surgeries and that the resources that would have been assigned to Deer Park will be distributed accordingly to local surgeries. We understand that OCCG has given additional support to Witney GP practices including funds for additional administration and supported additional hours at the Witney HUB.

In February, the Health Overview Scrutiny Committee referred the closure to the Secretary of State for Health, at the time of writing we do not have sight of the formal referral document.

**Our view is that until a decision is made by the Secretary of State the OCCG, Virgin and the Patient Participation Group must work together to ensure that patients from Deer Park are supported to move surgeries and so ensure continuity of care.**

### **3 Outreach and ‘we heard’**

During November, December 2016, and January 2017 as part of our outreach activity we spoke to 107 individuals and organisations. The main areas of concern that people or voluntary groups have been talking to Healthwatch Oxfordshire about are summarised below:

- **Waiting times** for doctor appointments and out-patient appointments at John Radcliffe Hospital
- **General practice surgeries (GPs)** were the most frequently commented on service. Concerns included difficulty in obtaining appointments, poor communications, dissatisfaction with the triage system, and GP practice mergers.
- **Oxford University Hospital Trust** attracted concerns about waiting times for out-patient appointments across many departments. Oxford Eye Hospital attracted praise and some dissatisfaction as well as praise for some GPs and Nuffield Orthopaedic Centre.

Over the next few months the team will conduct an analysis of the ‘We heard’ data and this will inform our strategy for targeted activity over the next year.

## **4 Projects**

### **4.1 Oxford Against Cutting - Services for Survivors of female genital mutilation (FGM)**

The report, produced by the charity Oxford Against Cutting with the support of Healthwatch Oxfordshire, found that many FGM survivors in Oxfordshire were unaware of services such as the Oxford Rose Clinic at the John Radcliffe Hospital, which offers support to people who have experienced FGM.

The report makes it very apparent that while there is excellent support available for survivors of female genital mutilation, it is often not being accessed because people just don’t know about it. The study also revealed that on occasions there was also a lack in understanding on the part of some health practitioners on how to approach conversations concerning FGM.

Clearly, there is a lot of work to be done to ensure that both local health professionals and people affected by FGM are better informed.

Oxford Against Cutting has made a number of recommendations as a result of its findings, including:

- Oxfordshire Clinical Commissioning Group should provide training for health professionals in how to broach the subject of FGM. This training should be community-led.
- Raising awareness among health professionals about services for FGM survivors by Oxfordshire FGM leads and the clinical commissioning group. This should include reviewing existing protocols, such as the use of interpreters.
- Raising awareness among communities about services for FGM by the clinical commissioning group and other local organisations. Oxford Against Cutting says that translated versions of promotional material about facilities such as the Rose Clinic should be available.
- More outreach activities with communities affected by FGM so that their needs can be best understood.

Kate Clayton-Hathway, Research Director and project lead at Oxford Against Cutting commented “We were delighted to receive funding support from Healthwatch for this important project. Getting feedback on health services from FGM communities is central to ensuring their needs are met, and we've obtained a wide range of input from both service users and health practitioners.

“We've been lucky to work with a great team of community researchers who helped get the message out and make this project such a success”.

#### **4.1.1 Immediate impact:**

*An event to raise awareness about female genital mutilation and cutting and the Oxford Rose Clinic, which supports and treats survivors of FGM/C, was held in East Oxford. The event, organised by Oxford Against Cutting and Oxford University Hospitals, on Monday 6 February, the International Day of Zero Tolerance for Female Genital Mutilation.*

#### **4.2 ‘A Silent Problem’ - Perinatal Mental Health in Oxfordshire Report by the Oxfordshire 1001 Critical Days Coalition.**

The Oxfordshire 1001 Critical Days group was set up in March 2015. It is a coalition of local agencies working with young children and their families in both the

voluntary and statutory sectors. Building on the momentum of the National 1001 days campaign at that time, the aim was to increase the profile within Oxfordshire of the first 1001 critical days of a child's life and to raise awareness of the ways in which services for parents and very young children at this crucial period could work most effectively together. The group wanted to hear parents' views about their experience of perinatal (i.e. the time leading up to birth, birth itself and the post-natal period) services and support, to gain a deeper and wider understanding about what was working well and what could be improved.

Responses to the survey and follow up interviews identified many positive features of support received, and appreciation, often glowing, was expressed for health visitors, midwives, children's centres, breastfeeding support services, Infant-Parent Perinatal Service, Oxford Parent Infant Project (OXPIP) and others, and particularly for individuals within those services.

Common themes also emerged about the patchiness and inconsistency of support and about primary, secondary and other community care services often not linking up and sharing information effectively. Many parents said that they'd had to repeat their stories many times to different professionals, or to go through several different channels to find the support they needed. Some parents said that if they had received support earlier, more acute problems could have been prevented. Opportunities to include fathers, both as a resource and in terms of their own unmet needs, were sometimes missed.

#### **4.2.1 Commissioner response**

##### ***4.2.1.1 Oxfordshire Clinical Commissioning Group***

Thank-you for the opportunity to comment on your report on perinatal mental health provision in Oxfordshire. It is great to hear that much of the feedback was positive and it is really important that we feedback to local teams about the things they do well as well as when things could be improved. Improving the way care is joined up, and how different care providers communicate is central to OCCG's plans to transform services in Oxfordshire. There is a well-established Oxfordshire Perinatal Mental Health Forum and that group is responsible for redesigning the current pathway so that we have a single integrated service. I am proposing that the recommendations from your report are considered by that forum when it next meets at the end of this month. The forum is in the process of developing a bid to NHS England for new investment to provide a single integrated perinatal mental health service. Your report is, therefore very timely and will be used to inform those developments.

#### **4.2.1.2 Oxford Health NHS Foundation Trust**

We are currently working closely with the voluntary sector, midwifery and the local authority to ensure that services for women during the perinatal period remain robust and universal, despite the changes planned for the provision of children's centres.

### **5 Witney project**

The planning and development of the Witney project - when Healthwatch Oxfordshire will focus our attention and activity on Witney town during the month of March - is now full steam ahead. This is the first time that Healthwatch has focused on listening to the people of a single town to give them an opportunity to talk about their experiences of health and social care services.

We will talk to service providers, employees and those responsible for making sure that health and social care services meet the needs of the local population. We will be visiting local health and social care services, talking to people on the street and at community venues. Our aim is to gain an in-depth understanding of people's experiences and expectations of their local services.

We will report back to Witney and share what we have heard with commissioners and providers of services in June 2017.

There are four main components of the project:

1. **Outreach** - where HWO will have a presence in the town centre, library, college, pharmacy, leisure centres etc. and listen to what service users have to say
2. **Targeted activity / group visits** - visits are being arranged to day centres, activity clubs, schools, drop in groups, doctor surgeries etc.
3. **Enter and view** - Healthwatch has statutory powers to carry out Enter and View visits to health and social care services across the district. This is an important tool to gather evidence about how well services meet the needs of local communities. One key benefit of Enter and View is that it is carried out by ordinary people, giving a fresh perspective. We will use these powers in Witney to visit Witney Community Hospital and local care homes. Our approach will be to carry out enter and view with the consent of the provider - known as a light touch enter and view. A survey of people's experiences of health and social care services will run throughout March with access via online and paper copies.
4. **An Information Fair** will be held on Thursday 30th March at the Corn Exchange, Witney. This will provide an opportunity for voluntary organisations, care providers and commissioners involved in providing health and social care services and support to local people to promote their services to the people of Witney. This event will offer an opportunity for



people to gain awareness of and access to services, while at the same time a networking opportunity for service providers.

The Witney events will be well promoted and one key objective is to raise the profile of Healthwatch in the local community.

The success of the project will be judged by:

- Number of people contacted and listened to - target is 1000
- Response to the survey - target is 1000
- Increased media activity - target is six individual items of coverage across all media
- Increased activity on HWO web and social sites during March and April - 30% increase reported in June 2017 (base line March Board report)
- Changes made to service provision and design initiated through what we have heard and survey - 12-month review completed in March 2018.

## **6 Healthwatch Oxfordshire Voluntary Sector Forum**

Our annual conference for the voluntary sector was held on Tuesday 7<sup>th</sup> February 2017 at the Rose Hill Community Centre, Oxford. This was the opportunity for the third sector to respond to the Big Consultation with presentations by the Oxfordshire Clinical Commissioning Group Clinical Chair and Chief Executive. The event was well attended with good interaction between delegates and OCCG. A full report will be submitted to the OCCG and considered as part of their Big Consultation exercise. The report will be available for the next Health and Wellbeing Board meeting.

## **7 Health Improvement Board**

The Healthwatch supported lay members to the Health Improvement Board (HIB) tabled their recommendations on how the HIB should respond to the Health Inequalities Commission Report.

## **8 Media**

Media coverage during November, December 2016 and January 2017 has picked up, nearly back to the July data levels. The active media coverage in local television, radio and newspapers during October and early November have obviously had a positive effect on public interest in Healthwatch.

During the past three months, there were twenty-nine separate media enquiries from Oxford mail, BBC Oxford, and Oxford Guardian. These resulted in 37 separate items of media coverage, in print, radio, and television.

### **8.1 Television, radio, and newspapers**

Healthwatch Oxfordshire achieved a significant media presence over the past few months, with the focus being on Deer Park GP surgery closure, delayed transfer

from hospital story, the Refugee Resource report, the Chairman's Oxford Mail column and Oxfordshire Transformation Big Consultation launch. We achieved six television interviews, seven radio interviews, fourteen newspaper articles and one online only article.

## **9 Future**

Healthwatch is developing a project with Oxfordshire County Council to listen to people's views and experiences of the social care assessment process and care package support received. This will be a long-term project reporting at the end of 2017.

We will continue to explain health and social care publications etc. to the public in plain English thus helping to ensure that the patient and public voice has an opportunity to be heard

We will continue to develop our engagement with patient participation groups and locality forums and respond to what we are hearing about the concerns facing patients accessing GP services

We will continue to raise our profile across the county