

To: Members of the Health Improvement Partnership Board

## ***Notice of a Meeting of the Health Improvement Partnership Board***

**Thursday, 9 September 2021 at 2.00 pm**

**County Hall, Ground Floor, meeting rooms 1 and 2**

Please note that due to guidelines imposed on social distancing by the Government the meeting will be held virtually. If you wish to view proceedings, please click on this [Live Stream Link \(to be added.\)](#) However, that will not allow you to participate in the meeting.



Yvonne Rees  
Chief Executive

Date Not Specified

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### **Membership**

Chair – Councillor Louise Upton and Councillor Maggie Filipova-Rivers  
Vice Chair - District

#### *Board Members:*

Amier Al Agab	<i>Healthwatch Oxfordshire Ambassador</i>
Ansaf Azhar	<i>Director of Public Health, Oxfordshire County Council</i>
Det Chief Insp Jonathan Capps	<i>Thames Valley Police</i>
Dr David Chapman	<i>Clinical Chair of Oxfordshire Clinical Commissioning Group</i>
Cllr Marilyn Davies	<i>District Council Director Representative</i>
Daniella Granito	<i>District Partnership Liaison</i>
Diane Hedges	<i>Chief Operating Officer, Oxfordshire Clinical Commissioning Group</i>
Councillor Mark Lygo	<i>Cabinet Member for Public Health &amp; Equalities, Oxfordshire County Council</i>
Cllr Helen Pighills	<i>Vale of White Horse District Council</i>
Rosie Rowe	<i>Head of Healthy Place Shaping, Public Health, Oxfordshire County Council</i>

**Notes: Date of next meeting: 18 November 2021**

## Declarations of Interest

### The duty to declare.....

Under the Localism Act 2011 it is a criminal offence to

- (a) fail to register a disclosable pecuniary interest within 28 days of election or co-option (or re-election or re-appointment), or
- (b) provide false or misleading information on registration, or
- (c) participate in discussion or voting in a meeting on a matter in which the member or co-opted member has a disclosable pecuniary interest.

### Whose Interests must be included?

The Act provides that the interests which must be notified are those of a member or co-opted member of the authority, **or**

- those of a spouse or civil partner of the member or co-opted member;
- those of a person with whom the member or co-opted member is living as husband/wife
- those of a person with whom the member or co-opted member is living as if they were civil partners.

(in each case where the member or co-opted member is aware that the other person has the interest).

### What if I remember that I have a Disclosable Pecuniary Interest during the Meeting?.

The Code requires that, at a meeting, where a member or co-opted member has a disclosable interest (of which they are aware) in any matter being considered, they disclose that interest to the meeting. The Council will continue to include an appropriate item on agendas for all meetings, to facilitate this.

Although not explicitly required by the legislation or by the code, it is recommended that in the interests of transparency and for the benefit of all in attendance at the meeting (including members of the public) the nature as well as the existence of the interest is disclosed.

A member or co-opted member who has disclosed a pecuniary interest at a meeting must not participate (or participate further) in any discussion of the matter; and must not participate in any vote or further vote taken; and must withdraw from the room.

Members are asked to continue to pay regard to the following provisions in the code that *“You must serve only the public interest and must never improperly confer an advantage or disadvantage on any person including yourself”* or *“You must not place yourself in situations where your honesty and integrity may be questioned.....”*.

Please seek advice from the Monitoring Officer prior to the meeting should you have any doubt about your approach.

### List of Disclosable Pecuniary Interests:

**Employment** (includes *“any employment, office, trade, profession or vocation carried on for profit or gain”*.), **Sponsorship, Contracts, Land, Licences, Corporate Tenancies, Securities.**

For a full list of Disclosable Pecuniary Interests and further Guidance on this matter please see the Guide to the New Code of Conduct and Register of Interests at Members’ conduct guidelines. <http://intranet.oxfordshire.gov.uk/wps/wcm/connect/occ/insite/Elected+members/> or contact Glenn Watson on **07776 997946** or [glenn.watson@oxfordshire.gov.uk](mailto:glenn.watson@oxfordshire.gov.uk) for a hard copy of the document.

**If you have any special requirements (such as a large print version of these papers or special access facilities) please contact the officer named on the front page, but please give as much notice as possible before the meeting.**

# AGENDA

- 1. Welcome by the Chair**
- 2. Apologies for Absence and Temporary Appointments**
- 3. Declaration of Interest - see guidance note opposite**
- 4. Petitions and Public Address**
- 5. Notice of Any Other Business**

14:03 to 14:05

To enable members of the Board to give notice of any urgent matters to be raised at the end of the meeting.

- 6. Note of Decision of Last Meeting (Pages 1 - 10)**

14:05 to 14:10

5 minutes

To approve the Note of Decisions of the meeting held on 27<sup>th</sup> May and to receive information arising from them.

- 7. Director of Public Health Update on COVID - 19**

14:10 to 14:20

10 minutes

Presented by Ansaf Azhar, Director of Public Health, Oxfordshire County Council

To update members of the public on the COVID-19 situation in the county.

- 8. Performance Report (Pages 11 - 16)**

14:20 to 14:35

15 minutes

Presented by Ansaf Azhar, Director of Public Health, Oxfordshire County Council.

To monitor progress and agreed outcome measures.

- 9. Report from Healthwatch Ambassador (Pages 17 - 54)**

14:35 to 14:45

10 minutes

Presented by Amier El Agab, Healthwatch Oxfordshire Ambassador

To receive updates from Healthwatch Oxfordshire on topics relevant to the Board.

## **10. Tobacco Control Strategy (Pages 55 - 60)**

14:45 to 15:10  
20 minutes

Presented by Adam Briggs, Consultant in Public Health, Oxfordshire County Council

To update on the Tobacco Control actions across Oxfordshire.

## **BREAK**

15:10 to 15:15  
5 minutes

## **11. Mental Health and Mental Wellbeing: Mental Wellbeing Needs Assessment (Pages 61 - 68)**

15:15 to 15:35  
20 minutes

Presented by Kat Arbuthnot, Public Health, Oxfordshire County Council

To receive the findings and recommendations from the needs assessment.

## **12. Domestic Abuse Strategy (Pages 69 - 72)**

15:35 to 15:55  
20 minutes

Presented by Kate Holburn, Head of Public Health Programmes, Oxfordshire County Council

To receive an update on the strategic approach to reducing domestic abuse.

## **13. Any other Business**

15:55 to 16:00  
5 minutes

## HEALTH IMPROVEMENT PARTNERSHIP BOARD

**OUTCOMES** of the meeting held on commencing at 27<sup>th</sup> May at 14:00

**Present:**  
**Board members**

Cllr Andrew McHugh, Cherwell District Council (Chairing)  
 Cllr Louise Upton, Oxford City Council  
 Cllr Damian Haywood – Oxfordshire County Council Cabinet  
 Ansa Azhar, Director of Public Health, Oxfordshire County Council  
 Cllr Maggie Phillipova-River, South Oxfordshire District Council  
 Cllr Helen Pighills, Vale of White Horse District Council  
 Cllr Merylyn Davies, West Oxfordshire District Council  
 Rosie Rowe, Head of Healthy Place Shaping, Public Health, Oxfordshire County Council  
 Daniella Granito, District Partnership Liaison, Oxford City Council  
 Amier Al Agab, Oxfordshire Healthwatch Ambassador  
 Diane Hedges, Chief Operating Officer, Oxfordshire Clinical Commissioning Group

**In attendance**

Rosalind Pearce, Oxfordshire Healthwatch  
 Adam Briggs, Public Health, Oxfordshire County Council  
 Claire Gray, Public Health, Oxfordshire County Council  
 Rosalind Jones, Public Health, Oxfordshire County Council

**Officer:** Julieta Estremadoyro, Oxfordshire County Council

**Apologies:** None received

**Absent:** Kiren Collison, Clinical Chair of Oxfordshire, Oxfordshire Clinical Commissioning Group  
 Jonathan Capps, Detective Chief Inspector, Thames Valley Police

ITEM	ACTION
<p><b>1. Welcome</b>            Cllr McHugh welcomed to the meeting:</p> <p>Cllr Damian Haywood, new elected Oxfordshire County Council Cabinet Member for Public Health and Equality</p> <p>Cllr Merylyn Davies representing West Oxfordshire District Council</p>	

<p>Also, in attendance in this meeting:</p> <p>Tom Gubbins, Sport and Physical Activity Manager, Cherwell District Council Adam Briggs, Claire Gray and Rosalind Jones from Public Health, Oxfordshire County Council</p> <p>Rosie Rowe is the new interim lead officer of the Board replacing Eunan O'Neill.</p> <p>The Chair took the opportunity to thank ex-Cllr Lawrie Stratford for his contribution to the Board.</p>	
<p><b>2. Apologies for Absence and Temporary Appointments</b> None received.</p>	
<p><b>3. Declarations of Interest</b></p> <p>Cllr McHugh is the Chairman of the Tobacco Control Alliance Diane Hedges has a niece who works for one of the home care providers Cllr Haywood works for the Oxford University Hospital Foundation Trust</p>	
<p><b>4. Petitions and Public Address</b> There were none</p>	
<p><b>5. Notice of Any Other Business</b></p> <p>Cllr Phillipova-River would like to discuss period poverty</p>	
<p><b>6. Note of Decisions of Last Meeting</b></p> <p>The notes of the meeting held on 25<sup>th</sup> February 2021 were signed off as a true and accurate record.</p>	
<p><b>7. Director of Public Health Update on COVID 19</b></p> <p>Ansaf Azhar, Director of Public Health, provided a verbal update.</p> <p><u>Case rates:</u></p> <p>The current COVID 19 situation is a story of two halves. On the one hand, the national case rate has dropped dramatically. On the other hand, the B.1.617.2 variant (originated/affecting mainly India) is escalating quite rapidly in some parts of the UK.</p> <p>In Oxfordshire, we are seeing the lowest rate in the last 6 months. We are at a critical junction at this moment as it is important to roll out the second vaccination</p>	

as soon as possible to avoid the spread of the B.1.617.2 variant. It will protect thousands of lives.

At the same time there is still a need to follow all the others sensible measures to protect ourselves e.g. testing, social distance, use of mask, hand sanitation etc.

*For up to date figures visit:*

<https://www.oxfordshire.gov.uk/council/coronavirus-covid-19/controlling-local-coronavirus-outbreaks/latest-figures>

Comments/Questions:

*COVID 19 cases in schools*

There are small numbers confirmed around the council. This is monitored on a weekly basis and clusters are put under investigation/surveillance. There are no plans at the moment to vaccinate children. Older groups are the priority. (Cllr Helen Pighills/Ansaf Azhar)

*Vaccine second doses*

The transmissibility of the new variant reduces when people have two doses of the vaccine. There are not complete figures of how many people have received the second dose. What is known is that there has been a 95% uptake of the vaccine among people over 80s, this percentage reduces in lower age ranges. There is a strong comms strategy to target younger people including messages in social media (Cllr Damian Haywood/Ansaf Azhar)

*Risk of the vaccine - fertility*

People in the 30s age range are afraid to take the vaccine because there is a suspicion that the Pfizer vaccine, in particular, causes fertility issues. This is not the case and it is necessary to offer reassurance to the population that it is safe to be vaccinated and above all to reinforce the message that we need to protect other people becoming infected too. (Cllr Fillipova-River/Cllr Upton/Ansaf Azhar)

The HIB acknowledges the great effort that all the teams involved in the COVID 19 relief efforts have invested, particularly the NHS which has established a great working relationship with all the partners involved in an innovative way, breaking down organisational boundaries to do this. Through the PCN, practices have been working together with their communities to deliver the vaccine in a coherent and cohesive way. It is important to transfer the lessons learnt to other issues (e.g. Structure and relationships). (Cllr McHugh/Ansaf Azhar/Diane Hedges)

## **8. Performance Report – Effect of COVID 19**

Ansaf Azhar referred to the document *Performance Report* (page 11 in the agenda pack)

The vast majority of performance indicators in the document were measured to Quarter 3 (2020/2021) when the second wave was happening. There are quite a few reds for the preventative services like health checks, smoking and so on. Most

prevention services were not happening, so it is not a surprise that they are red. At present they are restarting the preventive elements of the programme.

COVID 19 has impacted people at three levels: 1) The pandemic has killed a significant number of people. 2) The situation prevented normal services and cancer screenings being carried out. These will have a negative impact 3) The effects of the pandemic will be felt in the next 10 years and we will see the impact in terms of mental health, employment, education etc. It is very important to look and start preventive measures as soon as possible.

Health inequalities will be worsened too. Smoking has a real element of inequality in it. Overall, it has dropped slightly during the pandemic but not among disadvantaged communities e.g. among mental health patients prevalence is still very high. Preventative services need to look at these groups specifically.

#### Comments/questions:

Cllr McHugh would have liked to see the explanation of the red indicators in the document.

Diane Hedges (OCCG) reported that Primary Care is recovering a bit with people returning for face to face appointments at GP practices, but they would like to see this come back to pre-pandemic levels or above. There has been an emphasis on addressing inequalities through the vaccination programmes which is of great interest for the HIB. It has been shown that it is possible with the vaccination. It needs to be done through cancer screenings too.

#### *2.16 Reduce the Percentage of the population aged 16+ who are inactive,*

In terms of inequalities, we need to have a look into the granularity of what is happening to understand the impact of the recovery programmes. E.g. Oxford has the most deprived areas but encourages more active travel within the city and compensates somehow.

It is also important to look at the ward levels. Cherwell levels of inactivity remain high but are improving for men but not for women. The story maps, later in the agenda, prove how it is possible to drill down into the data almost to a street level to understand the different types of residents that are inactive and encourage activities (Diane Hedge/Rosie Rowe)

#### *Whole Systems Approach to Obesity*

This is in green but the “reduce the level of children obesity” measure (1.15 and 1.16) is in amber. This means that all this work is not yet reflected in the level of childhood obesity. The outcomes cannot be changed overnight but it will pay dividends in the long term. Story maps show that there is insight work underway trying to understand better the barriers that people are experiencing to achieving a healthy weight. What are the issues and what are the necessary messages to motivate people towards healthy living. This will require a collective effect over the next 3-4 years. It is also necessary to reverse the effects of the pandemic that has caused the level of activity to reduce in more deprived areas. The challenge is greater now.



<p>There is a need to look at these indicators in a smart way; working mainly upstream will produce the most profound impact. Changes in blood pressure can be done with medication and we can see results straight away but the whole system approach to obesity will not be that straight forward, but it is necessary to persevere because it is such important work. (Cllr Upton/Rosie Rowe/Ansaf Azhar)</p>	
<p><b>9. Report from Healthwatch Oxfordshire Ambassador</b></p> <p>Amier Al Agab referred to the paper <i>Healthwatch Oxfordshire Report to Health Improvement Partnership Board</i> (page 17 in the agenda pack)</p> <p>Amier highlighted from this report people’s experience of using pharmacists in Oxfordshire in 2020 particularly in the context of COVID 19, and the perception of people with loved ones in care homes during the pandemic.</p> <p>Full report available at:  <a href="#">Research reports - Healthwatch Oxfordshire</a></p> <p><u>Comments/questions:</u></p> <p><i>Relevance of Healthwatch reports</i>  Healthwatch reports are used in the day to day work of the OCC. These are always a good source of information on how to reach communities. An example was the work that was done to increase awareness among men in BAME communities regarding NHS health checks. The information is combined with other sources of data to form a full picture. (Ansaf Azhar)</p> <p>Although the sample sizes in some reports are not very large, they provide that critical patient experience that helps us to understand people’s experiences of services, particularly in seldom heard communities. The reports are circulated within the public health team and findings inform our programmes and interventions. (Rosie Rowe)</p> <p>The report on pharmacies is very helpful, some of those are not receiving support in rural communities. The report will feed into the pharmaceutical needs assessments that is being updated at the moment (Val Messenger)</p> <p>It would be really useful to know how this information is going to be acted upon. How are we going to make people understand the role of pharmacies in the community? They are some good suggestions in the document. Cllr Upton suggested asking the OCCG to report back what they have done at the next meeting in order to try to push this.</p> <p><b>Action: Diane Hedge (OCCG) to provide a report on the application of the HW report, in particular in relation to promoting access to and the role of pharmacies, for the next meeting.</b></p>	<p>DH</p>

## 10. Tobacco Control plans for 2021/22

Adam Briggs presented the report *Delivering a Smokefree Oxfordshire by 2025* (page 19 in the agenda pack).

He shared the direction of travel for the next financial year. Last year organisations across the county signed the Smokefree Tobacco plan by 2025, trying to achieve this 5 years earlier than the rest of UK. The plan was signed during the pandemic. The strategy for this year will concentrate on the first two pillars: creating a smoke-free environment and uptake prevention.

The national Mental Health and Smoking Partnership has made a range of recommendations in advance of the government's Tobacco Control Plan for England 2021 and the document details the opportunities for Oxfordshire. It also pointed out the next steps to be taken by the OTCA regarding the Smokefree 2025 plan.

### Comments/questions:

#### *Impact of smoking*

This is the biggest cause of premature mortality in our societies. Prevalence has reduced quite rapidly, but people are continuing to smoke. In deprived areas the prevalence of smoking is higher, so it is really important to address this, meeting individual partners to draw up action plans and make things happen at every level. Everybody has a role to play.

Smoking will kill more people than in the pandemic and it is a commercially driven cause of death and disease. Additionally, it has a disproportionate impact among disadvantaged groups and as a result the strategy for a smoke-free society is fundamental to reducing health inequalities. (Ansaf Azhar/Adam Briggs)

#### *Smoke-Free Pavements*

The idea of making pavements smoke-free by implementing pavement licenses was proposed by Cllr McHugh in Cherwell District Council. It will be discussed at the next meeting of the Tobacco Control Alliance (July). He suggested this be a call to arms and a tangible step to fight smoking prevalence.

#### *Target groups*

It is very important to work with mental health patients. Smoking has a prevalence of 30% among mental health patients. It is not a matter of just referring people to smoking cessation services but of targeting support at specific groups like this. Opportunistic interventions: e.g. mental health patients within acute services are an example of this. There have been conversations in the Health Inequalities Board within BOB ICS to develop guidance particularly for acute services to help them with smoking cessation and other training elements. (Ansaf Azhar)

#### *Smoking Cessation services*

There is a success rate of 2% in smoking cessation services. Maybe those resources should be directed to another area like influencing the environment to reduce the prevalence of smoking. (Cllr Upton/Cllr Pighills)

Making big spaces smoke-free is a big ticket but nicotine replacement services are also important. More support to these services can have a better rate of success. E-cigarettes are also helping to reduce smoking. Friends and families should be involved in supporting people to quit smoking. We are currently working on a good comms strategy promoting those support services which will make a difference (Adrian Briggs)

Changing the environment is fundamental to encouraging healthier behaviour. However, we need not to forget all the stressful situations which people face that prevent them from stopping smoking (difficult financial situation, having to work long hours). People need support. All agencies should be involved (Ansaf Azhar)

#### *Role models*

To witness NHS staff actively smoking sends the wrong message. It is controversial as they are under so much stress, but we should aim to make them better role models. (Diane Hedges)

Shaping people's attitudes and behaviour, shaping the culture is not going to happen overnight. This is not so much about telling people not to smoke but creating an environment that does not encourage them to do so. Reducing people's levels of stress is very important, supporting people, how they can improve their lives to avoid feeling so anxious (Ansaf Azhar/Adrian Briggs)

#### *Economic aspects*

Smoking is expensive and sends people further into poverty. Additionally, the illegal trade in cheap tobacco needs to be prosecuted effectively so as not to encourage young people to buy tobacco with their pocket money. Trading standards are intervening to stop this. More prosecutions are necessary (Cllr McHugh)

### **11 Mental Health Prevention Concordat and Suicide and Self-Harm Prevention Strategy**

Claire Gray and Rosalind Jones presented the documents *Report on the Mental Health Prevention Concordat Partnership and Framework* (page 23 in the agenda pack) and *Report on the Oxfordshire Suicide and Self-Harm Prevention Strategy* (page 27 in the agenda pack)

The video on the *Prevention Concordat for Better Mental Health Project Report* was presented at the meeting: <https://vimeo.com/551507662/e9978902ad>

Claire's team wanted to test a different approach for sharing information. *She asked members to take it back to their organisations to share with colleagues and ask them for feedback.*

Claire highlighted Public Health plans to complete a Mental Wellbeing Health Needs Assessment in Spring of 2021 to inform year 2 priorities (page 24 – Next Steps)

She also highlighted new communication networks that have been formed particularly regular meeting between Cherwell District council and OCCG to explore and share resources around training.

Rosalind commented on the *Oxfordshire Suicide and Self-Harm Prevention Strategy*

Oxfordshire have a well-established Suicide Multi Agency Group (MAG) and this is chaired by Public Health and includes partners from more than 20 different agencies, including public and private sector and national and local charities. All organisations have made a commitment to the delivery of the Suicide and Self-Harm Prevention strategy which sets out the long term aims to reduce suicide and self-harm in Oxfordshire over the next 4 years.

This strategy has four focus areas, which are underpinned by four action areas. These action areas include; real time surveillance and analysis, identifying and reducing high risk groups and behaviours, supporting people after suicide and self-harm and promoting resilience and wellbeing.

(Further information on the strategy here: [OxfordshireSSHPreventionStrategy](#))

Some of the key achievements of the group are highlighted in the paper.

There continues to be system-wide partnership working for suicide and self-harm prevention across Oxfordshire, as demonstrated in the paper.

There continues to be a high-quality collection and triangulation of local suicides through partnership working with Public Health, Thames Valley Police and the Coroner. The real time suicide surveillance system, which was implemented in 2016, provides an early indication of patterns across the County. This RTSS system has been used to deliver a geo-targeted digital campaign to raise awareness of mental health support services in Oxfordshire. The campaigns promoted NHS and third sector mental health and wellbeing support to the residents of West Oxon and Cherwell using geo-targeted Facebook and Google adverts.

Local third sector partners of the Suicide MAG have continued to provide support for the mental health needs of high-risk groups throughout the COVID-19 pandemic. Oxfordshire Mind provides a wide range of Wellbeing Services including peer support, psychoeducation & coping skills courses and the 'Benefits for Better Mental Health' service, offering benefits advice for service users. Rethink Mental Illness have continued to provide emotional support to carers of people living with mental illness, including suicide and self-harm. The Samaritans helpline became 24/7 over the first COVID-19 lockdown and continues to be accessible 24 hours a day.

Finally, as we move into the second year of the strategy, the work with a wide range of partners to prevent suicide and self-harm in the community continues.

Comments/Questions:

<p><i>Sharing of information/Prevention</i></p> <p>How do we monitor that the policies are having an effect on communities and how are these recommendations taken by the teams at the local authorities. How to be part of the network. (Cllr Upton)</p> <p>It was also important to identify how to share the information with carers/friend/housemates/colleagues/volunteers about somebody who is suicidal. How to close that professional gap. (Diane Hedges)</p> <p>Some people manage to be reactive and called the Samaritans, but others don't There is a need for more upstream work, to have those earlier conversations (Ansaf Azhar)</p> <p>They have been trying to involve members of the community that could take on the opportunistic contacts, providing the right training (e.g. barbers, hairdressers) (Claire Gray)</p> <p>Cllr McHugh also commented on the case of combat stress among armed forces.</p> <p><i>Location and intervention</i></p> <p>There are places where people are more likely to commit suicide, like railways. There is work carried out in partnership with both transport police and network rail when there is a death on the railway, an investigation is conducted to decide if a preventative structure can be installed (Cllr Upton/Rosalind Jones)</p>	
<p><b>12. Healthy Weight and Physical Activity Story Maps</b></p> <p>Rosalind Jones referred to the paper <i>Report on the Healthy Weight Story Map for Oxfordshire</i> (page 31 in the agenda pack)</p> <p>Tom Gubbins referred to the <i>Physical Activity Story Map Demonstration</i> (page 33 in the agenda pack)</p> <p>Rosalind highlighted that the Healthy Weight Story Map was an engagement tool for stakeholders across the county to show the local picture of healthy weight. The story map is available at : <a href="http://Healthy Weight Story Map (arcgis.com)">Healthy Weight Story Map (arcgis.com)</a></p> <p>The map was created with arcgis software that can be used by anyone; it is interactive and combines with other multimedia content. There have been 527,000 views since it was launched in March, showing good engagement.</p> <p>Rosalind provided a live demonstration of how it works.</p> <p>Tom Gubbins gave a presentation of the Physical Activity Story Map developed at Cherwell District Council. The story map has been promoted internally to staff at all levels along with partners and will be soon available on CDC website. They will announce it through press releases and social media channels.</p> <p>It is really helpful to present all the data from different partners in one place, providing further detail on health inequalities in CDC</p>	

<p><u>Comments/Questions:</u></p> <p><i>Whole system approach</i>  The data will inform the work of the different stake holders (e.g. healthy weight practitioners, planning officers) in a true whole system approach (Cllr McHugh)</p> <p>Story Maps can be used to feed into health impact assessments regarding new housing. It has the potential to be used at a Primary Care Network level to broaden the knowledge on the population health challenges in each neighbourhood. It is possible to look behind that data and design specific interventions. Community insight work has been commissioned by the Public Health team to understand what lies behind these figures to understand residents' behaviour and to look at enablers that would facilitate people becoming more active and making healthy food choices (Rosie Rowe)</p> <p>Development of the story maps has been low cost and could be replicated in other District Councils (Cllr Phillipova-Rivers)</p>	
<p><b>13. Forward Plan</b></p> <p>Members to communicate to Rosie Rowe any item within the three main areas that they would like to be incorporated in the Forward Plan.</p>	
<p><b>14.AOB</b></p> <p>Cllr Phillipova-Rivers raised the subject of <i>period</i> poverty. It is known that 1 in 7 women with periods have problems affording sanitary products and she would like to bring this to the HIB attention.</p> <p>She is aware that in South Oxfordshire the voluntary sector is providing period boxes to young people. There is also a fund from the Department of Education to help with the cost of sanitary products in education settings but just 38% is used in Oxfordshire.</p> <p>There are other possibilities in South Oxfordshire such as the supply of reusable sanitary products that are much cheaper and better for the environment and in the longer term could be a game changer. There is an opportunity to explore this and see what HIB can do.</p> <p>Ansaf proposed a discussion outside the meeting. It is a really important area that can be addressed very quickly through some activities already happening in Oxfordshire. It is quite significant in terms of wellbeing impact.</p> <p>Cllr McHugh announced that it is time to rotate the Chair position, so he is leaving the role. HIB members thanked Cllr McHugh for his excellent chairing of the HIB.</p>	

## **Performance Report**

### **Background**

1. The Health Improvement Board is expected to have oversight and of performance on four priorities within Oxfordshire's Joint Health and Wellbeing Strategy 2018-2023, and ensure appropriate action is taken by partner organisations to deliver the priorities and measures, on behalf of the Health and Wellbeing Board.
2. The indicators are grouped into the overarching priorities of:
  - A good start in life
  - Living well
  - Ageing well
  - Tackling Wider Issues that determine health

### **Current Performance**

3. A table showing the agreed measures under each priority, expected performance and the latest performance is attached.
4. For all indicators it is clear which quarter's data is being reported on. This is the most recent data available.
5. Some areas of work will be monitored through achievement of milestones. These are set out on page 5 of this report. For Q3 and Q4 achievement progress is shown for Whole Systems Approach to Obesity and Mental Wellbeing.
6. The latest update for most indicators relates to 2020/21; therefore, RAG rating for those indicators refers to 2020/21 targets. Performance for indicators included in this report can be summarised as follows:

Of the 21 indicators reported in this paper:

**Five** indicators are **green**

**Four** indicators are **amber**

**Six** indicators are **red**:

- **2.16** Reduce the percentage of the population aged 16+ who are inactive (less than 30 mins/week moderate intensity activity)
- **2.17** Increase the number of smoking quitters per 100,000 smokers in the adult population
- **2.18** Increase the level of flu immunisation for at risk groups under 65 years
- **2.21i** Increase the level of Cervical Screening (Percentage of the eligible population women aged 25-49) screened in the last 3.5 years)
- **2.21ii** Increase the level of Cervical Screening (Percentage of the eligible population women aged 50-64) screened in the last 5.5 years)
- **3.18** Increase the level of Breast Screening - Percentage of eligible population (women aged 50-70) screened in the last three years (coverage)

## Health Improvement Board Performance Indicators 2020/21

	Measure	Baseline	Target 2020/21	National or Locally agreed	Update	Latest	RAG	Notes
A gap/stag in life	1.12 Reduce the level of smoking in pregnancy	8% (Q1 18/19)	7%	L (N target <6% by 2022)	Q4 20/21	6.9%	G	Oxfordshire CCG level, Year to date provisional
	1.13 Increase the levels of Measles, Mumps and Rubella immunisations dose 1	94.3% (Q2 18/19)	95%	N	Q4 20/21	93.1%	A	24 month evaluation
	1.14 Increase the levels of Measles, Mumps and Rubella immunisations dose 2	92.7% (Q2 18/19)	95%	N	Q4 20/21	92.5%	A	5 year evaluation
	1.15 Reduce the levels of children obese in reception year	7.8% (17/18)	7%	L	2019/20	6.7%	A	Measuring stopped in March 2020 by NHS/PHE - interpret with caution  Cherwell 7.1% Oxford 6.5% South Oxfordshire 7.9% Vale of White Horse 5.5% West Oxfordshire 7.4%
	1.16 Reduce the levels of children obese in year 6	16.2% (17/18)	16%	L	2019/20	16.2%	A	Measuring stopped in March 2020 by NHS/PHE - interpret with caution  Cherwell 19.9% Oxford 16.4% South Oxfordshire 14.7% Vale of White Horse 15.6% West Oxfordshire 13.6%



	Measure	Baseline	Target 2020/21	National or Locally agreed	Update	Latest	RAG	Notes
3.1 Ageing Well	2.16 Reduce the Percentage of the population aged 16+ who are inactive (less than 30 mins / week moderate intensity activity)	21% (May 2018)	18.6%	L	Nov19- Nov 20	21.3%	R	Cherwell 31.0% Oxford 15.3% South Oxfordshire 19.7% Vale of White Horse 20.0% West Oxfordshire 20.6%
	2.17 Increase the number of smoking quitters per 100,000 smokers in the adult population	>2,337 per 100,000 (2017/18)	2,919 per 100,000	L	Q3 20/21	2423	R	latest data is April to December (per 100,000); next publication 7 Sept 21
	2.18 Increase the level of flu immunisation for at risk groups under 65 years	52.4 (2017/18)	75%	N	Sep 2020 to Feb 2021	58.9%	R	
	2.19 % of the eligible population aged 40-74 years invited for a NHS Health Check (Q1 2015/16 to Q4 2019/20)	97% (2018/19)	N/A	L	Q1 21/22	67%		No targets set for 2021/22 as Programme primarily paused due to COVID-19
	2.20 % of the eligible population aged 40-74 years receiving a NHS Health Check (Q1 2015/16 to Q4 2019/20)	49% (2018/19)	N/A	L	Q1 21/22	31.7%		
	2.21i Increase the level of Cervical Screening (Percentage of the eligible population women aged 25-49) screened in the last 3.5 years)	68.2% (all ages) Q4 2017/18	80%	N	Q3 20/21	65.9%	R	
	2.21ii Increase the level of Cervical Screening (Percentage of the eligible population women aged 50-64) screened in the last 5.5 years		80%	N	Q3 20/21	75.7%	R	
3.2 Ageing Well	3.16 Maintain the level of flu immunisations for the over 65s	75.9% (2017/18)	75%	N	Sep 2020 to Feb 2021	84.4%	G	
	3.17 Increase the percentage of those sent Bowel Screening packs who will complete and return them (aged 60-74 years)	58.1% (Q4 2017/18)	60% (Acceptable 52%)	N	Q2 20/21	70.3%	G	
	3.18 Increase the level of Breast Screening - Percentage of eligible population (women aged 50-70) screened in the last three years (coverage)	74.1% (Q4 2017/18)	80% (Acceptable 70%)	N	Q4 19/20	55.4%	R	This KPI was withdrawn by PHE for Q1, Q2 and Q3 2020/21 as there were issues with data quality due to the impact of the COVID-19 pandemic on screening services in this period.

Tackling Wider Issues that determine health

Measure	Baseline	Target 2020/21	National or Locally agreed	Update	Latest	RAG	Notes
4.1 Maintain the number of households in temporary accommodation in line with Q1 levels from 18/19 (208)	208 (Q1 2018-19)	208	L	Q4 20/21	5	-	Cherwell: 29 Oxford: 90 S. Oxon: 9 VoWH: 15 W. Oxon: 39
4.2 Maintain number of single homeless pathway and floating support clients departing services to take up independent living	tbc	75%	L	Q4 20/21	87.8%	<b>G</b>	
4.3 Maintain numbers of rough sleepers in line with the baseline "estimate" targets of 90	90 (2018-19)	90	L	Q4 20/21	38	<b>G</b>	Cherwell: 10 Oxford: 19 S. Oxon: 3 VoWH: 1 W. Oxon: 0
4.4. Monitor the numbers where a "prevention duty is owed" (threatened with homelessness)	no baseline	Monitor only	-	Q4 20/21	306	-	Cherwell: 45 Oxford: 65 S. Oxon: 80 VoWH: 94 W. Oxon: 33
4.5 Monitor the number where a "relief duty is owed" (already homeless)	no baseline	Monitor only	-	Q4 20/21	159	-	Cherwell: 41 Oxford: 45 S. Oxon: 14 VoWH: 21 W. Oxon: 38
4.6 Monitor the number of households eligible, homeless and in priority need but intentionally homeless	no baseline	Monitor only	-	Q4 20/21	1	-	Cherwell: 3 Oxford: 1 S. Oxon: 1 VoWH: 0 W. Oxon: 0

## Health Improvement Board Process Measures 2020/21

Measure	Quarter 3			Quarter 4		
	Process	Progress	Rag	Process	Progress	Rag
<b>Whole Systems Approach to Obesity</b>  Page 15	Expand the network group for the whole systems approach to healthy weight	Network group expanded to represent all focus areas of the WSA (childhood obesity, physical activity, climate action and food).  3 WSA virtual stakeholder events held for all focus areas with a system map for each theme created to inform the WSA action plan. Further consultation planned for working with schools.	G	Expand the network group for the whole systems approach to healthy weight  Building a local picture (Phase 2) and mapping the local system (Phase 3)  Healthy Weight Framework for Oxfordshire	WSA Network group now has over 75 cross sector members (childhood obesity, physical activity, climate action and food). 5 WSA virtual stakeholder events delivered to inform the development of the Healthy Weight Framework and Phase 4 (Action).  Completed the first phase of the Oxfordshire Healthy Weight Story Map. Phase 2 in progress to focus on the built environment.  Launched a community insight project April 2021- 22 to understand the reality of healthy weight from the perspective of residents.  In progress to be completed Spring 2021.	G
	Suicide Prevention Multi-Agency Group (MAG) active and delivering to the strategy and year 1 action plan.  Mental Wellbeing Prevention Framework development following the sign up to the Concordat for Better Mental Health	Next MAG meeting on 24 <sup>th</sup> February 2021. Review of year 1 progress on strategy to be agreed in the meeting.  Real time suicide surveillance continues and informs work of the MAG and action plan.  Mental wellbeing health needs assessment in progress to inform further work – due Spring 2021.  Review of progress of year 1 of the partnership in progress. Partnership comms group to support a joined-up approach is successful. Mental Health and Suicide First Aid training needs identified, and training rolled out to priority groups.	G	Suicide Prevention Multi-Agency Group (MAG) active and delivering to the strategy and year 2 action plan.  Mental Health Prevention Concordat Partnership delivering the framework and Year 2 priorities.	Next MAG meeting on 20th May 2021. Continue to work with a wide range of partners to prevent suicide and self-harm in the community.  Real time suicide surveillance continues and informs work of the MAG and action plan. Monitor and review our actions as more information becomes available on the impact of COVID-19 on vulnerable groups.  Next Concordat meeting 14 June 2021. Year 1 progress report now complete (video). Partnership comms group now has 15 members. Mental health and suicide prevention training continues.  Mental wellbeing needs assessment available June 2021 to inform Year 2 priorities.	G

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September 9<sup>th</sup>, 2021

Healthwatch Oxfordshire report.

Presented By: Amier Al Agab- Healthwatch Oxfordshire Ambassador.

#### Purpose / Recommendation

- For HIB members to note Healthwatch Oxfordshire's *Annual Impact Report (2020-1)* and accompanying film. This is available at: <https://healthwatchoxfordshire.co.uk/report/healthwatch-oxfordshire-annual-report-2020-21/>
- For questions and responses to be taken in relation to this report

#### Executive Summary

- Summary of the Healthwatch Oxfordshire Annual Impact Report is available at <https://healthwatchoxfordshire.co.uk/wp-content/uploads/2021/07/Annual-Impact-Report-summary-2021-22.pdf> and in meeting appendices

#### Background

Healthwatch Oxfordshire is continuing to listen to the views and experiences of people in Oxfordshire about health and social care. We continue to use a variety of methods to hear from people including survey, outreach, community research, and work with specific groups including Patient Participation groups, voluntary groups and seldom heard. We have increased our social media presence and output to raise the awareness of Healthwatch Oxfordshire.

#### Key Issues

**Current work focus includes:**

- Reports published since last meeting: *What people are telling us about the Covid 19 Vaccine* (based on 600 responses) and *Secret Shopper Exercise for Oxfordshire Adults Safeguarding Board*: carried out into raising a safeguarding concern about the welfare of a neighbour or other person with recommendations
- Forthcoming report and recommendations on access *Ear Wax treatment* for people in the county
- Current and forthcoming surveys: *Using Interpreters* for health and care appointments, and *Remote blood pressure monitoring* (evaluating BP@Home) and focus on *Primary Care Networks* and their engagement with community

- Work with community researchers, (*Community Participative Action Research*) with training support via initiative Health Education England (HEE) and Public Health England South-East
- Active participation in Covid Vaccine outreach planning group

### Key issues we are hearing:

- Top three inquiries from the public are access to GPs, dentistry and mental health.
- Access to GPs continues to be a challenge, including via phone and online, and with long waiting times to be seen:

*“Tried ringing, cut off three times. Waited 57 minutes to get an answer but a total of 1 hour and 20 minutes...!”*

*“I rang to ask for a GP appointment and after listening to the initial messages I waited 2 hours in the queue before speaking to someone. I was then told that I needed to ring before 10am to make an appointment”*

*“In one instance, when I asked that a GP contact me about an elderly client, it was a paramedic who returned the call and it was not what was needed nor what was requested. The GP has reassured me that I can contact him and speak with him but it is impossible most of the time to get through the reception to get him to contact me”*

*“Not great, takes ages to get back test results, had a CT scan and over two weeks later still waiting. Takes two or three days to get a telephone appointment”*

*“Tried to book an appointment with the receptionist her attitude was very sharp to be told there are no spaces left and to try the next day which I did and was told no spaces. It is to do with my cholesterol... I have had a stroke and it needs to be kept an eye on. I am over 70 years old. I am not phoning again”*

<b>Key Dates</b>
------------------

### Next steps:

Priorities for Healthwatch Oxfordshire in 2021-2 are:

- Increase the voice of seldom heard communities - through ongoing outreach, and development of community research model
- Increase the influence of Healthwatch Oxfordshire in ensuring voices of the public are heard by the health and social care system - through working with Patient Participation Groups, Primary Care Networks and Oxfordshire Wellbeing Network

**Report by:** Amier Al Agab - Healthwatch Oxfordshire Ambassador.  
September 2021

2020-2021

# Our Annual Impact Report

## Message from the Chair

The Healthwatch Oxfordshire team rose to the challenge of working under lockdown. They focused on what our local communities needed, constantly adapting and developing new ways to ensure your voices were heard during the pandemic.

The pandemic highlighted many issues that were already impacting on local people and communities. We heard about a lack of reliable, accessible, and up-to-date information on COVID-19 in community languages. We also became aware of issues of digital exclusion as health care consultations shifted online. We reported what we heard about the impact of COVID-19 and your experiences of accessing services to providers and commissioners.

We did manage to grow our team, by welcoming a new community outreach worker, and we also grew our board. At the end of a strange year, I step down as Chair and hand over to Sylvia Buckingham. I wish Sylvia, the team, and trustees all the best for the coming year.



Tracey Rees, Healthwatch Oxfordshire Chair 2019-2021

## About us

We are the independent champion for people who use health and care services in Oxfordshire. We are here to find out what matters to people and help make sure your views shape the services you need, by sharing these views with those who have the power to make change happen. We also help people find the information they need about health and social care services.

### We aim to:



Support you to have your say



Ensure all voices are heard



Work together to help improve health and care services for all

We have a team of **7** members of staff, and are supported by **6** volunteers and **6** trustees. We received **£247,908** in funding from Oxfordshire County Council to help us carry out our work.

## Our year in numbers

- We heard from **7,697** people about their experiences of health and social care
- **161** people left a review of using a local health and care service via the Feedback Centre on our website
- We had **33,408** hits on our website and reached **130,726** people through social media
- We provided in-depth advice and information to **147** people
- We published **28** reports based on our research, setting out what we heard and what improvements people would like to see to local services





2020-2021

# Our work

## A focus on social care

One of the areas that we concentrated on this year was social care - the care and support people receive in their home or in residential homes. As part of this work we:

- Carried out two surveys of care home managers to ask how they were coping during the COVID pandemic. We passed on what we heard to social care decision-makers locally and nationally.
- Heard from 160 unpaid adult carers and published a report highlighting the challenges they faced accessing support services. We held an event bringing together carers and support agencies to talk about how support for carers could be improved, and we will closely monitor a new carers service launched in April 2021.
- We reached out to people who are paid to care for someone in their home. Following our report on this, Oxfordshire Association of Care Providers agreed to work with us to conduct an annual survey of employed carers, as we suggested.
- We published a report on people's experiences of changes in Oxfordshire County Council's policy on adult social care contributions. The council has pledged to involve service users in ensuring information about social care contributions is more accessible and concise.



*“The Healthwatch Oxfordshire survey of care homes that we report on today is an absolutely excellent piece of work and demonstrates exactly why this organisation exists.” Oxford Mail*

## Working together on wellbeing

We have worked closely with Oxford Community Action (OCA) over the last 18 months to find out what Oxford's new and emerging communities think about wellbeing. 152 people completed our survey, describing what supports their wellbeing, where they turn for support and what makes it difficult to get support.

Members of the communities involved also helped to produce a short film about their views on wellbeing called 'A Problem Shared'. Two community volunteers representing OCA presented the film, along with a report about this work, to key health and care decision-makers on the Oxfordshire Health and Wellbeing Board in March.



## We also:

- Made three outreach visits as part of a project to find out what it is like living in the Didcot area. Following concerns raised about the impact of housing growth, we will hold a meeting for organisations involved in delivering services in this area to ask that they work with local people to ensure population growth is sustainable and supported with adequate infrastructure.
- Worked with other local Healthwatch organisations to produce reports about the experiences of people in Buckinghamshire, Oxfordshire and Berkshire West in accessing care during COVID and of care inequalities.
- Produced a report about the emotional wellbeing of 0-5 year-olds which we sent to the commissioners of early years support services as a snapshot of parents' and carers' understanding about this issue.





2020-2021

# Our response to COVID

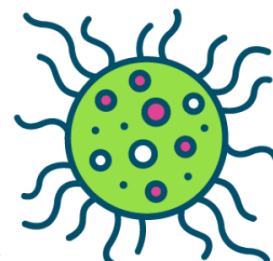
## Hearing about the impact of COVID

An important part of our response to the pandemic was to hear about the impact that COVID was having on health and care services, and people's access to these services.

**370** people shared their experiences of using pharmacies in Oxfordshire. People told us they valued the role, service, and presence of community pharmacies but had experienced delays in getting medicines and queues at pharmacies, and that social distancing was not always adhered to.

**221** people shared their experiences of finding and accessing NHS and private dentists for routine and urgent treatment during the pandemic. We heard that restricted access had meant that some people were left in pain or with worsening oral health, and how wealthier people were able to access treatment by paying privately. Following this work, NHS England announced additional dental appointments in Oxfordshire.

We also heard from people who were struggling to access GP and acute care services, with some reporting problems getting appointments, long delays for hospital treatment, and concerns about when services would return to normal. Given that patients were increasingly being directed to online services, we carried out a review of how easy it was to use GP practice websites.



## Enter and View visit to the Kassam vaccination centre

COVID restrictions meant we were only able to carry out one Enter and View visit this year, which was to Oxford's NHS COVID-19 vaccination centre at the Kassam Stadium.

Our visit followed strict COVID protocols, which included not talking directly to patients, but instead distributing a paper questionnaire, and a link to an online survey for them to complete.

Feedback from **87** people who completed our survey was overwhelmingly positive and praised the organisation, safe environment, and efficiency of the centre as well as the attitude of staff and volunteers.



## We also:

- **Provided reliable and trusted information on COVID** - and helped people to access the services they needed and answered their queries on a range of COVID-related issues.
- **Ensured translated information was available** - we worked with Oxford Community Action to translate and deliver a COVID information sheet in five languages to 700 homes in Oxford.
- **Highlighted the digital divide** - we worked to raise awareness that not everyone is digitally connected or keen to receive services or support online.
- **Reached out in new ways** - we used social media to engage with communities, held virtual meetings and online drop-in events on topics such as accessing GPs during COVID.
- **Supported the vaccine roll-out** - **460** people completed our survey sharing their views on the COVID vaccine, which we shared with those managing the vaccine roll-out in Oxfordshire.

2020-2021

# Next steps

## Our priorities for next year

- **Increase the voice of seldom heard communities** - through our ongoing involvement with and reaching out to community groups and voluntary organisations, and working with community researchers.
- **Increase the influence of Healthwatch Oxfordshire in ensuring that the voices of patients and public are heard by the health and social care system** - by attending Committees and Boards, and through our support to service user groups, Patient Participation Groups, Primary Care Networks and the Oxfordshire Wellbeing Network.

In 2021-22 we will continue to focus on making sure that the voices of people from communities that do not generally engage with surveys, or who are digitally excluded, are heard. It often takes time to build connections and earn trust within these communities, but we are committed to working in this way. We have recently appointed an outreach worker in Oxford, and we are supporting five community researchers to expand our reach and listen to people from different communities.

We will continue to monitor actions taken against recommendations in our reports, and we commit to keeping the public informed of the impact their participation in our research has had on services.

Rosalind Pearce, Healthwatch Oxfordshire Executive Director



## Thank you to everyone who has helped us this year, including:

- Members of the public who shared their views and experiences with us.
- Our brilliant team of staff, trustees and volunteers for their hard work.
- The voluntary organisations we worked with for helping to ensure more people's voices are heard.
- The providers and commissioners of health and social care who have listened and responded to the voices of Oxfordshire residents.



## Contact us

Please get in touch if you would like to share your experience of using a local health service, if you have a question about a local service, if you would like to contribute to one of our research projects or to sign up to receive our news briefing.

You can also follow us on social media to get regular news and information updates.

Healthwatch Oxfordshire

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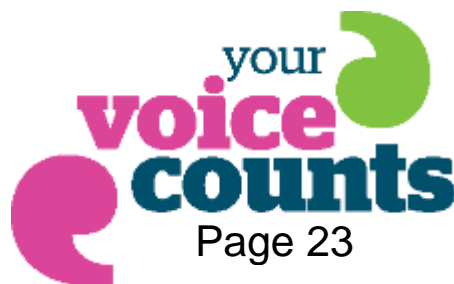
[www.linkedin.com/company/healthwatch-oxfordshire](https://www.linkedin.com/company/healthwatch-oxfordshire)

**Healthwatch Oxfordshire**

# **Annual Impact Report 2020-21**



**We listen, we influence, we ensure your voice is heard**



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All our research reports, which we refer to in this document, are available at [www.healthwatchoxfordshire.co.uk/reports](http://www.healthwatchoxfordshire.co.uk/reports)

If you would like a paper copy of a report, please call 01865 520520 or email [hello@healthwatchoxfordshire.co.uk](mailto:hello@healthwatchoxfordshire.co.uk)

# Message from the Chair

I am very proud of the way the Healthwatch Oxfordshire team worked last year. They rose to the challenge of working under lockdown and focused on what our local communities needed.

The team was constantly adapting and developing new ways to ensure your voices were heard during the pandemic. This meant creatively using social media channels, hosting webinars, raising awareness of our work through newspaper articles, press releases and interviews in the local media, and, importantly, working hard to maintain relationships with our communities.

The pandemic highlighted many issues that were already impacting local people and communities before COVID. We heard about a lack of reliable, accessible, and up-to-date information on COVID-19 in community languages, and growing issues of 'digital exclusion' as health care consultations shifted rapidly online. We also heard of increasing need for wellbeing support, and access to emergency food banks.



**The pandemic highlighted many issues that were already impacting local people and communities.**

Healthwatch Oxfordshire reported what it heard about the impact of COVID-19 to the boards where local politicians and service providers meet to deal with health and social care issues. We passed on your experiences of accessing care and dental and pharmacy services during the pandemic thanks to your feedback, from our work with local Patient Participation Groups, and from face-to-face contact with residents in the Didcot area between lockdowns.

We were also able to carry out one Enter and View project, a review of the Kassam Stadium vaccination site, along with surveys on people's experiences of vaccination centres.

We did manage to grow our team, by welcoming a new community outreach worker, and we also grew our board thanks to links with an Oxford Hub initiative to grow and develop young trustees.

At the end of a strange and eventful year I step down from my role as Chair and I hand over to Sylvia Buckingham. I wish Sylvia, the team, and the trustees all the best for, hopefully, a less eventful coming year.

## Tracey Rees

Healthwatch Oxfordshire  
Chair 2019-2021





# About us

## Here to make health and care better

We are the independent champion for people who use health and social care services in Oxfordshire. We are here to find out what matters to people and help make sure your views shape the services you need, by sharing these views with those who have the power to make change happen.

## Helping you to find the information you need

We help people find the information they need about services in their area. This has been vital during the pandemic with the ever-changing environment and restrictions limiting people's access to health and social care services.

### Our aims



#### 1 Supporting you to have your say

We know that health and social care providers can best improve services by listening to people's experiences.



#### 2 Ensuring all voices are heard

We know that everyone in society needs to be included in the conversation – especially those whose voices aren't being listened to.



#### 3 Working together to help improve health and care services

We know that comparing lots of different experiences helps us to identify patterns and learn what is and isn't working.

### Contact us

Website: [www.healthwatchoxfordshire.co.uk](http://www.healthwatchoxfordshire.co.uk)

Twitter: @HealthwatchOxon

Facebook: @HealthwatchOxfordshire

Instagram: @HealthwatchOxfordshire

Call us on **01865 520520** or email us at **hello@healthwatchoxfordshire.co.uk**



# Our year at a glance

Despite spending most of the year unable to work face to face in the community, our team has worked incredibly hard and creatively to reach out and hear from so many of you. Thanks to all of you who took the time to share your experiences and views to enable us to help inform and influence local services. Please keep your feedback coming - we can't do our job unless we hear from you!

## Hearing from you



We heard from **7,697** people this year about their experiences of health and social care.

**161** people posted a review of their experience of using health and care services via our Feedback Centre.

We provided in-depth advice and information to **147** people.

## Reaching out



We had **33,408** hits on our website.

We reached **130,726** people through our Facebook and Twitter social media channels.

We sent our fortnightly news briefing to **1,192** supporters, partners, and stakeholders.

We provided translated materials about us in **10** languages.

## Reporting what we heard



We published **28** reports based on our research and engagement, which set out what we heard and what improvements people would like to see to health and social care services. You can read all our reports at [www.healthwatchoxfordshire.co.uk/reports](http://www.healthwatchoxfordshire.co.uk/reports)

## How we work



**6** volunteers and **6** trustees gave up their time to help support and steer our work.

**7** members of staff were employed, one of whom is full time, which compares to 6 members of staff the previous year, two of whom were full time.

We received **£247,908** in funding from our local authority in 2020-21, 2% more than the previous year.

# How we work

We use a wide range of approaches to ensure that as many people as possible can provide us with insights on their experience of health and care services.

In 2020-21 we carried out outreach work in Didcot, including talking to people face to face at a shopping centre, food bank, and local community centre. Despite the impact that COVID-19 had on our ability to visit services, we carried out an Enter & View visit to the NHS Vaccination Centre at the Kassam Stadium. However, much of our research during the year was conducted using online surveys, with paper copies and translations available, as well as the option of having a member of staff fill out the form over the telephone.

Throughout the year we enhanced our research by conducting follow-up telephone or online conversations with individuals who responded to initial research. This has given us a depth of understanding and added detail to our reports to the wider health and care system. Individuals were then offered the opportunity to attend round table discussions with commissioners and service providers, which have given our reports a greater impact.

We heard from people by phone, by email, and via our Feedback Centre on our website. We ran virtual events, including webinars and online Zoom events on different topics, which enabled us to hear in more depth about key issues, such as how easy people had found accessing their GP during the pandemic. In addition, we attended virtual meetings of community groups and forums and engaged with the public via social media.

We are committed to hearing from people who we don't reach through the website or questionnaires. Building relationships with members of Oxfordshire's communities and working to create an ongoing relationship and two-way dialogue means people have more confidence to speak to us when issues arise. This need for 'continuous and ongoing dialogue' was highlighted in our joint work with Oxford Community Action around wellbeing in Oxford's diverse and multi-ethnic communities.

Other ways of discovering people's views are through our support of Patient Participation Groups, our participation in the Oxfordshire Wellbeing Network, and our attendance at a range of different theme-focused forums. This enables us to keep abreast of the broad issues facing different groups and communities, and to identify areas of concern.

All of the above helps inform our areas of focus. For example, through COVID we had ongoing enquiries about access to NHS dentistry, as well as comments on our Feedback Centre, and this led us to do a more in-depth survey across the county - identifying and understanding more about the gaps in dentistry provision.

Digital exclusion has also been highlighted this year - as people tell us they face barriers to accessing health services that are increasingly online or have faced language barriers to information on health.







## A focus on social care

**One of the areas that we concentrated on this year was social care – the care and support people receive in their home or in residential homes.**

To help focus this work we began the year by asking people to tell us their top three issues around social care. More than 200 people and organisations responded, helping us to identify the three main areas of concern - how social care is organised, how it is delivered, and who is delivering it.

As part of this work this year we have:

- Carried out two surveys of care home managers in the county to ask how they were coping during the COVID-19 pandemic.
- Sought the views of relatives of care home residents about what it was like visiting and keeping in touch with their loved ones during the pandemic.
- Listened to employed and voluntary carers to try to understand how care at home affects people receiving and delivering care.
- Published a report on people's experiences of changes in Oxfordshire County Council's policy on adult social care contributions.

## Learning COVID lessons from care home managers

**We passed on crucial insights into how care home managers in Oxfordshire were coping with COVID to social care decision-makers locally and nationally.**

In May and October, we contacted all care home managers in the county to find out about the pressures they had faced because of the pandemic. We submitted our reports on what we had heard and our suggestions for improvements to local care commissioners, health bodies, and local authorities, with the findings and recommendations widely welcomed.



**Thank you to Healthwatch Oxfordshire for this report and its rapid turnaround. I am really pleased discussions have already begun from the learning. We will ensure we take things forward across the system.**

Diane Hedges, Deputy Chief Executive, Oxfordshire Clinical Commissioning Group

We sent our initial report to members of the Government's Social Care Sector COVID-19 Support Taskforce, which was carrying out reviews of how well health and social care service providers worked together during the pandemic. One member of this taskforce, Kate Terroni, the Chief Inspector for Adult Social Care at the Care Quality Commission, described our report as "excellent" and thanked us for sharing it.

Healthwatch Oxfordshire was twice invited to attend the county's system-wide Care Homes Bronze Cell meetings to discuss the findings of the reports. We will continue to monitor the outcome of these discussions over the coming year. A presentation of our report to Oxfordshire Clinical Commissioning Group's Primary Care Commissioning Committee led to a briefing for care homes to include a focus on the legal framework and safeguarding in response to concerns about visiting restrictions at some care homes.

As a result of this work, our Executive Director was invited to be a keynote speaker in a Green Templeton College, University of Oxford event discussing COVID-19 and care homes. The report was also covered widely in the local news, including on BBC Oxford and BBC South as well as in the Oxford Mail.



**The Healthwatch Oxfordshire survey of care homes that we report on today is an absolutely excellent piece of work, and demonstrates exactly why this organisation exists.**

The Oxford Mail

## Listening to the relatives of care home residents

One of the themes that emerged in our surveys of care home managers was their concern about the impact of COVID visiting restrictions on the wellbeing of residents. As a result, we carried out a separate project to listen to the experiences of people with loved ones living in a care home. Following the publication of a report on this work we will call together organisations involved in commissioning and regulating care homes in the county, along with local care providers, to initiate work on how Oxfordshire care homes can become examples of good practice in valuing the role of families of care home residents.

## Hearing the voices of unpaid carers



We heard from 160 unpaid adult carers about their experiences of caring and the challenges they faced in accessing support services and getting the help they need.

We published a report calling for a more coordinated and accessible approach to the provision of advice and support for unpaid carers, including more personal, practical support and better promotion of the support that is available.

We then held a round table event bringing together carers and support agencies to talk about how support for carers can be improved in the county. This meeting also discussed a new Carers Pathway service launched in April 2021, which is based around a one-stop-shop model. The service should help fill gaps in carer support and personalise the services offered to carers, reflecting many of the recommendations of our report.

We will monitor this new service over the next year and have asked for carers to be involved in its evaluation.

## Hearing the voices of employed home carers



We reached out to people who are paid to care for someone in their home – to hear what this is like, how COVID-19 has impacted their work, and how well the wider health and social care system has supported them.

We heard that home care workers are proud of what they do, want to be valued both financially and by other professionals, and would like more time to provide quality care.

Following the publication of this report Oxfordshire Association of Care Providers expressed a commitment to working with us to conduct an annual survey of employed carers as recommended in our report. We will follow up on this work, and other recommendations.

## Seeking views on social care contribution changes



Following a change in Oxfordshire County Council's policy on social care contributions in 2018, the Council commissioned us to ask people who pay towards their social care about their experiences of the policy change. We sent out a survey to 1,500 people and reported back to the council the concerns we heard, which included understanding the information sent to service users, the impact of changes to individual financial contributions on their social care, and an apparent lack of an appeals process.

The council welcomed our report and has pledged to work with us to involve service users in making sure that information about social care policy and contributions is more accessible and concise, and easier to understand.

**All our social care reports have been presented to the Oxfordshire Health and Wellbeing Board and Oxfordshire Joint Health Overview and Scrutiny Committee, and both carer reports were taken to Oxfordshire Clinical Commissioning Group's Quality Committee. We plan to present these reports to Oxfordshire County Council's Performance Scrutiny Committee in summer 2021.**



## Working together on wellbeing

**We have worked closely with Oxford Community Action (OCA) over the last 18 months to find out what Oxford's new and emerging communities think about wellbeing.**

Collaborative research work together with OCA led to three focus groups and the design of a questionnaire that community volunteers helped distribute to Oxford's East Timorese, Pakistani, Sudanese, Syrian, Nigerian, Palestinian, and East African communities.

In total, 152 people completed the survey, describing what supports their wellbeing, where they turn for support and what makes it difficult to get support.

We published a joint report in January setting out what we had heard. This highlighted:

- Family, friends, faith, and community are most important in supporting wellbeing.
- The challenges people face when seeking or using support for health and wellbeing from some services in Oxford - these include difficulties finding services to meet cultural and spiritual needs, and a lack of information in translated and accessible formats.

The research also revealed that 60% of people who completed the survey said they would like help with managing stress, and yet only 4% said they would seek mental health support.



Members of the communities involved worked with film maker Nicola Josse to produce a short film about their views on wellbeing, called 'A Problem Shared'. This can be watched via our website at [www.healthwatchoxfordshire.co.uk/our-work/our-videos](http://www.healthwatchoxfordshire.co.uk/our-work/our-videos)



Two community volunteers representing OCA presented the film, along with the report, to the Oxfordshire Health and Wellbeing Board meeting in March 2021. Following the meeting the Chair of Oxford University Hospitals met with the two community members to discuss points raised about services at the John Radcliffe Hospital.

The film was a very powerful way of making sure that the voices of those people who shared their views with us are heard by key health and care decision-makers in Oxfordshire.

The report shows there is a huge appetite within the community to work with others to improve health and wellbeing. However, it also shows that there are significant barriers to getting the necessary support.

**The message is loud and clear – that to improve access, build trust and create culturally-appropriate services, communities want to see support designed and delivered with their input and within community settings.**

We will continue to work with Oxford Community Action and the community volunteers who have been so supportive of this project, to push for practical solutions and the sort of support that people told us they would like.

Mujahid Hamidi, a Director of Oxford Community Action, said: "We're immensely grateful for our collaboration with Healthwatch Oxfordshire. It has allowed us to amplify the voices of some of Oxford's diverse and multi-ethnic communities on important topics related to mental health and wellbeing.

"Much work remains to be done on that front, however, and we are looking forward to continuing to work alongside Healthwatch Oxfordshire to advocate for the needs of our communities."

We plan to continue work in this area by holding an Oxfordshire Wellbeing Network event around community wellbeing in the summer of 2021.



**Thanks for this fantastic report – I found it really powerful and insightful** - Vicki Galvin, Oxford City Council Sport & Physical Activity Team

**This is so helpful. I had started to read the report, but the film helped me cut to the chase** - Katharine Barber, Chief Executive, Homestart Oxford



**Oxford Community Action supports new and emerging, as well as more established Black, Asian and Minority Ethnic Communities.**

# Listening and influencing

## Back out and about – in Didcot

When COVID restrictions allowed we made three outreach visits as part of a project to find out what it is like living in the Didcot area. Between October and December, we attended SOFEA Didcot Community Larder, and visited East Hagbourne Village Hall, and Great Western Park to ask people for their views and experiences of accessing local health, care, and community services. We also held our first virtual drop-in on this topic.

Overall people were positive about living in the area and being able to find information on how to access services. However, almost a quarter of respondents complained about access to GP practices and appointments, and we heard concerns about the impact of housing growth on infrastructure and the capacity of health services, particularly primary care.

Our report on this work includes a call to action to those public bodies and partnerships responsible for planning and delivering services to the Didcot communities. We ask that they work together with local people to ensure that population growth in the area is sustainable and supported with adequate infrastructure. We will call together these stakeholders to a meeting in summer 2021 to build on existing discussions and develop relationships.



## This year we also:

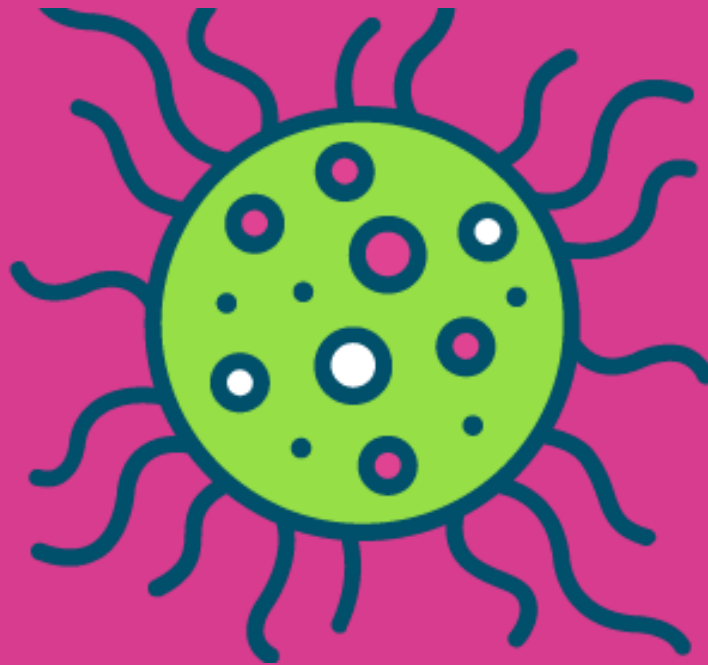
- ✓ Carried out research and published a report on the emotional wellbeing of 0-5 year-olds. This work focused on the views of parents and carers on understanding and support for mental health and wellbeing of pre-school children, including awareness of the support available, and gaps in provision. We sent this report to the commissioners of early years support services, as a snapshot of parents' and carers' understanding about this issue.
- ✓ Produced a report for Oxfordshire Children's Trust Board about what help and support parents in Oxfordshire receive, including what works well and where there are gaps. The Board accepted our recommendations and agreed to review the reinstatement of services, as COVID restrictions allow, to see how they are 'catching up' on supporting families.
- ✓ Worked with local Healthwatch organisations to produce reports summarising what people in Buckinghamshire, Oxfordshire and Berkshire West had told us about accessing care during COVID, and of the health and care inequalities they had experienced. Both reports have been presented to the Senior Management Team of Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS).



**All our reports can be read in full on our website [www.healthwatchoxfordshire.co.uk/reports](http://www.healthwatchoxfordshire.co.uk/reports) or please get in touch if you would like us to send you a copy.**

# Other ways in which we've made a difference

- ✓ We helped members of the asylum community access a COVID-19 vaccination after asking Luther Street Medical Centre if they could attend a vaccination clinic the practice was already running for homeless people.
- ✓ We supported Oxford Community Action (OCA) to navigate emergency food networks early on in the pandemic as they established a weekly food distribution point. We also worked together with OCA and Replenish Oxfordshire to produce translated leaflets on food labelling for use by food bag recipients.
- ✓ We informed members of Oxfordshire's boating community about national research being carried out by NHS South England and Ipsos Mori, focusing on inequalities in health, enabling them to share their views on how access to health services could be improved.
- ✓ Oxfordshire Clinical Commissioning Group implemented changes to its phone system after we alerted it to the problems people were having getting through to seek advice or make complaints.
- ✓ Our report on the emotional wellbeing of under-fives was used by Homestart Oxfordshire to help develop its support for families during the pandemic.
- ✓ The General Pharmaceutical Council asked for a copy of our report about people's experiences of using pharmacies during COVID-19 to help identify ways in which it could, as a regulator, improve people's experiences.
- ✓ At our recommendation, Oxford University Hospitals NHS Foundation Trust updated its website so that content about maternity services, including partners being able to visit and be present at birth, was more accessible.
- ✓ We responded to concerns from members of the public about an image in a Public Health Oxfordshire NHS Health Checks poster displayed in bus shelters in Oxford, which resulted in the poster being removed.
- ✓ We expanded the scope of our Didcot town project following comments on social media from people in neighbouring villages who used health services in Didcot and who wanted to contribute to our research.
- ✓ We helped Patient Participation Groups across the county to help them develop working relationships with GPs and ensure that patients' voices are heard.
- ✓ We continued to seek responses from service providers for patients who submitted a review via our Feedback Centre, and followed up with providers on reviews of concern.
- ✓ We updated our website to improve the content, structure, and design to make it easier for people to use. We also added a range of translated materials and information.



## Responding to COVID-19

**Throughout the year the Healthwatch Oxfordshire team have worked incredibly hard to continue listening to and supporting communities during the pandemic.**

Despite COVID restrictions, we were determined to continue hearing from people about their experiences and how the pandemic was affecting them and their ability to access services. The team rose to the challenge, working flexibly and creatively to reach out to people and keep in touch.

We raised awareness of some of the issues we were hearing about and took action to address them – from ensuring people had access to translated information, to letting members of Patient Participation Groups know how they could support the vaccine roll-out.

We also provided and promoted reliable, up-to-date information about COVID, and helped people to access the services they needed. In addition, we carried out research projects assessing the impact of COVID, sharing the findings with local health and care commissioners and providers.

In the early days of the pandemic, two members of the team were seconded to Oxfordshire All In and Good Food Oxford to help in their work supporting the community.



## Providing reliable and 'trusted' information

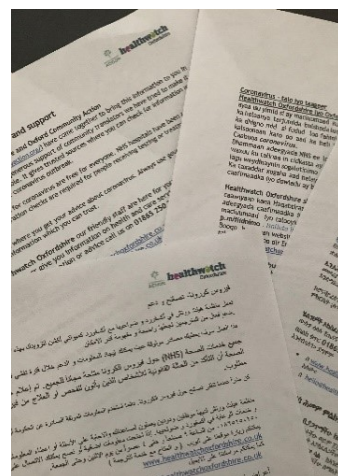
We provided and promoted up-to-date local and national information and advice about COVID via our website, social media channels and news briefing, as well as a fortnightly COVID bulletin at the start of the pandemic. Oxford University Hospitals listed our COVID web page as one of six trusted sources of information to which they linked people.

We also helped people to access the services they needed and answered their queries on a range of COVID-related issues - from shielding and delayed operations, to the lack of face-to-face appointments and the vaccination.

## Ensuring translated information is available

After hearing that new and emerging communities lacked access to trusted information about COVID-19 in their own languages, we worked closely with Oxford Community Action (OCA) to translate and deliver a COVID-19 information sheet in five languages to 700 homes in Oxford.

We worked with OCA and Replenish Oxfordshire to produce translated leaflets on how to interpret food labels. The leaflets were distributed, via food parcels, to 300 homes. We created and promoted accessible and translated information on our website and via our newsletter and on social media. We also responded to requests from health organisations and local authorities for information to be translated. As a result, we carried out an investigation into access to translated information from local authorities and health services.



**Thank you very much. It makes a huge difference to be able to use resources in a language that our clients understand most clearly, they definitely feel valued (African Families in the UK - AFiUK)**

## Highlighting the digital divide

We worked to raise awareness that not everyone is digitally connected, or keen to receive services, support and advice electronically.

We highlighted this in reports to the Health and Wellbeing Board, the Health Improvement Board, and the Joint Health Overview Scrutiny Committee, as well as in a press release, newspaper articles, and television and radio interviews.

We were also careful not to just rely on digital methods of getting our messages across. We continued to ensure that paper copies of our surveys and reports were always available and used the local media to promote our work, including securing regular space in the Oxford Mail for our Chair to write about key issues.

We also developed new ways of communicating our work, including submitting regular articles to parish and community magazines to help reach more people.



Oxford Mail - August 2020

## Reaching out in new ways

While recognising that not everyone is online, social media did become an increasingly effective way for us to engage with communities – to keep connected with groups we knew about and to link up with new ones.

Virtual meetings and events became a valuable way of getting people together. As part of our support for Patient Participation Groups we introduced monthly webinars on topics of interest, with almost 100 PPG Chairs and members attending our first event about the roll-out of the COVID vaccination programme.

Healthwatch Oxfordshire board meetings also moved online, with members of the public encouraged to attend. We also held virtual drop-in events for the first time – inviting members of the public to a Zoom meeting in which they could share their views on topics such as accessing GPs during the pandemic or visiting relatives in care homes during COVID.

We continued to think imaginatively about how to seek people's views. For example, as part of work to hear about the impact of visiting restrictions on care home residents we produced a letter writing pack to help residents share their views with us.



## Hearing about the impact of COVID

An important part of our response to the pandemic was to hear about the impact that COVID was having on health and care services, and people's access to these services.

- **370** people shared their experiences of using pharmacies in Oxfordshire. People told us that they valued the role, service, and presence of community pharmacies, particularly during the pandemic, but had experienced delays in getting medicines and queues at pharmacies, and that social distancing was not always adhered to.
- **221** people shared their experiences of finding and accessing NHS and private dentists for routine and urgent treatment during the pandemic. We heard that restricted access had meant that some people were left in pain or with worsening oral health, and how wealthier people were able to access treatment by paying privately. Following this work, NHS England announced additional dental appointments in Oxfordshire.
- We heard from people who were struggling to access GP and acute care services, with some reporting problems getting appointments, long delays for hospital treatment, and concerns about when services would return to normal. Given that patients were increasingly being directed to online services we carried out a review of how easy it was to use GP practice websites. Following this, we recommended that all surgeries review and update their websites by the end of July 2021. We will carry out a follow-up review in August 2021.

## Supporting the vaccine roll-out



We also carried out a survey asking for people's views of the COVID-19 vaccine to help understand what might stop people from having it. By the end of March, 460 people had shared their views with us, which we shared with those in charge of managing the vaccine roll-out in Oxfordshire.

## Enter and View visit to the Kassam vaccination centre

Our planned programme of Enter and View visits was seriously affected by the pandemic. Restricted access meant we were only able to carry out one such visit over the last 12 months, which was to Oxford's NHS COVID-19 vaccination centre at the Kassam Stadium in February.

Our visit followed strict COVID protocols, which included not talking directly to patients, but instead distributing a paper questionnaire, and a link to an online survey for them to complete about their experiences.

Feedback from 87 people who completed our survey was overwhelmingly positive and praised the organisation, safe environment, and efficiency of the centre, as well as the attitude of staff and volunteers.



Read our report and the recommendations we made for improvements at [www.healthwatchoxfordshire.co.uk/our-work/enter-and-view-reports](http://www.healthwatchoxfordshire.co.uk/our-work/enter-and-view-reports)

**Enter and View visits are carried out to find out how services are being run. Based on the feedback of people who use and work in these services, areas of good practice are highlighted, and recommendations made for improvements.**



### Share your experience with us

Please tell us about your experiences of using local health and care services – including GP surgeries, hospitals, pharmacies, dentists and care homes – by leaving a review via our feedback centre at [www.healthwatchoxfordshire.co.uk/services](http://www.healthwatchoxfordshire.co.uk/services)





# Helping you find the answers

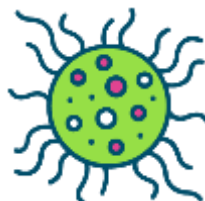
This year we helped 147 people get the advice and information they need about local health and care services by answering their queries over the phone, by email and letter. The top three themes people contacted us about were:



Dentistry - 28%



GP services - 20%



COVID-related queries - 19%



## Help on how to register with a GP



We were contacted by a gentleman in Oxford who was having health issues and was trying to register with a GP practice.

The practice was asking him to provide proof of address, in the form of a bank statement, which he was unable to do.

Without this proof of address the GP practice was refusing to register him.

We provided the gentleman with a copy of our Access to Health card which states people's rights when registering with a GP practice. After showing the practice staff this card, he was able to register with the practice without further problems.

## Advising on accessing dental treatment



We heard from lots of people who were finding it very difficult to access both routine and urgent dental treatment during the COVID-19 pandemic.

One caller had a very painful mouth with potential wisdom teeth coming through and had tried several dentists, asking if they were taking on new NHS patients to no avail.

We suggested the caller ring back their local dentist, and explain the issue was about urgent dental care and not routine care.

The caller followed our advice and was able to access the urgent dental care needed after their local dental practice arranged for a phone consultation, and prescribed some antibiotics, with the option to see the dentist if the problem persisted.



### Got a question? Get in touch!

If you have a query about a health and social care service, or need help with where you can go to access further support, please get in touch.

 [www.healthwatchoxfordshire.co.uk](http://www.healthwatchoxfordshire.co.uk)

 **01865 520520**

 [hello@healthwatchoxfordshire.co.uk](mailto:hello@healthwatchoxfordshire.co.uk)



## Our volunteers

**At Healthwatch Oxfordshire we are supported by six volunteers who give up their time to support our work, including carrying out a range of outreach, admin, and research tasks.**

This year our volunteers:

- Assisted with a survey of Oxfordshire's 67 GP practice websites to assess the ease of use for patients and the clarity of information on the site.
- Reviewed and updated content on our website.
- Researched and collated contact information on local organisations to help expand our network.

Two of our volunteers represent Healthwatch Oxfordshire at external board meetings. They are:

- Amier Alagab, who volunteers as an Ambassador for the Oxfordshire Health Improvement Board.
- Dan Knowles, who serves as an Ambassador on the Children's Trust Board together with Healthwatch Oxfordshire Trustee, Sylvia Buckingham.

We are also supported by a board of six trustees who share their experience and expertise to help determine the charity's strategy and provide valuable oversight.



## Joan

I joined the Patient Participation Group at Abingdon Surgery and often received information with links to Healthwatch Oxfordshire. On one occasion when I looked at the website, I found a volunteer vacancy which just happened to match my skills, many of which I had previously used while working for a local charity.

My tasks generally focus on admin and research, such as populating spreadsheets with research information from websites and social media, gleaning information from GP surgery websites and checking content for the website.

**“I really enjoy being able to use my skills to help with various projects and being invited to team meetings to hear what is going on.”**



## Amier

I am a pharmacist and work at a community pharmacy in Oxford. I was already volunteering regularly in the community but the Healthwatch Oxfordshire role to serve as an Ambassador for the Health Improvement Board really attracted me. I am particularly interested in the way Healthwatch Oxfordshire works as a messenger between the public and the health authorities.

The topics Healthwatch Oxfordshire discuss are interesting and relate to the situation on the ground. It's a good challenge for me and I am looking forward to gaining more knowledge and experience and understanding of health and care.

**“I think it's very important that people can raise their voice and that their comments can be sent on to the local health authorities - and this is what I can do in my role as the Health Improvement Board Ambassador.”**



## Carolyn

I've always enjoyed volunteering. I spent most of my adult life as a volunteer and trainer for an early years charity, and since developing diabetes I have volunteered as a speaker, events organiser and also contribute to research into Type 2 diabetes.

I started to volunteer with Healthwatch Oxfordshire because it looked as if it would be an interesting role that involved interaction with different people. And so it has proved to be. In this role I have found that Healthwatch Oxfordshire staff have the knack of making volunteers feel part of the team.

**“The key benefits for me are feeling part of the team, the training I have received, meeting different people and learning about their lives and stories and being able to use my previous experiences to contribute to others.”**



**We are always on the lookout for new volunteers. To find out more about volunteering for us, please get in touch on 01865 520520 or at [hello@healthwatchoxfordshire.co.uk](mailto:hello@healthwatchoxfordshire.co.uk)**

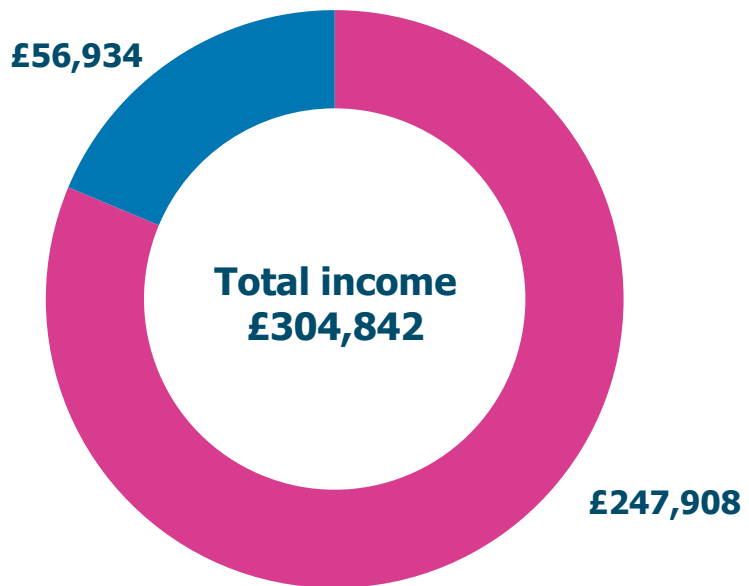


# Finances

To help us carry out our work we receive funding from our local authority under the Health and Social Care Act 2012. In addition to the Healthwatch Oxfordshire grant in aid agreement, we have received additional income to deliver a small number of projects in line with our charitable objectives.

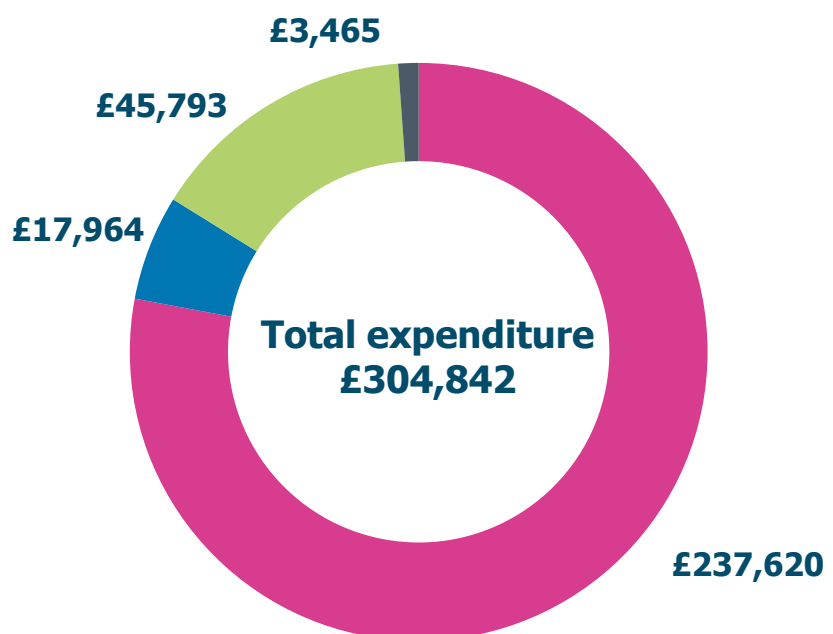
## Income

- Funding received from Oxfordshire County Council
- Other income



## Expenditure

- Staff costs
- Operational costs
- Support and administration
- Carried forward



# Next steps

## Priorities for next year (2021-22)

- Increase the voice of seldom heard communities – through our ongoing involvement with and reaching out to community groups and voluntary organisations, and working with community researchers.
- Increase the influence of Healthwatch Oxfordshire in ensuring that the voices of patients and public are heard by the health and social care system – by attending Committees and Boards, and through our support to service user groups, Patient Participation Groups, Primary Care Networks and the Oxfordshire Wellbeing Network.

Read our strategy in full at [www.healthwatchoxfordshire.co.uk/about-us/our-priorities](http://www.healthwatchoxfordshire.co.uk/about-us/our-priorities)

## Next steps

In 2021-22 we will continue to focus on making sure that the voices of people from communities that do not generally engage with surveys, or who are digitally excluded, are heard. It often takes time to build connections and earn trust within these communities, but we are committed to working in this way. We have recently appointed an outreach worker in Oxford, and we are supporting five community researchers to expand our reach and listen to people from different communities.

Hearing from individuals and communities that are digitally excluded for whatever reason is another focus. With more health and social care services moving 'online', hearing the voice of those who do not use digital means is key to informing commissioners and service providers of the importance of continuing to provide access to all services for all people.

We will continue to monitor actions taken against recommendations in our research reports and outcomes from round table events. This ensures the voice that was heard is acted upon. We commit to keeping the public informed of the impact their participation in our research has had on services.

Again, Healthwatch Oxfordshire will focus on being present in communities to hear from local people. 2020-21 was a challenging year for this approach, but we continued to maintain relationships at a community level. We are hopeful that in 2021-22 we will continue to find creative ways to reach out and support strong links with community-based activity.



**Rosalind Pearce**  
Healthwatch Oxfordshire  
Executive Director



**We will continue to explore different ways of sharing what we have heard – written reports have their place but stories, videos, diaries, spoken word, art are often more powerful.**

**We will continue to support communities to be 'round the table' with commissioners and service providers – the decision makers.**



# Thank you

## We would like to thank everyone who has helped us over the last year, including:

- Members of the public who took the time to share their views and experiences with us.
- Our brilliant team of staff, trustees and volunteers for their hard work.
- The voluntary organisations we worked with for helping to ensure more people's voices are heard.
- The providers and commissioners of health and social care in the county who have listened and responded to the voices of Oxfordshire residents.

### Sign up to receive our news

**healthwatch**  
news Oxfordshire

We produce a fortnightly news briefing, which brings together our news and events as well as other relevant health and care news and information. Sign up to receive your copy at [www.healthwatchoxfordshire.co.uk](http://www.healthwatchoxfordshire.co.uk) or by calling **01865 520520**.



# Statutory statements

## About us

Healthwatch Oxfordshire, The Old Dairy, High Cogges Farm, High Cogges, Witney, Oxon, OX29 6UN. Registered in England and Wales as a Company Limited by Guarantee, No: 8758793. Registered Charity number 1172554. Healthwatch Oxfordshire uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.

## The way we work

Our Healthwatch board consists of six Trustees who work on a voluntary basis to provide direction, oversight, and scrutiny of our activities. Our board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community. Through 2020-21 the board met 11 times with four of those meetings being formal board meetings making decisions on matters such as social care being the theme for 2020-21. In September 2020, the board agreed to recruit an Outreach Worker specifically to work with seldom heard communities in Oxford.

We ensure wider public involvement in deciding our work priorities in many ways - we make sure that we constantly keep an eye on the conversations, comments, enquiries, and website feedback on services, so that we can pick up on new and pressing issues that residents are bringing to us. We identify any major changes that are planned in the health and care system, and these are considered at the start and throughout the year, to steer our work priorities. At the end of 2019 we asked the public what they thought we should focus on in the coming year and this confirmed our social care theme for 2020-21.

## 2020-21 priorities and projects

<b>Social care</b>	<b>Outcomes so far</b>
<p><b>Hearing how local people experienced the council's 2018 change in contributions policy</b></p> <p>(published September 2020)</p>	<p>Oxfordshire County Council accepted our report:</p> <p>We will use the information in this report and any subsequent feedback as part of any future policy reviews.</p> <p>...We look forward to working with them [Healthwatch Oxfordshire] to develop more accessible and concise documentation for people who are expected to make a contribution towards the cost of their care. This will include ensuring people know how to request an individual assessment and access the complaints procedure if they need to, which were highlighted as areas of concern in the report.</p>
<p><b>Listening to care home managers about their experiences during COVID</b></p> <p>(July 2020 &amp; March 2021)</p>	<p>We received responses to the report from:</p> <ul style="list-style-type: none"> <li>• NHS England and NHS improvement</li> <li>• Oxfordshire County Council</li> <li>• Oxford Health NHS Foundation Trust</li> </ul> <p>Much of the response referred to the time lag between research and publication and that most of the issues raised had since been addressed.</p> <p>Following on from this report Healthwatch Oxfordshire carried out research into the experiences of family and residents in care homes. This report will be published in April 2021.</p>
<p><b>Listening to the voices of employed home carers</b></p> <p>(March 2021)</p>	<p>Oxfordshire Association of Care Providers responded:</p> <p>Conduct an annual survey of paid homecare workers to understand the challenges and successes of this service from the worker perspective. <i>We would be pleased to be co-commissioned to support you in doing this and dive deeper into this essential and valued role. This feels like a HWB responsibility.</i></p> <p>Oxfordshire County Council agreed that '<i>OCC and the providers should work together to ensure we achieve this, and we will be working on a campaign over the next couple of months.</i>'</p>
<p><b>Listening to the views of adult unpaid carers and asking if they are getting the right support when needed?</b></p> <p>(March 2021)</p>	<p>Carers attended a system-wide meeting to discuss the report's findings.</p> <p>Carers to be involved in monitoring, development, and evaluation of the new carers service.</p>

## 2020-21 priorities and projects

<b>Seldom heard communities</b>	<b>Outcomes so far</b>
<p><b>Exploring Oxford's new and emerging communities' views of wellbeing</b> (joint project with Oxford Community Action) (January 2021)</p> <p><b>'A Problem Shared' video</b> (February 2021)</p>	<p>Community presented to Oxfordshire Health and Wellbeing Board.</p> <p>Meeting of community representatives with Chair of Oxford University Hospital NHS Foundation Trust Community engaged with COVID-19 vaccination programme.</p> <p>Fourteen members of the community completed the Mental Health First Aid training course established to respond to the initial findings of this report.</p>
<p><b>Access to COVID-19 information and vaccination programme</b></p>	<p>Communities received COVID-19 information translated into five languages. We also produced and translated leaflets on how to interpret food labels into four languages.</p>

### Responses to recommendations and requests

We had no providers who did not respond to requests for information or recommendations. There were no issues or recommendations escalated by our Healthwatch to Healthwatch England Committee and so no resulting special reviews or investigations.

### Health and Wellbeing Board

Healthwatch Oxfordshire was represented on the Oxfordshire Health and Wellbeing Board by Tracey Rees, Healthwatch Oxfordshire Chair, during 2020-21. She effectively carried out this role by attending meetings, taking an active part in the meetings by scrutinising reports presented and, in some cases, asking for clarity and improved presentation, and speaking to our reports.



You can read an easy read version and a summary of this report on our website at [www.healthwatchoxfordshire.co.uk/reports](http://www.healthwatchoxfordshire.co.uk/reports)

Please get in touch if you would like this report in an alternative format. Page 49



# Appendix 1

## Reports published April 2020 to March 2021

### Research reports

- Listening to care homes during the COVID-19 pandemic – July 2020
- Patient Participation Group activity during COVID-19 – July 2020
- Social care in Oxfordshire – how did local people experience the council's 2018 change in contributions policy? – September 2020
- GP surgeries supporting patients during COVID-19 – September 2020
- Let's talk about mental health – September 2020
- Emotional wellbeing in 0-5 year-olds in Oxfordshire – September 2020
- Oxford's new and emerging communities' views of wellbeing – January 2021
- Adult unpaid carers in Oxfordshire – are they getting the right support when needed? – March 2021
- Listening to the voices of employed home carers – March 2021
- Listening to care homes during the COVID-19 pandemic follow-up report – March 2021

### Annual report

- Healthwatch Oxfordshire Annual Impact Report 2019-2020

### Enter and View report

- Kassam NHS Vaccination Centre – February 2021

### Reports to external bodies

- Oxfordshire Health and Wellbeing Board – June, October and December 2020 and March 2021
- Oxfordshire Health Improvement Board – May and September 2020 and February 2021
- Oxfordshire Children's Trust Board – September and December 2020 and March 2021
- Joint Health Overview and Scrutiny Committee (HOSC) – June, September and November 2020 and February 2021
- Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS)
  - Different outcomes, different access to care – December 2020
  - COVID-19 – people's experiences of access to care – March 2021



**These reports are all available on our website**  
[www.healthwatchoxfordshire.co.uk/reports](http://www.healthwatchoxfordshire.co.uk/reports)

**If you would like a paper copy of a report, please call**  
 01865 520520 or email [hello@healthwatchoxfordshire.co.uk](mailto:hello@healthwatchoxfordshire.co.uk)

# Appendix 2

## Reaching out





Although we have been unable to get out and about as we usually would to attend community groups or events in person, we have worked hard to keep in contact with groups and reach out to new ones, via social media or online events and meetings. Here are some of the groups and organisations we have met with, heard from or worked with over the last year. There are many others we have linked with or heard from via social media.

- Action for Carers Oxfordshire
- ACKHI
- Afrikan Heritage Community Association
- ARK T Centre
- Aspire
- Asylum Welcome
- Banbury Lighthouse
- Banbury Mosque
- Carers Oxfordshire
- Chinese Community Advice Centre
- Chinese Day Centre
- Didcot Town Council
- Doctors of the World UK
- East Hagbourne Parish Council
- East Timor Community Association
- Good Food Oxford
- Great Western Park Residents Association
- Homestart Oxfordshire
- Kurdish Women Union in Oxford
- Oxford Against Cutting
- Oxford Brookes University
- Oxford City Council
- Oxford City Farm
- Oxford Community Action
- Oxford Diversity Football League
- Oxford Hub
- Oxfordshire Achieve
- Oxfordshire All In
- Oxfordshire Mind
- Oxfordshire Syrian Community
- Oxfordshire Voluntary Community Association (OCVA)
- Oxfordshire Youth
- Refugee Resource
- Replenish Oxfordshire
- Rethink
- Restore
- SOFEA
- Syrian Sisters
- SYRCOX
- Sunshine Centre, Banbury
- Victims First

## Providers and commissioners of health services in Oxfordshire

- Oxford University Hospitals NHS Foundation Trust
- Oxford Health NHS Foundation Trust
- Oxfordshire County Council
- Oxfordshire Clinical Commissioning Group
- South Central Ambulance Service NHS Foundation Trust

### Follow us on social media at:

-  [www.twitter.com/HealthwatchOxon](https://www.twitter.com/HealthwatchOxon)
-  [www.facebook.com/HealthwatchOxfordshire](https://www.facebook.com/HealthwatchOxfordshire)
-  [www.instagram.com/healthwatchoxfordshire](https://www.instagram.com/healthwatchoxfordshire)
-  [www.linkedin.com/company/healthwatch-oxfordshire](https://www.linkedin.com/company/healthwatch-oxfordshire)



# Appendix 3

## Connections in the county

The following is a list of some of the organisations, groups and statutory bodies that we have met with or worked with in the last 12 months. This is not an exhaustive list.

- Arabic and Kurdish women Zoom meetings
- BAED Worlds Group
- Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS) Population Health Management Development Programme
- Canal and River Trust
- Care Homes Bronze Cell
- Community First Oxfordshire
- COVID Vaccine Hesitancy Sudanese Community Zoom meeting
- Early Years Network
- East Oxford Community Association COVID Vaccine Inequalities Zoom meeting
- Equality Reference Group
- Fit for the future – Strategic Development for Oxfordshire
- Health Inequalities Commission Implementation Group
- Healthwatch Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS) Management Group
- Healthy Aging Public Advisory Group
- Horton Joint Overview Scrutiny Committee
- Joint Strategic Needs Assessment Steering Group
- Maternity Voices Partnership
- Mental Health Prevention Concordat Partnership Group
- NHSEI Health Inequalities Workshop
- Oxford City Thriving Communities Forum
- Oxford Health NHS Foundation Trust – CEO
- Oxford Analyst Networking meeting
- Oxford University Hospitals NHS Foundation Trust – CEO; Council of Governors; Patient Experience Liaison meeting
- Oxfordshire All In Voluntary and Community Sector Alliance
- Oxford Analyst Network
- Oxfordshire Communications Network
- Oxfordshire County Council Quarterly Liaison meeting
- Oxfordshire Children and Young People’s Forum
- Oxfordshire Children’s Trust Board (Healthwatch Ambassadors x2)
- Oxfordshire Clinical Commissioning Group – Board; Quality Committee, Primary Care Clinical Commissioning Committee; OCCG led Phase 2 Calm Clinic Task and Finish Group; Diane Hedges, Deputy Director and Julie Dandridge, Head of Primary Care and OCCG led COVID Vaccine Uptake and Outreach to Diverse Communities meetings

## Appendix 3

- Oxfordshire County Council – Adult Social Care
- Oxfordshire County Council Co-production Board
- Oxfordshire Health and Wellbeing Board (member)
- Oxfordshire Health Improvement Board (Healthwatch Ambassador member)
- Oxfordshire Integrated Care Partnership – Population Health Management Action Learning Set
- Oxfordshire Joint Health Overview Scrutiny Committee (HOSC) (reports to)
- Oxfordshire Safeguarding Adults Board (member)
- Oxfordshire Wellbeing Network planning group
- Oxfordshire Youth Forum
- OxIS-Health Thematic Workshop (Oxfordshire Infrastructure Strategy)
- Patient Participation Group meetings – attended several virtual PPG meetings and met with various PPG Chairs on an individual basis
- Quality Care Commission
- Quality Matters Oxon Learning Disability Network
- South Central Healthwatch Network
- Thames Valley Cancer Alliance Allies meeting
- Syrian Women Zoom meeting
- Wood Farm Health and Wellbeing Partnership



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## Health Improvement Board (HIB)

9<sup>th</sup> September 2021

### Oxfordshire Tobacco Control Alliance Action Plan, 2021/22

#### Purpose / Recommendation

1. HIB members are asked to endorse the proposed Oxfordshire Tobacco Control Alliance Action Plan (see Appendix 1), 2021/22

#### Executive Summary

Reducing tobacco-related harm is a priority for Oxfordshire County Council and for the HIB. This paper presents a proposed 2021/22 tobacco control Action Plan for County and District Councils, and for Oxfordshire's NHS Organisations. It includes activity aligned to the Oxfordshire Tobacco Control Strategy 2020-25 and is aimed at preventing people from starting to use tobacco, creating smokefree environments and supporting smokers to quit. This is alongside ongoing Oxfordshire County Council work ensuring local regulation/enforcement of tobacco including targeting the illegal sale of illicit tobacco and the sale of tobacco / electronic cigarettes to those under the age of 18 years. Health Improvement Board members are asked to endorse the proposed Action Plan (see Appendix 1).

#### Background

2. In May 2020, County and District Councils across Oxfordshire, as well as local NHS organisations, signed up to a County-wide Tobacco Control Strategy with an ambition to be [smoke free by 2025 \(defined as an overall smoking prevalence of <5%\)](#). This was five years earlier than the national target, as outlined in the Government [National Tobacco Control Plan for England 2017-22](#). The Oxfordshire Tobacco Control Strategy has four key pillars for a whole systems approach to local tobacco use: prevention, creating smokefree environments, enforcement, and supporting smokers to quit.
3. In May 2021, [a paper was presented](#) to HIB members providing a high-level summary of proposed key areas of activity in 2021/22. These include working closely with our NHS colleagues, communities, and workplaces to help create healthy smokefree environments, at the same time as providing quit support to those who need it most.
4. In June 2021, the Oxfordshire Tobacco Control Alliance (OTCA) met to propose defined actions supporting these key areas of activity. The OCTA is an officer-led alliance of organisations signed up to the Oxfordshire Tobacco Control Strategy.

#### Key Issues

5. For HIB members to consider is that it will require efforts across all partner organisations, if Oxfordshire is to achieve its 2025 smokefree ambition. This is not limited to the actions proposed in this paper.

#### Budgetary implications

6. Funding for Oxfordshire County Council's smokefree work in the public health team comes from the [ringfenced public health grant](#). Other partner organisations fund their smokefree work directly, with NHS organisations due to receive additional funding for supporting in-patients, pregnant women at the time of delivery, and long term users of specialist mental health services to stop smoking through the Buckinghamshire



Oxfordshire and Berkshire West (BOB) Integrated Care System (ICS) as part of the [NHS Long Term Plan](#) commitments on smoking. The exact NHS BOB ICS allocation for 2021/22 to each organisation is still to be determined.

### Equalities implications

7. Smoking remains the single largest preventable driver of [health inequalities](#) in England. Tobacco-related harm disproportionately impacts people living in more deprived areas, in routine and manual occupations, and those with long term mental ill health. Alongside helping to create healthy family friendly environments, the proposed 2021/22 Action Plan specifically targets these population groups for additional support when trying to quit.

### Sustainability implications

8. There are no significant sustainability implications arising from this paper. Reducing cigarette consumption more broadly can benefit climate change and environmental harm from reducing emissions related to the cultivation of tobacco as well as cigarette manufacture, transport, packaging, and waste. For example, 62% of people drop litter and smoking materials constitutes 35% if all street litter. The majority of cigarette filters are non-biodegradable which must be collected and disposed of in landfill sites. The Action on Smoking and Health (ASH) [Ready Reckoner](#) estimates 442,510 cigarettes are consumed daily in Oxfordshire, leading to approximately 64kg of waste daily. This represents around 23 tonnes of waste annually, of which 10 tonnes is collected by the Councils.

### Risk Management

9. Reducing tobacco-related harm is a priority for the HIB, Oxfordshire County Council and members of the OTCA. The proposed Action Plan aims to balance the roles of supporting people to quit alongside preventing uptake and creating smokefree environments. There is reputational risk for not achieving the County-wide smokefree by 2025 ambition.
10. E-cigarettes are a relatively new approach to reducing smoking rates. The scientific evidence supporting their use in tobacco harm reduction is generally less well-known than for other forms of nicotine replacement.
11. Mitigations of these risks include working closely with relevant stakeholders to agree actions, and in ensuring appropriate stakeholder/public consultation where necessary.

### Communications

12. The smokefree Oxfordshire 2025 Strategy was consulted on with members of the public and key stakeholders prior to its launch in May 2020. The proposed 2020/21 Action Plan has been discussed and agreed among officers representing key stakeholders prior to it being presented to HIB members.

### Key Dates

13. N/A

Report by: Senior Responsible Officer for Tobacco Control, Oxfordshire County Council

Contact Officer: Adam Briggs, Consultant in Public Health, Oxfordshire County Council.  
[Adam.briggs@oxfordshire.gov.uk](mailto:Adam.briggs@oxfordshire.gov.uk)

**Appendix 1. Proposed Oxfordshire Tobacco Control Alliance Action Plan, 2021/22**

#	Action:	How will progress be measured:	Who:	Due by:
<b>City, District, and County Councils</b>				
1	<p>Work with HR and estates to ensure that staff policy on tobacco control includes no smoking indoors or outdoors on Council owned property, with exemptions for e-cigarette use outdoors (as per the South East Position Statement on E-cigarettes (see Action 4)).</p> <ul style="list-style-type: none"> <li>- Provide appropriate signage to ensure that staff and visitors are aware that sites are no-smoking indoors and outdoors.</li> <li>- Support managers, estates, and front-of-house staff to be trained in providing very brief advice (VBA) to people who wish to smoke, including signposting to support for quitting (training provided for free by Oxfordshire County Council)</li> </ul>	<ul style="list-style-type: none"> <li>- HR tobacco policies reviewed (and updated where necessary) to ensure they include smokefree Council owned estate</li> <li>- Proportion of Council-owned sites with smokefree signage</li> <li>- Number of managers, front of house, facilities, and estates staff trained in VBA and in signposting to quit support</li> </ul>	All Councils	Oct-21
2	<p>Make Council-owned playgrounds voluntarily smokefree areas, including checking and updating signage where necessary and supporting council-staff working in playgrounds to undergo very brief advice training for tobacco use. Where playgrounds are not Council-owned, this will involve working with local parish and town Councils (training provide for free by Oxfordshire County Council, small scale community smokefree funding will be available to help with costs i.e. signage).</p>	<ul style="list-style-type: none"> <li>- Proportion of all playgrounds denoted no smoking</li> <li>- Proportion of all playgrounds with smokefree signage</li> <li>- Number of staff trained in VBA</li> </ul>	City and District Councils	Mar-22
3	<p>Support people working in routine and manual occupations to be smokefree.</p>	<ul style="list-style-type: none"> <li>- Number of employers of routine and manual staff adopting smokefree HR policies</li> <li>- Proportion of all smokers that stop smoking that are from routine and manual occupations</li> </ul>	Oxfordshire County Council (with support from City and District Councils)	Mar-22

4	Improve understanding across Oxfordshire in the role of e-cigarettes as a route to reducing tobacco-related harm as per the South East Position Statement on E-cigarettes and increase the availability of regulated e-cigarettes to those residents who wish to quit smoking tobacco.	<ul style="list-style-type: none"> <li>- Regulated e-cigarettes added to Local Stop Smoking Services as part of their nicotine replacement offer for those wishing to quit</li> <li>- Number of organisations attending training on the role and provision of regulated e-cigarettes as part of tobacco-harm reduction</li> <li>- Number of vape-shops partnering with the Local Stop Smoking Services and number of staff trained in VBA</li> </ul>	Oxfordshire County Council	Mar-22
5	Supporting prospective and new parents, and their partners, to be smokefree during pregnancy and during early years	<ul style="list-style-type: none"> <li>- Development of a strategy around how to work with system partners to support prospective and new parents, and their partners, not to smoke during pregnancy and in early years</li> </ul>	Oxfordshire County Council	Mar-22
<b>Oxfordshire Clinical Commissioning Group</b>				
6	Encouraging Oxfordshire Clinical Commissioning Group commissioned services to support Oxfordshire's smokefree ambition	<ul style="list-style-type: none"> <li>- Identification of future contracts where include tobacco-related harm reduction measures are included as part of contract KPIs</li> <li>- KPIs related to tobacco use to be considered as part of contract reviews, aligned to Oxfordshire smokefree ambitions (e.g. smoking at time of delivery)</li> </ul>	Oxfordshire Clinical Commissioning Group and Oxfordshire County Council	Mar-22
7	Maximise opportunities for Oxfordshire primary care to support people to quit smoking	<ul style="list-style-type: none"> <li>- Annual message from primary care to all registered smokers advising them to quit and how to access Local Stop Smoking Services</li> <li>- Agree an approach between Oxfordshire County Council, Oxfordshire Clinical Commissioning Group, and other relevant stakeholders about role of primary care in referral to Local Stop Smoking Services, practice staff attending VBA training and future prescribing of Nicotine Replacement Therapy (NRT) /pharmacotherapy</li> </ul>	Oxfordshire Clinical Commissioning Group and Oxfordshire County Council	Mar-22

<b>Oxford Health NHS Foundation Trust</b>				
8	Increase staff training in providing advice to quit	<ul style="list-style-type: none"> <li>- Have a staff member trained in providing advice to quit and in prescribing NRT on every inpatient mental health ward</li> <li>- Number and proportion of mental health inpatients who smoke having received advice to quit and offered NRT</li> </ul>	Oxford Health NHS Foundation Trust	Mar-22
9	Relaunch a smokefree Oxford Health NHS Foundation Trust	<ul style="list-style-type: none"> <li>- Review of organisational smoke free policy</li> <li>- Conference for inpatient staff on smokefree</li> </ul>	Oxford Health NHS Foundation Trust	Oct-21
10	Development of patient pathway for smoking cessation	<ul style="list-style-type: none"> <li>- Development and implementation of smoking cessation pathway for all adult mental health admissions, including transfer to community-based Local Stop Smoking Services</li> </ul>	Oxford Health NHS Foundation Trust	Mar-22
<b>Oxford University Hospitals NHS Foundation Trust</b>				
11	Approve new Oxford University Hospitals NHS Foundation Trust smokefree policy	<ul style="list-style-type: none"> <li>- Publication of a new smokefree policy</li> </ul>	Oxford University Hospitals NHS Foundation Trust	Sep-21
12	Implementation of the Oxford University Hospitals NHS Foundation Trust smokefree policy through smoke free working group, including commitment of relevant resources to support patients, staff and visitors to remain smoke free	<ul style="list-style-type: none"> <li>- Number of staff trained in providing VBA</li> <li>- Implementation of smoking cessation pathway for inpatients, including provision of NRT and transfer to community-based Local Stop Smoking Services</li> <li>- Number of inpatients with smoking status recorded and proportion who smoke offered advice to quit and access to NRT</li> </ul>	Oxford University Hospitals NHS Foundation Trust	Mar-22



Health Improvement Board

ITEM 11

Thursday 9<sup>th</sup> September 2021

Report on the Mental Wellbeing Needs Assessment

## Purpose / Recommendation

1. **The Health Improvement Board (HIB) is asked to receive the findings from the Mental Wellbeing Needs Assessment.**

## Executive Summary

Mental wellbeing is a key part of the HIB's health promotion agenda. It can be understood as how people feel and how they function, both on a personal and a social level, and how they evaluate their lives as a whole - it allows us to make healthy choices and get the most from life.

This paper presents the Mental Wellbeing Needs Assessment, which aims to broadly understand the mental wellbeing needs of people living in Oxfordshire, including needs relating to the wider factors in our communities that make it easier or harder to stay mentally well, the ongoing impacts of the COVID-19 pandemic and areas of inequality. A summary of the aims and findings of the assessment can be found in appendix 1.

## Background

2. The promotion of mental wellbeing is a key component of the "keeping yourself healthy" priority area of the Health Improvement Board (HIB).
3. The HIB signed up to the Public Health England (PHE) Prevention Concordat for Better Mental Health in May 2019. [The Mental Health Prevention Framework - 2020-2023](#) outlines how organizations within the Prevention Concordat will work together to improve mental health and wellbeing across Oxfordshire. One of the focus areas of this framework is insight and evaluation.
4. This mental wellbeing needs assessment has been undertaken as part of the work of the Health Improvement/Public Health Team at OCC and as a priority for the Mental Health Prevention Concordat Partnership.
5. Findings from this mental wellbeing needs assessment will be used to influence and promote mental wellbeing for Oxfordshire residents going forward.
6. The aims, structure and a summary of the findings of the needs assessment can be found in appendix 1.



## Key Issues

7. Improving and promoting mental wellbeing for all requires a whole systems approach; building on the current and sustained efforts of the Prevention Concordat for Better Mental Health and continued partnership working.

## Budgetary implications

8. Findings are intended to influence and shape mental wellbeing promotion and services going forward. There is no new funding currently allocated to implement the recommendations of the report. However, some parts of the system do have funding available which can be used to implement their own initiatives on wellbeing.

## Equalities implications

9. One of the aims of this needs assessment was to identify inequalities in mental wellbeing and the enablers and drivers that can promote mental wellbeing in the community; positive mental wellbeing and health are not equally available to all. COVID-19 has exacerbated many of these existing inequalities, which are present across many protected characteristics. Wherever possible, this needs assessment examines inequalities in mental wellbeing and its wider community enablers to inform recommendations to reduce these.

## Sustainability implications

10. There are no significant sustainability implications arising from this paper. However, access to and use of natural green and blue spaces is known to be beneficial for mental wellbeing and physical activity is also known to promote wellbeing. Oxfordshire [Climate Action Framework](#) specifically includes healthy place shaping as a guiding principle to inform action.

## Communications

11. Findings from this needs assessment are being shared with key stakeholders, many of whom have contributed to the findings in the report.
12. The needs assessment and key summaries will be made available for reading through OCC's Joint Strategic Needs Assessment (JSNA) webpages.
13. Care needs to be taken to ensure that language used around mental wellbeing and the findings are inclusive and reduce any associated stigma around mental health and wellbeing.

<b>Key Dates</b>
------------------

14. N/A

Report by Specialist Trainee in Public Health

Contact: Katherine Arbuthnott, Specialist Trainee in Public Health, Oxfordshire  
County Council

[Katherine.arbuthnott@Oxfordshire.gov.uk](mailto:Katherine.arbuthnott@Oxfordshire.gov.uk)

September 2021

## **Appendix 1: Context, aims and findings of the mental wellbeing needs assessment**

### **Context**

1. Our social circumstances, environment where we live, learn, work and play, economic factors, physical and mental health, can all support mental wellbeing. They enable us to feel connected, be healthy and to get the most from life. However poor mental health can affect the quality of lives lived and lead to preventable early deaths.
2. Nationally and across Oxfordshire, diagnoses of depression and anxiety have risen year on year since 2012. In 2019/2020, there were 73,648 patients (aged 18 or over) with a diagnosis of depression registered by Oxfordshire's GP practices.
3. The COVID-19 pandemic has highlighted the importance of the promotion of good mental health and wellbeing across the whole system. It has shone a light on health inequalities and the need to build back fairer.

### **Aims of the needs assessment**

4. This mental wellbeing needs assessment aims to:
  - a. Provide a broad picture of mental wellbeing and the wider factors in our communities and everyday lives that make it easier or harder to stay mentally well; many people don't have the same opportunity to be as healthy as others.
  - b. Focus on promotion and prevention: keeping people well. The needs assessment does not cover mental illness and specific treatment pathways or clinical mental health services.
  - c. Gather data and information from a wide range of sources, to understand the mental wellbeing needs of people living in Oxfordshire through different perspectives. For example, statistics, views and experiences of wellbeing – from surveys and research.
  - d. Include the impacts of COVID-19, where possible, on mental wellbeing and the wider factors which affect wellbeing within our communities. However, it is not a specific COVID-19 impact assessment.
5. The needs assessment is divided into 4 main sections:
  - a. Chapter 1 – setting the scene and context
  - b. Chapters 2 -3 general mental wellbeing in Oxfordshire– in adults, children and young people, including the impacts of COVID-19 on mental wellbeing
  - c. Chapters 4-8 community drivers and enablers to mental wellbeing based on the Oxfordshire Mental Health Prevention Framework, the

- assessment is across four areas; financial drivers/enablers, physical activity, access to and use of green space and connections to others.
- d. The recommendations – highlighting where we need more information and where we can move forward for better mental wellbeing for all.

## Summary of Findings

6. For adults, Oxfordshire scores similarly or well compared to the South East and England for measures of life satisfaction, worthwhile and happiness using Office for National Statistics ([ONS](#)) [measures of wellbeing](#). However even before the COVID-19 pandemic, around **1 in 5 Oxfordshire residents reported a high (>6/10) score for anxiety, using ONS measures.**
7. Research, such as [Healthwatch Oxfordshire's 2021 report](#) into Oxford's new and emerging communities has highlighted the issues that affect these communities wellbeing including pressures of life - money, jobs and family concerns, cost of housing and food in Oxford, racism and discrimination, immigration worries and the impact of COVID-19.
8. The impact of COVID-19 has been different for individuals and different communities but has exacerbated existing inequalities. Levels of anxiety, depression and loneliness have [increased during lockdowns](#).
9. In children and young people, data from the local [2019 OxWell](#) survey tell us that in pupils attending Oxfordshire school and FE colleges, **that overall mental wellbeing is worse with increasing age. Girls reported lower happiness levels.** The [2020 survey](#) across the South-East, found that during the pandemic– **40% of pupils taking part in year 13 reported being too worried to sleep often.**
10. Both national research and insight from local communities highlight the relationship between **financial stress** and mental wellbeing. Oxfordshire is a relatively wealthy county, but there remain areas of [inequality](#). **COVID-19 has contributed to financial hardship:** across Oxfordshire, the **number of people claiming unemployment benefit rose to 16,420 in December 2020,** compared to 6,230 in December 2019. Amongst those aged 16-24 years the number of people claiming benefits more than tripled.
11. Feeling connected is fundamental to our mental wellbeing. People who feel lonely are also more likely to visit a GP or A and E, or enter local authority funded residential care. This report demonstrates the **need to view loneliness as a life course and equality issue:** [Nationally](#) over 1 in 10 of 10-15 year olds report feeling lonely often and loneliness is increased at life transition points. Analysis of [ONS data](#) found three profiles of people more likely to be lonely: widowed older homeowners living alone with long-term health conditions; un-married, middle-agers with long-term health conditions; and younger renters with little trust and sense of belonging to their area are more likely to be lonely. There are many other factors associated with being

lonely, such as being unemployed, having a low income and identifying as female. The pandemic has also highlighted the issue of digital exclusion in our ability to stay connected and access services.

12. **During the pandemic, loneliness has increased.** In April-May 2020, [5.0% of adults](#) in England said that they felt lonely “often” or “always” rising to just over 7% of adults between October 2020-February 2021. Amongst some, for example older adults who have been shielding, there has been a loss of social and physical confidence after periods of isolation. During the pandemic, loneliness statistics for [Oxfordshire](#) and for district and city levels varied: increased understanding of loneliness within our communities and who is most at risk of being lonely is needed.
13. Being physically active improves our mental and physical health – for example through improving sleep, self-esteem, helping us manage stress and improving connections with others. [Oxfordshire adults have higher levels of physical activity compared to England. However, activity levels vary across districts and there are inequalities.](#) Those over the age of 75 years are much less active. Data from the [Active lives survey](#), suggests that although children and young people across Oxfordshire are more active than children across England as a whole, **around 4 in 10 children and young people across Oxfordshire are not achieving an average of 60 minutes physical activity a day.** During the pandemic, less affluent families have seen larger drops in activity levels compared to wealthier families.
14. Children and young people who spend more time in green and natural spaces have increased emotional wellbeing, reduced stress and improved resilience. In adults, greener environments are linked to higher life satisfaction and reduced mental distress. Even before the pandemic, **94% of the [English population](#) agreed having open green space close to home is important.** However, there are inequities in access to quality and quantity of greenspace. In **Oxfordshire, national survey data indicates most visits to natural environments are made by wealthier families, and those that identify as white.** Barriers to visiting the natural environment in Oxfordshire include poor health, living with a disability, older age and being too busy.
15. Across the lifecourse, there are different challenges of wellbeing and different impacts of the COVID-19 pandemic.
16. There are **many examples of innovative and diverse partnership working and programmes to improve mental wellbeing across Oxfordshire and making use of the multiple community-based enablers.** Some examples include:
  - a. **Sleep Campaign delivered by Oxfordshire Communications Group** delivered in June 2020, responding to COVID-19s impacts on our physical and mental health: affecting our sleep
  - b. **Cherwell District Council in partnership with Oxfordshire Mind and Resilient Young Minds** working with primary school children to

help them understand more about stress, anxiety and self-esteem .  
More information [here](#).

- c. **Move Together** - a county-wide pathway into physical activity to support people who have been shielding as a result of COVID-19, as well as people with long term health conditions to help reduce isolation and loneliness. Read more [here](#)
- d. **Mental Wellbeing Grant Scheme** launched May 2021 by Oxfordshire County Council one of the successful projects included: **Ways to Wellbeing project**, [Style Acre](#) supporting adults with learning disabilities through promoting wildlife & nature activities, working with Element 6 and the Wildlife Trust & Sustainable Wantage.
- e. **Active Reach** - Residents from Blackbird Leys and Greater Leys were supported throughout COVID-19 to keep physically active by a wide range of partners. Report from phase 1 [here](#)
- f. **Health Education England's** funding for suicide prevention training for Oxfordshire frontline professionals and volunteers in roles that involve supporting people with financial difficulties. For example, people working across community larders, asylum seekers and many more.

**17. There are opportunities to better understand mental wellbeing** within our communities, and the **lived experience of residents**. The needs assessment has highlighted gaps in current understanding that could inform future action.

**18. There are opportunities to improve mental wellbeing early - before people access formal healthcare - and to make our services more inclusive.** Findings from local research such as the [Healthwatch Oxfordshire's 2021](#) and [2020 OxWell](#) school survey show opportunities to provide early and diverse support for mental wellbeing.

**19. The last section of this report makes recommendations, based on the included data and the gaps in understanding. Overall, an overall a whole systems and life course approach to mental wellbeing is recommended.**

**20. Specific recommendations are grouped under five different themes:** data and monitoring; wellbeing in all policies and partnership working; inclusive services; prioritising areas of need and reducing inequalities and building back from COVID-19.

## Next Steps

1. Continued engagement and sharing of the report's findings with key stakeholders, to identify where there are opportunities to take forward recommendations and build on existing action.
2. The needs assessment and key summaries will be made available for reading through OCC's Joint Strategic Needs Assessment (JSNA) webpages.





## Health Improvement Board

9<sup>th</sup> September 2021

### Strategic update for Domestic Abuse

#### Purpose / Recommendation

1. **HIB members are asked to**

- Note the update on the Domestic Abuse Act
- Note the progress with the needs assessment and renewed strategy

#### Executive Summary

2. The Domestic Abuse Act 2021 was introduced in April this year and requires a needs assessment and strategic review to be conducted by each tier one local authority area. This should be overseen and evaluated by a strategic board consisting of a range of partners. MHCLG have provided a grant to support the delivery of the strategy. This paper summarises the actions being taken in Oxfordshire to meet the requirements of the Act.

#### Background

3. An update on the Oxfordshire strategic response to domestic abuse has been requested for the Health Improvement Board.
4. The Domestic Abuse Act 2021 was introduced in April this year. It requires each tier one local authority to lead a strategic board consisting of membership from a range of organisations from the system, including tier two local authorities. The local authority and strategic board are required to organise a local needs assessment with the following scope: “comprehensive assessment of need for support in safe accommodation in your area”. This will inform an updated strategy on domestic abuse, required under the Act, by August 2021. A grant of £1.1million has been awarded by MHCLG to OCC for delivery of the duties under this Act. Further grants have been awarded to tier two local authorities. There should also be an evaluation plan for the delivery of the strategic plan.
5. The most recent needs assessment for domestic abuse in Oxfordshire was completed in 2016<sup>[1]</sup>. This informed the Oxfordshire Domestic Abuse Strategy 2019 - 2024 with annual delivery plans <sup>[2]</sup>. Existing services are in place to deliver the recommendations of this strategy. The Oxfordshire Domestic Abuse Strategic Board has been in place for several years, and is responsible for the overall strategy, governance of multi-agency arrangements and includes membership from most organisations required under the new Act.

<sup>[1]</sup> [Strategic Review of Domestic Abuse Oxfordshire 2016](#)

<sup>[2]</sup> [Microsoft Word - Oxfordshire Domestic Abuse Strategy 2019-24 FINAL](#)

6. Most of the current services in Oxfordshire for Domestic Abuse are co-commissioned between OCC, city and district councils, and the Police and Crime Commissioner, and the current contract is held by A2Dominion. Other services are funded by various grants.
7. The services provided for Domestic Abuse in Oxfordshire include :
- **Access Service** (including Oxfordshire Domestic Abuse Helpline and support for professionals seeking advice)
  - **Community Based Support Service**
    - Outreach for medium risk victim/survivors
    - IDVA (independent domestic violence advisors) for high risk victim/survivors
    - The Anchor Programme (TAP) and Managing Emotions Group (MEG) – supporting victims and their families with complex needs.
    - Resettlement support
  - **Accommodation Based Support Service**
    - Refuge (Oxford City and Banbury – total of 16 beds)
    - Places of Safety (dispersed accommodation – 2 properties currently, 1 in the process of being sorted. Intention is to be built up to 5 units.)
  - **Sanctuary Schemes**
  - **Provision to combat Violence against Women and Girls (VAWG)**, through *Oxford Against Cutting* and *Oxfordshire Sexual Abuse and Rape Crisis Service*
  - **Prevention services** including training, children’s pay workers and support officers in various settings.
  - **Other prevention and support roles** including: Independent Domestic Violence Advisors to work with standard to medium risk clients

<b>Key Issues</b>
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### 8. Oxfordshire Domestic Abuse Strategic Board

The Terms of Reference of the board were reviewed in line with the introduction of the Domestic Abuse Act. This resulted in additional members being added to the membership, including providers and the voice of lived experience. The frequency of the board has been increased to monthly whilst we plan actions to meet the requirements of the Act and allocate related funding.

### 9. Domestic Abuse Needs Assessment and Strategy review

MHCLG have provided a grant to support the delivery of a local needs assessment and update strategy. A requirement of this grant is to provide a predefined report on the assessment of “need for support in safe accommodation”, which will be submitted in August. This report states numbers of victims of Domestic Abuse accessing the services of different sectors, such as housing and health, with a breakdown into subgroups to identify potential inequalities. A proportion of this data was not available to the granularity requested, and we understand this has been a challenge in other areas too. Any gaps in available data will inform future data collection strategies for services across the system.

10. The Board agreed to undertake a needs assessment and strategy review with a wider remit than the stated requirement around Safe Accommodation. This work is currently being undertaken by an external Public Health agency, PHAST, and is

supported by a local expert, to ensure the strategy reflects a good understanding the Oxfordshire system. An interim report of this work will be provided to the Domestic Abuse Strategic Board in September, and the final report will be provided in November 2021. Any identified project and actions from this can be supported by the MHCLG grant, though currently there is no indication of recurrent funding.

### Resource

11. Public Health have allocated resource from within the existing team to support the domestic abuse agenda and additional temporary resource is being recruited to ensure priorities are delivered.

### Rapid review and gap analysis

12. Whilst the needs assessment is in progress, the Public Health team have undertaken a rapid review and gap analysis of the current strategy and delivery plans to identify any immediate interventions that can be commenced/scaled up with the funding. The priority actions from this have been agreed by the strategic board and will be supported by MHCLG funding.

### Budgetary implications

13. MHCLG have provided a significant grant (c£1.1m) to support the needs assessment and strategy review, and the projects that emerge from this. Additional funding has been provided to tier 2 councils to support their delivery of the Act requirements. This funding is non - recurrent for the 2021/2022 financial year, and ongoing funding is not clear. This presents a risk for the resilience of services which may be identified as necessary through the needs assessment and strategy.

### Equalities implications *[considering the impact of the policy on our customers]*

14. The strategic review and immediate priorities seek to address inequalities and incorporate recommendations from the BAMER (Black, Asian and Minority Ethnic and Refugee) project report published in October 2020<sup>1</sup>.
15. The MHCLG data housing return is requesting data on protected characteristics, to inform the future planning of services.

### Sustainability implications

16. No sustainability implications arise from this paper.

### Risk Management

Risk	Action
<b>Resource:</b> This programme of work is new to Public Health, and there is limited resource dedicated to this.	Diverted resource in the short term within Public Health.

<sup>1</sup> [Thames Valley BAMER report, 2020](#)

	<p>Interim resource being sourced to support delivery of the programmes and new strategy.</p> <p>Needs assessment being delivered by external Public Health agency, supported by Domestic Abuse expert panel.</p>
<p><b>Delivery:</b> The MHCLG grant for £1.1m is non recurrent, for financial year 2021/22, to support delivery of an updated strategy. There is a very short timeframe to conduct the needs assessment, identify strategic aims, and deliver actions.</p>	<p>Rapid strategic review identified projects that could be started quickly.</p> <p>Short timeframe flagged with MHCLG, and clarity requested on future funding plans.</p>

## Communications

17. In the development of the needs assessment, a number of interviews have been conducted to understand views from different stakeholders. This has included conducting interviews with people with lived experience and reporting their experience as case studies. Interviews were also conducted with perpetrators.
18. Additionally, information has been gathered, via interview and survey, from other stakeholders including providers, voluntary services, housing officers, and health services.
19. The outcomes of these will be reported in the needs assessment and strategy.

## Key Dates

**August 2021** – Oxfordshire County Council submit MHCLG needs assessment template, reporting need for safe housing for those experiencing domestic abuse.

**15<sup>th</sup> September 2021** – Domestic Abuse Strategic Board meeting. PHAST present interim report on needs assessment and development of strategy

**November 2021** – completion of new Oxfordshire Domestic Abuse Strategy

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