

Healthwatch Oxfordshire Update  
Joint Health Overview Scrutiny Committee  
25<sup>th</sup> June 2020

1 Update on activity

This report focusses on Healthwatch Oxfordshire's activity since the Covid-19 lockdown:

Healthwatch Oxfordshire has continued to be accessible online and on the phone for all signposting and information for residents in Oxfordshire. We are keeping up to date Covid19 information and making use of social media channels as much as possible.

We are now able to take referrals into the NHS Responders scheme - in line with other Healthwatch groups nationally.

We have released some staff capacity to contribute to working with Oxfordshire All In and Good Food Oxford.

We have become increasingly aware of the need to ensure that information is available about Covid-19 support in multiple forms and that all organisations try proactively to tackle digital exclusion, through provision of phone contacts, and through making paper-based information available.

We have been actively reaching out to support seldom heard communities. To this end we have worked in partnership with Oxford Community Action group to make sure new and emerging communities in the county have access to information about Covid-19 advice and support available both nationally, and locally. Together with Oxford Community Action we have provided paper leaflets translated by community members in Swahili, Arabic, Tetum, Amharic, Somali. Over 700 translated leaflets have been delivered safely by hand by volunteers from these communities. For many, this was the first information that they had received about managing in Covid-19.

We have actively worked with Doctors of the World who have kindly responded to our request to provide Tetum in their translated materials bank on Covid-19. We have become aware of the lack of translated materials for Covid-19 in general with government and public health information being difficult to find, and only representing limited languages.

Whilst undertaking this work, we also have become aware of the gaps experienced by these communities in access to food support. Whilst the

response by food banks and community groups, and Oxford Hub has been admirable - we heard that many of these communities did not access mainstream food provision due to stigma and wanting confidentiality about seeking support. As a result of our linking Oxford Community Action with the Oxford Hub and Sofa a food distribution point has been established at Hurst Street Oxford college, run with volunteers from the Somali, Sudanese, East Timorese, East African and Syrian communities to deliver food in confidence to households.

Healthwatch Oxfordshire took part in part in a webinar discussion on ‘Care Homes, What Went Wrong?’ convened by Dr Mary Daley at Green Templeton College, posing a question about the coordinated BOB response to emergency planning.

The next OWN (Oxfordshire Wellbeing Network) meeting in June has been postponed and will take place in Autumn. This will focus on reaching local community and voluntary organisations. The challenges of social distancing to such an event will be considered.

### Health inequalities

There is no doubt that Covid-19 is exposing already present inequalities in health, and socioeconomic status. It has also highlighted underlying gaps within the way that the system responds, engages, and meets the needs of seldom heard communities.

Healthwatch Oxfordshire are keen to support learning from this, and to contribute to post Covid-19 learning and recovery for the health and care system. It is important that these voices are heard, and that Oxfordshire’s seldom heard communities have a part to play in building future resilience.

Future directions could include:

1. Ensuring Oxfordshire has a robust, strategically delivered food security strategy in place, moving beyond food banks to ensure that people have financial resources to access an adequate diet.
2. That Equalities Impact Assessments are undertaken involving local communities in understanding the differential impacts of the crisis. We suggest the Health Inequalities Commission and Public Health must play a lead role in this.