

## Report to the Oxfordshire Joint Health Overview Scrutiny Committee

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#### 1. Healthwatch Oxfordshire reports to external bodies

Healthwatch Oxfordshire attended and reported what we hear from the public to the Health and Wellbeing Board (Oct), Health Overview Scrutiny Committee (HOSC In Sep), Health Improvement Board (HIB in Aug), and Oxfordshire Quality Committee.

For all external bodies we attend our reports can be found online at: <a href="https://healthwatchoxfordshire.co.uk/our-reports/reports-to-other-bodies/">https://healthwatchoxfordshire.co.uk/our-reports/reports-to-other-bodies/</a>

We also attend the Oxfordshire Place Based Partnership meetings under (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB)) as well as giving input into other committees at ICB level.

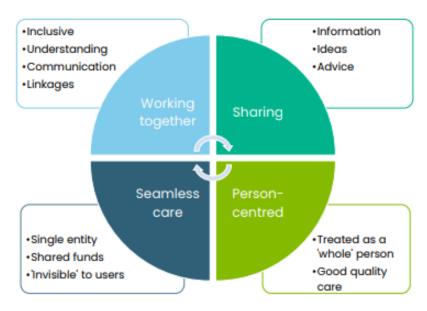
# 2. Update since the last Health Overview Scrutiny Committee (HOSC) Meeting 21<sup>st</sup> September 2023:

#### Healthwatch Oxfordshire reports published to date:

All reports published can be seen here <a href="https://healthwatchoxfordshire.co.uk/reports">https://healthwatchoxfordshire.co.uk/reports</a> all available in easy read, and word format. Since the last meeting we published reports on:

• How people experience joined up care in Oxfordshire (October 2023)

Gives insight into patient experience of joined up care from 38 people, including case stories.



• What people have told us about footcare in Oxfordshire (September 2023)

There were 75 respondents to this survey - in summary:

- People generally gave positive feedback about the quality of NHS podiatry care and staff.
- NHS treatment thresholds have become higher and can be confusing for some patients.
- > Referral pathways between NHS and private clinics could be clearer, in particular for high-risk patients.
- > Appointments are difficult to get and the time between appointments is irregular, increasing and often too long.
- > Private providers are highly rated but too expensive for some people, with the potential of widening health inequalities.
- Impact of being unable to access footcare clear on independence and physical activity.
- Health and Wellbeing Strategy Engagement Report

Views of 1,124 people in Oxfordshire (September 2023)

- Community members views on community research in Oxfordshire
- Community Research in Oxfordshire an overview

In support of learning for an emerging community research network in the county, Healthwatch Oxfordshire undertook interviews of community members and system representatives about their views on community research. These reports will be published at the end of November.

#### • Enter & View

We made **Enter and View** visits to the following services:

- The Abingdon Surgery
- Didcot Community Hospital- inpatients
- Wallingford Community Hospital- podiatry service

Published reports will be available here:

https://healthwatchoxfordshire.co.uk/our-work/enter-and-view

#### 3. Key issues we are hearing from the public:

We continue to hear about the lack of access to NHS dentistry, GP waiting times and access. We are also hearing about pharmacy. We heard from residents about initial gaps in COVID vaccine provision in the Didcot and Chipping Norton areas, which we raised at the Health and Wellbeing Board, and with the Place Based Director of Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB)

#### Signposting and advice

In the second quarter of this year (July to Sept) Healthwatch Oxfordshire were contacted by 122 people looking to give feedback on health services and for information and advice. People contacted us by either telephone, email or via the live chat function on our website or via the Healthwatch England webform.

The **top four services** people contacted us about were GP services (49), Hospital (24), Dentistry (10) and Pharmacy (10).

The top themes mentioned by people contacting us about GP services were quality of care, getting an appointment and communication. Of those people who contacted us about **quality of care** nearly 50% of them said their care was excellent whilst the remainder said their quality of care was poor.

"I was poorly with [condition], couldn't talk so popped in the surgery with a letter what's going on. I was immediately seen by a doctor who spent plenty of time to understand and assess my condition, gave advice and medication. I couldn't get better care!"

"Because it's so difficult to get an appointment here, I haven't bothered which means that the issue I'm concerned about is just getting worse."

"I do think GPs are trying their best, but the system is failing. I can't contact anyone to follow up referrals."

The majority of the feedback on hospital services was about the Nuffield Orthopaedic (14) followed by the Churchill Hospital (6) and the John Radcliffe (5).

The top theme people commented on when telling us about hospital services was the quality of care, with only one person commenting negatively on this. Other comments were centred on waits for elective surgery and administration on booking appointments.

"My xx was rushed to the JR with [condition]. All staff were brilliant ...received the best care possible resulting in an emergency [type of] procedure just a few hours after arriving in A&E. From paramedics to nurses, cardiology registrar and consultant, my xxx and our family received the best support, despite it being at a time of industrial action. We feel so blessed to have such a great NHS hospital in Oxford."

"Went to JR for hearing test, too much wax, wasted consultant time as had to arrange a private ear wax removal costing £85 and then rebook JR appointment. Difficult to find private removal and led to having to book two not one appts with JR. waste of £ for audiology department and concerned for those who might not be able to afford private treatment".

"My GP referred me for an urgent appointment, and it took them 6 weeks to acknowledge the request."

The common theme for people contacting us about pharmacy services related to waiting times and repeat prescriptions, with two people commenting on the great service they had received.

#### **Healthwatch Oxfordshire Board**

Healthwatch Oxfordshire Annual Impact report 2022-3 <a href="https://healthwatchoxfordshire.co.uk/our-work/annual-reports/">https://healthwatchoxfordshire.co.uk/our-work/annual-reports/</a> was presented at an event open to public on 4 July 2023.

Two Board meetings, including open forum events for the public to attend have been held, one at Rose Hill Community Centre on 26 September 2023, and online on 21 November 2023.

A Quarter 2 (July-Sep) activity report and focus on our activities to date will be available here: <a href="https://healthwatchoxfordshire.co.uk/about-us/board-papers-and-minutes/">https://healthwatchoxfordshire.co.uk/about-us/board-papers-and-minutes/</a>

### Appendix A

# Brief overview of what we have heard about CAMHS and child emotional wellbeing.

We hear from numerous sources including our signposting, feedback online and via our engagement this summer for the Health and Wellbeing strategy, when we heard from 1,124 people across the county. Some of these sources included people's concerns about children's emotional wellbeing and support. This brief summary of what we heard from 18 people about child mental health and CAMHS is to **contribute** on HOSC agenda on this topic:

Of these, 10 people specifically mentioned children and young people's mental health, and five people who spoke about concerns about support for children with special educational needs and disabilities (SEND).

People raised concerns about the long waiting lists for Child and Adolescent Mental Health Services (CAMHS) and a lack of early intervention and prevention services for young people.

"Waiting times for mental health services are a worry, particularly CAMHS."

"Support for young people. Many are suffering from anxiety, lack of aspiration and confidence and hopelessness. There are limited youth clubs/youth workers to provide support and little mental health support. Personal challenges that aren't picked up (long CAMHS lists) become mental health issues."

We also heard from someone who was unhappy with the quality of care that they had received from CAMHS.

"Been with the [Eating Disorder] team for three years, they are failures they care about your weight and that's it. Never received help and they will chuck you into hospital when you're too far gone."

Three people we heard from said that there was a need for better support for young LGBTQ people, including in school settings.

"Lack of LGBTQ support in schools."

"More mental support for LBTQ kids."

"Better mental health support for young people with gender dysphoria."

People's comments about support for children with SEND focused on problems with communication and continuity, long waiting times and gaps in support, including while waiting for assessments or diagnoses. Some people also mentioned the lack of support for parents and families as well as for children.

"Lack of SEND support- long delays in EHCP assessments. Relationship frosty with OCC Constant change of link officers for SEND and being not able to follow up on communication."

"We [have] a neurodiverse child with complex needs. We have been trying to access support for years and have been constantly ignored by services. We should have a Child in Need Assessment in place again this has been ignored despite assessment stating we need support."

"Waiting for autism diagnosis is over 2 years and little support to parents."

"[...] poverty, access to free community-based support (including support to overcome hurdles like anxiety, isolation, parenting challenges and SEND for children), and access to vital services like mental health and dentists are the main barriers [to health]."

Looking at support for children's wellbeing more broadly, a recurring theme in our Health and Wellbeing Strategy engagement was the need for more or better play areas and facilities for children (10 responses), more financial, practical or emotional support for families (5 responses) and more free or affordable activities for children and young people (37 responses). One person also highlighted the need for more accessible provision for children with SEND. As noted in previous meetings we also heard about the impact of the cost of living and the stresses this places on families, and working parents with children.

"Focussing on health inequalities and improving provision for children with special education needs. There is nowhere near enough spaces for children who are autistic, who find the noise and activity in classrooms overwhelming."

I" think more needs to be done for families with young children - this is when the foundations of the health and wellbeing of our future generations are set."