Community Engagement & Intelligence

#HaveYourSay
Stakeholder Event
19th February 2019

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healthwatch Middlesbrough

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Healthwatch South Tees #HaveYourSay Stakeholder Event – 19th February 2019

The Healthwatch South Tees team hosted a stakeholder event on Tuesday 19th February at Inspire2Learn, inviting stakeholders and community leaders of groups that represent older people, the BAME population and those diagnosed with long-term health conditions. The aim of the day was to gain an insight into the barriers and issues that these groups experience when accessing and using health and social care services. 37 people attended the event and were able to share valuable intelligence.

Community Engagement and Intelligence – Activity 1

After giving a brief introduction into the work of Healthwatch, the Healthwatch South Tees team then asked the attending stakeholders to identify the barriers and issues that are commonly experienced by those they support when accessing health and social care services, focusing on BAME, older people and those with long term health conditions.

On analysis, the issues have been grouped into common themes, with the brackets indicating the number of times the point was raised across the consultation.

1) System

- **Referral process (9)**
  Inappropriate referrals
  No referrals into community services
  Confusing process especially for refugees and asylum seekers in mental health services
  "pushed from pillar to post"

- **Quality (7)**
  Of services- appropriate time of discharge, appointment length, response time
  Of staff- kindness, equal treatment of mental and physical health

- **Waiting times (6)**

- **Staffing (6)**
  Interpreting services
  Continuity of GP and staff

- **Support (2)**
  No carer support
  Needed for online resources

2) Accessibility

- **Transport (13)**
  Reliance on private transport
  Problematic when ill
  Access to public transport

- **Getting appointments (10)**
  Mental health 'crisis' support
  Methods- calls, online (difficulty for older generation)
  Time slots

- **Location of services (4)**

- **Isolation (3)**

3) Finance

- **Personal (7)**
  Personal funding and eligibility

- **Services (6)**
  Capacity, budgets and resources

4) Communication

- **Communication (4)**
  Appropriate language and content for different audiences

5) Individual / person-centred

- **Confidence (12)**
  Fear – discrimination, judgement, test results
  Poor past experiences

- **Personal choice (7)**
  Gender- men not wanting to talk
  Older people – e.g. investigate type of dementia, accepting diagnosis
  Denial, less interest in self-help

- **Circumstance (6)**
  Health and disability condition
  Cultural barrier- family and friends

- **Stigma (5)**
  Attached to mental health, sexual health, dementia
  Older people
  Myths & misconceptions

6) Inclusion

- **Language (10)**
  Information
  Interpreting services

- **Culture (8)**
  Cultural awareness- services and staff
  Cultural barriers- mental health, family, gender

- **Isolation (5)**
  Better links to communities

- **Services (5)**
  Appropriate for needs of groups
  Discrimination of BAME
  Support for carers

7) Awareness & Understanding

- **Of Services (17)**
  What services are available, what they provide, what people are entitled to
  Tendency for A&E

- **Of Illness (3)**
  Correct education
  Self-help vs. self-diagnosis

After discussing the barriers and grouping them into different themes, the groups were then asked to prioritise the top five areas they thought to be of most importance.

The Healthwatch South Tees team then compared these priority lists across the six groups to discover common trends.

The following were identified:

- Finance and support (impact of funding)

- Communication (individual, between services language)

- Knowledge and awareness

- Isolation

- Systems (Process, capacity, navigation)

- Barriers/stigma

Community Engagement and Intelligence – Activity 2

Each of the identified priorities were then distributed to one of the six groups for them to discuss why they see it as an issue/barrier, to suggest possible solutions to help overcome it, and to highlight any examples of good practice.

The feedback we received from the groups on these points of discussion are as follows:

Finance and support (impact of funding)

Why is this a barrier/issue/priority?

- Reduced funding
- Short term funding- reliance (should be mainstream services)
- Uncertainty of funding
- Lack of funding on preventative services- leads to pressure on acute services
- Leads to the loss of experienced staff and services

Suggested Solutions

- Working in partnership and collaboration across organisations i.e. the VCS, statutory, housing RSL's
- Understand where overlap/duplication is
- Where are the pressures in the 'system'
- Sharing resources- pooling of budgets and information

Good Practice

- Networking North Star
- Sexual health contract (7 commissioners) 4x L/A's etc.
- ICS – NHS advocacy across a number of L/A's

🔴 Communication (individual, between services & language)

Why is this a barrier/issue/priority?

- Understanding (language barrier)
- Hearing loss - Sign language, Phone calls, Interpreter service
- Elderly – Keeping up with digital vs. preferred physical communication (e.g. flyers)
- BAME - Befriending ethnic minority
- With the service user - Knowing where to go/start to access help – crisis, Explanations of decisions, Not sufficient follow-up (after-care), Reliance on family
- Between services - Services not sharing information – departments, Silo-working, Professionals need person centred care – GP's don't refer enough to services that offer this

Suggested Solutions

- Have advocates – interpreter problems
- Recruit befriending for ethnic minority
- Understanding cultural backgrounds
- Access to information - A-Z directory (can get outdated in written format but not digital), Signposting helpline (quick number), Information at GP services, Good websites, Leaflet drops – signposting, Raise awareness – organised groups in local communities
- Different formats – Not just English; pictorial, easy read – for impairments – braille, Meeting clients at home, Listening
- Services - Networking with other organisations, Training (BSL) app – language, Advertise through media, Follow up, Finding out the problem – may need multiple services

Good Practice

- Statement of purpose service user guide – accessible straight away
- Advocacy service – different formats available
- Regular meetings – community – residents – stakeholders (info purposes)
- Collecting feedback – wanting to improve
- Share good practices across company and lessons learnt
- Accessible information standard – implement training
- BSL app (know, type and learn)
- A-Z directory – professionals – groups/social (WINDERMERE)
- Wellbeing sessions e.g. activities
- Use interpreter service – cannot use family/friend
- (systematic) capacity to keep up to date

● Knowledge and awareness

Why is this a barrier/issue/priority?

- Discrimination – impacts access
- Assumptions e.g. Dementia – memory clinic – misconceptions of provider
- Demand on services
- Assessments need to ensure cultural understanding

Suggested Solutions

- Training – culture – empower – professionals – networks champion – awareness groups
- Education – attitudes – respecting differences – kindness of professionals – host country
- Secondary interview panel – expert by experience – design interview questions – sit on interview panel
- Focus groups
- Awareness of older population needs and ensure traditional routes are still accessible
- Social media drip feed r.e. dementia diagram
- Video – Bollywood style family impact
- Launch in dementia awareness week

Good Practice

- Mutual respect
- Champion – linking communities
- Networking
- Campaigns
- Videos – social media – not suitable for older generation
- Look at what we do well to build on that
- Celebrate success
- Groups and activities
- Encourage self-development/esteem
- Screening clinics in the community – dementia – Meath Street Resource centre – NUR fitness – The temple
- ITN news upcoming
- Awareness weeks – dementia

ℓ Isolation

Why is this a barrier/issue/priority?

- Diagnosis of dementia can cause isolation, reluctance to engage with services and support (attitude of individual and family)
- Refugees and asylum seekers- Information not in correct format, Lack of information vs. information overload, Location of services (too far away), Transport
- Less likely to attend appointments/receive support if difficult to attend increasing isolation
- Language – cultural differences – cultural awareness
- Out of hours support

Suggested Solutions

- Dementia connect (point of contact, self help)
- Simplify information
- Services closer to home in communities
- Transport dementia friendly and accessible
- Different languages
- Engaging and learning from communities
- Training of health and social care professionals
- Replicating of 'dementia connect' model in other services

Good Practice

- Dementia friends
- NHS 10 year plan – currently Wales/West Midlands side by side
- Health access card/ credit card (Newcastle)
- 'Post buses' in rural areas
- Community immobilisers (links in community)

℮ Systems (Process, capacity, navigation)

Why is this a barrier/issue/priority?

- Age demographics: Navigating different age demographics to services and different age groups use different media forms; GP's are commonly visited by older people; Older people use conventional media (TV, radio) – limited, expensive – world has transitioned into digital 24hr media
- Community services – Gps don't promote; There are many different community groups (how does a GP know which one to recommend?)
- GP's aren't referring to organisations in time and parents hitting crisis point prior to service access "knocking on closed doors"

Suggested Solutions

- Doctors- Request that doctors promote community services (because someone of a professional stature can get people to take notice); Pressure/time/workload make it easier to let doctors promote services
- Database/website of community groups – doctors can legitimise it by referring – public can access it themselves
- Networking events organised within hospitals etc.
- Tailor the advertising approach to each demographic – older people: TV, radio – young people: snapchat
- Quarterly community magazine
- Traditional media could point towards a digital online platform
- Relatives, carers etc. who are digitally proficient could assist in finding services for older people
- Older people aren't as digitally incompetent as you think!

Good Practice

- Networking events organised by VCMI/TOFY
- Radio Tees interviewed TOFY club
- TOFY website
- Alzheimer's society collaborating with GP's

ⓔ Barriers/stigma

Why is this a barrier/issue/priority?

* Language – lack of interpreters
* Communication e.g. hearing loss
* Social isolation – lack of confidence
* Time limitation
* Stigmatised services – mental health etc.

Suggested Solutions

* Client should have access to interpreters
* Build into personal budget
* Peer support from voluntary sector
* Flexible appointments
* Signpost to voluntary sector
* Services covering all conditions
* Appropriate signage
* Service champions
* Awareness raising – real life stories

Good Practice

* Proactive groups exist
* Live well centre

Summary of Intelligence

The majority of the issues and barriers that were discussed by the groups on the day align themselves to those recognised as national problems, for example funding for care and transport. There were very few issues that couldn't be shared across the three different demographic areas of older people, the BAME population and those diagnosed with a long-term health condition. This was prominent in the discussions surrounding isolation and communication.

It is interesting to note that a lot of the group discussions centred around those with long-term health conditions, in regards to eligibility for care, accessing services, knowledge about conditions and preventative self-care. This will therefore inform the focus of Healthwatch South Tees (HWST) consultation 2019-2020.

Acknowledgements

We would like to thank all stakeholders who were able to attend the event and share with us their valuable intelligence, feeding into our workplan.