Health Inequalities Health Inequalities

Tuesday 22 January 2024





HWK Open Meeting Agenda

Tuesday 22 Jan - 12pm

AGENDA:

- 12.00 Welcome and introductions Stephen Bitti, Healthwatch Kingston, CEO
- 12.15pm Kingston Health Inequalities Data and Q&A Laura Maclehose, Consultant in Public Health, RBK
- 12.45pm Including Communities and Q&A Candy Dunne, Deputy Chief Officer, HWK
- 1.15pm Lunch
- **1.45pm Welcome and introductions to Community Voices Kingston (CVK) Stephen Bitti, Healthwatch Kingston, CEO**
- **2.00pm Addressing Health Inequalities and Long Term Conditions in Kingston -** Liz Ayres, Lead Transformation Programme Manager, SWL ICB (Kingston & Richmond)
- 2.20pm Update on KVA's Core-20 project Emma Hill, Deputy Chief Executive, KVA
- 2.40pm Opportunity to share your feedback on local services
- 3.00pm Next Open Meeting date and other activities Stephen Bitti,

Healthwatch Kingston, CEO

3.15pm - Close



Kingston Health Inequalities Data and Q&A

Laura Maclehose, Consultant in Public Health, RBK





Including Communities

Candy Dunne
Deputy Chief Officer
Healthwatch Kingston

candy@healthwatchkingston.org.uk





Overview

In 2022-23 Healthwatch Kingston attended 16 Health and Wellbeing events/groups across the borough and talked to 224 participants from some of our more vulnerable communities about their experiences in accessing local health and other social care and support services.

Communities

- Migrant and refugee communities
- People who do not have English as a first language
- Young people (16-18 year olds)
- People experiencing Homelessness
- People with Learning Disabilities
- Kingston Community Libraries

(HWK were also able to engage with the translators at a number of events)

We explored their experiences of accessing:

- GPs
- Pharmacy services
- Hospitals
- Dentists
- Digital Access
- other support services
- Covid support





Healthwatch Kingston Including Communities Experiences

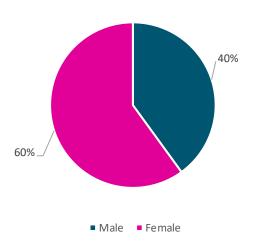
Demographics

Whilst we didn't collect a complete break down on ethnicities due to sensitivities from our refugee and migrant communities, this project was informed by people who identified themselves as the following:

- Afghanistan
- Albania
- Arabic Speaker (no country given)
- Australian
- •Bangladeshi
- Black Caribbean
- Chinese
- Dutch
- Egyptian
- •Farsi
- Hong Kong
- •Iranian
- •lraqi

- •Irish
- Italian
- •Latvia
- •Nigeian
- Non White British
- Other Asian
- Swiss
- •Tamil
- Turkish
- Ukraine
- •Western European
- •White British







Key Findings

There were a number of distinct differences in experience for different communities in terms of access, but some of the more common challenges and barriers identified in our discussions included:

- Problems getting timely appointments at the time of need
- Long waits on the phone
- Phones being ignored / Rude receptionist
- Language difficulties
- Difficulties navigating online booking
- Access to medication if items not available at local pharmacy
- Communication problems between GPs and Pharmacy
- Provision of safe and private space for confidential discussion at specific venues including pharmacy

- Lack of communication between hospital and GP
- Confusion over how to access follow up appointments
- Crowded chaotic experiences in A&E
- Lack of clarity on accessible translator services
- Lack of access to NHS provision at dentists
- Lengthy waiting times for appointments
- Stigma and discrimination
- Fear of reprisal

- Difficulties navigating our NHS services and understanding when to use the services.
 (999/111/GP/Pharmacies)
- Lack of knowledge as to what people are actually entitled to
- Lack of knowledge as to what is available



Key Findings

Positive Feedback

- The majority young people had a positive response to the services they used however, a number did express issues with access to Mental Heath services
- Young people also requested more face to face appointment interaction
- At the Health and Wellbeing events we heard that people were happy with the treatment they received from the GP and the hospital
- People reported a positive experience at local pharmacies, with text and delivery service being very helpful
- It was encouraging that people were willing to participate, often sharing how grateful they were to be given the opportunity to have a voice

Translator Services

- Concerns expressed as to what translation services were easily accessible or even available. The guidance is unclear as it implies, if you attend A&E you can access a translator, but for ongoing hospital treatment and care, it is not explicit
- They have a problem parking and have to pay all their own parking and petrol costs. When there is an emergency situation they have no choice and given current pay and the cost of living crises, one stated

"being a translator is becoming an expensive job!"



Positives Impact

Positive Impacts

- Discussions with Kingston Hospital about providing food during Ramadan
- Feedback from the survey was shared during Kingston JSNA discussions
- We were able to support people at the community Surgeries and events to register with GP and book appointments
- Early discussions with LEAH (Learn English at Home about developing a set of tools they can use
- Development of information's poster on GP
 Registration and accessing a Dentist to be used at future events
- The findings from this project have fed into the Including Digitally Excluded Communities project, report due end of March.







Including
Digitally
Excluded
Communities



What Healthwatch Kingston has done



- Linking to work being completed by Care Quality Commission with other local Healthwatch's on how can Healthwatch and CQC do more to engage with people who are digitally excluded.
- Healthwatch Kingston worked with local peer support groups and services, as well as individuals, to find out how we can include people who are digitally excluded in our research.
- The initial idea was to engage with individuals over lunch or coffee, but people did not come forward for this offer.
- We met with groups that support people with English as a second language, people with learning disabilities,
 people from lower income households, people with visual impairments and people with ADHD.
- We also added in input from young people, who are not less likely to be digitally excluded.



Overview of our learning

- The full report will be published soon
- We learnt that not giving feedback online is often a personal preference and not just an issue for those who do not have digital tools or digital skills.
- There can be a lack of trust about where the information is going, giving Healthwatch and CQC your feedback will always be linked to your health and support needs.
- People need information in a way they can understand such as easy read, other languages, words with no pictures and this will mean that a website that is perfect for one person presents a problem for someone else.



I do not want to use a computer. I do not want anyone to force me to use one.



Overview of our learning

- People want to know what difference will be made when they give feedback.
- They want people to come back with the report and share their findings and what will happen next.
- Young people (under 18s) said they would prefer if Healthwatch Kingston came to them for face-to-face feedback rather than online surveys.
- Lots of people automatically wanted to share their experiences of NHS and social care with, some of which was around digital exclusion. This shows an appetite for sharing their experience with Healthwatch.





People want to know what is going to happen with information when given. Will it make a difference to them.



Health & Wellbeing Day – Hosted in Kingston by the CCG

- Spear organised volunteers for the day to be stationed at key welcome and check in points in order to utilisation their existing relationships with the visitors on the day.
- A request was put out on the Kingston Volunteering Service (KVS) portal to ask for additional volunteers to help run the breakfast/lunch stand, essential kits and meeting & greeting. We also utilised a volunteer with an Security Industry Authority (SIA) license on the day to assist with security.
- Utilising the budget, food was sourced via a catering company called Fresh 'N' Funky hot breakfast rolls, fruit and granola bars were ordered for the morning and a range of hot meals with bread and salad which were individually packaged for lunch.
- A hairdresser was secured by Spear to attend on the day to offer free hair cuts to all visitors.
- We received a very generous donation from John Lewis in order to assemble essential kits. These were split and sorted into the following categories:
 - Babies/Childrens/Families
 - Toiletry Bags (including those specifically for people who menstruate)
 - Food items split into those who have the means to prepare food and those who do not.

Activities

- Flu vaccinations were administered by Vijay Patel from Pearl Pharmacy.
- The SWL COVID vaccination team attended and administered Covid vaccination, boosters and Flu vaccinations.
- They utilised street ambassadors on the day who walked the streets promoting element of the event to the public.
- Dr Liz Thorpe and Dr Jayin Jacob attended the event in order to provide Primary Care consultations and registration.
- There was around 16 GP consultations.
- The BBV van carried out 11 screening tests including liver scans, HIV, Hep B & C and cancer screening.
- Your Healthcare provided 25 BMI and health checks on the day.
- The hairdresser provided approximately 22 haircuts on the day.

















Break (1.15pm - 1.45pm)



Community Voices Kingston (CVK)

- Welcome and introductions to Community Voices Kingston Stephen Bitti, Healthwatch Kingston, CEO
- Addressing Health Inequalities and Long Term Conditions in Kingston -Liz Ayres, Lead Transformation Programme Manager, SWL ICB (Kingston & Richmond)
- Update on KVA's Core-20 project Emma Hill, Deputy Chief Executive, KVA
- Opportunity to share your feedback on local services







Introduction to Community Voices Kingston (CVK)

Stephen Bitti, Healthwatch Kingston, CEO Welcome and introductions to Community Voices





Introduction to Community Voices Kingston (CVK)

<u>Community Voices Kingston</u> working with HWK and KVA is one of the ways the Kingston health and care partnership connects with local groups and communities.

Community Voices Kingston wants to gather insight on experiences of health and care services with a hope to improving local services. We especially want to hear from those most likely to experience health inequalities and the worst health outcomes to try and capture voices not typically heard from.

To achieve this, Healthwatch Kingston and <u>Kingston Voluntary Action</u> have joined with Community Voices Kingston, to work in partnership to engage our local communities. To avoid groups and organisations having to attend multiple meetings and forums, we will be tapping into existing ones, aiming to further the reach of Community Voices Kingston. Community Voices Kingston will have a regular slot at Healthwatch Kingston's Open Meetings, as well as at KVA's Health & Wellbeing Network and/or VCSE Forum.

If you'd like more information on Community Voices Kingston please contact: charlotte.jones@swlondon.nhs.uk





Community Voices Kingston (CVK)

Liz Ayres, Lead Transformation Programme Manager, SWL ICB (Kingston & Richmond)

Addressing Health Inequalities and Long Term Conditions in Kingston



Community Voices Kingston (CVK)

Emma Hill, Deputy Chief Executive, Kingston Voluntary Action (KVA) Update on KVA's Core-20 project





Thank you for joining us for the Healthwatch Kingston Open Meeting

Next Open Meeting 27 March 2024

Any question please email: info@healthwatchkingston.org.uk



