healthwatch Southwark

PRESENTATION

Why look at strategy?

Purpose

Lots of good work, but not clearly focused.

What is different about Healthwatch Southwark compared to any other Healthwatch in the country?

Greater motivation for the team, following high staff turnover. A statutory function, but why do we do it?

Priorities

Three staff (manager, engagement officer, researcher), but lots of priorities.

Thinking about the type of research we do, how this is decided and how it impacts.

Partnerships

A clearer logic for being hosted by Community Southwark.

Better links with Ambassadors project.

Lots of meetings, how to use these relationships
    for communities.

The Research

Briefing calls

Document review
- Annual reports
- Strategic plans
- Policies and procedures
- Healthwatch England objectives and strategic aims

On-line survey
- Anonymous
- Number of responses: 19 (15 complete, 4 partial)
- Profile (complete surveys)
  - 2 Community Southwark
  - 3 NHS Trust
  - 3 Healthwatch (2 Southwark, 1 other)
  - 3 Partnership Southwark
  - 3 Southwark Council
  - 1 Southwark Health and Wellbeing Board

In-depth interviews
- Anonymous
- Number of responses: 8
- Profile
  - 2 Community Southwark
  - 5 Healthwatch Southwark
  - 1 Partnership Southwark

Strategic Planning workshop
- Attendees: 15 (7 in person, 8 online)
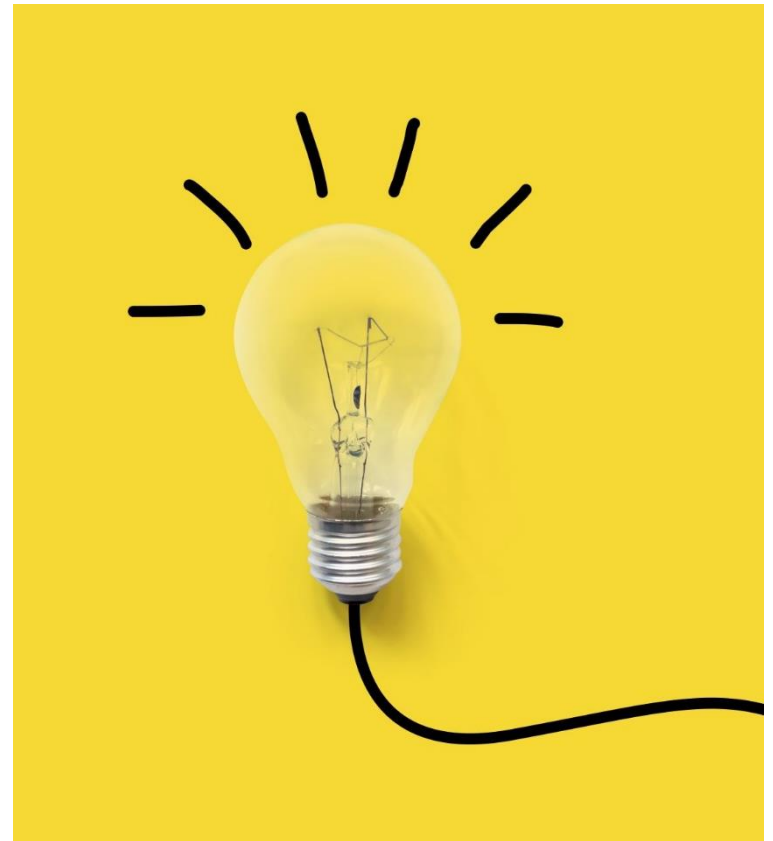
Connecting people to power to make change

Healthwatch Southwark Purpose: **To connect people to power so that they can make improvements in health and social care, especially for people who have been historically underrepresented.**

To achieve this we need to:

1. **Build and maintain relationships with communities** which have historically been under-represented in decision-making (e.g. BAME, disabled). This should be done through community outreach, such as going to and organising events, and through social media.

2. **Use the powers and position of Healthwatch** to make sure the voices of under-represented individuals and groups are heard by Health and Social Care providers.

3. **Present evidence** with communities through written reports, videos, focus groups, campaigns, and events.

4. **Give individuals and groups the information they need** about how to access services and engage with providers.

5. **Have a well-supported team** with efficient processes committed to working with the communities we serve.

Priority Actions

Connecting people to power to make change

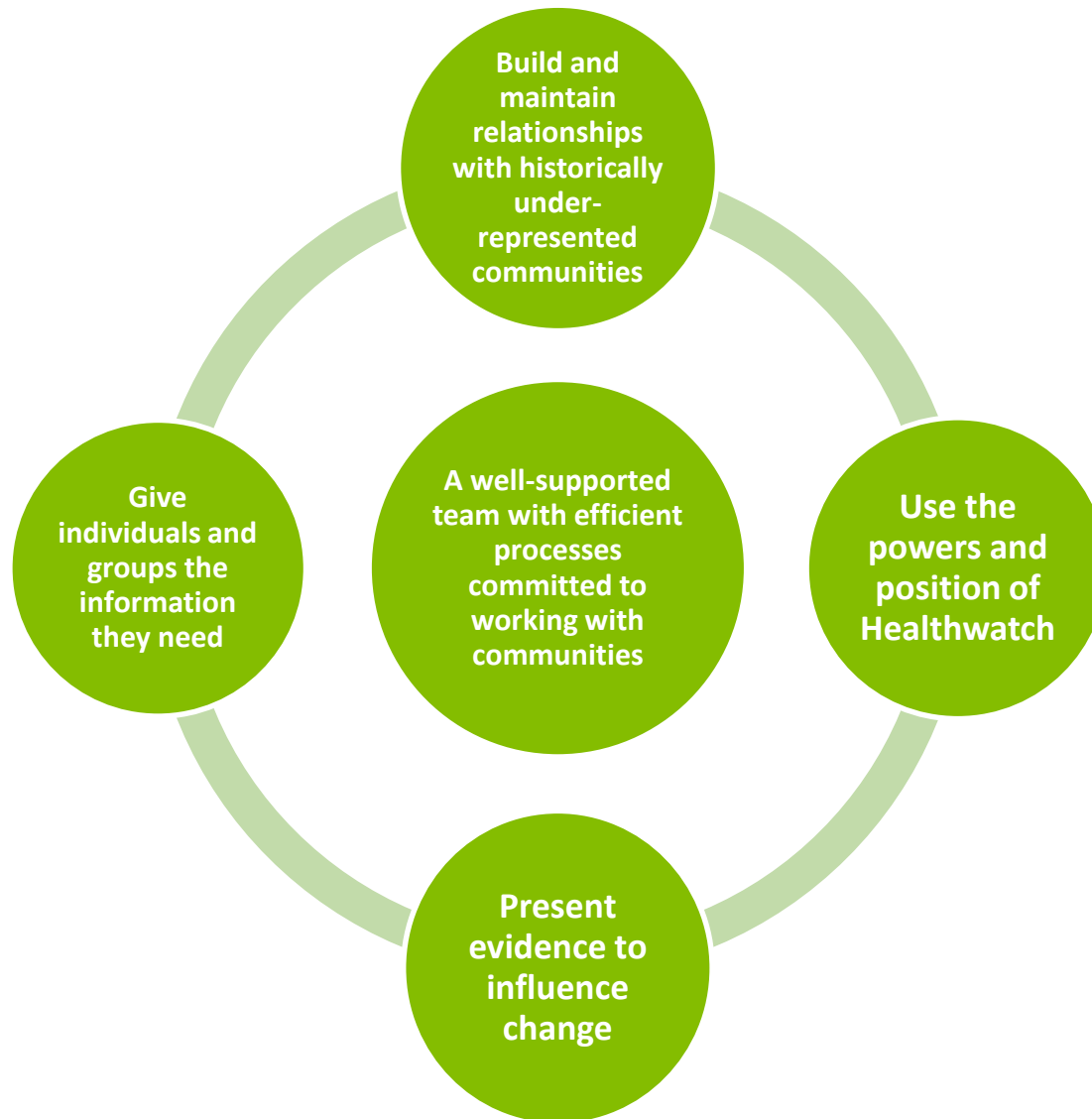| 1. Build and maintain relationships with under-represented communities	2. Use our powers and position to make sure voices are heard	3. Present evidence to influence change	4. Give individuals and groups the information they need	5. A well-supported team with efficient processes working with communities
• Listen to local people by being present in the community, involved in local events and community gatherings. • Work more closely with VCS groups and make better use of CS links. • Co-host events with VCS groups – like that with the Latin American community. • Use events to follow up with the community on current reports and research and ask for their ideas.	• Work in partnership with Health and Social Care providers, whilst making clear that our role is to make sure community voices are heard. • Forge relationships and attend meetings with healthcare organisations, other SE London HWs, universities. • Host focus groups/ town halls and invite those with power to make change. • Use our 'enter and view' powers. • Request formal responses to our evidence.	• Focus on one or two community-led topics • Template to explain research priority and direction based on community input. Also, to clarify objectives, research methods, check for duplication, and whether Enter and View is required. • Use tech e.g. online feedback forms, direct messaging, transcription, social media. • Present research creatively and with communities through stories, focus groups and videos, as well as written reports.	• Clear information about how to access services and engage with providers. • Focus on accessibility – keep reports short and succinct using quantitative and qualitative data with visuals. • Clear signposting processes and training. • Feedback sessions with public after reports have been finalised to show HWS has listened and utilised their feedback. • Keep an archive of projects and track progress of their recommendations. • Continue to produce monthly newsletters. • Translate whenever possible.	• Write down processes, including new staff guide, and project management. • Greater clarity of role and autonomy • Better use of software, databases with CS, truncate list of software used • Training for staff • Review monitoring and outputs in line with strategy • Support Advisory Board with recruitment, training, quality framework. • Build volunteer capacity. • Involve staff in decision making. • Website accessibility

Connecting people to power to make change

Build and maintain relationships with historically under-represented communities

Use the powers and position of Healthwatch

A well-supported team with efficient processes committed to working with communities

Present evidence to influence change

Give individuals and groups the information they need

Access to Health and Social Care Services for Latin American Communities in Southwark

Report

Why we did this project?

Latin American communities in Southwark should be heard, as they are missing from most studies on health inequalities.

Our aims:

- **Develop relationships.**
- **Provide a platform.**
- **Find out the issues** and **share them**
- Help Latin American communities **develop direct links** to **influence services**.

Methodology

A survey of people's experiences.

A focus group to address questions.

1-1 interviews to gain in-depth personal accounts.

This produced data focused on how people described their experiences.

Overall, we engaged with 67 Latin American residents in Southwark.

Challenges

We could not communicate directly with many respondents due to language barriers and our Community Health Ambassadors struggled to interpret dialects.

Community partners had limited capacity due to their own workloads.

Some community partners were reluctant to participate due to negative experiences working on similar projects in the past.

Solutions

Our partners from diverse, local Latin American organisations helped with interpretation.

We supported community partners by facilitating networking opportunities and co-producing our Latin American Health event.

Key findings

➢ **91%** of respondents have tried to access at least one healthcare service in the last year.

➢ **70%** of respondents have tried to access a GP.

➢ Significant difference from Trust for London's (2016) finding that 1 in 6 Latin Americans in London have never been to a GP (Trust for London 2011).

Health and social care services that respondents have tried to access
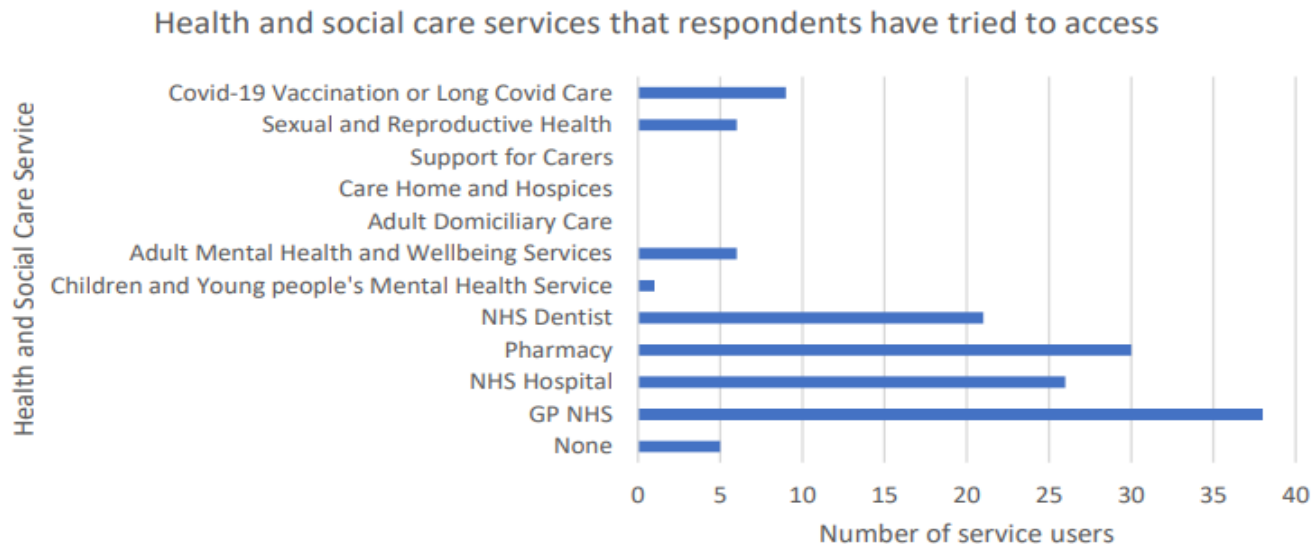
Key findings
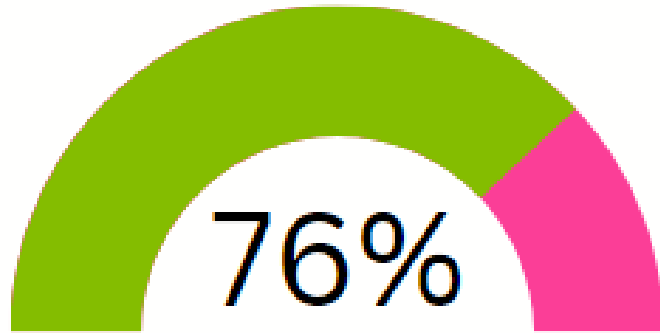
76% of respondents **experienced barriers or challenges** to accessing health and social care services.

Of these respondents, **the majority** experienced barriers to **accessing GPs**.

Themes

The barriers to accessing health and social care services can be grouped into three core issues:

1. Communications

2. Diversity and Inclusion

3. Appointments and Charges

Communications

Language Barriers

- Prevent people from communicating with healthcare staff and completing paperwork.
- Interpreters are not always available and reliable.
- Lack of healthcare information available in Spanish and Portuguese.

Entitlements

- Lack of information about services that migrants can use.

Online Communications

- E-letters, video/telephone appointments etc. are difficult to use, particularly for elderly people.
- High levels of digital exclusion in the Latin community.

Diversity and Inclusion

Staff behaviour

- Respondents felt discriminated against by healthcare staff, e.g. being rushed or not taken seriously.
- Most reports of rude staff behaviour were regarding GP receptionists.

Diversity monitoring

- Latin Americans have been excluded from and misrepresented on diversity monitoring forms, meaning that the different needs of Latin American communities have not been accounted for.

"We face discrimination because of how we look and how we speak and sometimes receptionists lack empathy or understanding about our experiences. They assume that we should all know how the healthcare system works." – Quote from a respondent

Appointment and Charges

Appointments

- Complicated GP appointment booking process, long waiting times and lack of information provided during appointments.

Referrals and Staff Continuity

- Lack of communication between staff causes delayed and inconsistent treatment.

Charges

- GP charges for letters affect people's ability to access benefits etc.

These challenges are **made more significant by issues specific to the Latin American community**, e.g., waiting times for appointments are longer to facilitate interpreters.

"As elderly grandparents, we have to rely on our children to book and attend appointments with us because of our lack of English…trying to get an appointment at a time that suits them proves very difficult, so they have to take time off work to accompany us." – Quote from a respondent

Recommendations

Communications

1. Provide information about healthcare services in Spanish and Portuguese online, in community media and in places that Latin Americans already visit.

2. Make interpreters more easily available and hire more Spanish-speaking staff.

3. Provide information about migrants' entitlements to healthcare in Spanish and Portuguese.

4. Reintroduce postal letters.

5. Increase face-to-face appointments.

6. Work with Latin American community organisations to share information.

Recommendations

Diversity and Inclusion

7. Record Latin American countries of origin and dialects spoken in diversity monitoring.

8. Diversity and inclusion training for healthcare staff.

Appointments and Charges

9. A GP booking system which gives patients more flexibility for when they can make a booking and the date and time of appointments.

10. Improve staff continuity and administration to make referrals easier.

11. Scrap charges for letters and documents, particularly for low-income patients.

Summary

- Most respondents have struggled to access healthcare, particularly **GPs**.
- Issues with communication, diversity and inclusion, and appointments and charges.
- The most significant challenge to Latin American healthcare access is **language barriers.**

Next steps

This report can be found on our:

Website

September newsletter

We will:

Share our findings with the community.

Present to key decision-makers and await formal responses.

Track progress of recommendations with feedback from the community.

HWS Latin American Health Event

How to contact us

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