

Equality and Human Rights Workshop Report:

Understanding what we need to do to meet the
healthcare needs of our diverse local population

1 December 2015



Background to the equality and human rights workshop

Equality duties – what we need to do:

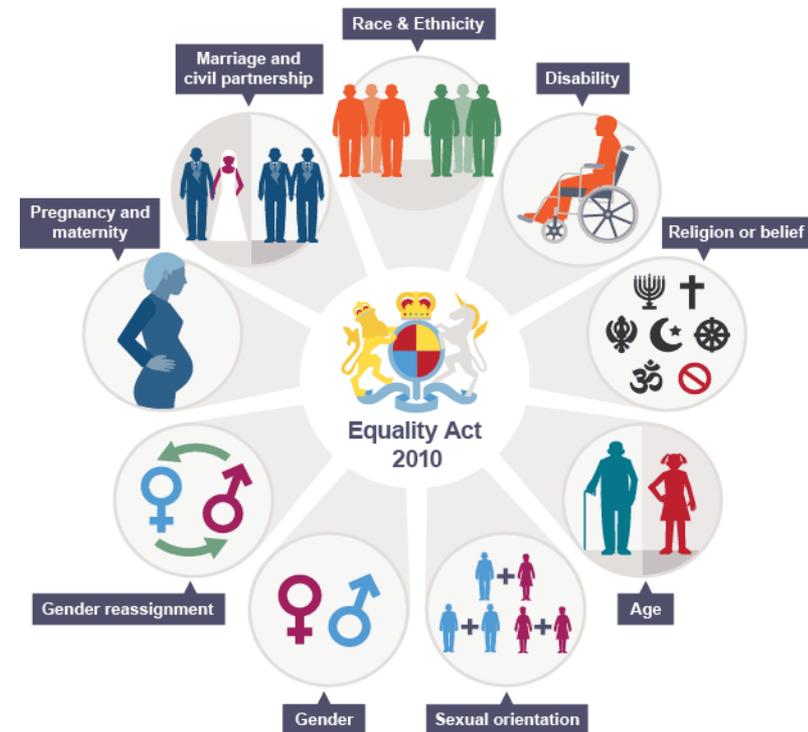
NHS Southwark Clinical Commissioning Group (CCG), like other NHS and public bodies, has a number of equality duties that it must comply with. In this respect, the key statutory duties are contained in the:

- Human Rights Act 1998
- Equality Act 2010 (which includes the Public Sector Equality Duty)
- Health and Social Care Act 2012

In general, this means that the CCG must:

- Address prejudice, promote equality of opportunity and take into account the needs of all the nine protected groups in the way it commissions ('buys') services from health providers such as hospital trusts
- Protect human rights by making sure that commissioning decisions safeguard vulnerable people, and do not put people's lives at risk or expose them to inhumane and degrading treatment
- Set four-year equality objectives, based on key local equality priorities, and report progress on them by 31 January of each year

The nine protected groups by law



What we did at the workshop

On 1 December 2015, the CCG held an equality and human rights stakeholders' workshop with invited local people and organisations that broadly represented the nine protected groups.

The purpose of the workshop was to seek external assurance, impart information about how the CCG is changing the way it commissions NHS services, and ascertain from participants their views on some key questions:

- Examples of good experience of using local health care services
- Examples of poor experience of using local health care services, and what would have made these better
- Examples of what we can all do together to ensure that we are meeting the needs of our diverse communities

There were a number of presentations, lead by the chair of the CCG, Dr Jonty Heaversedge, followed by questions and answers. The presentations included:

- Southwark population and health issues
- Equality law and duties
- Moving forward: what we need to do differently
- Developing Local Care Networks (LCNs)
- Case Studies on mental health services and healthy weight management
- Group work



Who attended?

Invitation to the workshop was by personal invite via email to individuals in their personal capacity or as representatives of local community and voluntary organisations. A diverse range of organisations attended including:

- Southwark Resource Centre
- Metro
- Vietnamese Mental Health Service
- Southwark Carers
- Southwark Disability Association
- CPN Creative Thinking and Action
- Age UK
- Healthwatch
- Southwark Refugee Communities Forum
- Age Concern
- Men's Health Forum
- Southwark Deaf Forum
- Latin American Women's Rights Service
- Southwark Travellers Action Group
- Southwark Resource Centre
- Citizens Advice Southwark
- Advising London

- There were 30 participants, 21 of whom completed an equality monitoring form

- 48% of participants declared that they had a physical, sensory or learning disability, long term condition or mental health need

- 47% of participants were White - British
- 06% were White - Irish
- 12% were White other - European
- 17% were Black or Black British - African
- 06% were Black or British – Caribbean
- 12% were Black or British – Black British

- 53% of the participants were male and 47% were female

- 40% of the participants were Christian
- 05% were Muslim
- 05% were Buddhist
- 40% had no religious belief

- 90% of the participants declared themselves as heterosexual
- 10% preferred not to say

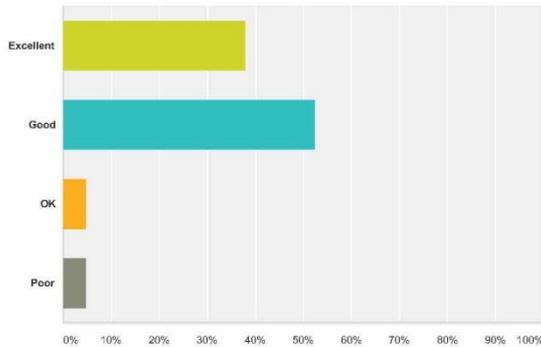
- The age range of participants were between 19 and 84

Workshop evaluation

- Of the 30 participants, 21 completed the evaluation form. The workshop had a positive evaluation from the participants with an almost 50-50 split between excellent and good on most of the 17 questions
- Below are some responses to the questions that were asked

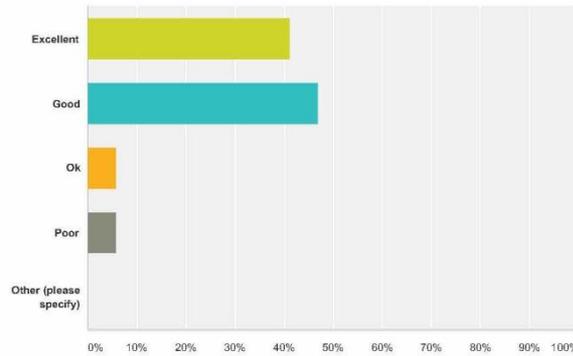
Q1 How would you rate this session overall?

Answered: 21 Skipped: 0



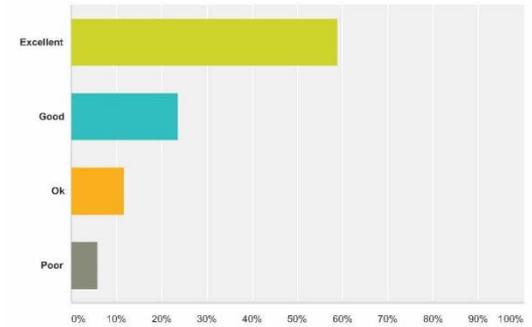
Q4 How useful/informative did you find the Population and Health Issues presentation?

Answered: 17 Skipped: 4



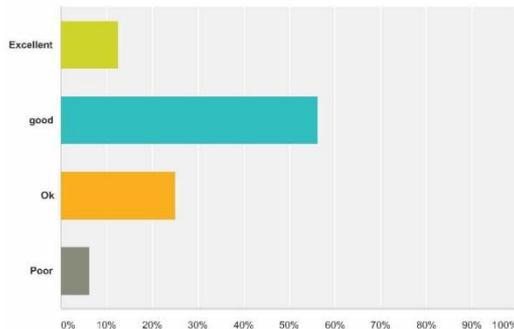
Q5 How useful/informative did you find the equality duties presentation?

Answered: 17 Skipped: 4



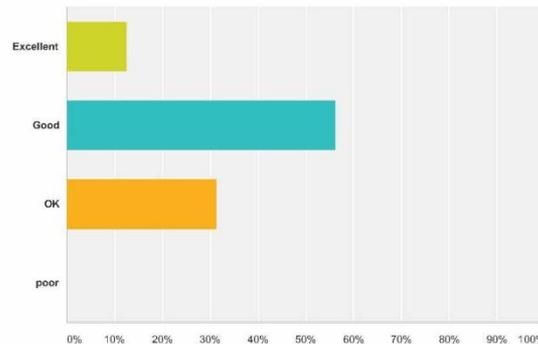
Q6 How useful/informative did you find the moving forward presentation?

Answered: 16 Skipped: 5



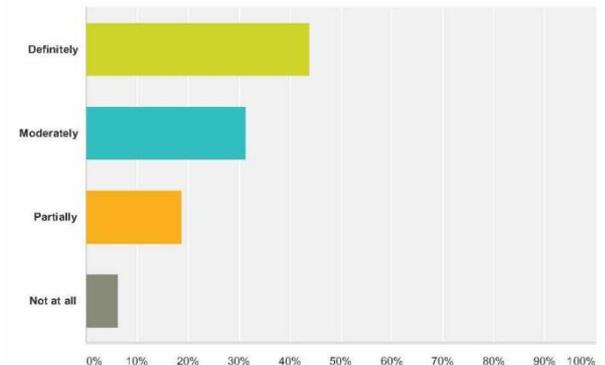
Q9 How useful/informative did you find the MH services presentation

Answered: 16 Skipped: 5



Q13 Has today's event made you feel more involved with the work of the NHS?

Answered: 16 Skipped: 5



Findings 1/4 – Positive experiences

We asked participants about some of their positive experiences of using local health and social care services. A number of key themes emerged, such as being listened to, and being treated with dignity and respect:

Being listened to:

- Staff took time to listen and understand me (I have learning needs)
- The new consultant at King's is good and listens
- I was listened to despite my disability
- The consultant really listened to me

Good access and quality of services:

- Appointments were timely, and text message reminders were helpful
- Excellent pre-diabetes services prevention
- Good nurse and consultant

Dignity and respect:

- I did not feel like a statistic
- I had a good experience in A&E
- I had good respectful cancer care
- I had a private operation that went wrong, but the NHS fixed it without judging me
- Had a smooth journey with no discrimination against the Gypsy and Traveller community



Findings 2/4 – Poor experiences

We asked participants about some of their poor experiences of using local health and social care services. A number of key themes emerged, such as, perceptions, interpreting and communication support, access and choice.

Perceptions:

- Disabled people being judged on disability rather than being accepted for the illness they present
- Subjective judgements because physical disability is seen as a mental health need or a learning disability

Interpreting and communication support:

- Lack of interpreters available, and usually takes longer to access a GP with an interpreter
- Lack of support with communication and translation, even if people speak English, because it may be hard to remember advice in a crisis
- Lack of understanding and flexibility from receptionists when interpreters are required
- Language and hearing impairment make telephone interpretation very difficult
- Automated communication systems are difficult to use by people with communication difficulties
- Difficulty in making appointments for older people whose first language is not English



Access and choice issues:

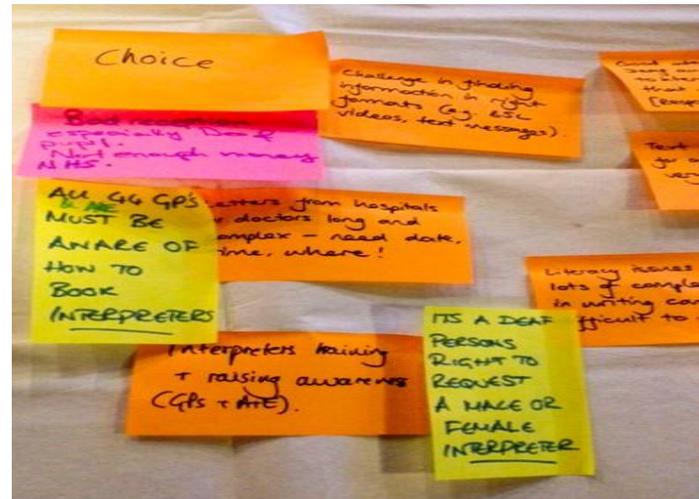
- Lack of space for confidential discussions at reception areas
- Knee operation cancelled several times after 18 month wait
- Some GP practices are still not Disability Discrimination Act compliant, making it hard for physically disabled people to access good care
- Access to toilets for disabled people
- GP catchment areas can reinforced health inequalities because choice of registration at particular GP practices is restricted
- Short appointments, and not enough time to discuss options from GPs
- Lack of information on choice because sometimes people don't know they have more choices than offered

Findings 3/4 – what could have been better

We asked what would have made your experience of using local health and social care services better. A number of key themes emerged, such as better communication and interpretation services, equality training and person-centred services:

Better communication and interpretation services including:

- Personalising communication, be sensitive to language barriers for people with learning difficulties
- Using simple language and less NHS speak, particularly in long and complex letters from hospitals or GPs
- Understanding that communication is a particular barrier for deaf people, so listen and engage with the deaf community sensitively
- Better guide on how deaf people can access interpreters in A&E and other emergency situations
- Support people who lack confidence to ask questions by giving them space, and time to have their say
- Looking at other ways to communicate, because literacy issues can make complex information in writing difficult to access, and also cannot always respond to emails
- Ensuring that transgender people are responded to with their correct gender when contacting health services
- Ensuring there is an option to request for a male/female interpreter when discussing health issues
- Better deaf awareness, access to interpreters, and texts that can be responded to
- Ensuring GPs and A&E staff know how to book interpreters
- Ensuring minimum delays in booking face to face interpreters for those with English as second language/hearing impairment
- Exploring and developing information in right format e.g. British Sign Language (BSL), video conferencing and text messages





Participants at the workshop highlighted some key areas for improvement that could ensure better health outcomes, improved patient access and experience. In this respect, some of the emerging actions for the CCG include:

- Reviewing interpretation services in 2016 with Lambeth and Lewisham CCGs, and engaging with local people to explore issues about using interpreters
- Developing its relationship with Southwark Deaf Forum (SDF) as part of its approach to engaging with seldom heard groups
- Mapping and analysing the demographic data used by the CCG to identify equality, human rights and health inequalities gaps
- Working with voluntary and community sector organisations and Healthwatch to develop a train the trainer health care navigators training programme for different groups in Southwark
- Organising and developing protected learning time (PLT) for GP practice staff to explore what equality and human rights means in everyday practice
- Developing social prescribing in Southwark, which can be thought of as a non-medical prescription, so that people are supported in the community and voluntary sector socially and with activities that improve their health and wellbeing

Next steps

The CCG is committed to commissioning for outcomes that includes promoting equality, protecting human rights and reducing health inequalities.

Both the CCG's Equality Delivery System (EDS2) self-assessment, and the stakeholder workshop on equality and human rights, highlighted a number of local equality gaps.

Next steps:

- The findings from this workshop and the EDS2 self-assessment report, will inform the CCG's equality, human rights and health inequalities strategy and the EDS2 action plan all four goals and 18 outcomes
- The CCG is working with providers on analysing existing equality data, and addressing gap so that the CCG is better informed about health outcomes, access and patient experience in relation to the nine protected groups, seldom heard and socio-economically deprived communities
- The CCG is refreshing its current four-year equality objectives, which were set in 2012, so that they are aligned with actions arising from the EDS2 assessment process, the workshop and fit with the approach for commissioning for outcomes

For more information about the CCG's work on equality and human rights, follow the link below

<http://www.southwarkccg.nhs.uk/about-us/equality-and-diversity/Pages/default.aspx>

