



Report of Feedback at Healthwatch Assembly September 2020 - Health Inequalities.

Summary

Background:

We have held previous events to discuss local health inequalities - i.e. unfair and avoidable differences in the health of people across social and population groups.

The aim has been to raise awareness of the issues and monitor progress in tackling them. Since the start of the Covid-19 pandemic we have all had to learn to do things in new ways, including services that try to tackle health inequalities by reaching out to different communities.

What we did:

At our Assembly event on 29th September 2020, we heard updates from people at NHS Wandsworth and Wandsworth Council Public Health about their work on health inequalities. We then hosted four workshops, where speakers presented and discussed some of the practical issues and solutions to health inequalities including: Digital health and care appointments, Healthwatch Wandsworth's work around community information and communications, Community Led Health Clinics to support managing and staying well with a long-term condition and Talk Wandsworth's work around mental health.



What we were told:

Many local statutory and voluntary services and organisations tackling health inequalities in Wandsworth have changed and adapted in response Covid-19. Often these changes have been successful, but new ways of working, such as moving health and care appointment away from face-to-face meetings risks creating new health inequalities.

People stressed that during the pandemic it was even more important to reach out to different people in different ways and adapted for different groups.

The move away from face to face meetings and appointments to more use of the telephone, smartphones and online information and communication has been a positive experience for some, but we need to be aware of differing needs and circumstances with targeted information and promotion of support on offer.

Reliance on technology can have an impact of people because of issues such as personal finances, privacy concerns, lack of confidence and understanding of the technology, the array of different apps and platforms, and how to provide access to written information. Alternatives to using the internet need to be included.

Read more about the themes to discussions held at our event below.

Introduction

At our public event on 29 September 2020, we focussed our discussion on Health Inequalities - building on last year's successful assembly.

Since the start of the Covid-19 pandemic and the associated lockdown we have all had to learn to do things in new ways. This assembly was held online using Zoom on 29th September 2020.

The event was introduced by Stephen Hickey, Healthwatch Chair. Mike Procter, Director of Transformation for Wandsworth and Merton and Naomi Good, Patient and Public Engagement Manager presented their work with community groups and others to address health inequalities in Wandsworth, and we watched a video presentation from Shannon Katiyo, Director of Public Health for Wandsworth and Richmond.

During the presentations we heard that health inequalities are complicated and involve many factors outside health.

We heard that Covid-19 has highlighted the need to tackle health inequalities as it has had a disproportional impact on people from BAME communities, socially and economically deprived areas, and people with long term conditions such as diabetes which already affects and exacerbates health inequalities.

We also heard that many statutory and voluntary services have changed and adapted in response to the challenges of the Covid-19 restrictions. However, we also heard that with new ways of working introduced during the pandemic, such as moving health and care appointment away from face-to-face meetings brings the risk of increasing or creating new health inequalities.

We then went on to hear about and discuss some local initiatives to tackle health inequalities.

What we discussed

During four workshop sessions which were all attended by 4 different groups of attendees, we heard how local services and organisations have been tackling health inequalities in Wandsworth and have found new ways of working, especially those which have been introduced for the first time or more quickly as a response to the pandemic.

During the workshops speakers presented some of the practical issues and solutions to health inequalities including:

1. Digital and telephone health and care appointments.
2. Healthwatch Wandsworth's work around community information and communications.
3. Community Led Health Clinics and initiatives to support managing and staying well with a long-term condition.
4. Talk Wandsworth's work around mental health.

What people said

We have drawn together some themes from across the discussions on the day below.

Reaching out to people

There was a general consensus that it has been more difficult to reach out to people during the Covid-19 pandemic, and that there has been an increase in isolation.

An example of an innovative approach to hearing more voices was shared by one participant who told us about the Grandma's Bench Project in Zimbabwe and Tom's Bench in Clapham Common (<https://www.bbc.co.uk/news/in-pictures-54293229>).

New services such as the hubs for long term conditions aim to reach out to people who might not access a GP. These hubs are not just health-related but try to offer a wider-reaching service that is more appropriate to specific communities. This work also highlighted the need to create trust between different communities and healthcare professionals.

One way to reach out to people is to **work with families and other informal carers**.

People suggested:

- Empower carers, when it comes to long term conditions in the community, to give them the skills to feel as though they can help.
- Work with families and carers in residential settings which removes one tier of access.
- Intergenerational projects

The most common suggestion was to **work closely with existing informal and formal groups or organisations**. There was an emphasis on sharing information rather than just supplying information. Comments included:

- Connect with other groups and bridge any gaps (including informal groups).
- Get in touch with group leaders.
- Tap into other organisations and use their platforms to communicate.
- Work together with more groups and share information.
- Some groups hold informal coffee mornings, where people can share information from speakers with other groups in Wandsworth, and vice versa.

However, it was acknowledged that not everyone is part of a group.

- It is harder to reach those people who do not belong to any groups, could consider queues outside supermarkets.

Working with faith groups was often mentioned as a way to reach out to people from some communities, but it is often important to build relationships and trust. People said:

- Mosques are an integral part of many communities and can reach lots of people.
- Target community groups and faith groups as they have still managed to hold groups throughout Covid-19 and often invite a speaker.

A need for better and targeted information and promotion of support on offer

Some people suggested that:

- As things begin to open up, define who and how you want to target.
- Make information relevant to the group.
- If people don't know about it, they won't attend. For example, autistic families won't come forward and seek help, especially during Covid.

They highlighted that it must be understood that people may have a number of conditions and needs and that these need to be considered. One person said:

- Think about all the different issues that a person or family may be living with, e.g. families that have autistic members who also have a mental/physical health condition like diabetes.

People shared their thoughts on communication needs of different groups and how could provide a barrier to reaching out to people. People said:

- Autistic adults need a more simplified programme (e.g. for long term conditions) to ensure ease of access.
- Learn from organisations such as Diabetes UK which has produced information for different audiences, for example using pictures rather than words.
- Have literature in different languages.
- Use images for those who find it hard to read - Widge software can help.

Digital and telephone appointments

Some people shared tips they thought would help people manage appointments and other communications, especially online or by telephone. People said:

- It's important to write things down and take notes. It's difficult to remember things otherwise it feels quite rushed.
- Notes can help if an appointment is delayed and you decide to go off to do something else. If you've got notes to hand it can remind you about what you wanted to ask and talk about.
- One person shared that during a telephone appointment they found that the moment they rang off they realised they had forgotten to ask questions and they weren't able to go back and ask them because the call had ended

Using the telephone more during Covid-19

For some people the telephone is useful and many people say that they have like phone calls. People said:

- Elderly love a phone call and most in our group can hear.
- Phone appointments are brilliant.

However, some said there can be issues with phone calls and the use of text messages:

- Mobiles are not something that everybody has.
- Trouble getting through on the phone.
- One person shared that texts from St Georges Hospital were confusing at one stage.

Moving services online

Many organisations, including Talk Wandsworth, have begun to offer services online. As another example presented, the long term condition toolkit was developed to help people manage their condition during lockdown.

Online services appear to have been welcomed by many people.

- One person said their friend or relative doesn't have time to go to hospital so the appointments online have been useful.
- There was a suggestion that virtual appointments for people who can access them might free up resource for face to face appointments for others.
- One person had supported someone else to have a video appointment by taking them a tablet. They thought that the clinician was able to better understand the person's condition because they could see them on a webcam.

But online services have also thrown up some issues:

Financial

- Hanging on to wait for a member of staff isn't always possible if someone has a small amount of data - they shouldn't be made to wait.

Privacy

- For LGBT young people, they were concerned about outing themselves when there isn't privacy for appointments.

Lack of confidence or skills for using technology

- Virtual appointments are fine for tech savvy people.
- There needs to be support/guidance - how to get onto the system - a support desk to that takes you through troubleshooting. It would be good to have an opportunity to speak to somebody before the appointment time because they could help he remotely by accessing your computer like an it helpdesk.
- If somebody tried to show some people how to do things, they might not remember later when needed and other challenges are that they can't hear well and can't see

well. These three aspects and difficulties apply to many people in old age and make it 10 times more difficult.

Lack of confidence and understanding of how the technology works

- It would be good if virtual appointment system had a prompt so that people can know the progress as their waiting for an appointment for example animated dots to show that the connection is still live.
- One person said they got to the appointment page where it was about to start but it took about 50 minutes on this page before it was clear that the appointment wasn't going to happen.
- This adds another level of anxiety for example you don't know that if you're doing it right. One person added that they had supported people with mental health conditions who were 'terrified of the technology'.

Different apps and platforms

- Facebook is not as well liked because some people think they messages are an intrusion on privacy.
- One person felt that a system involving having to use only Google Chrome was not good.

Follow-up and printed information

Many people said they find understanding and remembering what they have been told can be difficult. During face to face appointments, they may be given some written information.

- One person said that for autistic people it is useful to have information as a PDF.
- One person commented that having to download something can freak you out .
- One felt that it would be difficult for staff to know what had really been understood and to have confidence that the person knew what to do next.

Digital exclusion

The issue of digital exclusion and the reasons why some people do not or cannot use the internet were widely discussed:

- At the foodbank we have interviewed around 94 households: One in five had no internet access and one in four said it is difficult to use as they don't have skills needed.
- Regarding exercise programmes; it was highlighted that there was digital exclusion in the Long Term Conditions Programme (as some individuals cannot access them via the internet or struggle to).
- Major issues with using libraries is that clients people can only have 15 minutes on the computer which is not enough time to complete Universal Credit claims, attend a webinar or focus group and not enough time to advance skills.
- There is a fear of fraud and scams.
- Most newsletters from groups are online and those who do not have access to computers are excluded.
- There are a lot of elderly that do not know how to use the computer, encourage grandchildren to show grandparents.

Some suggestions for alternatives to the internet

- In person appointments should be an option
- Specific radio stations could also be utilised? Some are culturally specific to communities and can reach isolated individuals.
- Most vulnerable people don't have access to computers or have difficulty using the internet so we are having to do weekly calls with clients.
- Provide printed copies of a newsletter, if requested.