



Tackling Health Inequalities Together

Appendices to Summit Report 2024

October 2024

healthwatch
Cambridgeshire

healthwatch
Peterborough



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About Healthwatch Cambridgeshire and Peterborough

We are your local health and social care champion. We are independent and have the power to make sure NHS leaders and other decision makers listen to local feedback and improve standards of care.

We can also help you to find reliable and trustworthy information and advice.

All feedback has been anonymised so that individuals cannot be identified.

Workshops

Four workshops were held across two sessions. The focus of each workshop was a demographic group that is more likely to experience health inequalities. The demographic groups selected were chosen by a poll of all delegates prior to the Summit.

An equal number of members of the public (excluding children and young people) participated in each of the three workshops – six in each.

The workshops conducted were:

- **Older people and people living in rural locations**
- **People with sensory impairments or disabilities**
- **Ethnic minorities**
- **Children and Young People**



Each workshop addressed the following questions:

- **What works well?**
- **What currently does not work well?**
- **What can be improved and how?**

The key points and summaries from these workshops will be important in shaping Healthwatch's priorities from April 2025 onwards.



Older people and people living in rural locations

The aim of the workshop was to explore the current state of health and care for older people and rural communities. It identified areas of success, whilst acknowledging where improvements are needed, and discussed what can be done better moving forward.

A key aspect considered throughout the workshop was the patient's voice—what are their needs, concerns, and perspectives? We asked delegates to keep this at the forefront of their discussions, especially when thinking about our future as partners in health and care.

The workshop had 46 participants who were split across 7 tables with 6–7 per table.

The Chair, Ann Green, Non-Executive Director (NED), and Caroline Tyrell-Jones facilitated the workshop and pulled together points from the workshop and ideas highlighted for making improvement to services for older people and those living in rural areas.

What works well?

- The voluntary sector, including FACT, Age UK, Village Hubs and community groups.
- Dementia services working well in the community.
- The library service – provide many services which promotes learning and socialising. These include a volunteer led Library at Home service, which supply large print and audio books to housebound people. Mobile libraries visit rural locations. Loan of laptops and phones to disadvantaged people. The Engage programme is a series of online talks and demonstrations with a guest speaker
- The Library Presents – a programme of arts activities, online and in locations around Cambridgeshire. It provides practical lessons in using computers.
- Technology enabled care (TEC). Teams going out to communities. This works for people with dementia. And for health professionals, using digital wards to care for people who do not need to be in hospital.
- Community Hubs. Access across rural locations especially. Give people social connections, signposting and warmth.
- Social prescribers. People said they had received good advice/signposting.

- Resident Advice Team – Huntingdon District Council. They offer home visits for advice.
- One Leisure service Huntingdon District Council. Provide a lot of activities for people – both older and those in rural locations to keep fit and active. (Also falls prevention exercise classes) They work with Primary Care teams .
- Patient transport. A small number of GP surgeries have good voluntary transport schemes. TING bus was mentioned as being very successful. On-demand, tailor-made bus trips in 46 villages across West Huntingdonshire
- Micro enterprises (such as home care). These are more developed in Cambridgeshire than Peterborough
- Physio service NWAFT.
- Peterborough City Hospital cancer care.
- District Nursing teams.
- The carers respite care service.
- Integrated Neighbourhood managers and the “ know your numbers” project.
- Place based commissioning. This is working well in the community.



What is not working well?

- GP appointments are not giving personalised/joined up care due to only one issue allowed at each appointment.
- Non standard GP booking processes.
- Delays in A&E.



- Lack of accessible information
- Too much “ top down” decisions and planning services.
- No integration between health services and social care.
- Closures of banks, post offices, pharmacies in rural areas.
- Lack of quality signposting. How to get help and support.
- Different quality/access of services in living on a county border. Services can be a postcode lottery.
- Lack of public transport.
- Lack of befriending to support social isolation.
- Lack of integrated IT systems between primary and secondary care. People must constantly repeat their medical history. (“it’s like Groundhog day”)
- Some rural locations, e.g. Whittlesey, work with district /county councils on one side and health in the other.
- Health “additional roles” are not standardised. How can people understand their purpose if role is not uniformed? – eg. Care coordinators and care navigators.
- Lack of support for carers.
- Lack of social prescribers.
- There is a lack of cancer early identification, and lack of priority cancer referrals.
- Lack of rural community space. Some villages only have one room as a “village hall”. This reduces the oportunties for providing social and educational activities.

What can be improved and how?

- Ensure health teams know what help is available and share this with patients. Better signposting.
- Health professionals should be aware about digital exclusion – signposting to a website is not good enough .
- Use GP data to better identify who needs signposting/support services. Identify carers more effectively.
- Have medical record sharing agreements. Patients feel its Groundhog Day repeating their history.
- GP appointment of 10 minutes will not work to provide personalised care.
- Have more prescribing nurse practitioners in each surgery
- Have a social prescriber in each surgery. One shared between a PCN is not enough as they are oversubscribed.
- Promote voluntary/charity services. If these are not visible, they will not be used.
- Care services to have more time to find “ what matters to you”. They need to dig out what is key in patients’ life.
- Standardise working practices. Care coordinators work differently between surgeries.

- Have equal care at county borders to avoid a postcode lottery.
- Inform people how to give a compliment to services as well as how to make a complaint. This needs to be done by one click, not having to search online through websites.
- Better designed websites for people to find information in an accessible way.
- Some rural areas only have one community room – this restricts what is available for groups.
- Services should gain Carers Tick accreditation.
- Public transport – better provision in rural areas.

Concluding summary and recommendations

The workshop highlighted several statutory and voluntary services which are working well for older people and people in rural areas. It was identified that some older people and those living in rural areas had bigger barriers to receiving help than others.

Help and services are available in the community, however getting this to those with most health inequalities is difficult. Isolation is a key issue for older people, especially the housebound, and identifying carers is difficult to find for services.

The workshop suggested Primary Care and Integrated Neighbourhood teams work together to identify and correctly code the more disadvantaged. This would then assist a targeted plan to provide help and care to those most at need.

Some charities and voluntary groups are working in silos and providing duplicated/similar services. A more productive outcome for all would result if resources and skills were integrated.

Access to public and community transport has been reducing annually. Many voluntary driver groups have closed due to lack of volunteers. However, developing proven good services, such as of the Ting bus, could be expanded if funding could be found.

Sharing and utilising best practice to older peoples services and rural areas would provide better care for those experiencing health inequalities.

Sensory impairment and disabilities

The session was to consider Sensory Impairment and Disability and the related health inequalities.

We began the workshop by looking at Disability as described in the Equality Act 2010 and information available from the results of Census 2021. This showed that 16.2% of the population of Cambridgeshire and Peterborough stated that they have a disability, 6.2% of the population have their activity limited a lot, and 10% of the population having their activity limited a little. The census also showed that Fenland has the highest percentage of disabled people within the county (20%) and Cambridge and South Cambridgeshire the lowest percentage (14.7%).

The session was chaired by Dr. Phillipa Brice, Non-Executive Director (NED), and facilitated by Graham Lewis, our Partnership Development Manager. 38 people attended the workshop, split into four groups.

What works well?

- When a person gives the GP a letter authorising them to speak to a family/ unpaid carer on the person's behalf.
- Accessible websites, e.g. CUH NHS Foundation Trust uses 'Recite Me'
- Social Prescribers giving good support
- Health hubs in Fenland are good
- GP's now have a register for people with severe mental ill health, so that they now get annual physical health checks which may pick up other health issues which the patient has not reported, or where the symptoms are missed or disguised by the treatment.
- Learning Disability annual health checks
- Cancer Pathway is phenomenal
- Good hearing Aids
- Efficient system that supports with batteries
- Audiology is good, competent, kind; outsourcing is working
- Care path – eye care liaison officer and sensory service rehab at local authority is good as allows support whilst waiting for diagnosis, proactive.
- Seamless, proactive and supportive service those requiring care and their carers without having to jump through hoops
- Good open communication about services
- Better signposting at diagnosis, one stop shop
- Social prescriber offering holistic ongoing support

- Good collaboration between patients and primary care
- Websites being up to date
- Early intervention to prevent escalation eg mental ill health
- One size does not fit all, a range of communication platforms including face to face
- Carers are filling a huge gap
- Oliver McGowan Training for staff supporting people with Learning Disabilities
- Boroughby Healthcentre and GP
- Help with form filling and accompanied to appointments
- Events that are held in the evening
- Good access to GP
- Social Prescriber
- The Sunflower Lanyard for people with hidden disabilities

What is not working well?

- When a GP won't speak to someone other than the person, even if they have given permission
- No flag on the health record to say they have permission to speak with the family/unpaid carer
- A person who has dementia and doesn't qualify for care and support; their family/unpaid carer had an accident and was admitted to hospital. They weren't asked about their carer status, discharge did not pick this up either.
- Some people have anxiety about calling the GP
- Financial entitlement for care and support is challenging to get. Person went through assessment then told that due to 'over and above' meant they got no support (over and above was related to the person's age, so their needs were not considered.
- Where the family/informal carer is not recognised by providers
- NHS Constitution is not shared widely enough
- Clinics need to work with the patient but also with their carer/supporter
- Truly integrated care records including information such as AIS
- Letters not in Braille
- Stereotyping disability – benefit fraud, discrimination
- CUH Prosthetic Clinic moved to Great Shelford, not easily accessible by public transport, the train station is a short walk away, but the patients of the service either have prosthetic limbs, or orthotics, and as such may not be able to walk this far, if they are waiting to be fitted, or there is a fault etc.
- An ambulance was called to someone's home near Peterborough. The Ambulance was advised to take patient to Hinchingsbrooke Hospital, but the patient's family would not be able to travel to Hinchingsbrooke.

- 3 yearly assessments – have to ask for them
- Hidden disabilities – get challenged about whether has a disability or not
- ‘Banter’ – sometimes hurtful
- Education
- Receptionist – tell them you can’t hear, so they shout
- GP’s talk whilst looking at screen, but the patient needs to lipread
- Lack of joined up service – GP/Audiology/Sensory Team
- Very dependent on clinicians’ knowledge
- Medical staff not always competent
- Not holistic care
- Key diagnostic indicators
- Not listening
- Inconsistency in provision
- Some are supporting care homes and some not
- Patient shouldn’t need system knowledge
- Telephone appointments are not always good enough to diagnose things eg Cancer, Chrones etc not enough face to face appointments

What can be improved and how?

- Joint working between primary and secondary health care
- Joint working between health and social care
- Voluntary, Community, Social Enterprise (VCSE) Sector has filled the gap
- Challenges for VCSE; people have more complex situations for no more money

Concluding summary and recommendations

The main themes drawn from the discussions were:

- The importance of information for patients, not only the Accessible Information Standard, but also from health practitioners during consultations.
- The importance of the unpaid family/informal carers in a patients care and wellbeing, ensuring that they are identified, engaged, and involved in decisions about care.
- The importance of joint working between primary and secondary health care; between Health care and Social Care; and between Health, Social Care, and the Voluntary, Community, and Social Enterprise Sector
- Not meeting individual needs or expectations

Ethnic Minorities

The session was attended by 31 people, chaired by our Non-Executive Director (NED) Saqib Rehman and facilitated by Project Manager Karen Igho, with additional support from Healthwatch volunteer Bilal Aslam. Project Manager Sarah Beckett served as the scribe. A representative from each table was tasked with summarising their group's discussion and sharing their findings with the larger group.

By focusing on ethnic minorities in this workshop we hoped to address their disproportionate health inequalities, identify unique challenges, and promote cultural competency in healthcare.

What works well?

There was a lively discussion and a great deal of thought went into this question. There were a lot of different things that worked well with different groups having different ideas. The groups were made up of a diverse range of professionals.

- Having a diverse, multi-lingual workforce
- Peer support / community support / community champions helping people to access services
- Skills development of staff
- Bottom-up approach
- Translation services in GP practice i.e technology /leaflets
- Social prescribers
- Place-based working
- Coproduction



- Listening to communities / patient or carer voices
- Using data / feedback forms
- Patient forums
- Bespoke drop-ins eg Gypsy Roma Traveller, refugees, Raham maternity project
- PPG
- Youth participation groups
- Language awareness – the right translators matched to families
- Roles and projects with seldom heard communities who have time to build relationships – direct engagement
- Gateways to communities
- Local commissioning – place based
- Alternative health professionals to GPs
- Signposting by professionals but a responsibility to get it right
- Personalised services eg Sue Ryder
- Lived experience in services
- No jargon
- Integrated neighbourhoods
- Cultural sensitivity
- Highlighting good practice.



What is not working well?

- Coproduction – do people know what it means?
- Obtaining funding / tendering
- Competition between organisations applying for funding
- Achievable goals
- Short-term funding can lead to projects not being completed
- Silo working
- Information sharing across organisations
- Accessibility
- Waiting lists

- Self-help / foreign medical help
- Patient choice
- Lack of service eg dentists
- Often people have to repeat their story multiple times
- Heavy reliance on third sector but little investment
- Education on health prevention / access to services
- Gate keepers
- Neighbourhood silo success
- Social provider information – how good is it?
- Uneven distribution geographically of culturally sensitive support
- Rural support for vulnerable groups
- Data collection
- Population health data – white other covers a broad range of individuals
- Self-declaration in demographics for fear of discrimination
- System targets mainstream users
- Culturally sensitive engagement to get people into the main stream
- Tokenistic signposting
- Constant change e.g. GP contracts
- Fragile bubbles of cool things happening

What could be improved and how?

- On-hold music
- Planning of appointments eg local stocks of vaccines
- Parking costs / public transport costs
- Community hubs
- Meeting the needs of less literate individuals
- Visible, regular, consistent help with digital access
- Better use of signposting to charities
- Community outreach – investment in
- Providers from diverse communities
- Training in diverse communities
- Keep workforce informed of community work
- Tackle misinformation
- Consistency in the workforce
- Data sharing
- Holistic approach
- Different record systems across healthcare
- Access to transport
- Take services to trusted community spaces
- Planning of services in new or expanding communities

- Health Inequalities at the front
- Service user voice listened to from the beginning
- Engagement with third sector services
- Realism
- Extend feedback to cover different languages
- Signposting
- Community champions / connectors / listeners
- One size fits all approach
- Hubs
- Cross trust engagement

Concluding summary and recommendations

Across the three questions covered in the workshop, language and signposting were the main themes that came up repeatedly.

The Healthwatch Summit workshop on ethnic minorities highlighted the need for a more culturally competent, accessible, and community-centred approach to healthcare. Participants emphasised the importance of addressing language barriers, improving community engagement, and collecting better data to identify and address health inequalities.

Specific recommendations include investing in language services, increasing community involvement in service planning, improving access to healthcare, promoting cultural competency, and fostering collaboration among healthcare organizations. By implementing these recommendations, we can work towards creating a more equitable and inclusive healthcare system for all.



Children and Young People

The purpose of the workshop was to listen to professionals who work with young people to address three questions. The feedback from these groups, plus other feedback from our Youthwatch and other Young People we work with, will be used to enable us to steer our new five-year strategy and priorities.

The workshop was chaired by Laura Beer and Chelsia Lake, both Non-Executive Directors (NED), and facilitated by Sue Allan, Head of Engagement and Heather Lord, Volunteer Manager. We had 23 delegates in our workshop and split them across 6 tables to discuss the questions. We tried to ensure there was at least one person from a young persons service at each table.

We conscious that, apart from our NED Chelsia Lake, we did not have any Young People (YP) present in the room. We had invited some local influential Young People from youth voice groups and young MPs. Unfortunately, due to other commitments or school could not be present. However, we have some of their comments below. The lack of Young People present was raised by the delegates. We explained that Young People were being consulted in different arenas to add to this workshop.

What works well?

- East Cambs have a Wellness Hub.
- Online mental health resources/chat lines/24 hour access/phone support. (Kooth).
- Sexual health services that go into schools.
- The Acorn project that support YP with Mental health in Cambridgeshire commissioned by LA.
- Acute services for children – children’s wards, family centred approach, community services focused on YP.
- Transitioning – The care team focus on 12-24 in NWAFT. There is a transitions nurse that works with children to teenagers, then another one works with teenagers to adults.
- NWAFT offer a holistic needs assessment alongside MDT’s.
- YP’s voices are being heard more through different forums to help shape services and care. YP Advisory group at NWAFT. CPFT youth forum.
- Young Carers support networks.
- Wrap around family services.

- Good networks of peer support for parents and CYP.
- Strong voluntary services/charities.
- Vaccinations through schools.
- New children's hospital being built.
- New hubs and pods for mental health.
- Good access to urgent health and social care.
- Holistic approaches.
- Choice of multi-agency availability –Voluntary sector, specialist provision, statutory teams.
- Mental health support practitioners in schools.
- SEND inspections.
- Early intervention.



What is not working well?

- Age brackets vary in different services. Law is 18, Health is 16, Mental health is 17, and YP is up to 25.
- Systems don't talk to each other. YP have to explain their story repeatedly.
- Lack of beds for mental health. YP have to go out of county.
- Waiting lists for specialist mental health.
- Early access for intervention.
- When feedback is obtained it needs actioning.
- Differences between Cambridgeshire and Peterborough services criteria.
- Lack of dentists and more tooth decay.
- Language barriers – some voluntary organisations do not have funding for translators – GP's do not inform hospitals of language needs – Make sure this

is on a referral form.

- Silo working/lack of communication.
- No school nurses.
- There are many organisations supporting YP but poorly mapped.
- Access to GP's.
- Diagnosing of ADHD and autism.
- YP self-medicating with substances.

What could be improved and how?

- Back to basics – Health Visitors, prevention, promotion.
- Dental team in schools.
- Private pharmacy online.
- Access to shared data, insight feedback.
- Placed based services.
- Consider wider determinants of health.
- More hybrid mixed models of care.
- Easy to find information.
- Better public transport/close by, accessible.
- Invest in what's already working well. Don't duplicate.
- More mother and baby units for post-natal support.
- User friendly.
- Voluntary and statutory services having a joint approach to pull on strengths. Integrated approach.
- One size doesn't fit all. Personalised and responsive care.

We asked the same question to young people (ages 16-18) in the colleges we have recently attended. 50% of these young people had learning or physical disabilities. Here are the responses:

- Professionals have a duty of care.
- Health professionals have professional boundaries x 2
- Professionals should listen x 5
- Services should be easy to access
- Professional should be respectful x 2
- Confidentiality/privacy x 3
- Kind, caring and polite
- Treated equally if disabled (YP with PD)
- Information should be broken down into smaller areas
- Appointments should be on time
- I am deaf so talk to me slowly and look at me as I may lip read
- Talk to me not my carer/parent (YP with LD)
- Safeguarding is important
- Treat me like a person not a job

- No pressure on me
- Understand
- Hear your opinions and concerns
- See a professional face to face on request
- More time for appointments
- Lower waiting times
- Translators

We asked Eva Woods from Peterborough City Council (previous member of Youthwatch and previous Youth MP for Peterborough to comment on the three questions. Here are her responses:

What works well:

- Access to on-demand mental health resources for times of crisis through online sites
- Good knowledge of where and how to access sexual health services e.g. iCash
- Improving ability to book appointments online/over the phone with health services (many young people struggle with phone anxiety and would prefer to book services through an app)

What doesn't work:

- Difficulty travelling to appointments without parental support due to poor public transport links (buses travel to city centre before heading to hospital, and impossible for rural young people)
- Lack of community/early intervention services for young people (JOY app tried to help with this but with limited engagement/understanding from the VCS, and could have done with more buy-in from the education sector)
- Continued poor access to counselling and mental health support, with long waiting lists
- Work needed to 'demystify' the health system for young adults struggling to negotiate it alone for the first time

What a good and accessible service looks like:

- Young-person friendly services that recognise many young people may be intimidated by the process of seeking health and social care support or struggle to navigate systems. Letters and communications should undergo consultation with youth voice groups
- More VCS/early intervention services for mental and physical health and wellbeing, with knowledge of where to find out about these better disseminated. This requires engagement with schools and parent communities, and investment in digital platforms
- Increased funding for counselling for young people experiencing mental health crises, accessible through schools and community hubs
- Training for youth work and educational professionals on how to support young people with their mental and physical health and wellbeing- these

professionals are exceedingly time-poor, so resources should be bite sized and co-created

We also heard the views of Danielle and Pranav, the 2 Youth Parliament MP's for Peterborough.

"We know that there are a lot of inequalities within health and social care in this country, and young people are no exception. Health and wellbeing was voted second most important issue to young people in Peterborough. That's just under half the young in Peterborough telling us that we need to do better. Things can only be improved with their involvement. Its really important for people with experience of receiving a service to be given the chance to feedback in a way that benefits themselves and others. If you really want to hear from young people, make it easy for them to share, especially people with lived experience. We need to make it easier for them to tell their story and show them what impact they have had. It should be welcoming, non-judgemental and most specifically, tailored to the needs of young people. Our challenge to you is 'How can you make it easier for young people to share?'"

Concluding summary and recommendations

Voluntary services and charities are doing amazing work, and we need to keep funding what is working well. Young People like to have options to book appointments and access mental health support and resources on apps and online. Young People's voices are starting to be heard and there are good forums out there, but we need to know how their concerns are actioned.

Voluntary and statutory organisation still need to work together better and share information (not work in silo). Young people need to access support close to where they live and is easily accessible. Waiting lists for mental health need to reduce and assessments for autism and learning disabilities need to be quicker. More beds are needed for inpatients for specialist mental health care. We need more funding for early prevention and intervention.

Young people want to be listened to, understood and respected. More work needs to take place to involve Young People themselves in delivery of services including co production.

Further reading:

In February 2023, Healthwatch Cambridgeshire published a report titled 'Tackling Health Inequalities'. This report was co-developed with a team of volunteer Health Champions who were recruited, trained, and supported by Healthwatch Cambridgeshire to undertake community research into local health and care issues.

They gathered the experiences of a wide range of people spanning a variety of locations and backgrounds, including rough sleepers, Gypsy Traveller groups and people whose first language is not English.

The report highlights common themes about the barriers to health and care services that people identified.

A copy of the report can be found on our websites.

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