



# Presentation to RBG Health and Wellbeing Board

# What do we do?

- Obtain the views of people about their needs and experience of local health and social care service.
- Use insight/data/information to influence local services and create positive change.
- Provide information and signposting to residents about health and social care services and the options available to them.
- Share areas of concern with Healthwatch England and CQC – who use this when carrying out special reviews or investigations.





# Highlights from our year

- 3,450 people shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.
- 24,208 people came to us for clear health and wellbeing advice and information on how to access services and get the support they need.
- We published 101 updates, briefings, and reports about residents' experiences and the improvements people would like to see to health and social care services.
- We've conducted Enter and View visits in 11 learning disability care homes in Greenwich.
- We've been supported by 67 volunteers and been awarded the **Investing in Volunteering** quality mark.
- We've also won the '**Employability Award**' from Greenwich University, beating finalists GSK and AstraZeneca.



# Maternity care for asylum-seeking and migrant women

We teamed up with the South East London maternity system to learn more about the experiences of pregnant women who have recently arrived in the UK, either seeking asylum or having just migrated. We worked alongside a group of these women as co-researchers, meaning they helped us design, run, and develop the whole project.

As a result of our work, South East London Local Maternity and Neonatal System (SEL-LMNS) have committed to:

- Deliver cultural competence training for staff
- Make sure migrant and asylum-seeking women know their rights with information available in multiple languages.



# Helping over 200 patients find a GP

We supported people to switch to a new GP practice when Clover Health Centre closed offering a face-to-face, telephone, and on-line service.

As part of this process, we gathered feedback from patients' and made recommendations on how to make changing GP practices easier – such as differentiating between child and adult registration forms to avoid age-inappropriate questions and simplifying the registration process. We also flagged the lack of consistency in communication styles from GP reception staff, and inaccurate GP registration documentation requests.





# Mental Wellbeing Workshops

Working with RBG Public Health, Healthwatch Greenwich facilitated interactive workshops that brought together community leaders to discuss mental well-being support. These workshops provided a platform for leaders to voice their concerns and share their insights on the barriers their communities face in accessing mental health resources.

## **Access to mental wellbeing support varies within and between communities.**

Leaders spoke about younger people as both being more open to discussing their mental wellbeing/health but more disadvantaged when needing help because they don't know how the 'system' works.

*“Speaking from a Black African (Nigerian) context, and intergenerational differences reflects how younger people are starting to speak about mental health, but that doesn't mean they know where/how to engage with services.”*

Stigma is a key driver within many communities.

*“There are also cultural barriers, communities differ, such as in certain Asian communities, mental health/ illness can be a taboo subject. Mental illness is still stigmatised.”*



# Mental Wellbeing Workshops

## Awareness of mental wellbeing information and resources is low.

Leaders highlighted a range of barriers and challenges leading to low awareness, including:

How resources are described or labelled can be confusing, often with a lack of clarity making it hard to know what each resource/service provides. '**Social prescribing**' was given as an example of this.

- Information is distributed as a 'one size fits all'. Information is not tailored to different communities and therefore does not meet their needs.
- Resources and services are not culturally relevant, or trusted, so communities are reluctant to use them. The '**Live Well**' service was given as an example of this.
- Over-reliance on traditional communication channels like leaflets only in English (which excludes some) or putting everything online (which excludes others).
- Signposting to information and resources from statutory services like GPs is poor.

# Mental Wellbeing Workshops

**Communities choose and prefer to seek support/information/resources from trusted community/project leaders/advocates over statutory or RBG funded central services.**

There is a high level of trust between community members and community leaders.

There is a low level of trust between community members and statutory or RBG services. **Live Well** was given as an example of a service that is not widely used or trusted. Many choose and prefer to seek resources, information, and support from community or project leaders.

*“... people might go onto the Internet, but they would just prefer going to community leaders. We still signpost. But they feel [the borough services] just aren't going to solve their problems, they trust leaders in the faith, culture, to solve their problems for them. But it becomes very challenging to help everyone.”*





# Mental Wellbeing Workshops

**More community engagement and outreach are needed to increase awareness of mental wellbeing information and resources.**

Ways to increase awareness include greater use of public spaces, existing events, and community communication channels to make information more accessible.

*“Something similar to a careers fair, where organisations and services get together every month, invite commutes”. If you advertise, people would come. at the moment, these things are only once a year. It’s not enough.”*

Another suggestion was the development of **‘ambassadors’**, members of communities/groups, trained, supported, and empowered to serve as advocates, signposting and sharing information about mental wellbeing resources.

*“Create a layer of community advocates, who contact LiveWell for them, get the information back to the people who need it without fear of repercussion.”*



# Mental Wellbeing Workshops

**Consistent and ongoing dialogue with RBG PH is needed to increase awareness of mental wellbeing information and resources.**

Current community champions approach was described a **‘one way’** information distribution channel, with little or no dialogue. Moreover, leaders suggested coverage is **‘patchy’** with some groups and communities taking part as community champions, while others do not.

*“A lot of community work is already going on. But we should bring community work to the people. Different cultural perception of public health services need to be communicated [to service providers].”*

*“Forums need to be available to everyone and must be very much focused on dialogue. We need discussions, not seminars.”*



# Mental Wellbeing Workshops

**Better signposting using trusted advocates is needed to facilitate easy access to mental wellbeing resources and services.**

*“Sometimes it’s not what you know, it’s who you know”*

Ambassador roles (trusted community members) can actively engage and raise awareness of mental wellbeing information and resources. Ambassadors can advocate to destigmatising mental health, work to create greater openness and acceptance and reduce barriers to accessing mental wellbeing information and support.

*“...There has to be ambassadors who people trust in their different communities. ...then services can be used to its fullest. It is important to destigmatise, but there is also a need to keep the community in mind... Each community has their own peculiarity.”*



# Mental Wellbeing Workshops

**While mini grants kickstart initiatives, they are not necessarily effective or sustainable.**

Mini grants do not promote sustainability.

*"I would use the money to start a project, but we need continuity after the grant. We need to think realistically."*

*"Grant is an extremely one-off solution."*

*"The grant is not helpful.... It is just not sustainable."*

Not all communities are on an equitable footing to access funding. Greater and more tailored support is needed.

*"The <name> applied for the innovation grant but wasn't able to complete the form on time. We didn't have the access to resources on time. Many of us don't speak English, especially women."*



# How we've made a difference

- The workshops were instrumental in identifying that the existing Be Well Hubs approach could be tailored to address the challenges identified by community leaders, in particular – trust, cultural relevance, and sustainability.
- Be Well hubs are based within community organisations where members have received training to become Be Well Champions. Be Well Champions will be equipped to listen to people in the community, provide information, resources and signpost to mental health support.
- The hubs' main purposes are to de-stigmatise mental health, to use community organising principles to build strong relationships with local health services, and to organise leaders to listen and take action on the barriers and systemic problems impacting mental health. They will report back on key themes and trends from their communities.
- Be Well Hubs, supported by Be Well Champions, are positioned to make a positive impact by improving access to mental health services, and fostering a supportive community environment.



# Deep Dive on carers

**Reablement:** In collaboration with Oxleas, we prioritised understanding the views and experiences of carers who support family members receiving reablement services. By focusing on carers, we aimed to gain insights into their challenges and needs.

**Black and Ethnic Minority Carers:** Using the principles of co-production, we recruited, trained, supported, and paid a group of Black and ethnic minority carers. Our peer researchers helped to shape the project design, tools used, and conducted interviews with other Black and ethnic minority carers. This inclusive approach not only enriched our research but also empowered carers by involving them directly in the research process.

# REABLEMENT FINDINGS

## COMMUNICATION

- Carers first hear about reablement shortly before discharge from hospital. Conversations are brief and lacking in detail – a sense of unpreparedness, uncertainty, and anxiety for carers.
- Staff do their best to explain reablement service but at times find challenging to address the nature of free/not free – for the same service.
- Process of assessment and information sharing – positive for some and overwhelming for others.

*“I was very stressed, but she didn't give me any information. It was just about how many hours I wanted, what time, male or female. She didn't tell me that the OT or physio would be involved.” –Participant 2*

*“You can see the confusion in people's faces. We do have to explain our service quite a bit, not just our role, but the service in general, because they do think that we are a care package, you know, and we are there to do domestic work and Hoover.” –Staff member 4*

*“I felt assured because I knew that the care she would get from the reablement team would be suitable for her.”  
– Participant 6*

# FINDINGS (contd.)

## BENEFITS

- Staff attitude created an open and relaxed atmosphere throughout the reablement journey.
- Positive impact on health and well-being:
  - service recipients were more mobile than previously and more confident in their ability to carry out everyday tasks.
  - carers being able to 'take a break' whilst reablement staff were in their home.

*"They went far beyond what they should have when they were trying to help me settle him, even when he was going ballistic and walking and slinging stuff around the bedroom. They would sit there and try to talk to him so calmly, peacefully, even when they were worried for their own safety, they managed it. I can't fault them in any way."*  
-Participant 3

*"That gives me a break knowing that there is health care professionals there to take care of my wife, knowing that there is somebody that is looking after my wife's means that I'm not tethered to her all the time. It also gives her a chance to talk to somebody else rather than me, so it helped her."*  
- Participant 9



# FINDINGS (contd.)

## CHALLENGES

### Before the reablement service:

- gaps between what was expected and what was delivered.

### During the reablement service:

- cultural considerations
- lack of clarity on the role of reablement support workers
- timing of the service

### End of the reablement service:

- carers felt unprepared and uninformed about further support and what the financial implications might be.

*"I would have to be there and say [explain] to my dad because they said to me "we're not here to wash him. We're not carers, we're reablement". But this where I didn't know what reablement was. I just thought it was about his mobility helping his mobility."*  
-Participant 2

*"I think the biggest problem, I think was the timing. If they'd been here at certain times before I'd actually done it. It may have been better"*  
-Participant 1

*"A bit stressful for me because I've got male carers now all the time and because I'm a Muslim and I have to wear a scarf and cover myself because sometimes they're here four times [a day] and there's no specific time that they'll come. it's difficult..."*  
- Participant 2



# How we've made a difference

- More information on reablement will be given to patients and carers at discharge.
- Regular check-ins will be made to review goals and expectations and address queries or concerns.
- When reablement ends, carers will be given advice/signposting to other support services.
- EDI training for all reablement staff and an appointed EDI champion to support wider understanding and meeting of cultural needs and preferences.

# Black and Ethnic Minority Carers

Carers see their role as both rewarding and challenging:

- Initially, carers see their role as a natural part of life because they are caring for their loved one.
- Slowly with increased responsibilities, carers come to realise their role is more than just helping.
- Increased responsibilities for carers include coordinating medical care, providing practical help, and offering personal care.
- Over time, managing both their caregiving responsibilities and other life duties, like work or family commitments, becomes challenging.

*“I don't see myself as a carer per se, in the fact that because it's my mum.” –Participant 17*

*“It's a shift from passive caregiving to active advocacy, proactive engagement with healthcare professionals...it's something that sort of shifted from me feeling like I don't think I always realised I was one” –Participant 8*

*“Because I care for her [mom] full time and I also have family, I'm also a mother. Yes. So it's a whole lot of things required of me. Sometimes I have to be honest. It's overwhelming. ” –Participant 21*

# Access to Information and Support

- Carers find it challenging to access information about their benefits, rights and entitlements.
- Carers reach out to their family and friends for support because services are not meeting their needs.
- Carers face challenges with access to services:
  - Lack of awareness of support services.
  - Delay in receiving services puts additional pressure on carers.

*"I have not, and I will repeat, categorically not found out anything from Greenwich Council themselves. You ring them, nobody answers, nobody follows up anything."  
-Participant 6*

*"In terms of support, it was primarily myself, my mum and my brother." -Participant 12*

*"the social support, the support at home has been lacking. I suppose there's a lack of information about resources ....we've been given quite limited information about what's available through the community service." -Participant 9*

*"I have been waiting nearly three years in for adaptation for walking shower and it's very, very slow, nobody takes responsibility and how many times I called. Still, I'm waiting." -Participant 7*

# Cultural Sensitivity & Intersectionality

- Carers' experiences varied due to cultural sensitivity factors:
  - cultural background (inc stigma)
  - gender-related preferences
  - cultural expectations of being a carer
  - ethnicity, gender, and judgement/bias
  - language and ethnic identity
  - immigration status

*"It does make a big difference when you're being seen by somebody who shares your faith, your religion as well... able to understand what you're talking about "*  
*-Participant 4*

*"Maybe when I will speak to someone for an information, the person will feel like this girl is not understanding me or something like that. So, language barrier has been a challenge and also sometimes people feel that I'm lazy, that I don't want to talk. I feel that because I'm black and because of my language accent you are not giving me the attention. I have to strive to get attention. Yeah, sometimes I have to even make a scene to get to get the attention that I require, that I'm not being respected enough because of my colour." - Participant 20*

## What is cultural sensitivity?

Cultural sensitivity refers to the ability to recognise, understand, and respect the diverse cultural backgrounds, beliefs, practices, and preferences of both the caregivers and the individuals receiving care.

Intersectionality is a broader concept that considers how different social identities intersect and shape individuals' experiences.

In the context of carers role, it means recognising that people who take on caregiving roles may face challenges and opportunities shaped by multiple aspects of their identity and social position.



# Carers Health and Well-being

Carers health and wellbeing was impacted in multiple domains:

- Personal – increased demands on carer's time.
- Emotional – loneliness and isolation.
- Social – restricted social interactions.
- Financial – few job opportunities and lack of knowledge of benefits and entitlements.

*"It's been a very lonely, isolating, quite demoralising...avoid everything and everybody. I'm always tired...lonely, isolating, quite demoralising, and very draining, physically, mentally, emotionally."*

*- Participant 6*

# Professional Stakeholders Insights

## Community outreach

- Most carers using support services are White.
- Several outreach initiatives are in the planning stage.

*"I would say that our biggest client group is still white."  
-Stakeholder 1*

*"Outreach work is still relatively new to us. We are seeking to do is to go to places where we know those communities are so, for example, trying to get into mosques and temples and those places so that we can actually be talking to people in a setting where they will be comfortable. But wait, I mean, wait, wait, wait, ... a long list of being achieving all that yet. Our plan is to start pushing those forward."  
-Stakeholder 1*

*"I know Greenwich has their new care strategy, so that sort of helps, but they still need a lot, a lot of work, a lot of work on that."  
- Stakeholder 2*

# Professional Stakeholders Insights (contd.)

## Community engagement challenges

- Services not reaching the Black and ethnic minority communities due to challenges:
  - services/projects not meeting the cultural needs/requirements .
  - inability to self-identify as carers, leading to a lack of awareness about available support services.
  - broader systemic issues.

*"It is a challenge for us to make sure that we get our information out to them in a way that they can access it. There is obviously cultural issues for some communities."*

*-Stakeholder 1*

*"A lot of ethnic groups don't see themselves as carers, they just do things out of the family. And you'll find a majority of ethnic mental health carers are not aware of support that's out there."*

*-Stakeholder 2*

*"I think stigma is the number one issue. They don't want too many people to know." -Stakeholder 2*

*"you look at a form that's 60 pages long and think, oh, do you know what? I'm not going to bother. It needs to be much more community focused at the moment. There still needs to be much more where the information is taken to the community and not the other way around.... and they need to make the system work better"*

*-Stakeholder 1*

*"Having everything digital is a problem. There is still a significant number of people that don't understand the Internet and have access to that. "*

*-Stakeholder 1*



# Recommendations

Review:	Conduct a comprehensive review of existing carer support services to evaluate the adequacy of existing services for Black and ethnic minority carers and ensure that services are equitable and accessible for all carers.
Community Engagement:	Actively engage with Black and ethnic minority carers to understand their challenges and preferences.
Culturally relevant support:	Develop culturally relevant support and resources tailored to the needs and preferences of Black and ethnic minority carers.
Collaboration with community organisations:	Forge partnerships with Black and ethnic minority-led community organisations to co-create and deliver support services.
Representation:	Establish community-led advisory groups to provide ongoing feedback and input into carer service design and delivery.
Information accessibility:	Increase accessibility to information about carer support services, benefits, rights, and entitlements, and provide greater access to interpretation services.
Addressing stigma:	Address cultural taboos and stigma. Develop awareness campaigns to challenge stereotypes and promote positive attitudes towards seeking support.
Research & Evaluation:	Conduct research and evaluation to assess the impact of support services on Black and ethnic minority carers and ensure accountability in service delivery.



# Feedback Reports

- Every month, we compile the feedback received through our channels into a summary report. We gather this feedback through our regular outreach and engagement events, calls and emails to our signposting team, and meetings with community groups and organisers.
- Our feedback report is one of the important ways we share timely and regular feedback directly from Greenwich service users.

The **concerns** we hear most often are often related to:

## **GP surgeries:**

- difficultly getting through on the phone
- Difficulty getting a timely appointment
- Communication style of front desk staff

## **Queen Elizabeth Hospital**

- Long waits at Emergency/Urgent care
- Lack of communication on the complains process
- Poor communication/information sharing between primary and secondary care

# Case Studies

Our feedback report often contains case studies providing rich information about resident's experiences.

Vanessa is a carer for her mother Penny. Earlier in the year, Penny, aged 91, fell and broke her hip. Although Penny received good care, her home rehabilitation became difficult because of delays and miscommunication.

After her injury, Penny was in hospital until she was able to return home and begin rehabilitation. Vanessa, who lives in Spain, had to return to England to look after her mum: *"Mum was always out, she had local church group meetings, a social club lunch and other clubs that she regularly went to. She hasn't been able to do any of that since the fall, she's desperate to get back to it all".*

As part of Penny's rehabilitation, the physiotherapist placed an order with **NRS Healthcare**, for a shower stall and grab bars for the shower and toilet. These aids would help Penny to have a shower and use the toilet without assistance. When NRS Healthcare delivered the equipment, **the order was incomplete and there was no plan to install it.** The equipment was too big to store in the bathroom, so Vanessa had to put it in the lounge: *"Mum already had to move her bed down to the lounge, I had to move furniture around to find a place for the wet room chair, it's awkward".*

The following week, NRS staff arrived to install grab bars in the shower and toilet but claimed not to have enough information to complete the work. Vanessa tried to negotiate: *"I told him that the Physio and Occupational Therapy had already sent the details to NRS. I emphasised that it wasn't difficult to see where they needed to be placed."* **NRS staff left without installing the grab bars.**

Vanessa contacted the Physio team, who ordered a smaller shower stall. **NRS, however, delivered the wrong product.** Vanessa contacted NRS again: *"When I asked when the smaller shower stall was coming, she said there's nothing on order! They made me feel guilty like I was asking them to do me a favour, imposing myself on them. She said I should try Amazon or Argos or a mobility shop instead of NRS... Mum went six weeks without a shower."*

Eventually, NRS delivered a small shower stall. *"No one from NRS showed up to install the toilet and shower grab bars, and Greenwich Council had to step in and do it. It should have been done weeks ago. My mother could not have a shower the whole time and she had to have strip washes ... If Greenwich Council hadn't come to do the bars, I'd still be waiting."* 27



# Questions & Comments