



**Healthwatch Southwark's Public Forum:  
"Everyone is treated equally" - Join the debate!**

**Event Report**



**'Everyone is treated equally'- Join the debate!**

**Come to our FREE Public Forum event**

- Meet those responsible for your health & social care services
- Share your experiences
- Ask questions important to you

**Who this event is for?**

This event is FREE, open to everyone, food and drinks are provided and so booking is essential.



**Book your place:**

Call: 020 7358 7005

Email: [info@healthwatchsouthwark.co.uk](mailto:info@healthwatchsouthwark.co.uk)

Visit: <http://goo.gl/UaTtMT>

#EqualityDebate

**When?**

Mon 28 Sept, 6.00pm-8.30pm

**Where?**

Canada Water Library, 21  
Surrey Quays Road, London



**Date:** Monday 28 September 2015

**Time:** 6pm - 8pm

**Venue:** Canada Water Library, Surrey Quays

## Attendees

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Over 92 people registered online to attend this event and we had to close ticket booking. 67 people attended the event, with 15 people subsequently registering as new supporters of Healthwatch Southwark. Attendees included Southwark residents and representatives from voluntary and community organisations.

## Purpose of the forum

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The purpose of this public forum was to inform local people about:

- 1) Healthwatch Southwark
- 2) Give Southwark residents the opportunity to meet and ask questions to people that are involved in the health and wellbeing of local people
- 3) Opportunities to get involved in the upcoming workshop organised by NHS Southwark Clinical Commissioning Group (SCCG) around equalities

### Key issues from raised...

- ✓ There is concern for our vulnerable, frail elderly using social care services, either at home or in care homes. The importance of getting timely care was discussed, and how our move towards 'integrated' care can help improve this.
- ✓ People find the health and social care system difficult to navigate. It is difficult keeping up to date with information, and it feels like things are changing all the time.
- ✓ Importance of early education to prevent mental health crisis, and the crucial role that schools with play in this.
- ✓ Fear of the impact of financial challenges faced by health and social care, and how this could affect quality of care.
- ✓ The importance of listening to people with 'invisible disabilities' and people with communication difficulties.
- ✓ The value of the Voluntary and Community Sector in supporting local people, and the need for the sector to become an equal partner in health and social care.

## Healthwatch Southwark Update

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Aarti, Healthwatch Southwark Manager, spoke about Healthwatch - what it is, what it does, and the various communities Healthwatch has worked with.

Healthwatch England has 'access' as one of their core principles (below). At a local level, we often hear about how access to services can be difficult and experiences can often be variable.



### Access

"I want the right to access services on an equal basis with others, without fear of prejudice or discrimination, when I need them and in a way that works for me and my family."

People should be able to access the treatment and services they need, irrespective of where they live or who they are and have a clear sense of what they are entitled to. People felt that easy and timely access to GPs is particularly important as they are often the gatekeeper for access to other medical services.

This is why Healthwatch Southwark decided to have an event around equality. To see Aarti's presentation, visit the [website](#).

Healthwatch Southwark showed a short film at the event, which showcased the opinions of community organisations in Southwark and whether they thought the people they work with are 'treated equally'. To see the film, visit the [website](#).

## True or False? Some information about people that live in Southwark

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Healthwatch Southwark then carried out a True or False activity, to get people thinking about the health (in)equalities that exist in Southwark.

Aarti read 7 statements to the audience, and asked the audience if each statement was 'True' or 'False'.

Each audience member had to then vote by either showing a green card (if they thought the statement was True) or a red card (if they thought it was False).

The life expectancy between the most deprived and least deprived men in Southwark is 10 years.

**FALSE:** The life expectancy gap is actually 7.1 years. This has improved over the years; in 2011 it was 9.5 years. For women, the gap is currently 7.3 years.

In a survey, 1 in 20 gay and bisexual men living in Southwark attempted to take their own lives.

**TRUE:** 4.7% of people responding to a survey said they had attempted suicide in the previous year. Within London, only Lewisham had a higher suicide rate amongst gay and bisexual men. Nationally, the risk of suicide is 4 times more likely amongst gay and bisexual men than it is amongst heterosexual men.

A fifth of children aged 10-11 and living in Southwark are considered obese.

**FALSE:** It is actually a quarter. The highest rates of childhood obesity are in Walworth, Rotherhithe and Peckham. Black African, Black Caribbean and mixed race children are more likely to be obese than their white ethnic counterparts.

The total number of people with HIV across Lambeth and Southwark accounts for about a quarter of all people with HIV in England.

**TRUE:** Lambeth and Southwark have the highest rates of people living with HIV in the UK.

Around 15 % of Southwark residents with learning disabilities are in employment.

**TRUE:** This is true, but Southwark actually has a higher employment rate for people with learning disabilities (15%) than the national average rate of employment for people with learning disabilities (approximately 10%).

The rate of hospital admissions in Southwark for mental health issues is much higher than the national average.

**TRUE:** In 2014, Southwark Council wrote a report, saying that admission rates for psychosis and schizophrenia in Southwark were higher among black ethnic groups than any other ethnic groups.

Teenage pregnancy rates in Southwark are continuing to rise year on year.

**FALSE:** The rate of teenage pregnancy in Southwark is falling. In the past 15 years, the rate has actually halved.

## The Q&A Panel

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We invited the following people to sit on our equalities panel. Karin chaired the panel, and when introducing each person she asked them: “**What does equality mean to you and your organisation?**” What they said has been shown below...

**Karin Woodley, Chair - Cambridge House:** Karin is the Chief Executive of Cambridge House, a south London charity that aims to tackle the injustice of poverty by working with local people. Karin is a government appointee to the Economic and Social Research Council where she is also member of its Mental Health Expert Group. Karin has 30 years of experience in community empowerment, education, diversity, equality and social justice. She is committed to addressing the needs of people facing multiple disadvantage and complex interrelated needs.



**What does equality mean to Karin?** - *“I’m less interested in equalities than in inequalities: As someone who has been a social activist all their life, equality means everyone being able to make full use of their human rights.”*



**Professor John Moxham - King’s Health Partners:** John is the Director of Clinical Strategy for King’s Health Partners, which is an academic health science centre in London. His clinical background is in Respiratory Medicine and he was appointed a Consultant at King’s College Hospital in 1982. John is also a member of Southwark’s Health and Wellbeing Board which brings together key leaders in health and social care to improve patient experience, integrated care, and reduce health inequalities.



**What does equality mean to John?** - *“Speaking for GSTT and King’s, I want all people to receive best available healthcare and it appears that we don’t always do very well with this. I want things to be better and I want us to make progress.”*

**Gwen Kennedy - NHS Southwark Clinical Commissioning Group:**

Gwen is the Director of Quality and Safety at NHS Southwark Clinical Commissioning Group. This organisation is responsible for planning, monitoring and paying for most health services in Southwark.



**What does equality mean to Gwen?** - *“Equality is about aiming to ensure that everyone in Southwark, no matter their age, ethnicity or disability has fair access to quality services and that they have a say in what happens in our services.”*



**Zoe Reed - South London and the Maudsley Trust:** Zoe is the Director of Organisation and Community at South London and the Maudsley NHS Foundation Trust. This organisation provides the widest range of NHS mental health services in the UK, across four boroughs - Southwark, Lambeth, Lewisham and Croydon.



**What does equality mean to Zoe?** - *“It is about supporting everyone in the trust, so that equalities are part of everyone’s role. Together we have to ensure the best of outcomes and experiences for our service users, as well as their friends, families and their communities.”*

**David Quirke-Thornton - Southwark Council:** David is Strategic Director for Children’s and Adults’ Services at Southwark Council. The Council works closely with partner organisations, including the NHS and local voluntary and community organisations to ensure people get high quality care and support. David is on Southwark’s Health and Wellbeing Board, which brings together key leaders in health and social care to improve patient experience, integrated care, and reduce health inequalities.



**What does equality mean to David?** - *“The diversity of our work is immense and covers a very wide breath of services from children’s to adults’-but equality is at the heart of all of that and permeates our motivation to achieve the best in all of those areas.”*



**Mark Whitten - Metropolitan Police:** Mark is Chief inspector at Metropolitan Police. He is the lead on the Borough for local policing teams and he has oversight on the counter terrorism patrol team. His background in policing is wide and varied, covering public order, 24 hour response team policing and day-to-day risk. This risk is often affected by health related issues e.g. vulnerable and elderly people, and mental health incidents where people are in crisis.



**What does equality mean to Mark?** - *“We provide equality through the delivery of fair and responsive services, community engagement and the development of our work force.”*

**Vicki Spencer-Hughes - Public Health:** Vicki is a consultant in Public Health based in Lambeth and Southwark Public Health Department. Public Health works to improve and protect the health of the population and to reduce health inequalities through understanding the needs of the population and evidence-based service improvement. Vicki has particular interests in alcohol (including licensing), children and young people’s mental health and a life course approach to population health.



**What does equality mean to Vicki?** - *“From a public health point of view, Equality is about fairness; it is about trying to make a difference to the gaps between people’s outcomes. Public Health tries to understand the needs of people, and to reach out to services that aren’t doing so well.”*

## The Q&A Session

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*“What are you going to do about social care for people, in their homes and in care homes? People need care, time and love after they’ve worked hard all their lives. People are abused. There isn’t enough funding”*

### David from Southwark Council said...



Nowadays most people who need care get it at home - the numbers going into care homes decreases year on year. This leads to challenges recruiting and supporting good carers. Protecting the NHS budget but reducing the funding given to local councils for social care year on year is ‘madness’ - we’re two sides of the same coin. It makes it very hard to deliver the quality we expect.

We have spent a lot of time creating the conditions for better care -for example the [Ethical Care Charter](#) will help recruitment. Southwark carers will be paid the London Living Wage, paid for their travel time and offered guaranteed hours contracts. Yes, these things might seem straightforward, but it says a lot about our care system that our carers were being treated so poorly - no wonder turnover was high. We’re tackling social care at home and in care homes following years of underinvestment. It is a challenge, but we are absolutely committed to the task.



*“Things are deteriorating in the NHS. The government is trying to make the NHS do social care, only adding to the burden. When my mother was sick, it was really hard to find the services and bear the cost.”*

### Gwen from NHS Southwark Clinical Commissioning Group said...

What we’re talking about are different funding mechanisms for health and social care. We are now working closely with multidisciplinary teams to ensure that wherever people enter the system, care packages are responsive.

We've invested in community care services, such as rapid response services, hospital@home services and district nurses. This should lead to more timely assessment and needs packages.

Another thing happening locally is the development of GP federations. GPs are encouraged to work together more and share resources. This means that the variability of GP services across Southwark will drop. Local Care Networks will reduce duplication, wasted resources and re-assessment, so resources are invested in the right places.

**David from Southwark Council said...**

It's frustrating for colleagues in the system, as it is for clients and their families. We're working to completely design the process 'with people in mind'. Twelve months from now, Local Care Networks will have made it simpler.



*“The information HWS gives us keeps changing - we don't know how to keep up with all the information. Southwark Disablement Association gives some information but it's not always specifically relevant to Deaf people - we need more support and equality”*

**Aarti from Healthwatch Southwark said...**

This resonates with what we hear from many communities. We are trying to work with organisations to ensure that all information is shared clearly and in a timely way. An example is the new 8am - 8pm Extended Access Clinics - not everyone has heard of these. A lot of work still needs to be done and we want to work with partners such as the GP Federations and Local Care Networks to disseminate this information. Local people don't need to see what is churning behind the Scenes; we just want them to see good services that are designed and delivered well.





*“Monitoring statistics about equalities across your health services will be different to actually asking people if they feel they’re treated equally. What are you going to do about this?”*

**Mark from Metropolitan Police said...**

It is our responsibility to serve the whole community, but we have to be mindful of whether we are listening to all the community, including those with very individual needs. Our customer service and confidence levels are evaluated each month, as well as our services for victims and how officers act on the street.



We have systems to listen to the community. We have different forums for different neighbourhoods and ethnicities so that the community is fairly represented. We don’t always get it right - and we know that - but we will keep trying, and are open to ideas.



*“We know that diabetes is more prevalent amongst some communities than it is across others. How do you ensure that the communities most affected by diabetes are going to be treated equally so that they have equal outcomes?”*

**Vicki from Public Health said...**

Public Health carries out Needs Assessments to find out more about diabetes within certain communities. We ask: How many people have diabetes, how many people are expected to have diabetes in the future, how many are diagnosed, and are they living in the areas that we expect. We want to know why some cases are not detected. Once we’ve identified this information, we then work with the public and with professionals.

However, with limited time scales, we sometimes do not talk to as many people as we would like, and perhaps rely too much on what health professionals tell us. We could do better in the future.

**John from Kings Health Partners said...**

Diabetes control is hugely variable. In our community, diabetes is out of control. But these people are often facing other problems, such as unemployment or rent worries. In these situations, diabetes is the least of their worries. We have to understand why their lives are complex, and provide the right help and support to fix these problems too.

Southwark has a high rate of overweight children. They will then become overweight adults, and may well get diabetes later in life, as a result of their weight issues.

**Zoe from South London and Maudsley Trust said...**

Moving back to equalities, SLaM's annual report shows that BAME (Black and Ethnic Minority) people have worse experiences and outcomes than their white counterparts. To address this, this year's report on experiences and access to services breaks results down by ethnicity.



We will use these findings to think about how we can better re-shape services. Also, as of next year, it will be in the NHS contract to assess communications needs and flag them on the system. So certain things are starting to be embedded into governance structures and this will enable us to respond to specific needs more effectively.



*“Mental ill-health is high in Southwark. Drugs play a role. So how much education about this is there in schools? Similarly, how much education about diabetes is being given to children?”*

**Vicki from Public Health said...**

There are programmes being delivered in schools about mental health and drugs. We encourage schools to take these programmes up via PSHE. However the challenge that Public Health now faces is the expansion of academies - they can opt out of programmes and PSHE as they wish. In these cases we can only advise and try to influence.

With diabetes, we must enable children to lead healthy lives. In schools, this means providing healthy school meals, making it easier and safer to be active and walk to school. We need to make it easier to stay a healthy weight.

**Mark from Metropolitan Police said...**



Mental Health plays a big part in policing. We are mindful of this when called to incidents. We must balance the risk for others with the needs of the person with mental health issues. Historically, the police would take someone with a mental health problem into custody. Now, unless the person is in danger or putting others in danger, we take them to a 'place of safety' for their protection.

All officers are trained to recognise mental health issues- they have to go into volatile situations, and also to work with the families and friends of the person with mental health issues. Mental health training is therefore very important.



*"How are cuts impacting people's abilities to do their jobs?"*

**David from Southwark Council said...**

We need to be open about the scale of the cuts that we have had to face. Over the last 5 years, local governments have had a 41% cut. The challenge we face is how, with drastic budget cuts, we can serve the whole community and ensure effective prevention while still protecting the minority of very vulnerable people. The thing that is good and which can help to mitigate these cuts is that Southwark has a growing economy.

**Gwen from NHS Southwark Clinical Commissioning Group said...**

We also face challenges in health services, although not to the same extent as social care. We are addressing this by transforming our services, taking care out of acute hospitals and into the community. We are working with social care services to produce integrated streamlined pathways. We will be more innovative by using the Voluntary and Community Sector in more creative ways, and we will develop primary care and local care networks, so that we can design a sustainable health system for the future.

**John from King's Health Partners said...**

We are now expected to have another £22 billion NHS budget cut. We simply cannot keep meeting the challenges in the same way. To get the best results, we have to deliver services differently and commit to working together- Health, Social Care and Public Health. There does seem to be willingness for different services to work together, but we will need help from the government to do sensible things to help our population.

**Karin (The Chair) from Cambridge House said...**

The VCS are trying to encourage statutory providers to talk to and involve the VCS before making these cuts, and not to just come to us when they want something done cheaper. In this world of collaborative partnership, the VCS needs to be equally treated. The VCS has skills it can bring to the table, and these skills could make a real difference.



**Zoe from South London and the Maudsley Trust said...**

SLIC is trying to work with the VCS in ways that they are equal players rather than called upon at the last minute to provide services. So we are moving in the right direction.

**Mark from Metropolitan Police said...**

The crime rate has fallen against the reduction of police services in Southwark. Further savings must be achieved and this ultimately means fewer police employees - the police won't be able to do everything and will have to make priorities. Ultimately, we still have to deliver a service.



*"I am concerned about invisible disability and prevention. People may explain their disability and then it's not listened to and not heard by all the services. They end up in crisis; there are very high rate of suicide in Southwark. What is the strategy to prevent this?"*

**Gwen from NHS Southwark Clinical Commissioning Group (CCG) said...**

Prevention has an important role in the CCG. We have a Prevention Board, and prevention should span all of the CCG's programmes and in the strategy. The CCG is working with Public Health and Local Authority colleagues in order to decide where best to invest money in prevention programmes.

With regards to not being listened to, we are looking at triangulating this information and working where blockages are and what themes are occurring. The CCG is working with Healthwatch and other organisations to hear about people's experiences. Keep telling us, we want to hear.

**Vicki from Public Health said...**

We are doing work to train more staff to identify hidden needs and pick things up. We are working with wider council employees, such as housing staff, so that they know what signs to look out for, and knowing how to signpost them or refer them towards help.

**Zoe from South London and the Maudsley Trust said...**

We are doing some work with the VCS to help workers working with those at risk to recognise signs of poor mental health and refer people sooner. There are certain communities who, for reasons of stigma, don't approach services for help with, or information about, their mental health. They then get a worse deal when they are finally admitted for help. What is good news is that, for the first time, mental health services now have waiting time targets -this will really help in terms of prevention.



*"I have volunteered with deaf people in Southwark for 2 years. There are many barriers, political issues as well as past campaigns about Deaf people accessing health. High numbers of deaf people have poor mental health because of barriers they face with communication - they can't access services to talk about their problems. So when their physical health gets worse, their mental health gets worse too. I've done research on this and want to know who to send it to."*

Zoe from the South London and the Maudsley Trust said she would be very interested in hearing about this research. She suggested they speak after the event to take this forward.

## NHS Southwark Clinical Commissioning Group - Equality Diversity System

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Harjinder, Equalities Manager at NHS Southwark Clinical Commissioning Group presented their plans around promoting equality, protecting human rights and reducing health inequalities.

The CCG are holding an Autumn Workshop, where they will look at the barriers of access to equal health care. This includes looking at the experiences of seldom heard groups and people from socioeconomically deprived backgrounds.



As the first stage of this, the CCG has designed a questionnaire that they want people to answer. They want to know what people's experiences are and what the main barriers to health and social care are for them. The CCG wants to know this so that they can ensure that, when commissioning services, they commission ones which will help these barriers to be broken down, and will improve equal access to healthcare across Southwark.

To see Harjinder's presentation, visit the [website](#).

## Conclusion

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During the Q&A, various issues were raised, leading to considerations to take forwards and monitor or act upon.

- ✓ **Local Care Networks:** Will make assessment and needs packages assessments much more simple, and things will be done quicker. There will be less duplication and less wasted resources. This should be achieved within the next 12 months.
- ✓ **Information - Bridging the Gap:** When services are changed or decisions are taken to change services, key information (not all the bits in between and during the process) should be given in a timely and relevant way to the public.
- ✓ **Equality data:** SLaM is now going to collect people's experiences using an ethnicity indicator. These results will be published this year and will be used to shape services so that they are better designed for users' needs.
- ✓ **Improved relationships with the Voluntary and Community Sector:** The CCG and SLaM both said that they wanted to work more closely with the VCS.
- ✓ **Public engagement:** Public Health and the CCG spoke of their commitment to better involve patients and the public in their work.