

Healthwatch Islington and Islington Refugee Forum Report

New NHS structures and refugee and
migrant community health needs

March 2014

Contents

- 1. Introduction..... 1**
- 1.1 About Islington Refugee Forum..... 1
- 1.2 About Healthwatch Islington..... 1
- 1.3 Why we hosted this event..... 2
- 2. Islington Refugee Forum 2**
- 3. NHS Services in Islington 3**
- 4. Engaging with the refugee community 4**
- 5. Influencing local services 5**
- 6. Next Steps 6**

1. Introduction

About Islington Refugee Forum

- 1.1 Islington Refugee Forum (IRF) aims to improve the quality of life of refugees in Islington by bringing together refugee community organisations, service providers and statutory bodies to promote dialogue and partnership. IRF is a refugee-led, independent organisation.
- 1.2 IRF was created to act as a common voice for refugees, to improve their quality of life and support their integration into the community. Community organisations play a crucial role in facilitating this integration and the understanding of Islington's services. IRF aims to ensure that the borough will be a fairer place for refugees and migrants who live, work and are in education in Islington. Around 40 organisations are members of the Islington Refugee Forum and the Forum has a mailing list of around 250 members, which includes individuals.

About Healthwatch Islington

- 1.3 Healthwatch Islington is a user-led independent organisation that is part of the community, led by local volunteers. Healthwatch Islington is part of a national network of Healthwatch organisations that involve people of all ages and from all sections of the community in local health and social care services.
- 1.4 Healthwatch Islington will build on the knowledge and experience of Islington LINK (Local Involvement Network). It will continue to; gather views from the local community; report these views to the people responsible for local services; engage local people in decisions about services, and monitor services. As part of its work to gather views it has the right to visit services.
- 1.5 Healthwatch Islington will also have a new role. It will give local people information about local health, care and related complaints services.
- 1.6 In some areas Healthwatch will provide complaints advocacy for people making a complaint about NHS services. For Islington residents, this service will be provided by VoiceAbility, details are at the end of the report.



Local Healthwatch gather views on people's experiences of health and social care services, one of the ways they can do this is by visiting local services.



Why we hosted this event

- 1.7 Islington Refugee Forum was keen to ensure that local refugee community organisations were aware of the changes that have taken place within health care services. They want to make sure that the refugee community knows about how these changes could impact how they will access services. They also wanted an opportunity to engage with NHS providers.
- 1.8 Healthwatch Islington is the local champion for health and social care services. As such the organisation gathers views and experiences from the local community and we were keen to work with IRF to extend our reach in to the refugee and migrant community in Islington.

2. Islington Refugee Forum - Welcome

- 2.1 Eyasu Buba co-ordinator of the Islington Refugee Forum welcomed attendees to the event. He emphasised the importance of organisations linking together to consider how we involve people in health services. He highlighted the lack of awareness of health and social care changes and structures within the sector and particularly within the refugee and migrant community sector.
- 2.2 Key concerns for the refugee and migrant community were highlighted as follows:
 - Language barriers and inconsistency of access to interpreting,
 - Other factors like housing have impact on the community but health is key to all of these other issues,
 - Refugees and migrants often need support to enable them to access mainstream services especially as systems are so complex and can be intimidating,
 - Advocacy support is also needed.
- 2.3 According to a 2011 - 12 performance report from Islington Refugee Forum, approximately 8 - 10% of Islington's population are from refugee backgrounds and this increases to approximately 25% of the school population. The main communities are thought to be Turkish speakers - The borough is home to several Cypriot/Turkish/Kurdish community organisations; Somalis - A rapidly growing community, particularly in Islington's schools; North Africans - A disparate group consisting of Maghrebis (Algerians, Moroccans and Tunisians) as well as much smaller numbers of Egyptians, Libyans and Sudanese, this is a heavily male population (70.5% in the 2001 census) and fairly well qualified; Latin Americans - Consisting of people from Colombia and Ecuador (and to a

lesser extent, Peru and Bolivia).

[http://www.islington.gov.uk/publicrecords/library/Democracy/Quality-and-performance/Reporting/2011-2012/\(2012-03-03\)-Islington-Refugee-Forum.pdf](http://www.islington.gov.uk/publicrecords/library/Democracy/Quality-and-performance/Reporting/2011-2012/(2012-03-03)-Islington-Refugee-Forum.pdf)

3. NHS Services in Islington

- 3.1 Elizabeth Stimson, Engagement Manager for Islington Clinical Commissioning Group welcomed the opportunity for working together and gathering feedback from the refugee and migrant community.
- 3.2 She outlined the role of Islington Clinical Commissioning Group (CCG). The CCG commission hospital and community-based services, these include services commissioned from University College Hospital, Whittington Health, Camden and Islington NHS Foundation Trust, Moorfields NHS Foundation Trust and others. They also monitor the quality of all local services including GPs.
- 3.3 The CCG does not commission GP services because it is made up of GPs. NHS England commissions GP services along with dentists and optometrists.
- 3.4 The CCG wants to work with patients and the community to develop services. Their vision is to develop a new partnership between patients and their clinicians that together commissions health services of high quality and good value for money and meets the needs of the population of Islington.
- 3.5 The CCG's priorities are:
 - Ensuring that every child has the best start in life
 - Preventing and managing long term conditions to extend both length and quality of life and reduce health inequalities
 - Improving mental health and wellbeing
 - Delivering high quality, efficient services within the resources available.
- 3.6 Islington is a fairly young borough which partly reflects the transient nature of the population here. Life expectancy is lower than average and the gap between longest and shortest life expectancy in the borough is not closing. There are large numbers of people living with long-term conditions, many of which are affected by lifestyle factors such as smoking, diet and exercise. The CCG is piloting work to better support patients who have complex needs. This involves bringing together teams of GPs, nurses, and where relevant social workers and mental health teams to ensure that the care that people receive is suited to them and their needs.

Questions and answers and comments

How can people who are not legally entitled to be here access care? If they are ill, we don't want them to become more ill or to make other people ill.

If anyone in the country needs emergency care this will be provided. There are other community access points such as walk-in centres where people can access care.

You could set up charitable clinics for migrant workers who are nervous about accessing main stream services. The centres could treat people for £10 so that they manage their health. The centres could have interpreters. This could help manage infectious diseases and stop these from spreading. These centres would be attractive to users because of the cultural sensitivity they would provide and the ability to meet language needs. They could signpost to other mainstream services where relevant.

Examples were given of migrant workers' poor living conditions encouraging disease to spread. It was also noted that some migrants and refugees may not have received the same preventative health care messages in their home countries as are emphasised here, examples of individuals checking themselves for breast cancer were highlighted.

It was suggested that refugee community groups and GPs could meet together to discuss some of the experiences of service users and how barriers to access could be reduced and overcome.

An example was given of an out-of-borough, qualified GP coming to Islington to offer Chinese speakers advice on their health on a monthly basis. This was welcomed as a way of getting people to engage with services.

A participant asked about bereavement counselling services in the borough.

Another participant suggested that GPs could do more to signpost patients who are unemployed and have mental health problems relating to their unemployment.

Lizzie highlighted some of the engagement work already taking place within the CCG; patient participation groups, lay representatives on boards and panels, and highlighted the CCG's aim of including more people from refugee and migrant backgrounds in their planning and decision-making.

4. Engaging with the refugee community

Following the presentation there was a discussion with attendees around:

- How can we [the CCG] engage with yourselves and your community?

- What do you think are the barriers? How can we work together so that there aren't barriers?
- What are you interested in, in health?
- What are your key concerns?
- We would like to do targeted workshops focused on issues of equalities and health in Islington, minimum of two in the year for refugee and migrant communities - would you be interested in helping us organise these?

It was thought that workshops that looked at equalities and health could be helpful and that a rolling programme could be beneficial because of the diversity of groups in the borough.

It was agreed that because of language barriers, smaller group discussions could be more effective and that this would make it easier where interpreters are needed.

Health issues that may be of concern, as well as the reference to infectious diseases (above), included concerns about sexual health where a migrant workers' partner and family are not in the country with them; poor housing exacerbating poor health; potentially low numbers being registered with GPs; additional issues relating to dementia (so that if you have learned English later in life you may forget this as your dementia progresses) and the prevalence of Female Genital Mutilation (FGM) in some communities. It was suggested that more established communities who migrated here longer ago, may have different needs to more recently migrated communities.

5. Influencing local services

5.1 Emma Whitby from Healthwatch Islington introduced Healthwatch Islington and gave a brief presentation on the ways in which organisations and individuals can influence local health and social care services.

- **The Joint Strategic Needs Assessment** - identifies the population's health and social care needs. Healthwatch Islington is keen to support groups to input the data they have collected in to this assessment process.
- **The Health and Well-Being Board** - develops a Health and Well-Being strategy for addressing need in the borough. Its members include councillors, CCG staff, lead staff from children's services and adult social care as well as Healthwatch Islington.
- **NHS provider and commissioner 'Equality Delivery System' and NHS Quality Accounts** - NHS organisations need to demonstrate that they are meeting their duties under the Equality Act and that their service is delivered well. Local people are invited to feed in to this process.

- **NHS Constitution** - sets out our rights (and responsibilities) regarding NHS services.

<http://www.nhs.uk/choiceintheNHS/Rightsandpledges/NHSConstitution/Documents/2013/the-nhs-constitution-for-england-2013.pdf>

- **Sharing information and concerns with Healthwatch Islington** - Part of HWI's role is to gather evidence from the local community about users experiences of local services. HWI is happy to meet with local organisations or provide templates to help with this data collection.

6. Next steps

The group agreed the following possible next steps. It was agreed that as there was some overlap between the different suggestions proposed that some may only need to be considered if others were ruled out.

Recommendations for CCG:

- Explore the idea of a community centre aimed at refugee and migrant service users with improved access to interpreting and other relevant services.
- Set up smaller meetings between CCG and local refugee community groups. Eyasu can circulate information for Lizzie. Groups suggested included Hanley Crouch and Arab Advice Bureau. Alternatively, the CCG could attend regular Refugee Forum meetings.
- Explore the idea of a further workshop which would be a partnership between the CCG and the Refugee Community to consider:
 - Understanding the needs of new and established migrant and refugee communities.
 - Preventing ill health
 - Mental health and employment

Actions for other partners:

- The Islington Chinese Association offered to gather data on how many patients see this GP, why they see him and not their own GP, what they have been treated for and what services they have been referred on to (Gill Tan will share this information with Lizzie Stimson).
- Healthwatch Islington will share a template for gathering data with groups present and IRF members.

Healthwatch Islington Membership Form

Contact details

Title First name Surname

Organisation (if applicable)

Address

Post code Email

Telephone Number

Mobile Number

My areas of interest / expertise in health and social care are:

Primary Care (eg doctors, dentists, podiatry, eye tests)

Secondary Care (eg hospitals, specialist clinics)

Social / Community Care (eg Meals on Wheels/Home Help/District nurse)

Residential Care and Nursing Homes

Emergency services (e.g. ambulance service)

Other (Please state)

I am interested in services for:

Children & Young People

Older People

Carers

Disabled People

People with learning difficulties

People with mental health issues

Black and Minority Ethnic (BME)

Lesbian, Gay, Bisexual and Transgender (LGBT)

Other

Data Protection

Any information you have given us here will be treated as confidential.
We will not share your contact details unless indicated below.

Please tick the box to **share** your contact details with other LINK members

Equality monitoring form

We would like to gather monitoring information so that we can understand the diversity of the people involved with the LINK to make sure that we are reaching out to the whole community. We are required by the Department of Health to record this data. You do not have to complete this form.

Please help us by answering these questions:

1. Are you?

Male Female Transgender Transsexual

2. Would you describe yourself as?

- White British
 White Irish
 White Other: please specify
 Black British
 Black - African
 Black – Caribbean
 Black – other: please specify
 British Asian
 Indian
 Pakistani
 Bangladeshi
 Chinese
 Other – please specify

3. Would you describe yourself as having a disability?

- No
 Yes – please describe in your own words:

4. Would you describe yourself as:

Gay man Lesbian woman Bisexual Heterosexual

5. Which age group do you belong to?

Under 18 years 18 to 30 years 31 to 45 years 46 to 60 years
 61 to 75 years 76 years & over

6. Do you have a religion or belief?

No
 Yes – please specify:

