

Let's Talk Islington – Call for Evidence

Islington is a borough of stark inequalities. We want to see services and support designed around the needs of those residents experiencing this inequality. HWI recognise our duty to be here for *everyone* reaching residents most likely to experience health inequality through a robust programme of diverse, inclusive engagement. We welcome the call for evidence from community organisations and have summarised here work which highlights some of the inequity of access and inequality of experience experienced by local people in relation to health, care and well-being services.

Healthwatch Islington has been talking to residents about their needs throughout the Coronavirus pandemic. In October 2020 Healthwatch published the report [Living in Islington: Resident views](#) this report, covered engagement with residents at the start of 2020, the outbreak of the pandemic. The report was shared with stakeholders via the Islington Fairer Together partnership Board.

Pre-pandemic residents were concerned about: opportunities for children and young people, supporting local businesses, employment opportunities and accessing health and care services in a timely way when needed. Residents want to be self-sufficient but sometimes need support to live well. These themes aligned with Fairer Together priorities and have continued to be raised throughout the last two years. We have noticed increased concerns about finances as a result of the impact of the pandemic and rising energy prices.

Our response to this current call for evidence is a series of summaries of relevant findings from the community engagement work we have delivered since October 2020. Much of this engagement was carried out in partnership with voluntary organisations supporting residents from communities experiencing health inequalities. <https://www.healthwatchislington.co.uk/our-partners>

We have heard from residents about the barriers that hold them back, as well as what helps them to live a good life, with a particular emphasis on their interactions with health, social care and wellbeing services.

1. Experiences of family carers from migrant communities

We spoke to 44 carers from communities where English wasn't the first language. [Carers Survey 2021: Feedback from local residents with a caring role](#), (March 2021).

“Going to Arachne gives me some respite from all my responsibilities and worries. I feel as if I can unload the burden when I am there, and I feel reinforced when I go back home.”

- Family carer from Islington's Greek speaking community

Key messages about what helps and what the barriers are

- Carers value services that are holistic and responsive, that keep them updated on the progress of their queries proactively, and keep chasing for a resolution. This should be the ambition for all our statutory services.
- Community support organisations are greatly valued, providing carers with a welcoming space and a sense of respite. These organisations need financial support in order to thrive.

- Cultural barriers make carers services harder to access for some communities in Islington. It is important to continue to build relationships between the Islington Carers Hub and the numerous culturally-specific community support organisations based in the borough.

2. The transition to a ‘digital first’ model of service provision

The report [From digital exclusion to inclusion](#) (May 2021) summarises our partnership’s learning from four years of digital inclusion work with some 700 local residents, and also explores residents’ experiences of accessing services during the pandemic.

“Council services are often online, council tax and other services. But you need to keep some customer care available for those who can’t get online...If clients need help, we offer some support to access online services. But you never know what issues they’ll come with, and staff confidence varies”
- Disability Action in Islington

We know that the borough is planning a digital inclusion strategy and that this will also cover those who cannot interact on-line. We must take steps to ensure that those who are digitally excluded do not end up with worse access to health care and public services, either in terms of waiting longer to be seen, or having a less positive interaction with services.

In particular NHS services have always been free at the point of access, but on-line access will mean this is not always the case. But similarly coverage for phone and 4G is patchy in some parts of the borough.

Key issues for Islington

- The trend of statutory services transitioning to models that are digital by default puts pressure on small community organisations to provide additional support to help digitally excluded residents with housing and welfare issues – shifting the burden from organisations with high levels of funding and capacity to those without
- There is a need for more thorough user testing of new IT platforms for public services – this testing must include less confident users. Residents report that some online forms essential for accessing services are poorly designed and/or don’t work properly on smartphones. Office for National Statistics data shows many residents rely on smartphones as their route to access on-line information.
- Reasonable adjustments need to be made for certain groups. For example, Islington CCG have advised GPs to actively refer patients with a mental health support need who don’t have English as a first language, since it is self-referral forms online are not accessible to them, and some saw self-referral as implying the service was not really necessary.

3. Wanting the knowledge to look after their own health

Residents have consistently told Healthwatch throughout the years that they want to look after their own health. A number of barriers make this harder; income, number of hours spent working/ caring, lack of information and personal knowledge about what’s on offer. Health promotion work needs to factor highly in the wider programmes of work within the borough, supporting residents and families to understand their health and how to best support good health outcomes. This needs to be

contextualised for residents' financial and practical circumstances. Residents have consistently told us that health information workshops are helpful, where they can ask questions to healthcare professionals and others with lived experience, to help understand and manage their health and well-being.

4. Lack of transparency in eligibility criteria for essential services disempowers residents and exacerbates health inequalities

[We responded to NHS England consultation on non-emergency patient transport](#) in November 2021

“This whole experience has been very stressful, depressing and demotivating for anyone trying to help. Just the thought of requesting this upcoming booking has given me many sleepless nights as I do not want to battle over something so simple and straightforward. This is drawing attention to how many elderly people are actually being treated like this by your transport department when no one is watching.”

- Resident trying to book patient transport on behalf of her neighbor who is elderly and deaf

Key issues

- Lack of transparency gives rise to concerns about how eligibility criteria are applied
- In the particular case of non-emergency patient transport, residents tell us that providers do not clearly explain why they don't qualify when transport is refused by call handlers. This means they are less able to challenge decisions if they seem incorrect. Residents who make the effort to appeal against the decision have often been successful. Residents with less capacity to self-advocate, with less expectation that they are entitled to good services, or who don't have English as a first language are less likely to appeal. This makes access less fair.

It doesn't stop there. There are many services which residents are simply unaware of, that are not well promoted within the community. Many of the residents we've spoken to have been unaware of support such as the offer in local pharmacy, mental health and well-being services and out of hours GP services. The borough needs to ensure that its engagement work with residents includes sharing clear information with them about what is available to support them with their needs.

5. Experiences of residents with Long Covid

We heard from 57 Islington residents with experience of Long Covid. The report is due to be published at the end of March 2022 and is a collaboration between the 5 local Healthwatch of the North Central London area. The report covered awareness of Long Covid, accessing support and the socio-economic aspects of the condition on individuals.

“Accessing benefits has also been very problematic as there is little to no understanding of or accommodation made for Long Covid within the benefits system.”

- Long Covid Survey respondent

Key messages about what helps and what the barriers are

- The Long Covid patient journey is new. In order to access relevant services, tenacity, an ability to self-advocate, or assistance from supportive health professionals who will fight your corner has been important.
- Vulnerable patients who are less able to self-advocate, or don't have a good command of English will find it harder to access support. Long Covid also tends to undermine patients' ability to self-advocate due to the nature of the condition. Patients who were less likely to take 'no' for an answer were more likely to get through to support than those who were less assertive.
- Long Covid patients who were unable to work and lost their jobs needed to access the benefits system. Benefits predicated around job-seeking are not designed with Long Covid patients in mind.
- Patients who live on the boundary between boroughs face additional barriers to access: 'My long Covid recovery has been truly exhausting as I've been passed around like a parcel.'

6. Winter Wellness

We are working with our [Diverse Communities Health Voice partnership](#) on a signposting project promoting services supporting seasonal health and wellbeing. Our model has trusted community organisations talking one to one with residents in their first language. It has already proved to be very effective in [Providing information and support to migrant communities in Islington affected by Covid-19](#)

What works when sharing information with communities that experience health inequalities?

- Often the best method of communication, particularly for nuanced messaging, is spoken. This gives people the chance to ask questions with someone they trust and check their understanding. This also helps overcome language barriers.
- Increased co-ordination would help ensure we don't over-burden an already stretched voluntary sector. Sending out WhatsApp messages and emails to residents, will generate queries back to the VCS partners that disseminate them for council and healthcare colleagues. This method will become less effective if over-used.

7. Vulnerable residents continue to value services that provide a space where they feel welcome

We have carried out an independent evaluation of the Health Connector service delivered by Manor Gardens Welfare Trust. The overwhelming message we got from service users was that they felt welcomed and liked the atmosphere and the staff. What develops from that is increased confidence and other connections, but the friendly, warm welcome and the positive and caring relationships are intrinsic to the users' sense of belonging and feeling valued. There isn't a pressure to progress on to other services if people don't feel ready, and coming to the centre is recognised as valuable in itself. This helps people access services when they are feeling less confident. We've heard a similar message in the past from residents using [mental health day services](#) and from service users of our Diverse Communities Health Voice partners. This voluntary sector model of resident-centred support, focused

on the residents own priorities (rather than those of the wider health and care system) is really valued by residents, particularly those experiencing health inequalities.

8. People are struggling to access NHS dentistry

Our signposting service helped 64 residents resolve issues related to dentistry between July and December last year. 53 of these residents contacted us because they were unable to access NHS dentistry. Our report [Experiences of accessing NHS dental services since the pandemic](#), shares some of their experiences

"I'm having a hard time finding a dentist taking NHS patients. Everyone is only taking private patients, which is unaffordable for me... Please help, I've looked everywhere."

- Patients who don't already have an NHS dentist have less access to treatment.
- People are less likely to be registered with a dentist if a) they have recently moved to Islington (within the last two years), or b) they have fallen off the system/lost connection with their previous dentist.
- If dental practices intend to remove patients from their lists they should make every effort to warn those patients, and to inform patients who have been removed. This would give patients more opportunity to take appropriate action to avoid finding themselves in the unenviable position of needing urgent dental care whilst lacking access to a dentist.

9. Access to support more broadly

In 2019 Healthwatch raised concerns about the awareness of mental health support within some ethnic minority communities. Through Public Health England inequalities funding Public Health commissioned some mother tongue counselling, and a pilot project between Talk for Health, Arachne and Jannaty to get residents talking about well-being in their mother tongue. An evaluation will follow.

Through North Central London inequalities funding the Clinical Commissioners have commissioned some engagement work on service access through small community partners working with excluded residents which we hope will further inform the way healthcare is delivered locally. Our work on primary care has informed the commissioners Primary Care Strategy and we hope to see equity of access improved by the steps being taken in that. We understand that there will be a move to deliver more services in pharmacy, where appropriate, which we believe, if well communicated, and well connected in with the rest of primary care, could give residents better local access, and better control and understanding of their health. But we think it's really important that this is sensitively and clearly communicated to residents, working with a range of local partners.

In addition to the on-going pressure on healthcare services residents are under increasing financial pressure with the cost of living spiraling, particularly in relation to energy bills and food prices. Voluntary and community organisations are funded to support some advice work, but there is a huge increase in demand on the sector relating to queries about energy bills and calling up providers on

behalf of clients takes a huge amount of time. We must ensure that the borough has enough 'general' advice on offer for residents with these issues.

Finally, given the impact of the pandemic on everyone's health and well-being, health promotion and early intervention feels more important than ever. Despite the growing pressure on services we must make sure that we keep these important issues on the borough agenda to create a fairer Islington.