VCSE and NHS Sussex Workshop Report on the experience of Black racialised minority groups and individuals

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This report captures workshops run by and reports written Bridging Change, Diversity Resource International and Voluntary Action Arun and Chichester.

Bridging Change

DIVERSITY RESOURCE INTERNATIONAL

Voluntary Action Arun & Chichester

Contents

VCSE and NHS Sussex summary report on workshops on the experience of Black and racialised minority groups and individuals. Compiled by Bridging Change

Introduction

This report represents four workshops run across Brighton and Hove, East Sussex and West Sussex (Chichester and Bognor Regis) with Black and racialised minority individuals and groups. It gave an opportunity for NHS Sussex to meet with local communities to explain about some of the insights they have gathered over the last three years and showcasing examples of insight that led to action and a positive impact on the NHS Sussex population. It also gave NHS Sussex an opportunity to hear about some of the issues, concerns, challenges and barriers that Black and racialised minority faced.

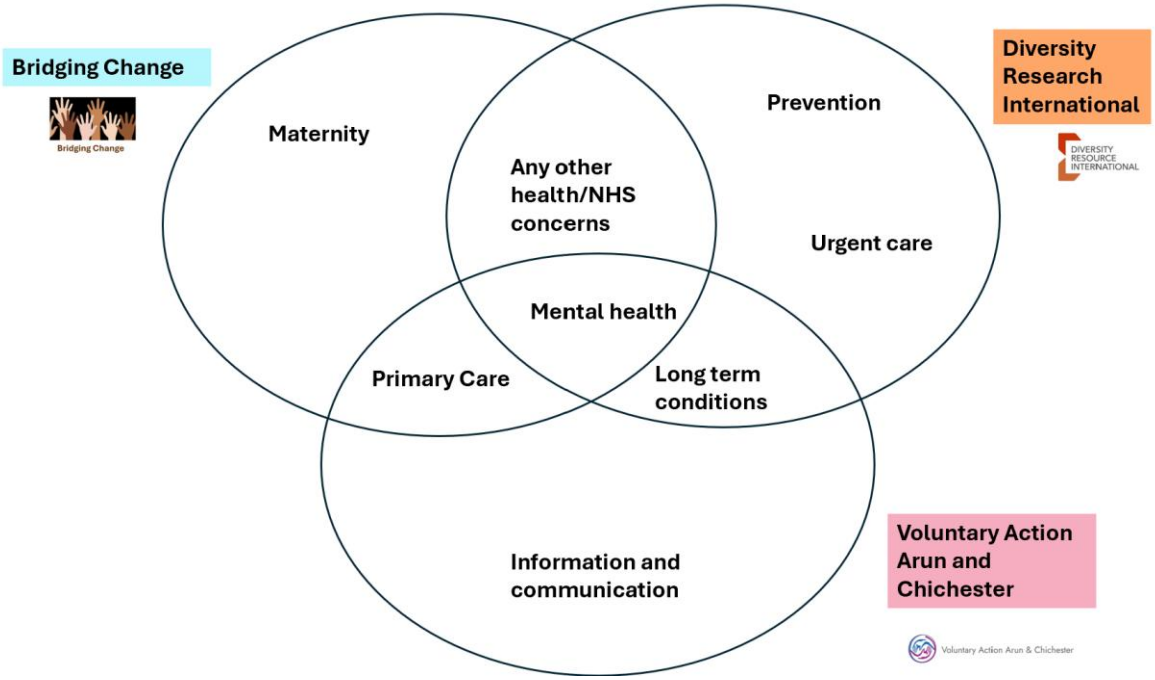
Three organisations conducted the workshops: Bridging Change (Brighton and Hove), Diversity International Research (East Sussex) and VACC (West Sussex - Chichester and Bognor Regis) and each produced detailed reports explaining their findings and it is recommended that they are viewed in addition to this report to ensure a more comprehensive understanding of community views, detailed findings and recommendations.

Sources of information

Bridging Change
Mental health
Primary Care
Maternity
Other health issues

DRI
Urgent Care
Mental Health
Long-term Conditions
Preventative
Other NHS Services

VACC
Access to GP
Information and communication
Managing long term health conditions.
Mental health



Summary report: "Improving NHS services for racialised minorities" (Bridging Change Workshop)

Overview

The "Bridging Change" workshop was held on November 29, 2023, at the Black and Minority Ethnic Community Partnership (BMECP) Centre in Brighton and Hove. The event was organised by Bridging Change with the support of NHS Sussex. It aimed to close the community engagement loop by providing feedback on insights gathered from previous engagements and to continue discussions on improving healthcare access and experiences for racialised minorities.

Workshop Objectives:

1. **Close the community engagement loop:** Provide feedback to racialised minority communities on how their input has informed changes in NHS services.
2. **Engage in open dialogue:** Facilitate discussions between community members and NHS commissioners on improving healthcare services to reduce health inequalities.

Methodology:

- The workshop employed the **World Café** method to encourage open, informal discussions on key topics.
- Topics covered included **primary care, mental health, and maternity services**.
- NHS Sussex provided travel reimbursements, childcare, and refreshments to facilitate attendance.

Key report findings

Here are the key findings from Bridging Change's "Improving NHS services for racialised minorities" workshop report:

1. Mental Health:

- **Communication Barriers:** There is a significant lack of communication regarding available mental health and wellbeing services, particularly for racialised minorities. This includes inadequate information about how to access services and the pathways available.
- **Limited Capacity and Long Waiting Times:** Attendees highlighted the insufficient capacity in mental health services, leading to long waiting times and limited appointment availability. Short GP appointments (often only 10 minutes) are not adequate for discussing mental health issues.
- **Need for Cultural Understanding:** There is a critical need for healthcare providers to have a better cultural understanding and awareness of the specific mental health needs of racialised communities. This includes recognizing cultural differences in how mental health issues are expressed and treated.

- **Children and young people's mental health:** Concerns were raised about the lack of culturally sensitive services for children and young people from racialised minorities. Issues include difficulties in accessing services and support during the transition from child to adult mental health services.
- **Stretched resources:** Mental health services are described as "under-resourced, understaffed, and overstretched," leading to inadequate support for individuals in crisis or with ongoing needs.

2. Maternity Services:

- **Racial disparities in maternal healthcare:** The workshop highlighted significant racial disparities in maternal healthcare, with Black women being five times more likely to die during childbirth compared to White women. Asian and mixed-race women also face higher risks.
- **Lack of clear communication and information:** Many racialised women and their families lack clear information on what support they should receive during pregnancy and childbirth, contributing to anxiety and distrust in maternity services.
- **Assumptions about pain thresholds:** Attendees reported that maternity staff often assume Black women have higher pain thresholds, leading to inadequate pain management and feelings of not being heard or respected.
- **Challenges with interpreting services:** The use of interpreters/linguists during childbirth can be problematic, particularly when interpreters are expected to provide both emotional support and translation services, raising concerns about informed consent and patient care.

3. Primary Care:

- **Access barriers:** Access to GP services is challenging, with long waiting times and difficulties in scheduling appointments. Language barriers further exacerbate these issues for non-English speakers.
- **Lack of awareness of alternatives:** There is a lack of awareness among racialised communities about alternative care options, such as urgent care centres, which could alleviate pressure on GPs and Accident and Emergency services.

4. General NHS Services:

- **Need for better communication:** Across all healthcare services, there is a need for improved communication strategies to ensure that racialised communities are aware of the services available to them and how to access them.
- **Importance of cultural competency:** Healthcare providers must be trained in cultural competency to better understand and address the diverse needs of racialised communities. This includes ongoing training to overcome cultural biases and stereotypes.

Cross-cutting themes

- **Communication:** Effective communication is essential for building trust and ensuring that racialised communities are informed about healthcare services and support options.
- **Cultural competency:** There is a widespread need for culturally sensitive healthcare services that understand and respect the diverse cultural backgrounds of patients.
- **Accessibility of information and services:** Clear, translated information and accessible services are key to empowering racialised minorities and improving their health outcomes.

Recommendations

1. **Enhance communication:** Improve communication about mental health and maternity services, including in community venues and on social media.
2. **Cultural competency training:** Provide ongoing training for NHS staff on cultural awareness and unconscious bias.
3. **Community-based interventions:** Implement community-based mental health and maternity interventions that consider social determinants of health.
4. **Improve service accessibility:** Increase access to healthcare services through better information, translation services, and more flexible service delivery models.

Conclusion

The workshop highlighted significant areas for improvement in NHS services for racialised minorities, focusing on mental health, maternity, and primary care. It underscored the importance of culturally competent care, improved communication, and enhanced community engagement. The recommendations aim to reduce health inequalities and ensure that healthcare services are responsive to the needs of all community members.

Next Steps

The report suggests continued engagement with racialised minority communities through bi-annual workshops and targeted interventions to build a more inclusive healthcare system. The recommendations provided a roadmap for NHS Sussex and other stakeholders to implement changes and improve healthcare access and experiences for racialised communities in Brighton and Hove.

Summary report: "Improving lives for minority ethnic communities" NHS Population Health Inequalities (Diversity Resource International workshop)

Overview

The workshop, hosted by Diversity Resource International (DRI) on December 14, 2023, at the Leaf Hall Community Arts Centre in Eastbourne, was part of the Sussex Health and Care Partnership (SHCP) Health Inequalities Programme. The event aimed to explore how NHS services can address health inequalities faced by minority ethnic communities, particularly in light of disparities highlighted by Covid-19 data from the Office for National Statistics (ONS).

Purpose and Context:

The workshop sought to:

- Demonstrate how local NHS services are listening to minority ethnic communities.
- Address disparities in healthcare access and outcomes, particularly those exacerbated by the Covid-19 pandemic.
- Foster dialogue and develop actionable steps to improve healthcare services for minority ethnic communities in Sussex.

Key Features of the Workshop:

- **Participants:** Around 60 participants from diverse backgrounds, including community representatives, healthcare professionals, and members of the voluntary and private sectors.
- **Format:** The workshop included presentations by community speakers, a "World Café" round table discussion, and feedback sessions.
- **Topics Covered:** Urgent care, mental health, long-term conditions, preventative care, and general NHS services.

Key report findings

1. **Urgent Care:**
    - **Needs to Change:** Long wait times, difficulty accessing interpreters, and lack of awareness about urgent care centres.
    - **Suggestions:** Implement ticket systems at GP surgeries, improve communication about urgent care options, and ensure interpreter services are available.

2. **Mental Health:**
    - **Needs to Change:** Lack of cultural understanding, limited emotional vocabulary, and inadequate resources for mental health awareness.
    - **Suggestions:** Develop culturally competent mental health services, promote open discussions on mental health, and provide ESOL teachers to explain NHS access and mental health.

3. **Long-Term Conditions:**
    - **Needs to Change:** Long wait times for treatment, communication gaps, and lack of information about services and medications.
    - **Suggestions:** Improve communication between healthcare providers and patients, provide clear information on treatment options, and reduce waiting times for care.

4. **Preventative Care:**
    - **Needs to Change:** Insufficient focus on well-being, limited English language courses, and challenges for qualified healthcare professionals from other countries to practice in the UK.
    - **Suggestions:** Promote online health coaching, support community integration, and provide financial support for English language courses for healthcare professionals.

5. **General NHS Services:**
    - **Needs to Change:** Difficulty accessing appointments, confusion about where to get help, and lack of cultural awareness among healthcare providers.
    - **Suggestions:** Improve appointment booking systems, provide clear information about services, and increase cultural competency training for healthcare staff.

Cross-cutting themes:

- **Communication:** Essential for improving patient-provider interactions and ensuring effective healthcare delivery.
- **Cultural Competency:** Necessary for addressing diverse healthcare needs and fostering trust in the healthcare system.
- **Accessibility of Information:** Clear and translated information is crucial for empowering patients and improving health outcomes.

Recommendations

1. **Enhance Accessibility to Information:** Provide translated materials and promote the use of local interpretation services.

2. **Promote Cultural Competency:** Increase awareness and training for healthcare staff on cultural sensitivity.
3. **Support "Dormant" Workforce:** Utilize the skills of recently arrived migrant healthcare professionals by offering ESOL courses and accreditation support.

Conclusion

The workshop underscored the importance of targeted interventions and national support to reduce health inequalities among ethnic minority communities. The discussions highlighted actionable steps for NHS Sussex and other stakeholders to improve healthcare access and outcomes for these communities, emphasizing the need for continued collaboration and engagement.

Summary of the Report: "Improving Healthcare Experiences for Ethnic Minorities in West Sussex" (Voluntary Action Arun and Chichester Workshop)

Overview

Voluntary Action Arun and Chichester (VAAC), summarises feedback from two workshops held in Chichester and Bognor Regis. These workshops aimed to explore how healthcare access and experiences for ethnically diverse communities in West Sussex could be improved. The workshops were part of a broader effort to gather insights and feedback from minority ethnic communities to support better health outcomes and reduce health inequalities in Sussex.

Workshops Details:

Dates and Locations:

- Chichester: 25th February at Chichester Baptist Church
- Bognor Regis: 5th March at My Sisters' House

- **Participants:**

- 17 participants representing 8 different nationalities attended the workshops.
- The participants included healthcare workers, community advocates, and members of local ethnically diverse communities.

Key Topics Discussed:

1. **Access to General Practitioners (GPs)**
2. **Information and Communication**
3. **Managing Long-Term Health Conditions**
4. **Mental Health**

Key report findings

1. **Cross-Sector Collaboration:**
   - Participants emphasized the importance of informal networks, such as friends, family, and community groups, in accessing healthcare services.
   - The need for more collaboration across sectors, including non-NHS services like MIND (mental health services with cultural representation), Macmillan Cancer Support, and local churches, was highlighted.
2. **Access to Health Services:**
   - Difficulties in accessing GP services were reported, including long waiting times (up to a month) and challenges with referrals.

- Participants noted that language barriers, cultural misunderstandings, and perceived discrimination were significant obstacles in accessing healthcare.
- Examples of poor experiences, such as inappropriate responses from receptionists and inadequate medical advice, were shared.

3. **Information and Communication:**
   - There is a lack of accessible information and communication regarding healthcare services, particularly for non-English speakers.
   - Concerns were raised about the sharing of personal health data and the implications for privacy and trust.
   - Participants suggested the need for better communication strategies, including more translation services and clearer explanations during medical procedures.
4. **Managing Long-Term Health Conditions:**
   - Challenges in accessing support for long-term conditions, such as mental health and physiotherapy, were discussed.
   - Participants called for more personalized care and consideration of ethnically specific health conditions and cultural needs.
5. **Mental Health:**
   - High demand for mental health services was noted, along with long waiting times for referrals.
   - The importance of cultural representation within mental health services was emphasized, and participants valued services like those provided by MIND.

Practical Suggestions:

- Commission smaller community groups and places of worship for health services, not just larger providers.
- Implement cross-cultural training for GP staff.
- Increase accessibility to translation and interpreting services.
- Facilitate more communication and feedback opportunities between the NHS and ethnically diverse communities.
- Promote partnerships with other providers to offer low-cost or free access to health and well-being activities.

Conclusion

The workshops were valuable in providing insights into the healthcare challenges faced by ethnically diverse communities in West Sussex. They highlighted the need for improved communication, greater cultural sensitivity, and enhanced collaboration between the NHS and community organizations. Continued dialogue and engagement are encouraged to build on these findings and work towards better health outcomes for all.

Final thoughts

This paper represents the value of engaging with racialised minorities. These workshops were an opportunity to understand specific and sometimes unique health needs faced by racially minoritised groups and individuals. These considerations when taken with the more substantive reports written by the individual organisations can support health services to tailor interventions and preventative measures to address these specific needs.

These workshops were an opportunity to build trust between racialised minorities and healthcare systems which stem from discrimination, stigmatisation and unequal treatment. Community engagement helps build tryst and foster a more inclusive healthcare environment.

These workshops built on pre-existing community engagement and provided an opportunity to work towards improving health literacy. It can involve communities in growing awareness of initiatives, services, health risks and preventative measures. This empowers communities to make better health choices and healthier lifestyles.

Engagement opportunities such as these, builds on ongoing engagement that “by and for” organisations have created and a foundation on which collaborative partnerships that can co-create health interventions that are culturally sensitive and resonate with community, leading to higher rates of acceptance and effectiveness.

Appendices

IMPROVING NHS SERVICES FOR RACIALISED MINORITIES PEOPLE WORKSHOP

Bridging Change

Report writers:

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IMPROVING NHS SERVICES FOR RACIALISED MINORITIES PEOPLE WORKSHOP

Bridging Change Report

Bridging Change was awarded a grant by NHS Sussex to deliver a face-to-face, 2.5-hour workshop in November 2023 with racialised minority communities based in Brighton and Hove. The aims of the event were two-fold, firstly to close the community engagement loop by feeding back to communities and secondly, to engage with the local communities.

NHS Sussex began the session by:

- sharing examples of insight gathered over the last three years by NHS Sussex and
- showcasing examples of insight that led to action and change that had a positive impact within NHS Sussex.

The second part of the event provided an open space to continue the discussions about how NHS Sussex can work with racialised minority people and communities to improve access to, and experiences of healthcare services and support a reduction in health inequalities. This report contains valuable feedback and in-depth recommendations on the topics discussed.

Bridging Change

Bridging Change primarily advocates for racial justice and equity. They work with racialised minority communities in Brighton and Hove, across Sussex and nationally. They champion the voices of racialised minority communities across councils' committees, health forums, Health and Oversight Scrutiny Committee, NHS Sussex Assembly, NHS Health Inequalities Delivery Board, NHS Race Transformation Board and the VCSE Ethnically Diverse Engagement Forum. Their work involves community engagement, conducting research, providing advisory support to universities and facilitating bespoke learning, development days and workshops. As an organisation, Bridging Change works in partnership and has relationships across racialised minority organisations and communities locally, with councils, health authorities, universities, statutory bodies and other voluntary sector organisations.

The work was led by the Bridging Change team: Anusree Biswas Sasidharan, Nora Mzaoui and Beth Harrison. The team worked closely with NHS Sussex colleagues from the Public Involvement and Health Inequalities teams to deliver the workshop to ensure that topics were aligned to concerns from the community.

Methodology

The Bridging Change World Café activity and the NHS Sussex information session was held on the evening of 29th November 2023 at the Black and Minority Ethnic Community Partnership (BMECP) Centre in Brighton and Hove. Bridging Change promoted the event to its network by email, WhatsApp, LinkedIn and X (Twitter). The event was open to anyone interested, but particularly to hear the views of racialised minority individuals and communities.

NHS Sussex enabled Bridging Change to offer travel reimbursement, childcare costs and refreshments to all attendees sourced from a local ethnically diverse business. A total of 33 people attended the event, in addition to commissioners for maternity, adult mental health, children and young people's mental health and primary care services, the NHS Sussex Public Involvement and Health Inequalities leads and the Bridging Change team. Bridging Change chose to deliver the event in accessible English, information was available in other languages, but it was felt that if there was to be one workshop and to gain in-depth discussions, that a single language would be conducive to gathering meaningful insight. Bridging Change decided that if specific groups from racialised minority groups were to be engaged with, that this should be done separately, in the future, with the relevant interpreters.

The session reflected the concerns expressed by the Community Voices Group members specifically, and concerns from racialised minority communities as expressed through various projects led by Bridging Change.

Community Voices Group

Bridging Change introduced Community Voices Group (CVG), a public involvement forum in Brighton and Hove specifically for racialised minority communities led by Bridging Change and supported by the Hangleton and Knoll Project and Sussex Interpreting Services. CVG meets monthly and speaks directly with community members in Brighton

and Hove and invites leads and commissioners within NHS Sussex and Brighton and Hove City Council to explore issues of concern raised by the communities. The three topics were chosen for the World Café method were ones that had been identified as relevant by CVG.

World Café method

This method was chosen to enable open discussions with commissioners and community members. It is an engagement process designed to take place in a cafe setting (either in an actual cafe or else the room is set up to resemble one as much as possible so that participants are seated around small tables with refreshments). The idea behind this is to create a space that supports 'good conversation', where anybody can talk about things that matter to them.

The method is based on the assumption that people already have within them the wisdom and creativity to confront even the most difficult challenges and rests on two key principles:

1. people want to talk together about things that matter to them
2. and if they do, they can create collective power.

(www.involve.org.uk)

The process is distinguished by a number of core design principles. These include making sure that the space is hospitable, everyone's contribution counts and that participants take responsibility for listening and exploring insights together.

Event agenda

The agenda included the following:

Registration, networking and an opportunity to look at posters and displays of work undertaken by local NHS and VCSE to date
tea/coffee and Indian snacks

Welcome and setting the scene from

- NHS Sussex, Antonia Bennett
- Bridging Change, Anusree Biswas Sasidharan and Nora Mzaoui
- Community Voices Group, Asmat Roe and Raminder Gill

NHS Sussex update, Antonia Bennett:
Health and care priorities
What we've heard and action taken
Questions and discussion

Break for food and refreshments and networking

World Café 2 x 25-minute discussions with community members and commissioners on:

- Access to Primary Care
- Mental Health
- Maternity
- Other topics of interest to communities

Next steps and close

Closing the community engagement loop

One of the barriers to effective community engagement is communication. It is common to find that communities experience fatigue at being asked the same questions by numerous statutory bodies with no follow up. This was explored in a Bridging Change's report, Reaching Out: building relationships to increase research impact (Biswas Sasidharan and Hickey 2021) which was commissioned by the National

Institute of Health Research (NIHR). The report identified how community members, who had shared their lived experience and given their opinions do not hear back and gain little understanding of how their contributions have effected change. This can and does lead to disengagement with the system as people feel that their contributions have had no impact in the delivery of services. One of the aims of this event was for NHS Sussex to share developments in their services and engagement with communities. The event also gave NHS Sussex the opportunity to hear the lived experience of attendees on areas that were relevant to them through the World Café method.

Mental Health and Wellbeing discussion

Mental health for people from racialised minority backgrounds can be higher, making them a high-risk group for mental health. The Mental Health Foundation states that:

- Black men are more likely to have experienced a psychotic disorder in the last year than White men
- Black people are four times more likely to be detained under the Mental Health Act than White people
- Older South Asian women are an at-risk group for suicide
- Refugees and asylum seekers are more likely to experience mental health problems than the general population, including higher rates of depression, anxiety and PTSD

Mental Health Foundation

Bridging Change recognises the importance of championing the voices of seldom heard communities and working with NHS Sussex to encourage embedding the expertise of those with lived experience in co-design, delivery and monitoring of services. The World Café method provided an opportunity for experts by experience to speak about their access to or lack of access to healthcare services. The responses were categorised into key themes, that run across the board and intertwine.

Key themes from the table discussions were:

- the lack of communication about mental health and wellbeing services
- the lack of time, capacity for and choice of effective treatment
- the need for cultural understanding and awareness
- the need for a more diverse staff
- the concerns of children and young people's services being culturally sensitive and
- the stretched resources within mental health provision

1. Lack of communication of services

Communication was a significant concern for the attendees, not only language barriers, but lack of information and pathways shared. Poor communication between racialised minorities and healthcare providers has been a barrier to achieving effective relationships.

Attendees said:

- "There is a lack of knowledge of pathways to mental health support and about wellbeing services, particularly for adults.
- "There is a gap in communication and people felt unclear about how to access and be referred to services."
- "Can there be information [shared] in key community buildings?"
- "Are NHS Sussex services communicating with different communities?"
- "If the system is not working in first languages and it takes 8-9 months, how are people supposed to access services when English is not their first language?"

"If the system is not working in first languages and it takes 8-9 months, how are people supposed to access services when English is not their first language?"

2. Lack of time, capacity and choice

Short GP appointments and long waiting lists (to access mental health services) were examples of barriers to being able to access good quality, appropriate mental health support.

Memon et al. (2016) in their qualitative study in Southeast England articulated the impact of long waiting times on:

> . . . initial assessment, language barriers, poor communication between service users and providers, inadequate recognition or response to mental health needs, imbalance of power and authority between service users and providers, cultural naivety, insensitivity and discrimination towards the needs of BME service users and lack of awareness of different services among service users and providers.

Attendees raised the following:

- How are people supposed to access services when English is not their first language?
- The limited number of sessions offered is off-putting.
- As a first point of contact, the ten-minute GP appointments are not long enough to speak about mental health issues. People "may not see the point". People felt that GPs were quick to prescribe medication rather than a referral to a counsellor. Someone asked "what is the point of a GP" in this context?
- Long term solutions and interventions will alter cognition and have a more lasting impact.
- There is a lack of capacity to be able to access specialist teams, some people have experienced waiting 1-2 years to be referred to a specialist team.
- There is not enough preventative support, not enough early intervention with issues around self-harm and eating disorders. People do not know where to go to access the support they need.
- One attendee said there are "high end offers only when the need is significant".
- There are too many hoops to jump to access mental health and the threshold for getting support is too high.

3. Cultural understanding/awareness/diversity of workforce

Attendees described how there was no time or space to be able to communicate or be communicated with. Whilst being unable to speak English did provide a barrier to people within communities, challenges of language was not the only issue, but the way that people were treated and specific mental health approaches and concerns recognised and understood. Thus, mental health professionals were less likely to respond to needs of individuals or cultural preferences that can aid better recovery or certain therapies were not offered or given as options.

Attendees raised the following:

- Communities need a space for conversations about different needs.
- Appointments need to be in buildings trusted by the community, where people feel safe, and that the NHS also trusts. If it feels too much a part of the authority, people may not want to have appointments there.
- Attendees asked if support is ethnically appropriate? When you do see a counsellor, are they from a racialised minority? Can there be culturally specific counsellors?
- For some, there is a culture that you "don't air your laundry". An attendee described having difficulty telling her husband about her mental health

4. Children and Young People

An area of considerable concern, which was highlighted in the Community Voices Group, was mental health services for children and young people from racialised minorities. Issues occur when young people transition from children to adult services and are not able to access support. This is made worse when their specific needs are not understood through the lens of their ethnicity and discrimination they may face. As with adults, children and young people faced culturally insensitive or discriminatory services or are unable to access services, particularly at early stages of diagnosis. The Hidden Survivors report (2021:84-87) described young people's experience of practitioners' minimisation of young people's experiences of racism and the impact it has on their mental health and their relationship with therapists. The significant links between racism, islamophobia and other forms of discrimination have been shown to have a significant impact on poorer mental health. This is captured in 'Mental Health and Wellbeing of Black and Minority Ethnic Children and Young People in Glasgow' (Adzajlic; 2022).

Attendees spoke of the following:

- There can be issues with referrals nearing the age of transition, the move from children and young people to adult.
- Can we bring in more organisations to increase support and reduce waiting times?
- There was concern that racialised minority children and young people are not getting referred to services, one attendee, who is a young person said, "I don't know who the mental health person in my school is".

- As with adult mental health services, there was concern that waiting lists are 8-9 months and in that interim period, "there is no one for children to talk to about their mental health". Attendees said that the counselling offered is mainly online and that having appointments in community buildings where people feel "safe" would be beneficial. One person asked if there could be a list of registered, Black-led organisations that work with Black and racialised minority groups on mental health.

5. Stretched resources

Bridging Change recognises that mental health provision nationally is, as Mind describes, "under-resourced, understaffed and overstretched". As a result people are not getting the support they need, services have long waiting lists and people are not able to get support in a crisis.

Attendees raised the following:

- Barriers to funding amplify the issues and impact on how services work
- You are made to jump through hoops for funding – people do not have the time, energy or expertise for this
- One attendee asked if the NHS could make it easier to access funding? Another said they "don't access funding"
- One suggestion was to bring small services together, connect the dots. This could give people more power and increase funding opportunities
- One attendee asked, "Can we buy in services from, for example, London, that are set up but lack the funding to expand?"

Mental Health and Wellbeing recommendations

Recommendation 1

Work with racialised minority organisations and individuals to co-produce targeted approaches to mental health services promotion.

Recommendation 2

In partnership with the VCSE sector, offer mental health ethnically diverse preventative services and provision in informal and community settings.

Recommendation 3

Offer safe and secure counselling and psychotherapy to diverse communities, such as HQ Therapy. Bilingual and/or multicultural therapy and counselling aims to match people from racially marginalised communities with suitable therapists who can offer a deeper cultural understanding (and if required language support).

Recommendation 4

Employ and invest in more ethnically diverse therapists of colour to improve treatment outcomes so that cultural and religious understanding can be offered to clients. Look into improving recruitment policies and how therapists are recruited within the system to ensure a more diverse workforce.

Look at best practice within the NHS nationwide on how to achieve this.

Recommendation 5

Look to community-based interventions that tackle the social determinants of mental health and wellbeing amongst racialised minority communities and that have the potential to improve resilience, mental health outcomes, and the psychosocial circumstances of individuals and the wider community. Look to best practice in other parts of the UK.

Recommendation 6

Fund regular workshops giving racialised minority communities a safe space to reflect on issues affecting them, their needs and services and to keep communities 'in the loop' about what changes and improvements have been made.

Recommendation 7

Provide on-going training for all staff on equality, diversity and inclusion and cultural awareness to overcome negative cultural assumptions, racial stereotyping and the impact of racial oppression on mental health. Use trainers who are from organisations that display lived experience and cultural understanding of the issues people of colour face.

Recommendation 8

Work with relevant organisations such as the Mental Health Foundation and Mind and health researchers to better understand anti-racist models of care including the disproportionate detention of Black and Asian people under the Mental Health Act.

Recommendation 9

Improve ethnicity data recording in all areas of mental health and wellbeing provision so that NHS Sussex and SPFT better understand who is accessing mental health and wellbeing provision. Capture the safety and quality of service that service users experience. This will enable better future planning for Commissioners.

Recommendation 10

Consider how to make wellbeing and mental health provision pathways clearer and more accessible. Work with the VCSE sector and communities to develop these pathways.

Recommendation 11

Develop Easy Read information about mental health and wellbeing service pathways and services in the main languages used in Brighton and Hove.

Disseminate this information to community venues, GP surgeries and other places where health services are offered in Brighton and Hove as well as on NHS and VCSE sector websites. Consider levels of literacy in communities.

Recommendation 12

Map all mental health and wellbeing offers including inclusive and racialised minority specific provision. Work with the VCSE sector to do this effectively.

Recommendation 13

Offer funding to grassroots racialised minority groups and organisations who are providing wellbeing activities to racialised minority communities across Sussex to reduce and prevent poor mental health.

Recommendation 14

Provide advice and support for patients on GP websites and at surgeries in how to prepare for an appointment when discussing mental health. See suggestions from Mind (Mind)

Maternity Discussion

The topic of maternity services was selected because of the concerns expressed by Brighton and Hove Community Voices Group members in previous sessions about racial disparities in maternal healthcare. They wanted the opportunity to voice their views on the topic. The *Improving NHS Services for Black and Asian and minority ethnic people* workshop gave an opportunity and space for community members to reflect on their maternity experiences. The topic resonated with concerns expressed in local (and national findings such as The Maternal, Newborn and Infant Clinical Outcome Review Programme (2022) that captures the multiple and complex problems that affect women who die in pregnancy. The now well-known statistics of maternal mortality for Black women is currently almost four times higher than for White women. Significant disparities also exist for women of Asian and mixed ethnicity. These disparities have existed and been documented for at least 20 years, but only received mainstream attention and Government action since around 2018. Considerable credit for putting the issue on the political and public health agenda goes to campaigners, such as Five X More and Birthrights, who have worked to publicise the issue.

Key themes from the maternity table discussion:

1. The NHS pregnancy journey
2. Different options
3. Pain thresholds in Black women
4. First contact with services

1. The NHS pregnancy journey

Attendees described their experiences of maternity services within the NHS. Many women and their families are not clear on what support they should be receiving from maternity services. There is often fear surrounding maternal health and in those moments of urgency and stress, a lack of knowledge leads to anxiety, a feeling of isolation and a distrust in services.

Attendees raised the following:

- The medical language used is not familiar. Staff need to check how much the patient understands
- Women are not understanding what support they should have and why things are happening to them whilst 'giving birth'
- Promote websites through communities

2. Different options

Maternity services need to be willing to offer different options for supporting and teaching people about what to expect when they are pregnant and potential paths for giving birth. This needs to be in appropriate formats, taking into account different first languages, the digital literacy of people and being clearly written without medical jargon.

Attendees said the following:

- When there is a language barrier, first time mothers are not told what is going to happen
- A lot of people work anti-social hours – videos and literature going home with Mum would be helpful
- Information needs to be accessible, not everyone has digital skills
- The birthing partner needs to be in the delivery room listening to what the person in labour is being told
- Translated materials – people still may not understand the medical terminology

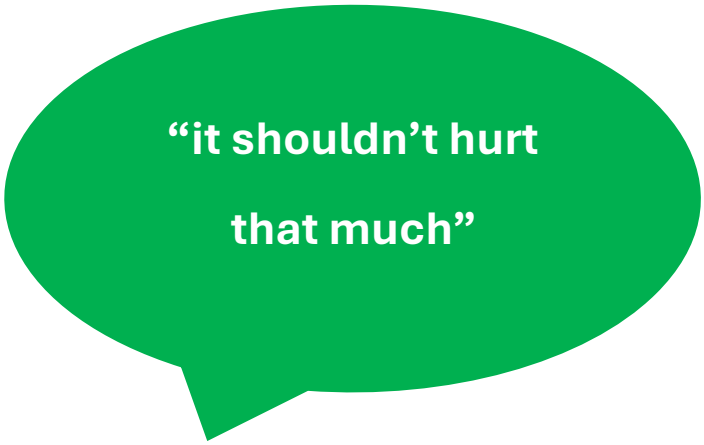
There was particular mention of women and families that need an interpreter during childbirth, where the birthing partner does not understand what is happening and the interpreter tries to support the woman in labour and their partner, rather than the maternity staff. Provision and training of NHS staff needs to be made for these situations.

These issues extend to Women's sexual health information generally with an example given of a young woman not fully understanding how to use the contraceptive pill. These are not failures of the individual but of the system.

3. Pain thresholds in Black women

There was discussion and lived experience shared of how Black women are assumed to have higher pain thresholds than White women by maternity staff.

One attendee described her experience of this, how she was told by staff that:



This gave her a feeling of:

Attendees raised the following:

- For Black people there is a misconception that they don’t feel pain, that they have a higher pain threshold, this prejudice is not being recorded by GPs
- Is it a training issue?
- We must address racism – nothing else will succeed

4. First contact with services

Accessibility of GP surgeries and negative experiences with NHS111 were raised. People described the lack of accessibility of GP surgeries and the difficulty in getting an appointment. If we add a language barrier to the mix, the system becomes even harder to navigate and understand. NHS111’s initial phone questionnaire was described as “awful” and “regimented” with questions that “don’t always make sense”.

Attendees said: GP surgery timings are not good, appointments go quickly

Maternity recommendations

Recommendation 1

Provide on-going training for all staff on equality, diversity and inclusion and cultural awareness to overcome negative cultural assumptions and racial stereotyping. Use trainers who are from organisations that display lived experience and cultural understanding of the issues people of colour face, such as Five X More FIVEXMORE

This will grow awareness and a sensitivity of the diversity of women across all ethnic and socio-economic groups, religions and cultures.

Recommendation 2

Develop a pool of interpreters who are trained in providing support during pregnancy and childbirth, who are proficient in the medical language when procedures need to be explained in more detail. Consider working with service users and interpreting services to develop this process.

Recommendation 3

Promote the Local Maternity and Neonatal System (LMNS) website in community venues, Family Hubs, midwife and health visitor services and GP surgeries in the main languages used in Brighton and Hove.

Recommendation 4

Provide Maternity services sessions in community venues, and at community events and women's health events.

Recommendation 5

Improve ethnicity data recording of women and birthing people where data is disaggregated into specific ethnic groups to better understand who is accessing maternity care and capturing their safety and quality of service.

Recommendation 6

Offer ways for staff to report racist incidents witnessed within the NHS and Family Hubs that support the person reporting. Develop robust and proactive pathways for understanding the situation and responding.

Recommendation 7

Maternity Voices Service to carry out annual deep dives to improve understanding of the experience of racialised minorities, to hear their stories and reflections on maternity services. Work in partnership with Black and brown-led organisations to do this.

Communicate service improvement and change to service users through the VCSE sector and social media.

Recommendation 8

Provide continuity of care from a midwife or clinical team so that the woman and birthing person and their baby can have consistency in care throughout the pregnancy, labour and postnatal period in line with the NHS Maternity Transformation Programme https://www.england.nhs.uk/mat-transformation/

This approach is particularly relevant to racialised minority communities who can be more vulnerable to miscommunication and knowledge due to cultural or language barriers.

Recommendation 9

Continue to measure your service provision against the recommendations of the 2022 FiveXMore and Birthrights reports into racial prejudice. Work with these organisations to gain knowledge and facilitate service improvement.

Recommendation10

Consider your role in making the maternity curriculum anti-racist. Work with relevant staff and health researchers such as those who presented at the Brighton and Sussex Medical School 'Anti-racism in Healthcare Conference 2024' to gain knowledge and facilitate service improvement.

Primary Care Discussion

Research has shown that patients from a racialised minority background face inequalities when accessing healthcare. Primary care services provide the initial point of contact in the healthcare system, acting as the front door for the NHS. These services should, therefore, be a point of equal access for all in the community. However, racialised minority communities still face inadequate access due to racism, communication barriers and a lack of cultural understanding to name a few, and subsequently these services still do not meet the needs of patients from racialised minority backgrounds.

Understanding the population at a community level (**not** always located conveniently in a single neighbourhood) and the challenges faced, is an imperative task in primary care. It is acknowledged that there are good examples present in the city but recognising that ongoing participatory work to tackle the issues with racialised minority communities is important. Ongoing quality research to further explore and monitor outcomes that will help change policies and procedures is important as well. It is important that primary care meets the needs of the whole population consistently and competently.

Key themes from the table discussions:

- Impact of the pandemic
- Access to GPs and Pharmacies
- Racial prejudice and experiences of services
- Promotion of services

1. Impact of the pandemic

There was discussion about how Primary Care services can return to a pre-pandemic level of contact. Attendees raised the need to improve communication since lockdown and the "Don't call" advice that was given by surgeries during the pandemic. People have felt that they are a "burden" by going to their GP. One attendee asked:

The table discussed the resulting cost to people's health, for example worsening physical and mental health. The Primary Care Commissioner felt the need to respond to this question, he said that certain conditions will be receiving regular reviews, particularly when a patient is on medication. He also stated that GPs don't want to deter patients, but demand remains high.

2. **Access to GPs and Pharmacies**

Attendees expressed concerns about difficulty getting appointments and waiting times for them. One attendee asked what is being done about access and that pharmacies are closing when there is already a lack of them.

3. **Racial prejudice and experiences of services**

A key question posed by one of the participants was:

People have a real sense that they are being treated differently by GPs compared to White British people. There was a sense that services need to be aware if treatment levels are different. Are people being asked inappropriate questions? What other microaggressions are patients experiencing and how are they being recorded? As one attendee put it:

Some attendees shared lived experience of prejudice by Primary Care services. Examples included, concerns not being taken seriously by the GP (which resulted in diagnosis of cervical cancer much later than it should have been) and discriminatory treatment when attending a GP appointment as a Black man.

There was discussion about a lack of understanding of Black skin with the experience shared of an attendee's Black partner who had a second degree burn and who, as a result, experienced a delay in being offered the right treatment.

Attendees also felt there was a lack of racialised minority staff in Primary Care services, particularly in leadership and decision-making positions. One participant felt that it was still "White people making the decisions". It was also felt that it was equally important to have representation among clinicians, such as Diabetes nurses.

4. **Promotion of services**

Attendees highlighted the need to share information about Public Health and being clear on when people should go to their GP.

Primary Care recommendations

Recommendation 1

Hold regular events/workshops for racialised minority communities as a way to hear lived experience to help NHS Sussex incorporate changes to improve service provision.

Recommendation 2

Foster partnerships between local GP surgeries, health and wellbeing services and community and voluntary sector organisations. Build this in structurally through local place-based care.

Recommendation 3

Increase provision of 24-hour pharmacies.

Recommendation 4

Include feedback and lived experience from racialised minority voices in service delivery. Look to increase the diversity of existing Patient and Public Groups and work with ethnically diverse community forums to gain an understanding of people's experiences.

Recommendation 5

Promote other services that are provided at GP surgeries. Help service users to navigate 'the system' by improving GP surgeries' websites so that this information is available in the main languages used in throughout Sussex. The VCSE sector can help to promote this.

Recommendation 6

Provide on-going training for all staff on equality, diversity and inclusion and cultural awareness to overcome negative cultural assumptions and racial stereotyping. Use trainers who are from organisations that display lived experience and cultural understanding of the issues people of colour face.

Recommendation 7

Look to diversifying the primary care workforce. If communities see more people of colour working at a surgery, they will feel more comfortable attending.

Recommendation 8

Seek out good practice from GP surgeries within Sussex but also across the UK, for example from 'deep end' surgeries where the population is very diverse.

Table 4 What's important to you?

Our last table discussion gave attendees an opportunity to raise any other topics outside of primary care, mental health and maternity.

Key themes from table 4 discussion:

- More diverse representation across the system
- Men's health
- Addressing non-medical needs
- Secondary care services in hospital – discussion about inpatient care
- Unpaid carers

1. **More diverse representation across the system**

We need more representation in every sector, and we need to leverage diversity across the system. If a GP surgery does not have representation from the racialised minority communities in which it sits or on the Public and Patient Group, how do you know what 'we' need and what needs to change?

Within the NHS workforce, there needs to be equitable access to development opportunities for people from racialised minorities. The NHS should offer targeted support, coaching and training. There should be a skills assessment and the lived experience of staff from racialised minority backgrounds should be valued.

2. **Men's Health**

We need support groups for men of working age men, in particular. The NHS should look at the prevention agenda regarding men and their mental health. We need to recognise that wellbeing needs should be met earlier on, before a person's wellbeing needs become more acute, and they need support from mental health services. For example, talking groups for men like the example of the women's group that was given earlier in the session.

There needs to be more programmes to support men, to personalise their care, to engage with men, such as, football groups, doing an activity and providing a space to share experiences and health issues. It needs to be a safe space for men to talk about

their issues, for example, at the Men of Melanin, Bridging Change and Hangleton and Knoll Project.

3. **Addressing non-medical needs**

We need to address non-medical needs. Why is someone going to their GP on a frequent basis when nothing is clinically wrong? The group knew about social prescribing, health and wellbeing coaches, and mental health roles in primary care. Why are people not being referred to these services for support? Can Sussex Health and Care raise awareness of services that people can access, so they don't just 'go to the GP'. Who else should be helping people in a GP practice or in the community?

4. **Secondary care services in hospital – discussion about inpatient care**

The workforce needs to be equipped to care for patients from racialised minorities so they can support and respect the cultural and religious identity of a person whilst they are being cared for in hospital or in the community.

We need to hear about the lived experience of the people who work in the hospital, including the barriers and challenges they experience and face. We need to give the workforce the appropriate training to care for people from racialised minorities and help with translation in hospital if this is needed.

5. **Unpaid carers**

It is important to recognise the needs of unpaid carers, particularly as they intersect with race. Many carers from racialised minority backgrounds might not recognise themselves as carers, they may instead principally see themselves as a family member and not access resources available to them.

Table 4 What's important to you - recommendations

Recommendation 1

Create safe spaces and groups for men to talk about mental health. Work with the VCSE sector to do this.

Recommendation 2

Prevention work: support people's health and wellbeing from a younger age. For example, during the transition from young person to adult, symptoms are being blamed on 'teenage, hormonal issues' and are overlooking anaemia, a lack of iron and vitamin D.

Recommendation 3

Increase awareness of the risks of hypertension, which if not treated could lead to stroke or cardiovascular disease. Target services to men of working age, specifically Black men where statistics show that they are less likely to engage with hypertension services.

Recommendation 4

Provide medical and non-medical follow ups to the annual Health checks. What do the results mean? Am I more at risk from certain diseases?

Recommendation 5

We recognise that ACT are already working with racialised minority communities and are very responsive and reactive to reducing health inequality. However, consider doing more to improve engagement in cancer screening for men, in particular, providing more support for them to attend screening appointments. Work with service users and the VCSE sector to do this, targeting promotion at men's groups.

Recommendation 6

Carers UK have provided a series of recommendations in their report *Supporting Black, Asian and minority ethnic carers: A good practice briefing*, under the headings of providing information and advice, providing culturally sensitive services, improving health and wellbeing, involving Black, Asian and minority ethnic carers in policy and practice.

Recommendation 7

Look at how best to co-ordinate identification and practical support for carers with Adult Social Care. To look at support models, health awareness, adapt to look for better support for carers, particularly those who are from racialised minorities.

Conclusion

The process of this workshop, a partnership between NHS Sussex and Bridging Change, was an invaluable opportunity to focus on issues related to health. The importance of this space was that it consisted of members of racialised minority communities, representative from organisations and community groups and the NHS in one space. We were also able to invite members of the existing Community Voices Group (CVG), who had previously discussed these areas of focus. They were able to explore the issues further.

Spaces such as these provide meaningful and on-going engagement that can shape the development of considerations for the improvement of service provision and direction of travel. Moving up the ladder of engagement will ensure a more culturally competent NHS Sussex that can offer a person-centred approach towards service provision and delivery and foresight for commissioning and procurement.

The advantage of on-going relationships with community organisations is that they act as powerful and effective vessels for developing a more joined-up approach to services, commissioning and engagement. They allow for rethinking of existing service provision so that it improves observed health outcomes such as: maternity, still births, infant mortality and child health; diabetes; cardiovascular disease; cancer and COVID-19.

Whilst this workshop explored three specific areas and one for additional topics – the experiences of the attendees identified wider issues about equity of access and outcomes and poorer experiences of using some health services than their White counterparts. Of particular concern was the lack of access to prevention and for NHS Sussex to be aware of risk factors and treatments of different communities. It highlighted the importance of cultural sensitivity in health services to promote positive outcomes. Intersectional identities, including disability, sex, age, sexuality and religion can create additional barriers to accessing good quality care. Socioeconomic disadvantage has long been a cause of experiencing worse health outcomes and shorter life expectancy.

References and Reading

Adzajlic, B. (2022) Mental Health and Wellbeing of Black and Minority Ethnic Children and Young People in Glasgow, Glasgow City HSCP.

Awe. T. et al (May 2022) The Black Maternity Experiences Survey: A Nationwide Study of Black Women's Experiences of Maternity Services In The United Kingdom, Five X More.

Birthrights (2022) Systemic racism, not broken bodies: An inquiry into racial injustice and human rights in UK maternity care.

Bansal, N. et al. (2022) Understanding ethnic inequalities in mental healthcare in the UK: A meta-ethnography, PLOS Medicine.

Bunglawala, S. Meha, A. and Tunarui, A. (2021) Hidden Survivors: Uncovering the Mental Health Struggles of Young British Muslims - Better Community Business Network http://bcbn.org.uk/Hidden_Survivors_Synopsis.pdf pp 41-42

Carers UK (2023), *Supporting Black, Asian and minority ethnic carers: A good practice briefing*, https://www.carersuk.org/briefings/supporting-black-asian-and-minority-ethnic-carers-a-good-practice-briefing/

Davidson, G. (2020) The COVID-19 pandemic, inequality and mental health, presentation, School of Social Sciences, Education and Social Work, Queens University, Belfast.

Department of Health and Social Care (May 2023) NHS England Delivery Plan for recovering access to Primary Care.

Diversity Resource International (2021) Barriers to Accessing Public Services and Health Services for Ethnically Diverse Communities in West Sussex

Fletcher, R. and Barefield, T. (September 2023) Refugee and Asylum Seeker Engagement Report, Possability People.

Gkiouleka, A. et al Building Equitable Primary Care: A toolkit for practitioners and decision makers. FAIRSTEPS and EQUALISE Study

Involve: a public participation think tank, www.involve.org.uk

KORI, Ubele Initiative and Efficacy Eva, Blooming Minds: Providing safe spaces for young people to move from surviving to thriving, www.bayo.uk

MBRACE-UK (November 2022) Saving lives, improving mothers' care: Lessons learned to inform maternity care from the UK and Ireland confidential enquiries into maternal deaths and morbidity 2018–20

McDaid, S. et al (2020) Tackling social inequalities to reduce mental health problems: How everyone can flourish equally, The Mental Health Foundation.

Memon A, Taylor K, Mohebati LM*, et al* (2016) Perceived barriers to accessing mental health services among black and minority ethnic (BME) communities: a qualitative study in Southeast England
BMJ Open 2016;6: e012337.

Possability People (September 2023) Refugee and Asylum Seeker Report

Rattigan, S. et al (September 2022) Gypsy, Roma, and Traveller mothers' experiences of maternity care, Friends, Families, and Travellers.

Sussex Interpreting Service (March 2016) Maternity Focus Group

The Unmistakeables and Spark and Co (2023) Race and Mental Health: Identifying the role of Mind in building the anti-racism movement within the mental health sector.

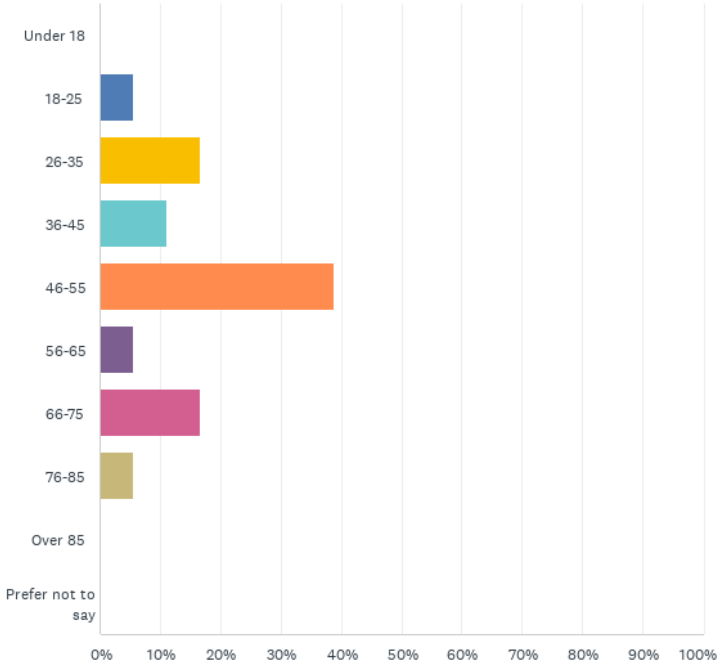
www.theworldcafe.com

Young Minds, Black Health Matters, blog post June 2020, www.youngminds.org.uk

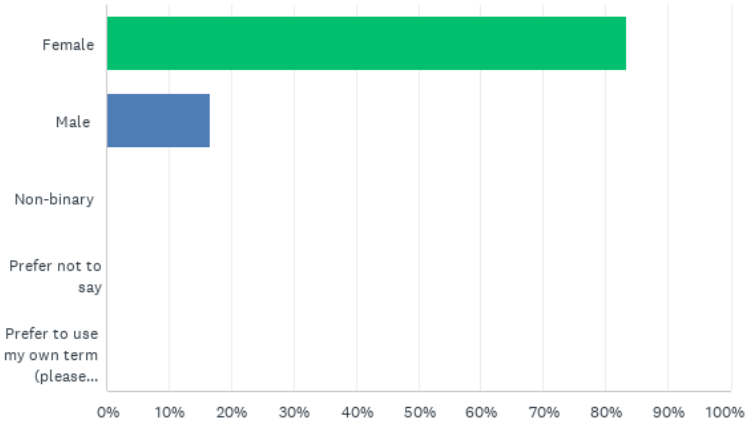
Appendix 1 Demographic of attendees

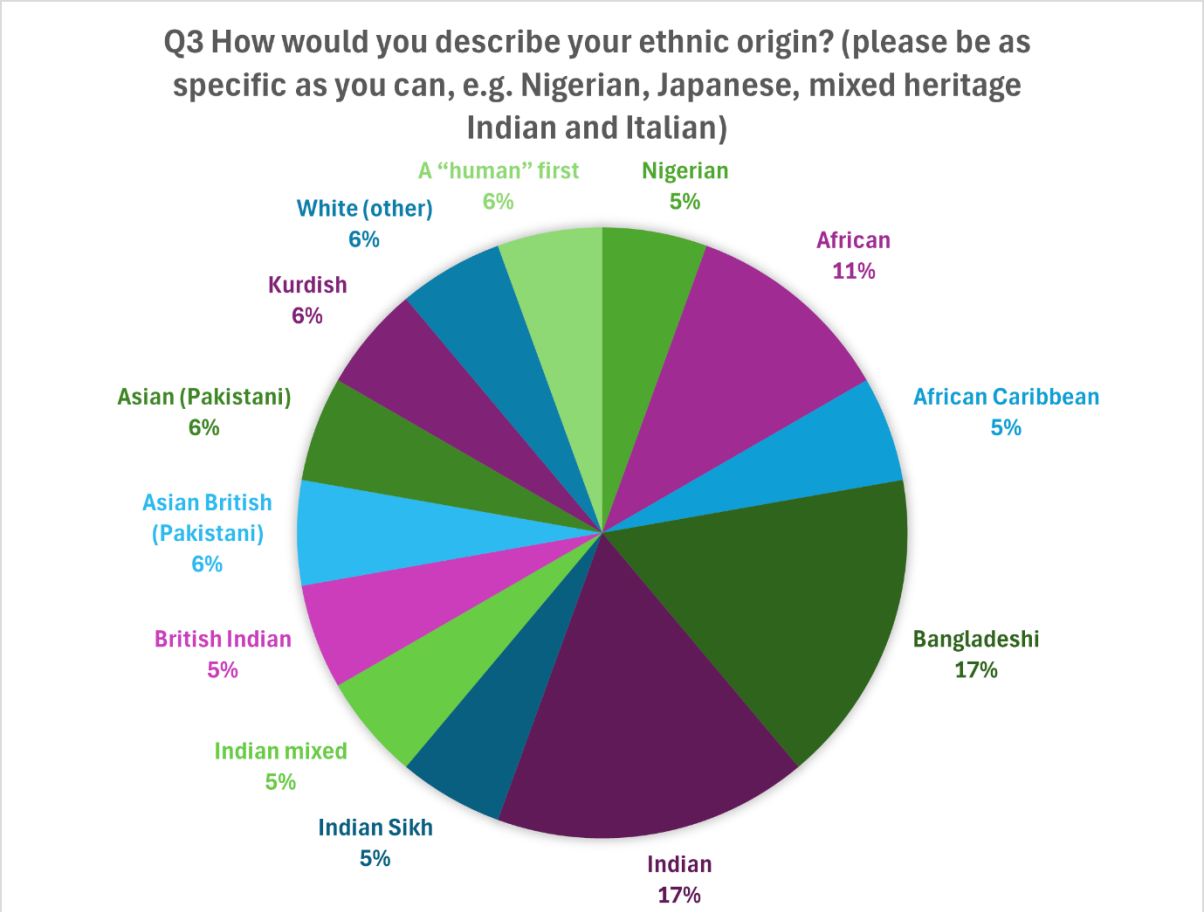
We asked attendees to complete an equalities form. We received 18 responses.

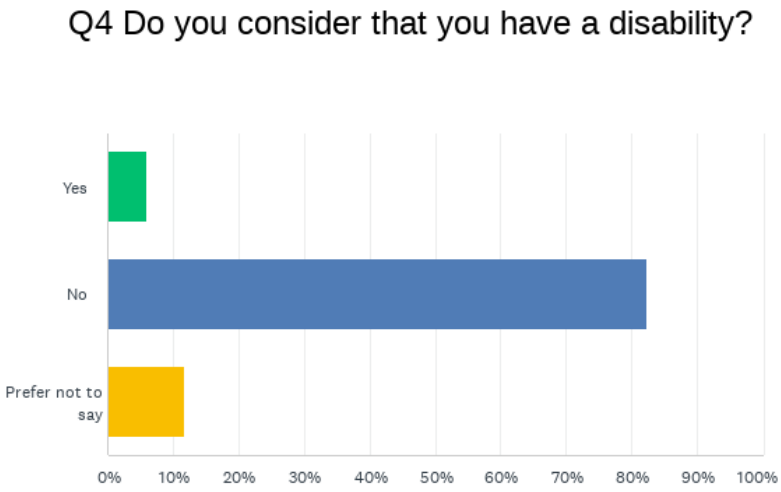
Q1 In which age group do you fall? (Please tick one option only)



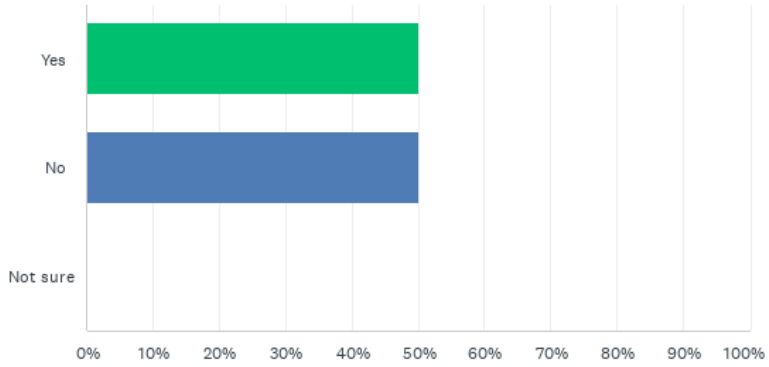
Q2 Are you: (Please tick one option only)




Q3 How would you describe your ethnic origin? (please be as specific as you can, e.g. Nigerian, Japanese, mixed heritage Indian and Italian)
A "human" first 6%
Nigerian 5%
White (other) 6%
African 11%
Kurdish 6%
African Caribbean 5%
Asian (Pakistani) 6%
Asian British (Pakistani) 6%
Bangladeshi 17%
British Indian 5%
Indian mixed 5%
Indian Sikh 5%
Indian 17%


Q4 Do you consider that you have a disability?
Yes
No
Prefer not to say
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%

Q5 Have you got any underlying health conditions?



Q6 If yes, what health conditions do you have?

Psoriasis 1

Ovarian Cancer survivor 1

Alopecia 1

Diabetes 3

Q7 Are you a carer? (A carer provides unpaid support to family or friends who are ill, frail, disabled or have mental health or substance misuse problem)

Yes 4

No 5

Q8 What is your religion or belief? (please specify)

Muslim 4

Sikh 3

Christian 5

Agnostic 1

Non-believer 1

VCSE and NHS Sussex summary report on workshops on the experience of Black and racialised minority groups and individuals. Compiled by Bridging Change

Report on the DRI Hosted Workshop: "Improving Lives for Minority Ethnic Communities" held on 14 December 2023

Executive Summary:

Diversity Resource International (DRI) successfully hosted one of the workshops under the Sussex Health and Care Partnership (SHCP) Health Inequalities Programme. The workshop aimed to demonstrate how local NHS services are listening to communities and are working to address health inequalities among minority ethnic communities, particularly in the context of the disparities revealed by the Office for National Statistics (ONS) regarding Covid-19. The number of participants in the workshop was estimated to be close to 60, representing different communities and professions across voluntary, private and NHS sectors.

Introduction to Diversity Resource International (DRI)

A not-for-profit social enterprise that empowers ethnically diverse communities in Sussex. DRI was established in 2004 by Mebrak Ghebreweldi and Dr Yaa Asare to support new migrants through informal befriending to ensure equal access to services. Currently, DRI operates through 4 core activities:

1. Community Development
2. Community Research
3. Leadership and Enterprise
4. Training toward Equity and Inclusion.

The impact we aim to achieve from the above activities are:

1. A full representation of minoritised communities creating a more just society.
2. Research that leads to positive social change and the reduction of inequalities.
3. New generations of minoritised leaders who feel enabled to build a fairer world.
4. Full participation from minoritised communities in the provision of services that directly impact them.

Context and Background

Historically, marginalised populations, particularly ethnic minorities, have faced health and social disparities. These inequalities become even more pronounced during public crises (1). At the onset of the pandemic in high-income countries, the disproportionately high rates of Covid-19 cases and deaths within ethnic minority communities underscored the impact of existing health and social inequalities (2–4). Minority ethnic groups faced unique challenges to those of the general population and some of these challenges included indirect discrimination and racism, language barriers and scarcity of targeted information (2,3). The motivation for the workshop stemmed from data published by the ONS in 2020, highlighting the increased risk of Covid-19-related deaths among minority ethnic groups within the United Kingdom. Over the following two years, the SHCP BAME Disparity Programme conducted various community engagement activities, webinars, and projects to gather insights into the access and experiences of health and care services. Community engagement resulted in significant actions, such as commissioned engagement studies, webinars, the Inclusion Engagement program, and the Bilingual Health Promotion Project. These initiatives highlighted key themes, including communication, health involvement, addressing health inequalities, and supporting a diverse workforce. These themes informed the workshop's focus. NHS Sussex proposed hosting three face-to-face workshops in Brighton and Hove, East Sussex, and West Sussex. The workshops, each lasting approximately 2.5 hours, aimed to share insights gathered over the last three years, showcase impactful actions and foster open discussions on improving healthcare access and reducing health inequalities. DRI was recruited as a host organisation to facilitate a workshop in East Sussex. The workshop was held at the Leaf Hall Community Arts Centre, Eastbourne on the 14th of December 2023.

Vocabulary (some of the words and language used in this report)
A&E - Accident and Emergency
BAME or BME - Black, Asian and minority ethnic or Black and minority ethnic - terms usually used to describe other ethnicities in comparison to White British populations.
ESOL - English for Speakers of Other Languages

Ethnic minority, minority ethnic or minoritised ethnic - terms usually referring to racial and ethnic groups that are in a minority in the population.
GP – General Practitioner
Hard to reach - Often used to describe individuals and communities who seem to be unresponsive, but it is frequently a reflection of barriers imposed by systems or institutions, rather than the individuals or communities themselves.
ONS – Office for National Statistics
NHS - National Health Services
Trauma-informed Care – A support method that recognises that things that have hurt us physically or emotionally can affect our current situation. Trauma-informed approaches aim to create an environment of healing and recovery.
World Café Round Table - a discussion format where participants engage in small group conversations at different tables, sharing ideas and perspectives on a topic – as you would in a café over tea (or coffee).

Outline of The Day

The workshop, attended by an estimated 60 participants, featured living case studies, engaging discussions, and feedback forms for future improvements.

Venue and catering: The workshop, held at the Leaf Hall Community Arts Centre in Eastbourne, benefited from a welcoming and collaborative atmosphere. The Centre's spacious and well-lit facilities, including a large hall and a dedicated catering space, were well-suited to the event's needs. Additionally, the accessibility commitment to provide fully accessible space for disabled people and clear signage ensured inclusivity for all participants. The event's caterer, Malayalam, a restaurant also based in Eastbourne, provided a diverse selection of high-quality dishes that catered to various dietary restrictions and cultural preferences. This contributed to the overall positive experience of the attendees, as evidenced by the satisfaction rate on the post-event survey regarding venue and food options.

Inclusivity initiatives: Furthermore, to foster inclusivity and accessibility, several initiatives were implemented by NHS Sussex and DRI. This included the provision of on-premises childcare, a service offered proactively based on outreach efforts. Additionally, to accommodate attendees from diverse linguistic backgrounds, interpreters were provided for Arabic, Farsi, Cantonese, and Mandarin languages.

These interpreters played a crucial role in facilitating effective communication and ensuring that all participants could fully engage with the content of the workshop.

The Workshop

DRI highlighted its extensive experience working with minority ethnic communities, including partnerships with Vandu Languages and involvement in previous initiatives, such as the community engagement webinars with Sussex Health and Care Partnership. Three community speakers spoke of their experiences and initiatives that they were involved in, benefiting their communities as well as contributing to their personal development. See the table below for the community members who spoke as living case studies on the day:

Table 1: Living Case Studies Community Speakers

Speaker	Role	Presentation
Manal Ahmed	Experiences with the NHS	• Needs & Wellbeing of refugees and women from ethnic communities • Neuro-divergence in marginalised groups • Communicate, connect, and understand the systems
Mohabbat Mohensi	Community champion	• Community Champions and what they do • Getting Vaccines Nowadays • Get ready for winter
Sintayehu Haile	Experiences with the NHS	• NHS Experience • NHS and moving locations • Mental Health and Eastbourne

NHS Sussex presented to the workshop attendees the “Working Together to Improve Lives for Minority Ethnic Communities” vision which is part of the wider Improving Lives Together strategy (5).

World Café Round Table Discussions

The rest of the workshop was dedicated to a “World Café” discussion. But why World Café discussion for this event? The dynamic exchange at the round tables fosters equitable participation and contributions to ideas (6).

The key topics for the tables were: Table 1: Urgent Care, Table 2 - Mental Health, Table 3 - Long-term Conditions, Table 4 – Preventative, and Table 5 - Other NHS services; tell us what is important to you.

Participants were asked to consider the following questions:

1. *What needs to change*
2. *How change could happen (solution focus)*
3. *Practical suggestions of actions to support change*
4. *Prioritise the top 3 suggestions*

Table 1: Urgent Care

Urgent Care typically relates to medical assistance offered for non-life-threatening yet time-sensitive health issues or injuries requiring prompt attention. These are issues that are not as severe as needing an emergency room visit—examples include sprains, minor cuts, fevers, allergic reactions, etc. However, when we consider urgent care in the context of ethnic minorities, the picture becomes more complex. This is due to the existence of healthcare disparities and the challenges they face, which may include language barriers, cultural differences, and socioeconomic factors (7,8).

- **Needs to change:** Long wait times for appointments, difficulty accessing interpreters, lack of awareness of urgent care centres as alternatives to A&E.
- **Solution focus:** Implement ticket systems at GP surgeries, improve communication about urgent care centres, and make interpreter services readily available.
- **Practical suggestions:** One walk-in centre in Eastbourne, inform patients about requesting interpreters, and ensure clear pathways and flowcharts for accessing help.
- **Top 3 suggestions:**
    1) Implement ticket systems at GP surgeries.
    2) Improve communication about urgent care centres.
    3) Educate patients about requesting interpreters.

To address urgent care issues for ethnic minority communities, the table summary was that a well-rounded approach to improving access to healthcare services in the community needed to be adopted by the NHS services across Sussex, with suggestions to improve services through ticketing and extend wider and local support through the provision of a walk-in centre in a central place.

Table 2: Mental Health

Mental health means feeling good emotionally and mentally. It helps us think, handle feelings, cope with stress, and relate to others in healthy ways. When we are not able to do so, this is called having poor mental health. People discussed some of the issues affecting their understanding and support concerning mental health:

- **Needs to change:** Cultural understanding of mental health, building trust and emotional vocabulary, trauma-informed approaches, and lack of appropriate resources for awareness and support.
- **Solution focus:** Culturally competent mental health services, East Sussex Mental Health team support, open discussions about mental health, and empowering communities.
- **Practical suggestions:** Dedicated ESOL teachers and Bilingual Advocates to explain NHS access and mental health, mental health support for refugee children, and wellbeing services for different cultures.

- **Top 3 suggestions:**
    1) Culturally competent mental health services.
    2) Open discussions about mental health.
    3) ESOL teachers for explaining NHS access and mental health.

For Table 2, there was a need to acknowledge the unique challenges and strengths of diverse communities. Through the provision of culturally sensitive services, fostering open communication, and increasing targeted interventions and awareness

programmes the participants hoped the stigma around mental health may be addressed and people can approach support when it is needed.

Table 3: Long-term Conditions

The focus of Table 3 was on long-term conditions, including chronic diseases and conditions. These are conditions or diseases that may last for more than a few months and may sometimes be years. Examples include chronic diseases like diabetes and heart disease and some mental health conditions like depression and anxiety.

- **Needs to change:** Long wait times for treatments, communication gaps between specialists and patients, lack of information about services and medications.
- **Solution focus:** Improve communication flow between healthcare providers and patients, provide clear information about options and choices, and reduce wait times for treatment.
- **Practical suggestions:** Copies of letters sent to GPs for patients and translators, better information about services and medications (including non-pork options) and address back pain issues with non-medication options.

- **Top 3 suggestions:**
    1) Improve communication flow between healthcare providers and patients.
    2) Provide clear information about options and choices.
    3) Reduce wait times for treatment.

Similar to Tables 1 and 2. There was a need for clear and open communication about the support available and how to manage long-term conditions. Some individuals expressed frustration at the level or lack of communication between the different professionals that were meant to be supporting them manage their long-term conditions.

Table 4: Preventative

Table 4 focused on preventative measures which include medication, support and treatments that prevent disease.

- **Needs to change:** Lack of focus on wellbeing, limited English language courses, difficulty for qualified healthcare professionals from other countries to practice in the UK.
- **Solution focus:** Promote online coaching and exercise classes, empower communities to integrate and improve wellbeing, and support qualified healthcare professionals from other countries to enter the workforce.
- **Practical suggestions:** Focus on informal well-being initiatives, community opportunities for integration, and financial support for English language courses for healthcare professionals.

- **Top 3 suggestions:**
    1) Promote online coaching and exercise classes.
    2) Empower communities to integrate and improve wellbeing.
    3) Support newly arrived migrants who are qualified healthcare professionals to enter the workforce.

The greatest concern for this table was the underutilisation of qualified healthcare professionals who were, unfortunately, struggling to participate in reducing the workforce burden due to their limited English or a lack of support to convert their qualifications to UK standards. There were also suggestions to utilise digital support more for health promotion as well as taking part in exercise classes online. This was important for people who may not necessarily be mobile or have limited access to physical spaces due to the cost of transportation.

Table 5: Other NHS Services

Table 5 looked at general NHS services that may not necessarily have been mentioned in the other tables.

- **Needs to change:** Difficulty accessing appointments, confusion about where to get help, lack of cultural awareness among providers.
- **Solution focus:** Improve appointment booking systems, provide clear information about services and pathways, and increase cultural competency training for healthcare providers.
- **Practical suggestions:** Translated information at GP surgeries, dedicated translators for appointments, and organisational fatigue awareness campaigns.
- **Top 3 suggestions:**
    1) Improve appointment booking systems.
    2) Provide clear information about services and pathways.
    3) Increase cultural competency training for healthcare providers.

GP services were also mentioned at this table, as were further issues around information awareness and the lack of translation and interpretation services. Further concerns were raised about the hidden fatigue of organisations being approached time and again.

Cross-cutting themes:

There were cross-cutting themes across the tables, mainly concerns and recommendations relating to communication, cultural awareness and competency, and the issues around information and access:

- **Communication:** Improved communication between patients, providers, and healthcare systems is crucial across all tables.
- **Cultural competency:** Increased understanding and sensitivity to diverse cultural backgrounds is essential for effective healthcare delivery.

- **Information and access:** Clear, translated information and easy access to services are key to patient empowerment and improved health outcomes.

Discussion

The workshop held on December 14th, 2023, in Eastbourne at the Leaf Hall, in collaboration with NHS Sussex and DRI, provided a platform for stakeholders to delve into the healthcare challenges faced by ethnic minority communities across Sussex. While the discussions yielded valuable insights, it's apparent that certain areas require focused attention for effective interventions.

Financial strain on families and services

The communities and commissioners from the NHS acknowledged the financial strain individuals, families and health and social care services were experiencing under the current economic uncertainty. It was highlighted that some health and social care support, both voluntary and statutory faced budget cuts, reductions in services or complete defunding. While these hardships were widespread, the workshop, especially the World Café sessions, brought to light the specific barriers encountered by ethnic minority communities in accessing healthcare, emphasising the importance of designing customised solutions for those communities who traditionally suffered the most health and social care inequalities.

Communication challenges in healthcare

Communication emerged as a central theme across all discussions, highlighting the need for improved channels between healthcare providers, patients, and the broader healthcare system. Participants expressed concerns regarding language barriers, a lack of awareness about available services, and difficulties in accessing interpreters. The consensus suggested that addressing these communication gaps is essential for fostering trust and facilitating better healthcare outcomes for ethnic minority groups. The use of local interpretation and translation services was encouraged, with examples

given of how bilingual advocates across Sussex had advocated better healthcare support and outcomes.

Cultural competency and engaging the "dormant workforce"

Cultural competency emerged as another critical theme across the tables and wider discussions. The discussions emphasised the necessity for the NHS across Sussex to be culturally sensitive and tailored to the unique needs of the diverse communities they serve. Culturally competent mental health services, in particular, were identified as a priority. The workshop participants recognised the importance of understanding cultural nuances in mental health discussions, building trust, and expanding emotional vocabulary to effectively support these communities. One potential approach involved tapping into a pool of individuals referred to as a "dormant workforce". Among the workshop attendees were recently arrived health professionals, including radiographers, pharmacists, general practitioners, and occupational therapists. These occupations are currently in high demand both in Sussex and across the nation. Recent examples of individuals who were professionals who had recently arrived in East Sussex included Eritrea, Hong Kong, Sudan, Syria, and Ukraine. The suggestion was to motivate these highly trained and skilled professionals to undergo conversion courses, English competency programs, or additional training. This strategy aimed to address the existing skills shortage in Sussex, simultaneously alleviating the strain on local social care. Specifically, one proposed solution focused on providing ESOL (English for Speakers of Other Languages) support to help individuals build confidence and proficiency in the English language. All groups of recently arrived health professionals expressed their eagerness to contribute significantly to society. They believe that basic initiatives, such as ESOL lessons, conversion courses, and confidence-building exercises, can provide them with the opportunity to make a positive impact.

Accessibility of information and services

Participants stressed the need for clear, translated information to empower all patients and facilitate their access to services, with consideration to some so-called "hard to reach" populations. Recommendations included promoting online coaching and

exercise classes, providing financial support for English language courses for healthcare professionals, and translating information at GP surgeries underscoring the importance of accessible information in promoting well-being and preventing disease.

Fatigue arose from repeated involvement requests, as the same individuals and organisations were consistently approached for consultations. This pattern often led to suspicion among individuals and highlighted the limited capacity of community-led organisations due to financial constraints. Additionally, efforts to address fatigue among involved individuals and organizations were suggested, emphasising the importance of inclusivity, and avoiding labelling communities as "hard to reach."

Cross-cutting concerns and systematic solutions

The identified concerns and recommendations were not isolated to specific healthcare areas but were cross-cutting themes applicable across urgent care, mental health, long-term conditions, preventative measures, and other general NHS services. This reinforces the longstanding notion that a holistic, systemic approach is required to address the disparities faced by ethnic minority communities in healthcare access and outcomes.

While the childcare service went unused during the event, its availability was well-received, demonstrating NHS Sussex and DRI's shared commitment to reducing barriers to attendance and ensuring inclusivity for community events.

Conclusions

The workshop co-hosted by DRI, and the other workshops hosted across Sussex by community-led partners in collaboration with NHS Sussex underlies the success in the ability to bring together diverse community perspectives and generate actionable insights to address healthcare disparities amongst our communities. The lived experiences shared by DRI representatives as a community-supporting organisation,

alongside community champions, NHS Sussex professionals and community speakers provided valuable context, making the joint agreements on the priorities grounded in the reality of those directly affected by these issues, from a personal, and professional perspective.

The World Café round table discussions proved to be an effective method for engaging participants and encouraging open dialogue. The identified themes, such as communication, cultural competency, retraining, reaccreditation, and information access, provide a roadmap for future interventions aimed at reducing health inequalities among ethnic minority populations as well as building on the local workforce. The top suggestions from each table – whether related to urgent care, mental health, long-term conditions, preventative measures, or other NHS services – offer concrete starting points for the NHS Sussex and other relevant stakeholders to start acting on meaningful change for the diverse communities. Implementing ticket systems at GP surgeries, improving communication about urgent care centres, promoting online coaching for preventative measures, and retraining or encouraging ESOL for professionals who have recently arrived in Sussex are just a few examples of actionable steps suggested by the participants.

To conclude, DRI hosted a successful workshop as part of a series of workshops hosted by the various community partners across Sussex in partnership with NHS Sussex. This is considered a pivotal step towards achieving the " Improving Lives Together " strategy as outlined by NHS Sussex. It further strengthens the need for targeted and national support and interventions. One notable area of concern raised during the workshop was the accessibility of information within healthcare settings. While recommendations were made, there is an opportunity to explore short-term actions that will lead to immediate impact from a local perspective. **Although suggestions were put forward, there exists a chance to explore short-term measures that can result in immediate effects from a local standpoint.**

Recommendations

- **Enhancing accessibility to information**

Sussex-based initiatives aimed at improving accessibility to information, such as providing translated materials and communicating with individuals in their preferred language while waiting for procedures, could yield tangible benefits. Additionally, utilising readily available interpretation services.

- **Promoting Cultural Competency:**

  There is a need for greater promotion and awareness of existing initiatives aimed at enhancing cultural competency within healthcare settings. This involves not only educating communities about available resources and initiatives being implemented but also ensuring that healthcare staff are well-informed about these initiatives and how to access them. Establishing partnerships with community-led organisations can complement efforts to engage with diverse communities effectively and foster better understanding.

- **Supporting the "Dormant" Workforce:**

  To harness the skills of recently arrived migrant professionals in the healthcare sector, funding should be allocated for English for Speakers of Other Languages (ESOL) courses. Investing in ESOL courses, conversion programmes, and professional accreditation can help these professionals improve their language proficiency and integration into the local healthcare workforce. Ultimately this will benefit both the individuals and the community at large, based on identified skill gaps and workforce needs. Other potential recommendations based on the dormant workforce may include:

  - Mentorship programs pair these professionals with established personnel for guidance and integration.

  - Skills gap analysis to identify specific areas where these professionals can immediately contribute (e.g., administrative roles, language-specific support)

References

1. Purtle J. Racial and Ethnic Disparities in Post-Disaster Mental Health: Examining the Evidence through a Lens of Social Justice. Wash. & Lee J. Civ. Rts. & Soc. Just. 2012.
2. Knights F, Carter J, Deal A, Crawshaw AF, Hayward SE, Jones L, et al. Impact of COVID-19 on migrants' access to primary care and implications for vaccine roll-out: A national qualitative study. British Journal of General Practice. 2021 Aug 1;71(709):E583–95.
3. Hayward SE, Deal A, Cheng C, Crawshaw A, Orcutt M, Vandrevala TF, et al. Clinical outcomes and risk factors for COVID-19 among migrant populations in high-income countries: A systematic review. J Migr Health. 2021;3:100041.
4. Novacek DM, Hampton-Anderson JN, Ebor MT, Loeb TB, Wyatt GE. Mental Health Ramifications of the COVID-19 Pandemic for Black Americans: Clinical and Research Recommendations. Psychol Trauma. 2020;
5. NHS Sussex. Sussex Health & Care. 2023. Improving Lives Together: Our ambition for a healthier future in Sussex.
6. McGrath C, Kennedy MR, Gibson A, Musse S, Kosar Z, Dawson S. World Cafés as a participatory approach to understanding research agendas in primary care with underserved communities: reflections, challenges and lessons learned. Res Involv Engagem. 2023 Dec 1;9(1).
7. Bansal N, Karlsen S, Sashidharan SP, Cohen R, Chew-Graham CA, Malpass A. Understanding ethnic inequalities in mental healthcare in the UK: A meta-ethnography. PLoS Med. 2022 Dec 1;19(12).
8. Wegnelius CJ, Petersson EL. Cultural background and societal influence on coping strategies for physical activity among immigrant women. Journal of Transcultural Nursing. 2018 Jan 1;29(1):54–63.

VCSE and NHS Sussex summary report on workshops on the experience of Black and racialised minority groups and individuals. Compiled by Bridging Change

Voluntary Action Arun and Chichester
West Sussex: Improving healthcare access and experiences for ethnically diverse communities in Sussex to support better health outcomes - May 2024

Report purpose and overview:
This report reflects the feedback and experiences shared at two workshop events to explore how healthcare access and experiences for ethnically diverse communities in Sussex could be improved. The first workshop event was held in Chichester on 25th February at the Chichester Baptist Church and the second workshop took place in Bognor Regis was on 5th March at My Sisters' House, a charity which supports women in difficulty or crisis, often in relation to domestic abuse. These events were coordinated and led by Voluntary Action Arun and Chichester, working closely with community representatives: Pastor Bruno Kondabeka and Aida Kaman, who supported and helped make these events happen. Wioleta Hyrnik, from My Sisters House, provided translation and allowed us to attend her support group for Eastern European Women to hear their experiences. Isabel Clark, Community Insight Lead for NHS Sussex, participated in both events and talked about the data sharing of personal health information.

A total of 17 people participated in the workshops and 8 different nationalities were represented. Of those participating in the Chichester event, at least half were either working at St Richard's hospital or were working for organisations that advocate on behalf of others.

The topics that were considered at these events were:

- **Access to GP**
- **Information and communication**
- **Managing long term health conditions.**
- **Mental health.**

The report will:

- summarise the feedback from both events on the topics discussed (access to GP, information and communication, managing long term health conditions, and mental health) including cross sector collaboration.
- reflect on what needs to change and put forward some initial practical suggestions.

Feedback on data sharing will also be included within information and communication.

Background context

These events are part of a wider piece of work facilitated by NHS Sussex working in partnership with local VCSE organisations to bring together members of minority ethnic communities to feedback on the impact of action as a result of insights they have been gathering over the last two years from a range of activities, webinars and community engagement. The events were also intended to capture what has not yet happened and to continue dialogue about what more could be done to improve health outcomes and

close the health inequalities gap. Two other events had been hosted in East Sussex and feedback from all the events, including the Chichster and Bognor summarised here, will be shared in an accessible report that will be published on the NHS website. It should be noted that the workshop methodology used in West Sussex differed from the events held in East Sussex.

Due to different demographics in West Sussex, between the Crawley area, the coastal strip and the more rural part of West Sussex, it was also originally intended that there would be an additional event hosted in Crawley in partnership with Crawley Community Action. The event scheduled for Crawley was postponed by the NHS Public Involvement team as it overlapped with other plans and they wanted to acknowledge and share the significant progress in the thematic areas of interest around access to Primary Care Mental Health, Communication and Maternity. The NHS would be directly managing this event with some additional community research.

Reflecting this change, the two events were organised, one in Chichester and one in Bognor Regis. Two different approaches were used in the events. Reflecting on the learning from the first event the methodology was changed to be simpler and clearer in the Bognor Regis event. However, this revised approach was not used as the women who participated in the workshop wanted to directly share their experiences which highlighted some key issues that they were facing when they were accessing services. Both workshops provided some important insights which could inform improving healthcare experiences for ethnic minorities.

It was generally recognised that the NHS is under pressure and that this directly impacts on getting access to services. While the pressures on the NHS were acknowledged through the workshops, we were trying to identify the additional difficulties that ethnically diverse communities face when accessing services and what is important to them in supporting their ongoing health and wellbeing.

We also looked at the importance of collaboration across sectors and what supports people in managing their health well and seeking support at a timely point.

Thematic feedback:

1. **Cross sector collaboration:**

Both workshops brought out the importance of relationships and having a network of support to help access services and other activities. Connections and relationships that people access within the community was emphasised as vital to people's mental health. Before someone typically accesses a health service they will have consulted a colleague, friend, family member, church group or a support organisation. At the Chichester event, friends and family were cited as the most important source of support. With the NHS being overstretched, advocacy from within our wider support network was considered vital.

Informal networks such as friends and families, and smaller community groups are typically the first point of support when seeking help to access a service. It is often the case that a community member acts on behalf of another community member. Larger organisations such as the CAB are not always the preferred providers when seeking support. People's experience of how they have been treated is shared through their networks, which directly impacts on people's trust in using a service. A preferred provider or a GP will be sought after.

People participation in the Chichester workshop was based on personal relationships and not through an organisation, and used an already existing support group for Eastern Europeans through My Sisters House.

The best approach for supporting someone on their holistic healthcare journey was to join up where possible and to recognise where wider determinants of health are at play. An experience of poor housing where a resident of a housing association recounted hate crime, anti-social behaviour and mould growth directly impacting on their mental health, sense of safety and ability to work. In seeking a resolution to these issues, the resident needed to involve and seek help from the police for hate crime, request to move house from the housing association, the GP for a mental health referral, My Sisters House to support advocacy, MINDs cultural mental health service, the local counsellor and their employer. Even with these interventions the situation is still unresolved. The unanimous general perception at the Bognor Regis event was that they felt looked down upon by official organisations such as the housing association.

Another participant shared about their six years old daughter's problem with hearing. The participant had sought medical help and her child is trying to cope. The participant was not sure the school were aware of the difficulties her daughter was facing, impacting on her learning.

At the Chichester event, the group reflected on what factors impacted on their health and managing their health well. The diagram below represents interrelationships that impact on someone's health and what could be needed for a joined up individual support plan, highlighting the shared responsibility for good health and how people can be empowered with some support for their own health.

Non-NHS services that people valued were: MIND where they have cultural representation, Macmillan Cancer Support, My Sisters House, and the local church.

Practical suggestions:

- In commissioning, don't just choose the larger scale providers but look at other provision liaising with smaller community groups and places of worship.
- Consider social prescribing beyond PCN boundaries which could encourage/ facilitate additional linkages and access to different services.
- Access to health information, low level support and referrals to other organisations outside of the GP in a less formal setting.

Access to Health Services:

People access and seek health services when they felt that they need to. This would be either the GP or directly to the hospital for A&E services. Access to the GP is the seen as the gateway into accessing other health services and support. It was generally felt that it is hard to access the GP, particularly if the query is non urgent. The average waiting time expressed was between two weeks to one month. To get a referral was felt to be difficult and it could take 4-5 phone-calls.

Challenges expressed included:

- Receptionists felt to be a barrier to accessing healthcare. Some participants shared that they were unhappy with the disclosure required by the receptionist before an appointment is allocated.
- Difficulty to get an appointment and that when you do go to the GP you are often sent away. In the absence of an appointment, you are referred to A&E with an expectation of a 7/8 hour wait.
- Phone conversations can be difficult due to language barriers. One participant shared that her children will make the initial call for a GP appointment but when

the GP calls to explore further there is miscommunication and they cannot explain what is going on.
- Waiting time on the telephone when contacting health services.
- Difficult to navigate the health service particularly for non-natives to the UK.
- Long queues to access services.
- People's schedules impacting on when they can attend appointments.
- Finance, language and culture issues.

In addition to the challenges expressed above, which were felt to be widespread, people participating believed that another significant barrier to accessing services was to do with racially motivated behaviours. The group viewed the cause of this to be that they were seen as not British, not being able to speak English or not speaking it well enough. Participants shared different experiences of how they had been treated across different surgeries in Bognor Regis. Based on this feedback, Commissioner Isabel Clark made a commitment to follow up directly, liaising with the appropriate doctors surgeries. She also raised how to make complaints about healthcare services, including the GP surgery and at the hospital.

Two examples shared:
- One participant is supporting her husband through cancer treatment and she needed to access his prescription. She tried to show the receptionist what she needed via Google translate and was told by the receptionist that she wouldn't read this, that she should speak English and that she should come back tomorrow.
- One participant went two weeks without medication as they did not have a repeat prescription. They expressed that the surgery did not want to help as they did not have the translators.

The two groups expressed different levels of trust in GP service provision. Within the Chichester group, once they were able to access the GP service they were able to get the support that they needed and they valued the advice provided by the doctor in managing long term health conditions. One family shared about the GP's support in helping manage their son's asthma condition.

Participants at the Bognor event did not trust the medical decisions made by the GP. One participant quoted: *'Break your leg, take a paracetamol.'* Examples shared included:
- A participant being prescribed painkillers for leg pain without any screening done. It turned out to be disc compression within the spine.
- Another participant discussed a friend that had experienced heavy headaches lasting 3-4 days. The person was also diabetic. In 3 months, 7 emails had been sent to the GP. They were referred to A&E and were prescribed painkillers. They then returned to Poland and sought medical attention. This person was then diagnosed as having an aneurysm.

It was felt that these diagnoses were as a result of not being listened to and believed. The participants said that they wanted to feel that they were being heard, and treated with dignity and respect.

In discussing the difficulty in accessing services it was highlighted that the pharmacy is also available and can be used for treating minor ailments not requiring the use of the GP.

Other services that people expressed were difficult to access were the:
Dentist: It was felt that it was hard to access a dentist due to limited NHS places available and to pay privately is expensive (it was recognised that this affects the population as a whole).
Physiotherapy and counselling: long waiting lists and sessions are limited, and it was felt to be better quality if you could access this privately.
Gynaecology: a long waiting list**.**

Practical Suggestions:

- Feedback from follow up on concerns raised being provided back to those who participated in the events, including outcomes on any follow up actions (Bognor event).
- PCN leads could meet with representatives from Eastern European community groups / community to discuss how to facilitate improved access and trust in accessing services, jointly coming up with practical suggestions.
- Cross cultural training for GP staff.
- Continued and increasing representation of staff from ethnically diverse backgrounds within health services including frontline facing roles.

Information and communication:
Information and communication is central to all interactions with the health service. Social media was raised as a commonly used tool for seeking health information. There were some participants that were registered and using the NHS app. It was noted that there were some translation on the NHS app.

Sharing of personal health records was discussed by the NHS Digital Lead who sought to get feedback through a questionnaire in Chichester and conversation on how participants felt about the sharing of data in Bognor. The sharing of data was presented positively by the NHS lead but there was some concern from participants about the implications of giving full access to their records and how this could be used. Some also thought it useful to provide more information on the virtual platform being used, particularly if this is connected to a global commercial company.

One participant raised a difficulty between the GP and the pharmacy when prescriptions are sent directly to the pharmacy. It doesn't always work as intended and it means that the patient spends time going between the doctor and the pharmacy to resolve this.

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People participating in both workshops were unaware of the work being undertaken to improve the experiences for ethnically diverse communities within health services. The NHS is seen and regarded as the key place in supporting one's health but participants felt that they had little influence in shaping the health provision which directly impacted on them and that people have previously shared their experiences and do not feel that things have changed.

Language was identified as a key issue. It was felt that if you do not speak English it is very difficult to access services. People have come up with work arounds such as Google translate.

Examples shared included:

- At a medical centre, an Eastern European participant having difficulty with interpretation was asked to return to the medical centre with a friend who could interpret for her.
- A participant's daughter's appointment for her hearing was cancelled but there was no reason specified on the letter and it has been difficult to follow up on what is happening. They are uncertain if an appointment is going to rescheduled.
- A participant had gone to the doctors as they were experiencing chest pains. They were using Google translate and were unable to see a doctor. An ambulance was called and the participant felt both scared and stressed.

It was also raised that during procedures or operations being undertaken people want to better informed about what is happening and who is involved in providing the care.
It was raised that all the different colours of the uniform are confusing. A women shared their experience of obstetric complications during pregnancy, labour and post-partum and where she felt she was not being given clear information or explanations of what was happening to her.

Practical Suggestions:

- To increase accessibility to translation and interpreting services with receptionists in doctor surgeries being made aware that these services are available and can support people to access them.
- If appointments are being rescheduled or cancelled, to give a reason why and to advise a patient what is going to happen next or to provide a telephone number of someone they can call to get further information (in addition to a text).
- More and wider communication on work that the NHS is involved in which is improving services for ethnically diverse communities with opportunities where people can feed into discussions and planning.

Managing long term health conditions:
In managing long term health conditions, participants identified that when accessing supportive treatments such as mental health or physiotherapy there were long waiting lists. It was emphasised that people should be seen as individuals and not just their health condition.

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It was expressed that people do want to manage their health well and to make good health choices. The cost of accessing these services or getting additional support for some was too expensive, which did directly impact on how they managed their health.

It was expressed that there was limited understanding for ethnic specific health conditions. Generic tests are often ordered. It was raised that if you are from an Asian background you are susceptible to particular illnesses and this is often missed.

Practical suggestions:

- Working in partnership with other providers to enable free or low-cost access to activities to enable people to manage their health conditions and stay well, for instance, working with different providers such as Sports England and the South Downs National Park Authority to facilitate access to health and wellbeing sessions at the gym, exercise classes and facilitated walks.
- If the waiting list is long the NHS could recommend culturally aware and trusted low-cost providers. This should be inclusive of counsellors.
- Local health services need to be aware of and trained in ethnically specific health conditions (ABO compatibility, sickle cell, thalassaemia) as well as the diversity of diets.

Mental health:

It was recognised that demand for mental health support is high impacting on people's ability to access a service. A referral via the GP for mental health support was felt not to always be an accessible route.

It was raised that it would be useful to build understanding within the NHS and community, that mental health conditions manifest and differ across cultural groups. In the Bognor event, the value of cultural identity representation was emphasised. Seeing cultural representation within the mental health service provided through MIND was appreciated.

Practical suggestions:

- If there are long waiting lists to get referrals, information on alternative low-cost counselling/ therapy and activities should be provided.
- Working with specialist cultural mental health providers to liaise with places of worship (mosques and churches) to create opportunities and safe spaces to provide information and talk about mental health.
- Shared learning events for NHS and community organisations around mental health.

Conclusion

We are thankful to the NHS for enabling this event to happen and for working with community organisations to share information and expertise, and enabling the views of ethnically diverse communities to be heard in the exploration of issues. Our thanks also go to Aida Kaman, Bruno Kondabeka and Wioleta Hyrnik for enabling and supporting the participation of the people in the two workshops.

Isabel Clark's, the NHS Sussex Digital Lead, participation in these events was valued particularly at the Bognor Regis Event where she was able to directly respond to feedback and to explore potential solutions.

Carrying out these events with participation from the NHS was highly valuable in widening collaboration, interaction and building trust. In addition to allowing the NHS to hear people's experience first-hand, it enables people to feel heard, encouraging joint ownership, problem solving and the sharing of different suggestions on working towards improved health outcomes. The events enabled people to share their experiences and views with accompanying suggestions on how barriers and challenges could be overcome.

We hope that conversations like this continue and that they feed in and build the work that is being led by the NHS Public involvement team to improve healthcare access and experiences for ethnically diverse communities in Sussex in support of better health outcomes.