

NHS Long Term Plan

Local Engagement Report

Healthwatch South Tees

(Operating name for Healthwatch Middlesbrough & Healthwatch Redcar and Cleveland)

wh  **t**

would you do?

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Executive summary

This report is to inform local people, the public, private and voluntary sector of all the intelligence gathered across South Tees during the NHS Long-Term Plan consultation. It informs people of what local demographics Healthwatch South Tees (the operating name for Healthwatch Middlesbrough and Healthwatch Redcar and Cleveland) are focussing on to support experiences and quality of health and care services and the rationale behind this.

You will find out what the purpose and objectives are for the NHS as well as the Integrated Care System (ICS) and how the work carried out has an impact on local services. The report summarises the findings of the consultation as well as identifies what works well and what needs to be improved in three of the most popularly commented about service areas; Special Educational Needs and Disability (SEND), Mental Health and Hospital care for long-term health conditions.

Focus groups were delivered engaging parents and carers of children with a disability, black, Asian and minority ethnic (BAME) groups and asylum-seeking refugees which are summarised within the report highlighting key findings and recommendations. And it identifies health inequalities and how people want to be engaged in services.

The report finishes with some examples of how Healthwatch South Tees plans to utilise this work to inform our next steps and examples of how we gathered information.

I hope you find this information as useful as we will when planning and improving local health and social care services.

Introduction

The NHS Long Term Plan

The NHS Long term plan, published in January 2019, was created to address the needs of a changing population. The plan outlines three main ambitions with an overall focus on making the NHS fit for the future:

- Making sure everyone gets the best start in life
- Delivering world class care for major health problems
- Supporting people to age well

To fulfil these, the NHS has set out certain aims, including *bringing down waiting times for autism assessments, providing education and exercise programmes to tens of thousands more patients with heart problems, preventing up to 14,000 premature deaths, and improving the recognition of carers and support they receive* (NHS England, 2019).

Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs) (groups of local NHS organisations), local councils and other partners, were tasked with working together to turn these ambitions into local action to improve services and the health and wellbeing of their community.

To ensure that the views of patients and the public influence how the Long-Term Plan (LTP) should be implemented locally, NHS England and NHS Improvement funded the Healthwatch network to carry out engagement with communities across the country.

Healthwatch in each local area have worked together to find out what local people think and have shared this with their local NHS to help develop their plans for the area.

The North East area consists of four Integrated Care Partnerships (ICP) - North Cumbria, North, Central and South. For the purpose of this large-scale engagement, North Cumbria ICP joined their Cumbria colleagues and the North, Central and South ICP's were split into two areas:

- Northumberland, Tyne and Wear and North Durham (North)
- Durham, Darlington, Teesside, Hambleton, Richmondshire and Whitby (South)

The final report for the South can be found [here](#).

Local Objectives

Healthwatch South Tees had already identified and agreed their demographic focus areas for 2019-2020 which are:

- BAME (Black, Asian and Minority Ethnic)
- Older people
- Young people

The overarching theme of this years' work is to gain an understanding of the barriers, issues and experiences of long-term conditions including mental ill health for these different demographic groups.

We therefore utilised the NHS Long Term Plan surveys and focus groups to conduct further research into the areas we can follow up locally.

Middlesbrough's focus areas:

- Mental Health within BAME and Asylum-Seeking communities - Focus Groups
- Long Term Health Conditions - Survey

Redcar and Cleveland's focus areas:

- Improving the emotional wellbeing and mental health of SEND children, young people and their families - Focus Groups
- Long Term Health Conditions - Survey

Background to Research

Long term health conditions

Long-term health conditions are health problems that cannot be cured but can be controlled by medication or other therapies, e.g. high blood pressure, arthritis and type 2 diabetes. There are currently more than 15 million people living with a long-term health condition in England, and the number is set to rise over the next 10 years.

These conditions account for 50% of all GP appointments, 70% of days spent in hospital beds and 70% of the money spent on health and social care in England.

At a time of increasing pressure on NHS services and financial budgets, this highlights the need to address long-term health conditions in terms of self-management.

Recent research has also highlighted the need for care to take a holistic approach rather than just episodes of care, which could also help to reduce pressure on services.

With increasing pressures on the NHS, this research would be useful in offering an insight into areas that currently need more attention and highlighting possible steps of prevention to reduce future pressures.

Older people

Although the population is living longer, the number of older people that are living with health conditions across South Tees is increasing.

Alongside the decreasing funding within the NHS, an ageing population can increase pressures and strains on services. It is important that attention is given to the specific needs of this demographic in order to improve efficiency, effectiveness and prevention.

Through researching the ageing population, a number of issues have been identified;

- Accessibility of appointments;
- Appropriate care;
- The 'Digital Move' - accessibility and understanding of health and social services online;
- Independence in ageing;
- Isolation within the community;
- Future care.

Young people

One in ten young people suffer from a diagnosable mental health problem and more than half of all adults with mental health problems were diagnosed in childhood yet did not receive appropriate treatment at the time (Middlesbrough Council, 2016).

Prioritising young people's health and wellbeing could prevent people in Teesside from developing mental health problems later in life, by making young people more aware of symptoms and how to access treatment.

Young people's health and wellbeing should be researched to learn more about how young people access to health and social care services, and how often, in order to promote positive engagement.

Healthwatch South Tees is also currently planning to develop a Young Person's led approach to the identification of the causal factors and solutions for support. The research and community intelligence gathered from this work will help to inform and influence the current landscape of service delivery as well as future commissioning.

BAME and Asylum-Seeking Communities

Currently, mental health care for BAME communities is being discussed within Health Improvement in Middlesbrough. Teesside's BAME communities have been described as 'heterogeneous' meaning they are mixed, and therefore a 'one size fits all' approach to promoting health and social care will not work.

It has been suggested that members of BAME communities may have higher rates of mental health issues, but this is likely due to their cultural and socio-economic background rather than genetic; meaning this is more likely to be caused by certain living factors, e.g. poverty, racism, and stigma. Cultural factors may prevent people from BAME communities talking about mental health problems. This has the potential to lead to a later diagnosis - perhaps when crisis point has already been reached. Other factors could include lack of communication due to language barriers, and social disadvantage.

In 2015, the Middlesbrough population had the highest proportion of asylum seekers in England, at 1 per 186 people. This means the asylum seekers who have remained in Middlesbrough may have limited knowledge and understanding of local health and social care services, their entitlements, and potentially limited English language skills, which could create barriers if they need to access support.

Methodology

Healthwatch South Tees was required to:

- look at existing evidence
- collect responses from the public using survey's and local events and
- provide findings to the coordinating Healthwatch.

Surveys

We distributed the Long-term plan surveys electronically through our social media channels, E-Bulletin and website and took hard copies out into the community when conducting public engagement work. Respondents had the choice of completing a General Survey about their overall views of health care services, or a Specific Conditions Survey which was designed to gather experiences of specific health conditions. Both surveys took a mixed methods approach, using open-ended and closed questions. Through this we were able to gather both in-depth detail as well as reliable statistics that could be compared across the data. We received 184 responses in total, which can be broken down as follows:

General:	Redcar and Cleveland - 33	Middlesbrough - 39
Specific Conditions:	Redcar and Cleveland - 52	Middlesbrough - 60

Focus Groups

Middlesbrough:

We held two focus groups in Middlesbrough, focusing on the experiences of health and social care services for the BAME community and those seeking asylum.

In our first consultation, we engaged with 30 women from a South Asian background, while our second focus group explored the experiences of seven people who were all at different stages of the asylum-seeking process. In both we focussed on general healthcare issues experienced by this community and the barriers they felt when accessing services, however mental health issues were prominent in the asylum seekers consultation.

Redcar and Cleveland:

In Redcar and Cleveland, we focused on consulting with families of Special Educational Needs and Disabilities (SEND) children.

Our first engagement work was with three young people supported by SEND and additional needs services, who take part in activities at Botton Social Farm. They shared their views based on their differing experiences of their journey from initial assessment and diagnosis to on-going support.

We then consulted with ten people who attend the Parent and Carer Forum of children with disabilities and another eight parents and carers of SEND children and young people, engaged in the Stepping Stones service, took part in our final focus group. We collected intelligence from both consultations on what works well, what could be improved and solutions based on their experiences from initial assessment and diagnosis to on-going support.

Findings

What matters most to people in Middlesbrough and to people in Redcar and Cleveland?

- **To Live a Healthy Life:** Access to help and treatment when it is needed
- **To Manage and Choose Support:** Choosing the right treatment is a joint decision between a patient and the relevant health and care professional
- **To Stay Independent and Age Healthily:** To be able to stay in your own home as long as it's safe to do so
- **When Interacting with Local NHS:** Talking to a doctor or other health care professional wherever is best

Summary of Findings - surveys

In the majority of the General Survey responses, there is a focus on **early prevention** through education and **more advice and information** (one response focused on educating the parents of young children), information and lifestyle choices with the view that *“Preventing illness [is] better than cure”*. Some responses felt that there was a need for people to take responsibility for their own health, so to help the NHS from “wasting billions” and stop the “constant nannying”. Suggestions included promoting a healthy lifestyle through diet, exercise and the provision of information about health risks. The preferred format of this advice varied between 1-2-1 consultations and having online access. There was a shared desire to be able to **quickly access** this information and access feedback of results and diagnosis.

Within **social care**, the befriending service could be improved if it could be accessed for more than just one hour per fortnight. It was also suggested that there should be “housing schemes for life with care support on site” and that there should be funding for paid carers and sitting services.

It was also important for many respondents for **the patient to be treated as an individual** with a set of symptoms rather than a statistic to fit into a condition. People wanted more face-to-face support and to have access to the same professionals so that a relationship can be built. People with long term-health conditions positively commented about working with their GP to create a long-term health plan, personal budgets and being able to discuss different health options. There was a request for humanity not to be lost within healthcare, looking at emotional wellbeing and for patients to be heard without judgement, which was particularly prominent for those with mental health conditions.

Specific Conditions

The themes included below were identified as being the most common areas highlighted in the survey responses.

SEND and Autism Spectrum Disorder (ASD)

- Assessment was described as a supportive, informed process so patients knew what to expect and when.
- It is beneficial for parent carers of SEND children, to be asked by the doctor whether they need a double appointment when accessing health services.
- ‘Autism support group’ and Occupational Therapy are seen as supportive as it provides “explanations of challenging behaviours”, “strategies to help” and has “helped parents’ understanding”.
- Early diagnosis enables parents and carers to access services to help identify and meet the needs of their children.

Mental health: 22% of survey respondents

Overall Experience Rating: “Negative” and “Very Negative”

- It would be beneficial for nurses & therapists to be “in [patients’] hometown and accessible”.
- Positive experiences involved “[Getting] a GP appointment very quickly” and “An appointment [with a therapist] within three weeks which was great...since been seeing another therapist at Insight for EMDR which is fantastic”.
- Negative experiences involved “need[ing] *someone to listen and accept what I was saying rather than be judgemental and dismissive*” with another viewpoint that “*Mental health services that are commissioned especially in Middlesbrough are a joke*”.

Long term conditions, e.g. diabetes and arthritis: 33% of respondents

- A lot of respondents had experienced quick referrals and speedy diagnosis.
- Respondents considered other services to be helpful, e.g. dieticians, physiotherapy “alleviated pain”, self-help groups.
- Useful advice, information and support was also positively received.

Focus Group Results

General health issues that require consideration for BAME groups in Middlesbrough

Our first focus group was held at Aapna Services in Middlesbrough during their multicultural day service. Aapna is a registered charity working closely with people from ethnic minority backgrounds who are socially excluded on the grounds of their ethnicity, religion, belief or creed. Their day service provides support to women from these communities who have a long-term mental health problem, a long-term illness or have become housebound or isolated. Any adult who provides caring support for a relative or friend can also access this group.

Approximately 30 women attended the focus group, and the proficiency of spoken English amongst the women varied greatly. Those who were more proficient were able to assist us in translating for those who had very little understanding.

Access, Assessment, Diagnosis & Treatment

A lot of the women expressed difficulties when accessing primary care services, particularly a GP appointment, which was heightened by the language barrier between themselves and the practice. Lack of continuous access to primary care caused difficulties with conditions worsening. Alternative methods to the telephone booking system would be welcomed, such as digital and online solutions.

The development of an app as a way to share health and social care information in different languages would also be of great use to this community. The success of using digital and online solutions was mirrored by the positive experiences of the text system for appointment reminders which had been highlighted by numerous women in the group as being useful.

Many of the women wanted a more holistic approach to treatment and expressed interest in alternative treatments rather than just prescribed medication which may be more culturally appropriate. This was particularly resonant in those women who were older; they wanted to be listened to and treated as a person rather than simply in relation to age.

Provision of ongoing care and support

Seeing consistent and dedicated health professionals was important for those with long term health conditions so that a rapport could be built, and ongoing conditions could be managed.

Local service provision with access to dedicated professionals made accessing care and treatment easier for this BAME community due to transport and their mobility levels.

More technology was encouraged to allow for the opportunity to share feedback on services, which is often not given due to the language barrier in communication.

Prevention and/or early intervention

Many conditions experienced by the group could be prevented or treated more effectively by individuals having a greater knowledge about how to stay healthy. More culturally appropriate information delivered by health professionals on how lifestyle and diet can have an impact on certain conditions could lead to better self-regulation from patients. An increased use of digital solutions could also help raise awareness.

Increased social prescribing among health professionals could help combat the factors negatively affecting health and wellbeing through signposting them to the appropriate services, e.g. social groups, exercise classes, healthy living.

Case Study

A female member of the group told us about her experiences of caring for her son. Her biggest concern was that she doesn't feel she is listened to. Her son is 9 years old and has a long-term kidney problem and from experience she can recognise symptoms when he is taking a turn for a worse. The problem she has experienced is that her doctor's surgery does not understand the urgency she has to see a doctor. When symptoms appear, she finds it very difficult to make an urgent appointment and has repeatedly been told that none are available and to ring back the following day. When she does finally get an appointment her son's condition has deteriorated and often needs hospital admission. She feels quicker access to appointments would prevent this from happening and also her son's notes being flagged as having a long-term condition that requires immediate attention. Her consultant at the hospital has told her that he will put something on her son's notes to be passed to her GP, but this has not been done. She would like to see better communication between the hospital and her GP surgery. She has not been referred to the out of hours system that operates locally which provides 7-day access to GP services.

General and mental health issues that require consideration for Asylum-seeking groups in Middlesbrough

“No-one will speak up about mental health. They fear what will happen to them”

Our consultation with asylum seekers and refugees took place at Newport Hub with members of the Regional Refugee Forum’s Health Working Group. All members of the group were either going through the asylum seeker application process or had already been through it. The group had very specific issues due to their status, e.g. due to the complex and unique challenges they face, they are at a higher risk of developing mental health problems.

Access, Assessment, Diagnosis & Treatment

Health and care services for asylum seekers and refugees can only be delivered effectively if asylum seekers feel that they are able to disclose their conditions with the confidence that this will not have a detrimental effect on their asylum application.

A greater understanding from healthcare professionals of the cultural issues associated with certain conditions which can affect peoples’ decisions to seek treatment together with increased level of compassion and understanding.

There is a need for greater provision of services outside of statutory NHS services. Asylum seekers who have been supported by voluntary or charitable organisations, who can overcome language barriers and signpost, are more likely to be engaged in services.

At present, there are considerable differences in access to information due to language barriers and communication difficulties; digital applications could improve awareness and access to services.

Provision of ongoing care and support

Initial recognition of mental health problems amongst asylum seekers with appropriate access to mental health services is required as currently this is poor and in need of improvement. On-going support is needed by health professionals to ensure appropriate management.

Prevention and/or early intervention

Asylum seekers should receive a mental health assessment on registering with GP practices as a gateway into mental health services.

A greater understanding is needed amongst health professionals regarding entitlements for asylum seekers. Lack of understanding on both sides can lead to the individual not seeking treatment or treatment being refused. A greater awareness could be raised through the use of

technology, e.g. an information app outlining rights and entitlements that could be accessed by both professionals and asylum seekers at an appropriate time in their process.

Additional Community Intelligence

A female asylum-seeking refugee with a mental health issue sought help and her children were taken away from her and not returned. It is her belief that this was done so she can be treated as a single person with no dependents and therefore easier to deport.

Other conditions also carry a stigma, for instance we were informed of a mother with epilepsy who was told not to disclose her condition as her children would be taken from her.

Some people with serious infections, e.g. TB are afraid to disclose their condition for fear of information going to the Home Office.

“The worst thing is to gain asylum when it’s too late - the person has lost it - gone through too much! (mentally)”

People fear accessing healthcare services as they are afraid that information will be passed to the Home Office and used in immigration legislation enforcement.

‘Everyone should have the right to an equal level of confidentiality when accessing health and care services’

The asylum seeker application process, which was described as ‘hostile’ causes many to suffer mentally.

Financial hardship is a huge factor for asylum seekers being able to attend or make appointments.

Health issues that require consideration for SEND children and young people and their families in Redcar and Cleveland

Access, Assessment, Diagnosis & Treatment

The social, emotional and physical needs of children with ASD’s and associated conditions such as Attention Deficit Hyperactivity Disorder (ADHD) are not being adequately met as parents/carers are not taken seriously, the assessment process is too long or delayed until the child is older. The presence of multiple conditions also affects this process; in the diagnosis of children with autism, there were instances when other conditions, such as ADHD, were diagnosed separately at a later stage but was then merged into the “the Autism” diagnosis. This meant that the appropriate support strategies weren’t implemented, and the child’s overall needs weren’t understood. One parent, talked about wanting to try medication for her child

because she felt this might enable him to engage more positively, particularly in school life. However, without a diagnosis, ADHD medication could not be considered.

When needs aren't properly assessed and long-term conditions haven't been recognised (ASD), then this can be problematic for the child's development, learning and mental and physical wellbeing. Appropriate support strategies cannot be put in place, specialist support cannot be accessed and education/schools don't understand the underlying factors of behaviour. Primary care professionals are gatekeepers into the service and are in many ways responsible for the journey experienced by each family.

Provision of ongoing care and support

Although there were some individual examples of good and excellent health and care provision, focus groups highlighted that children, young people, parent's and carers are experiencing significant hardship. This included mental ill health, due to poor and inconsistent provision of ongoing care and support. The consultation has highlighted poor practice in regard to workforce related matters, such as inappropriate systems to access health care e.g. GP, consultant and specialist appointments. To improve access to healthcare, digital online solutions were discussed and there was a need for flexibility and support. This was highlighted by the two young people at Botton Farm who both stated they would be happy to book an appointment online but they would need step by step instructions and maybe a carer to help them. School behaviour policies were also seen as an issue that could be resolved through social care and education working closely together, ensuring ongoing care and support.

Prevention and/or early intervention

The strongest message from the focus groups is that early intervention and prevention across health and care provision would significantly improve the mental wellbeing of children and young people. Families need to be much more vigilant in their *preventative practice*; recognising the signs of ASD and LD and acting upon their findings to prevent crisis intervention..

“Not getting the right health and care support when needed puts pressure on mental health services later down the line”.

Case study

From very early on I knew my daughter was autistic. She was different, unique, her ways made her special yet unbelievably hard work. Then here's the thing, what makes one autistic child unique is completely different to another child's traits and needs. Which is where it gets tricky for diagnosis. How can you tick boxes to get a diagnosis if your child doesn't fit into the boxes that they're ticking? You simply can't. So, they go unnoticed, not helped, undiagnosed and in desperate need.

The fighting started when trying to get some advice. When she was around 3, [the GP] just brushed it off as normal toddler behaviour. Her routines were so rigid, and her sensory problems were really taking their toll on us all but sat in the GPs office she just acted like a neurotypical child, all sweetness and light. She learned to mask at a very young age, as a lot of females with autism do and the questionnaires required for completion, ask very male dominated questions regarding autism.

I spoke to the health visitor, then school and still no one listened. The thing you seem to find in this fight for help is that anyone in authority thinks they know best and ignores what a mother is telling them.

The people of Child and Adolescence Mental Health Service (CAMHs) need training to understand the variables for each autistic trait as they could help so many more children. I understand they need to follow rules and assessment guidelines, but a female autistic child doesn't follow these so neither should they.

My daughter tried Cognitive Behaviour Therapy (CBT), each week but came out angry with herself for not being able speak up about her feelings. I rang the crisis team several times as she tried to head butt a mirror or was running away from school daily, but this wasn't enough for any extra help from CAMHs and I was told by her keyworker this was 'just anxiety'.

At this point I sought out a private psychologist for advice and diagnosis. These people really got to know my daughter over a period of around 6 months and did full autism testing with the Autism Diagnostic Observation Schedule (ADOS) and diagnosed her with autism 5 months later. There was no question about it, she scored above and beyond the diagnostic criteria for a diagnosis. This is something we should have got via CAMHs on the NHS.

It has been a really long road to diagnosis and help and she has suffered terribly because of the lack of help and understanding. Once she was diagnosed it helped her understand why she was how she was and why she felt a certain way inside herself. I understand people don't like labels but sometimes a name to why is so helpful for the person themselves.

Case study - Evidencing the impact of early diagnosis vs. late diagnosis

During conversations with 2 young people at Botton Farm focus group, it was evident that their personal experiences of having a disability were opposites. K was very happy and confident. She had great relationships she could draw on, she felt cared for and safe and had achieved an awful lot in life. A, on the other hand, had been very unhappy in his life, especially before diagnosis in his teens. He suffered from anxiety and poor mental health. He had poor relationships with his parents and his peers, being frightened and experiencing bullying at school. He felt judged for his behaviour and continued to find it extremely difficult to communicate in some circumstances.

The significant difference for A was that he had a hidden disability. He was not diagnosed with ASD until later in his teens and as a result his behaviour was misinterpreted, and his needs were not understood or met by all support services including his family.

The consultations with parents and carers of children with ASD very much supported the lived experiences A was telling us about and highlight the recommendations required to improve services across health and care and for NHS to work more closely with education.

Recommendations for services

General

- Encourage people to live a healthier and active lifestyle and to give up poor habits, e.g. overeating, drinking too much and smoking.
- Provide more support, information and access to programmes on how to maintain health and self-manage specific conditions. Work with the patient to agree a long-term health plan, if appropriate, to enable patients to access a budget to decide how to manage their health.
- Having one health professional for ongoing care or medical records to be better shared so that the individual doesn't have to repeat themselves to different health professionals.
- Taking a blended approach to the provision of information so that all can access, e.g. technology, face-to-face support.
- Language to be made more simplistic and consistent with less jargon in communications and information.
- More options offered in treatment rather than just a purely clinical model, e.g. alternative therapies, nutritional guidance, emotional support.

Mental Health

- Seeing the patient as a person- people want to be “listened to, not judged”, and for services to show compassion and take a person-centred approach.
- Offer a flexible, proactive service - not everyone is sorted after six sessions and are discharged despite “still feeling suicidal”. An appointment was only given after a suicide attempt showing a need for earlier intervention.
- Access to Improving Access to Psychological Therapies (IAPT) services with clearer criteria in their promotion - response received was either too ‘unstable’ for them to help, not unwell enough, too unwell or too much of a risk.
- Less emphasis on patient to make contact and more help to access this support, more text contact.

Engaging with BAME populations

- Use culturally appropriate ways to target BAME populations when promoting exercise and diet for self-management of specific conditions, e.g. diabetes conflicting with cultural norms.
- Improve access for those with long-term conditions and ensure consistency of treatment e.g. through digital solutions to combat language barriers.

The Asylum Seeker Process

- Distribute standardised guidance and information about eligibility for healthcare for both the patient and professionals.
- Offer digital solutions to address language barriers and ensure everyone has access to the same information.
- Provide clear information surrounding the confidentiality of medical records during the asylum seeking process, particularly with regard to the Memorandum of Understanding between NHS and the Home Office.

Services for SEND and ASD

- Early and supportive assessment is needed to ensure that all needs are met, behaviours are understood, and long-term conditions associated with ASD such as bowel, sleep and eating problems are flagged and treated.
- Consider colour coded flags for ASD / LD health files, to include needs/diagnosis, long term conditions, carer status etc.
- Better relationship with families of SEND; work with parents to develop long term care plans, give advice about local relevant support groups and offer support through respite opportunities and the relevant actions e.g. dispensing prescriptions locally and sending out appointment reminders.
- More co-ordination and joined-up working between health, social care and education within and across sectors, during and after diagnosis to offer personalised care, support and treatment.

HWST Next steps

Healthwatch South Tees will use the insight as follows to inform our local workplan priorities in the coming year whilst continuing to engage all relevant communities to ensure their voice is heard throughout:

1. BAME communities

- Share consultation findings and recommendations with relevant parties in relation to how digital solutions can address language barriers and ensure everyone has access to the same health and social care information.
- Seek clarification of the confidentiality of NHS information on the asylum-seeking process and share with relevant parties.
- Raise awareness of eligibility for care and entitlements to asylum seekers, key support professionals and healthcare providers.
- Encourage self-management of long-term health conditions alongside the inclusion of BAME communities in the implementation of the NHS HeLP Diabetes Programme due to be introduced in early 2020.

2. SEND

- Influencing improvements towards autism / learning disability friendly communities.
- Clear and accessible information is available on the Autism Assessment and Diagnosis pathways for parents and carers.
- Direct engagement with young people to explore the causal factors of poor mental health in children and young people and their ideas for local solutions.

3. Young People

- Explore contributing factors and solutions for young people experiencing poor mental health to influence and improve support services and strategy development.
- Develop young people's knowledge, understanding and skills to lead this area of work.

4. Older People

- Further explore and understand specific issues relating to arthritis services in order to influence and improve the current offer.

5. GP Pledge

- Develop a pledge for GP's to sign up to that includes the considerations required for those with long term health conditions and their carers based on the learning identified during the consultation activities.

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Redcar and Cleveland Parent Carer Forum

Carers Together

Botton Social Farm

Community Stepping Stones CIC

Aapna services

Regional Refugee Forum North East

Roseberry Park Hospital

Additional information

Separate reports of each of the focus groups have been published and can be found by clicking on the following links:

- [BAME](#)
- [Asylum Seekers](#)
- [SEND](#)