IMPROVING NHS SERVICES FOR RACIALISED MINORITIES PEOPLE WORKSHOP

Bridging Change

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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

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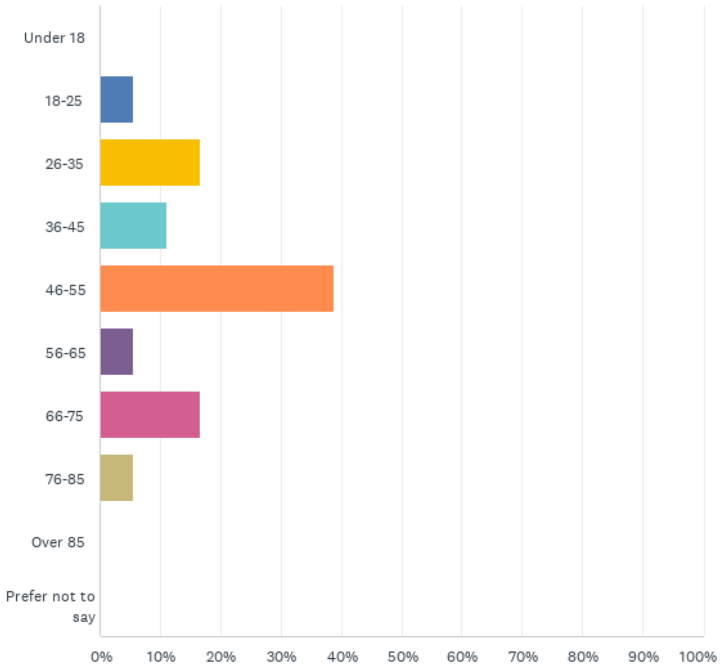
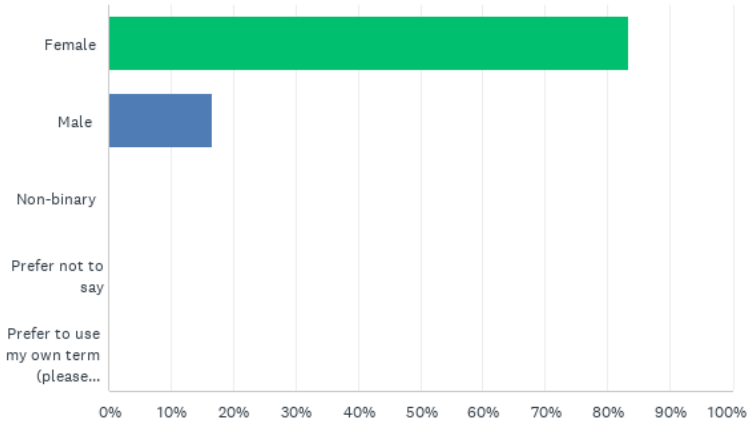
Appendix 1 Demographic of attendees

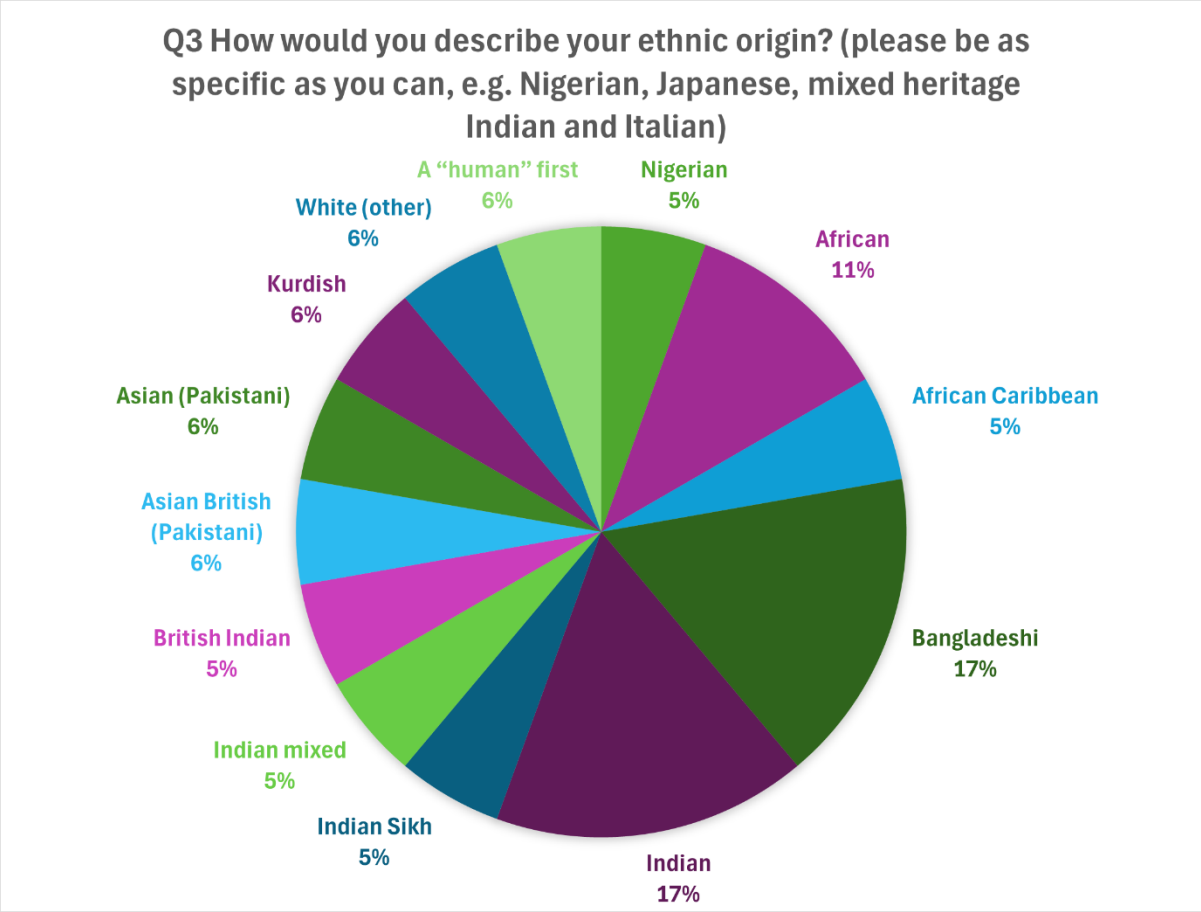
We asked attendees to complete an equalities form. We received 18 responses.

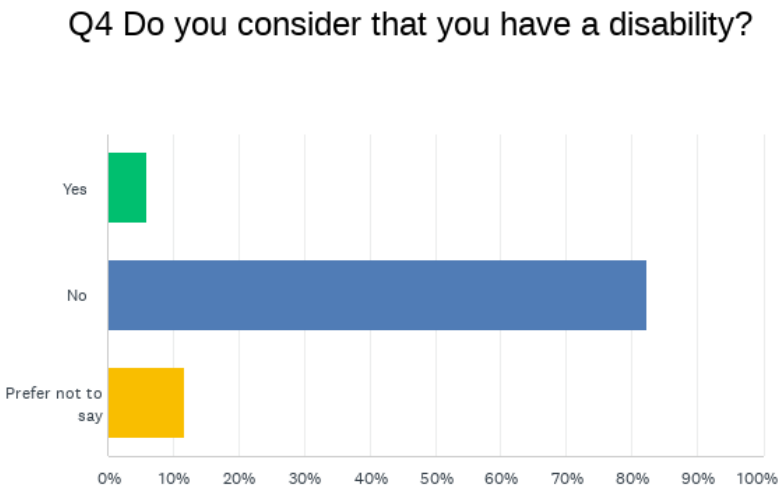
Q1 In which age group do you fall? (Please tick one option only)



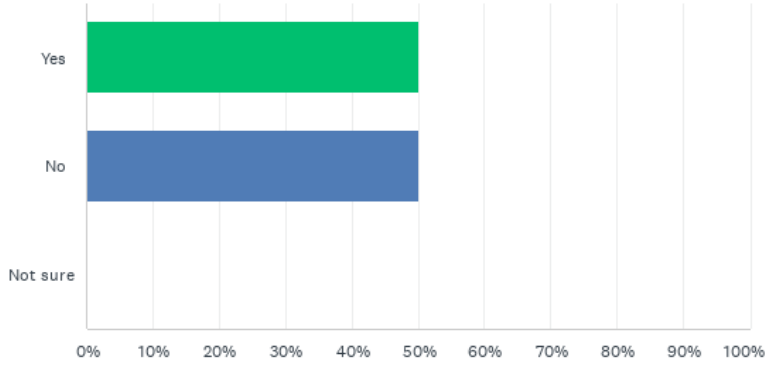
Q2 Are you: (Please tick one option only)




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%
Asian (Pakistani) 6%
African Caribbean 5%
Asian British (Pakistani) 6%
British Indian 5%
Bangladeshi 17%
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