

## READING BOROUGH COUNCIL

### REPORT BY DIRECTOR OF ADULT SOCIAL CARE & HEALTH SERVICES

TO:	HEALTH AND WELLBEING BOARD		
DATE:	17 JULY 2015	AGENDA ITEM:	8
TITLE:	IMPROVING SUPPORT TO THE EX-GURKHA COMMUNITY: ACCESS TO AND EXPERIENCE OF HEALTH AND SOCIAL CARE SERVICES IN READING		
LEAD COUNCILLOR:	COUNCILLOR HOSKIN /COUNCILLOR EDEN	PORTFOLIO:	HEALTH / ADULT SOCIAL CARE
SERVICE:	HEALTH / ADULT SOCIAL CARE	WARDS:	BOROUGH WIDE
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#### 1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 Healthwatch Reading has gathered feedback from members of the ex-Gurkha Community on how they access health and social care services and then their experience of those services. This report sets out Healthwatch Reading's recommendations to care providers and the providers' responses.
- 1.2 Most people who took part in this survey reported difficulties in accessing and using services, principally because of speaking / reading little English and not receiving clear guidance on how to obtain interpreter support. The problems are compounded in that the ex-Gurkha community in Reading needs to understand a very different healthcare system from the one they know in Nepal - with no universal access but many more medicines available over the counter and more direct access to secondary care.
- 1.3 Health and social care providers have started to address the issues raised, and have committed to making further improvements, working in partnership.

## 2. RECOMMENDED ACTION

- 2.1 The Health and Wellbeing Board notes the findings of Healthwatch Reading and the responses from health and social care providers as set out in the report *How the ex-Gurkha community access and experience health and social care services in Reading*.
- 2.2 The Health and Wellbeing Board directs the Reading integration Programme Manager to develop and monitor a whole system Action Plan based on the report and responses received, this Action Plan to be monitored through the Reading Integration Board.

## 3. BACKGROUND

- 3.1 In 2014, Healthwatch Reading was commissioned by Reading Borough Council, on behalf of a consortium of local authorities in the south-east of England, to explore how the ex-Gurkha community access health and social care services and to disseminate these findings across the consortium.
- 3.2 Gurkhas are Nepalese soldiers who have a long history of serving with the British Army. Following a high profile campaign, in 2009 the UK Government gave retired Gurkhas the right to settle in the UK. The local authorities which commissioned this project have seen a significant number of ex-Gurkhas move into their areas since this time.
- 3.3 More than 100 people from the ex-Gurkha community in Reading gave their feedback on various health and social care services for this study, including
  - GPs
  - Royal Berkshire Hospital
  - Urgent care services: walk-in centre, 111, out-of-hours GPs
  - Community opticians and NHS dentists
  - Mental health services
  - Social care services

## 4. THE EX-GURKHA POPULATION IN READING

- 4.1 The 2011 Census indicated that Reading had a Nepalese population of 2,725. This includes migrants of working age, many with professional qualifications, and then ex-Gurkhas and their wives. Most of the ex-Gurkha community are aged 60-75 years, and come from rural areas of Nepal. They are often living in the UK without the support of adult children, who may live back in Nepal.
- 4.2 The ex-Gurkha community in Reading has a high incidence of a number of long term conditions, including diabetes, hypertension, cardiovascular disease and gout. Many ex-Gurkhas also have hearing problems, caused by exposure to the noise from discharging weapons during army service. Alcohol misuse is a common problem in this community. There is also a high rate of uro-

gynaecological problems (such as incontinence) amongst the ex-Gurkha wives who will typically have had many pregnancies.

- 4.3 Many ex-Gurkha families in Reading are living on low incomes. Some live in crowded, sub-let housing and may not be able to afford heating. Living in poor housing is a known risk factor for poor health e.g. respiratory problems.
- 4.4 Community leaders report that significant numbers within the ex-Gurkha community are providing unpaid care to others, particularly spouses, who are frail or unwell. However, most of these people are not known / recognised as carers to statutory or other services. Such is the level of reliance on spousal support that frail older widows or widowers may be particularly vulnerable.

## 5. RECOMMENDATIONS MADE AND RESPONSES RECEIVED

### 5.1 Recommendation

*GP practices in Reading (in partnership with their commissioners), should review how they can sustainably provide interpreters for the ex-Gurkhas and their wives who need assistance explaining their symptoms and needs during consultations.*

### Response

The Reading Clinical Commissioning Groups have raised with GPs the issues around accessibility and effectiveness of interpreters for this community. GPs were interested to hear about the experiences of the ex-Gurkha community and keen to make improvements.

GPs were reminded about the process for booking an interpreter and using the translation services. GPs were again reminded that trained interpreters should be offered rather than having members of the family acting in a translator role. Practices were asked to check with their reception desk staff to ensure they were clear on the process too.

Three GPs indicated they have a significantly high population of ex-Gurkhas and two suggested that some of their patients might be willing to be trained and act as interpreters to support other members of the community.

### 5.2 Recommendation

*Community dentists and opticians (in partnership with their commissioners), should review how they can sustainably provide interpreters for the ex-Gurkhas and their wives who need assistance explaining their symptoms and needs during consultations.*

## Response

Reading Borough Council provides the Interpretation and Translation service referred to in the Healthwatch report, which primary healthcare partners can also access. The Council will aim to improve awareness of this service through its partnership working, including the quarterly Adult Social Care partner newsletter, *Care Junction*.

### 5.3 Recommendation

*The Royal Berkshire Hospital, particularly ophthalmology and audiology clinics (in partnership with their commissioners), should review how they can sustainably provide interpreters for ex-Gurkhas and their wives who need assistance explaining their symptoms and needs during consultations.*

## Response

Royal Berkshire Hospital staff confirmed that interpreters are booked for patients identified as needing language support (by either the GP or by the patient or relative/representative). For first appointments, notification should come from the GP and a flag is then put on the patient's electronic patient records (EPR) to alert any future staff booking future appointments, that an interpreter in that language is needed.

The interpreters used by the Trust request two weeks' notice ideally, but will try and provide face-to-face at shorter notice if available. In addition, all departments have access to telephonic interpreters and there are several three-way handsets around the Trust for specific telephonic interpreting use.

### 5.4 Recommendation

*Reading's two clinical commissioning groups should consider providing ex-Gurkhas and their wives with an information card that they can show health service staff to indicate that they wish to have an interpreter arranged for their appointment.*

## Response

The Reading Clinical Commissioning Groups recognise the benefits of an information card as proposed and have committed to discussing this with partners via the CCG Patient Engagement Group, of which Healthwatch is a member, and developing an action plan to progress this.

### 5.5 Recommendation

*GP practices in Reading should review the written information they regularly provide to the ex-Gurkha community to identify whether any of this information - such as appointment letters- should be translated into clear and simple Nepalese. Consideration should also be given on providing translated information on making a complaint, and how to change GP practices.*

#### Response

The Clinical Commissioning Groups shared the Healthwatch report and their response with their GP practices so that they became aware of the recommendation to translate letters. This topic was covered in the CCGs' GP newsletter, and the CCGs committed to working NHS England on developing clear communications around interpretation and translation for surgeries. The CCGs also committed to considering with their Patient Engagement Group a standard phrase to be used directing patients how to arrange translations of CCG produced written information.

#### 5.6 Recommendation

*The Royal Berkshire Hospital should review the written information they regularly provide to the ex-Gurkha community to identify whether any of this information - such as appointment letters, the hospital map, should be translated into clear and simple Nepalese.*

#### Response

Royal Berkshire Hospital advised that instructions about booking interpreters are available on their Intranet and that there are posters and leaflets for staff explaining when and how to book interpreters. Posters encouraging patients to request an interpreter (in 17 languages, including Nepali) if required are also available throughout the Trust and posters are also displayed informing patients that they can request written information in different languages or formats if required.

#### 5.7 Recommendation

*Community dentists and opticians in Reading should review the written information they regularly provide to the ex-Gurkha community to identify whether any of this information - such as appointment letters - should be translated into clear and simple Nepalese.*

#### Response

Reading Borough Council provides the Interpretation and Translation service referred to in the Healthwatch report, which primary healthcare partners can also access. The Council will aim to improve awareness of this service through

its partnership working, including the quarterly Adult Social Care partner newsletter, *Care Junction*.

#### 5.8 Recommendation

*Staff from the Royal Berkshire Hospital's ophthalmology and audiology clinics, should consider undertaking outreach work with the ex-Gurkha community to raise awareness of how to access and use their services and to set expectations on issues such as waiting times.*

#### 5.9 Recommendation

*Staff from community eye test and NHS dental services, should consider undertaking outreach work with the ex-Gurkha community to raise awareness of how to access and use their services and to set expectations on issues such as waiting times and any costs.*

#### Response

This recommendation was noted and picked whilst the research project was still live when an optometrist gave a talk to a Nepalese women's group on eye tests. Health and social care providers recognise the value of outreach to raise awareness of services within communities whose members are currently under-represented in take-up. Past experience indicates that a targeted and co-ordinated approach to such outreach is likely to prove most effective. This is something which the Reading Integration Board would be well placed to oversee.

#### 5.10 Recommendation

*Reading Borough Council should raise awareness among the ex-Gurkha community of free support available to carers and also raise awareness among frontline social care staff of potential unmet needs of vulnerable people within this community and how these might be addressed.*

#### Response

One of the most comprehensive information packs the Council's Adult Social Care service produces is the 'Caring in Reading' guide to local services for anyone who is providing unpaid care to a family member, friend or neighbour. This pack was first translated into Nepalese in 2012 to support Nepalese Health Week, and Adult Social Care staff attended this community event to help raise awareness of social care amongst the Nepalese attendees and take questions.

The pack remains available in Nepalese, although recent demand has been more for individual sections than for the pack as a whole.

The Council noted the ongoing challenge of finding the right words to connect with people providing unpaid care, and that 'carer' does not translate easily into all languages because of different cultural norms. However, clearly Healthwatch Reading was able to describe 'carer' to the focus group participants as 13% went on to identify themselves as carers as well as going on to describe other members of their community as carers. The Council felt this illustrated the importance of face to face contact and discussion in providing effective support to navigate care services, and committed to using this feedback to inform its future commissioning of information and advice services.

The Council will also be reviewing its products and distribution channels for social care information in 2015. The intention is to seek feedback from a number of user/public reference groups to inform this review. In the light of Healthwatch's findings, the Council committed to recruiting an ex Ghurka reference group to take part in this review and provide interpreter support for this as required.

#### 5.11 Recommendation

*Reading's two clinical commissioning groups to continue to support Health English for Health language classes for Nepalese women, and consider developing these classes to include access to mental health and social care services.*

#### Response

The Clinical Commissioning Groups have previously funded these courses through the Partnership Development Fund (PDF) grant, but no application was received for 2015/16. The Clinical Commissioning Groups have confirmed they welcome bids from the voluntary sector and would be happy to consider a future funding application for this service.

## 6. CONTRIBUTION TO STRATEGIC AIMS

6.1 Goal One of Reading's Health and Wellbeing Strategy (2013-16) is to:  
"Promote and protect the health of all communities particularly those disadvantaged"

and a specific objective within that is to:

"Ensure effective support is available to vulnerable and BME groups to protect their own health."

Developing a whole system Action Plan to progress and monitor the commitments made in response to Healthwatch's findings would support achievement of this objective. It would also support delivery against the

service priority “safeguarding and protecting those that are most vulnerable” as set out on Reading Borough Council’s Corporate Plan (2015-18), and the vision outlined in the Berkshire West Strategic plan 2014-2019 and the Reading CCGs operating plans 2014-2016 to ‘keep people well and out of hospital in partnership’.

## **7. COMMUNITY INVOLVEMENT**

- 7.1 Health and social care providers are grateful to Healthwatch Reading for their in depth work with Reading’s ex-Gurkha community to identify and start to understand some of the issues raised. Through its membership of the Reading Integration Board, Healthwatch Reading will have a key role to play in keeping the patient / user perspective central to discussions as the Action Plan is progressed.

## **8. LEGAL IMPLICATIONS**

- 8.1 There are no direct legal implications arising from this report, save in relation to the public sector equality duty as described below.

## **9. EQUALITY IMPACTS**

- 9.1 All public sector bodies are under a legal duty to comply with the public sector equality duties set out in the Equality Act 2010. In order to comply with these duties, policies and services should be developed with a view to preventing discrimination, and also protecting and promoting the interests of ‘protected’ groups. Ex-Gurkhas can properly be considered ‘protected’ as members of a minority ethnic community. The statutory services to which Healthwatch Reading’s recommendations are addressed therefore have a legal obligation to consider how to respond so as to improve access to and experience of services by the ex-Gurkha community.

## **10. FINANCIAL IMPLICATIONS**

- 10.1 There are no direct financial implications arising from this report. The Action Plan proposed would be delivered within existing resources.

## **11. BACKGROUND PAPERS**

Appendix 1: *How the ex-Gurkha community access and experience health and social care services in Reading* - Healthwatch Reading, 2015