00:42:15 to 00:52:04

Harjit Bansal. Head of Equality, Diversity and Inclusion, Northeast London Foundation Trust

Good afternoon and thank you for those of you who have stayed for this last session. We appreciate it very much. So I'm Harjit Bansal. I'm Head of Equality, Diversity and Inclusion in Northeast London Foundation Trust. First of all, I just want to thank Sally and Ewen for this very important piece of work that they've done in terms of the research. And actually leading this research at the background of all of it has been the GRT community for engaging in this research. I just want to thank them personally all of them who have been involved. I really valued the conversations and the feedback on how we are not delivering, and how we should be delivering NHS services, and I think that those are some of the critical conversations that I took away every time I came to any of those meetings.

The outcomes and the recommendations of the research. One of my key objectives is going to be that I share those findings and we share the recommendations. as I don't know if people know, but Northeast London Foundation Trust, which is called NELFT. We call it NELFT now, because the geography is quite large, so we are in London. So in London we are in Waltham Forest, Havering, Barking and Dagenham and Redbridge. And so I'll be sharing this right across in those areas. So the geography just increases, not just in Essex, but in some of some of our London services, and we also have services in Kent. So we cover mental health and community services. We cover children and young people, adults and older adults. So you can see it's going to be the audience is going to be much larger than just Essex.

So it's not just about sharing the report and the recommendations, but I'll be asking local services to start thinking about how they are going to implement some of these actions, and what support would they need in order to engage and implement those?

The second piece, I think that came out with a lot of conversations was around data. And how are we going to ensure that we are capturing some of that data. What is on our systems? And I was talking to my colleagues this morning who have already set up a KPI for looking at that data on a quarterly basis, and that data will be going out to all of our services so that they can start beginning to reflect on what data is telling them. And if you're not engaging with those communities, what else are we going to do to engage with those communities?

A lot of discussion has taken place about the lack of awareness, and it has come up again and again it's come up. I was really, really happy that it's also part of that human rights element around, you know, culture. So I think when we were part of this group, we all we were all doing- and I think Daniel and Sophia will also say- we've all been doing something. We've all been delivering some sort of awareness session. But is it consistent across? Is the messaging right? Are we capturing the right communities when we are delivering those those training? And one of the things that we promised together is that we are going to develop an e-learning tool that we are going to share across the three systems. So that's something that we have signed up to, and we will do as partners.

The third thing is, there's been discussions around how we embed the everything that we've heard today and everything we've heard from the community. How are we going to embed that in some of our existing work streams? So thinking about, we've got a suicide prevention strategy. We've got a mental health transformation strategy. We've got the safeguarding strategy. So how are we going to start beginning to embed this so that it becomes mainstream just like learning disabilities? I was thinking, learning disabilities is a classical example of how we mainstream learning disabilities into everything we do. So that's something that we will pick up as systems as well.

Then, ensuring that people have the right interpreters, I mean, we work with the local service provider in in NELFT, and they provide services right across Essex and Kent. But it's how do we make sure that it's the right

interpreter? They're from the right country. They've got the right dialect. They've got the right dialect. So that's a piece of work. We will do as well together.

One other thing that I will ensure is that the GRT community have a voice in our patient participation group. So we have these patient participation teams set up. What I don't hear is that there's a voice representing GRT. So I'm going to go back and explore that and make sure that I can get particularly someone from those communities. You know the ones who presented today and the ones we've made some links with. Get them to sign up to it. It's a very simple process, which means you then get exposure to our boards. You get exposure to sitting on interview panels. When we're thinking about mental health strategy, you're part of those discussions. So that voice becomes far more powerful.

We do a lot of work in the NHS. We talk a lot about professional curiosity. We talk about open dialogue. Again how do we ensure that those practices are, are competent enough to start having that voice of GRT communities within it? And how do we support our clinical staff to ask those professional curiosity questions? And what would they look like?

I think, Jonathan, you picked up my point, which was in my speech today, was that we are going to review our Equality Impact Assessment at the moment. It says, race, you know, what is the impact on race, and the other protected characteristics? I'm going to separate that race one and add another category around GRT, so that we can start looking at the impact of our policies for our Gypsy and Traveller and Roma community groups.

Most importantly, I think I really valued the engagement with all of you guys in that CoP (community of practice) group. And I'd really like that to continue, because I think we shouldn't stop here now that the research has been done and we have recommendations. It's a continued change- a continued development and continuous change. And I think if we stop sometimes, we lose the momentum. So I think it's really important that we keep that momentum going. I know we've had some (I'm sorry if I've taken all of your points) but I think we've had some early conversations around, "How do we get our inspectors to come?", so GRT becomes part of that inspection when they come. And Sally, Ewen, we've all had conversations with CQC. They're quite keen to help. They want us to support them, to think about what that inspection would look like. So I'm really excited about that piece of work, because I think that. you know makes it even broader than anything else.

Finally, I just want to say that Gypsy and Traveller communities exist in every part of every country. I grew up listening to a singer called Reshma. I just want to share this story briefly. I thought she was from she was a Pakistani singer until she died, and I read her biography and then found out that actually Reshma was born to a Traveller community in Punjab so in part of India. So she wasn't even in Pakistan. And she stated that the family travelled from village to village, town to town, city to city, village to village, you know. So it was a repeated part of her life growing up. She never had a stable home. She did not access much study. She didn't go to school. but what she had was a voice that could sing. She made this a career, and she earned money to feed the family and look after the family. Her father was also a singer. She remembered her parents getting sick throughout this travel. The health deteriorated due to days on end just traveling by foot. They walked to all these places. And she used some of her funds so if any of her parents got ill she was using- because she was singing she was getting some money out of that singing- she was then using that money to pay for the health. So unlike here where we get to be registered with a GP, where she was going, she just needed money in order to access that health care. So cutting that story short, I think Gypsy and Traveller communities might come from all over the world, and each bring and share their own journey, their own stories which are unique. So what we have to do is treat them the way they would like to be treated: with dignity and respect, empowerment and empathy. We have heard I think, we have heard for me personally I think I have heard, so many of those stories throughout this research. and I want to start listening and doing something about it, because I think you can listen and not do anything, but I'm quite keen that we do something about it. And we can't do this on our own. We have to work with the health and social care, the voluntary sector, the community, the patient, and the carers. That's it. Thank you.

Daniel Oyayoyi, Strategy Manager , Hertfordshire Partnership University NHS Foundation Trust

*0:*52:06 to 01:00:37

Actually, I think she's covered all the points. If you know Harjit she is very passionate. I think she's she can be quite comprehensive when she provides information like this, and for me she's covered everything which is fantastic.

But for me. I think for me, I want to reflect on this research. So this research for me. I've been doing a lot of work around understanding Gypsy Roma Traveller communities, understanding the disparities that they face when they use services. But for me this research was more than just research. It was our collective promise to ensure that we collectively address inequalities for people from Gypsy Roma Traveller communities, and that services are equitable for them. So it really helped me to start to think about what can we do as an organization.

So my name is Daniel by the way. I work at Hertfordshire Partnership NHS Foundation Trust. We are a Mental Health Learning Disability and Autism organization, and we provide services across four counties of Hertfordshire, Norfolk, Buckinghamshire and Essex.

But essentially, I started to reflect in terms of what can we do? This is an urgent call to action. The data that we've seen are quite shocking. And for me they're more than just numbers, they're stories, they're lives, they're communities. There are people that have been overlooked and underserved for far too long. For me it was a call to action, and I decided to pick up that call and started to engage within my organization. We've been engaging as a collective, thinking about what we can do collectively. We recognize the strength in numbers, and we started taking that conversation forward within, within our organization. And for me, it was to really understand. What does the experience? What does access? What does outcomes look like for people from Gypsy, Roma Traveller communities when they use services? And unfortunately, and not a surprise, I finally understood why we call them the hidden community. They are hidden within our data sets. We couldn't identify them. And I think some of the reasons have been alluded to today: people not feeling safe and deciding to identify as white British or white Irish, because it's safer to do that because it leads to less discrimination. But also because we do not have the capabilities within our systems to identify them. And that means when they have poor outcomes, we do not see them in our data. There's been a massive focus nationally around addressing inequalities within racialized communities. Some of you working within mental health will certainly know we've been doing a lot of work around the Patient and Carer Race Equality Framework. and that's been very much focused around addressing disparities for racialized communities when it comes to accessing mental health services. And what we, it's not a surprise, the majority of the focus is around people from predominantly Black communities and also Asian communities. But when we start to delve into the data to better understand what disparity looks like it's quite clear, it's very much apparent, that across all the metrics that the Gypsy Roma Traveller communities are the most marginalized group in the country from a socioeconomic standpoint and from a health standpoint. And essentially, there's a need for us to ensure that we have a focus on supporting the community to address those disparities. There are some challenges as we know. The challenges really lie around recognizing that there is "acceptable" racism within our services within our institutions. Even across the media, which essentially means that this is not a focus. It's not a priority. When you look at the national data, we have over 80 million people in the country, I might be slightly off. Yeah, but essentially, only 1 million people are identified as from the Gypsy, Roma, Traveller Communities. That is massively underreported. If you look across your different areas, you'll see the numbers are very minuscule. And we're talking 0.01 % of your population. That is not the reality we know that they have. There are more people in the communities within the country, and because they would do not, we do not see them really been represented within our data essentially, that means that's not a priority. And I think we have a responsibility within this space to really start to think about what we do. And there are things that we can do. And I think for me, it's about starting to understand what the disparity looks like. I could never understand the lived experience of someone from a Gypsy Roma or Traveller community, but what I can do is listen. And I think that's what we did.

And there were some very powerful stories that was shared during our sessions. One shared a story, and it stuck with me, and I couldn't forget. And I just want to, just briefly, just highlight that and then I'll hand over to my colleague. She shared a story of when needed she needed support. Something happened. I think she had a fracture or so she went into A and E, and there was interaction with the health professionals. As you can imagine, going into A and E, the waiting time is relatively long, and that means in some instances people do get frustrated in that space. And obviously she shared her frustrations with the healthcare professionals in in the room, and. as you can imagine, she was seen as being aggressive and that led to breakdown in communication and willingness to provide support and care for her, and essentially in a removal of her from that space. And they invited one of the security guards to come and remove her from A and E. This is someone that needs help. She's there because she needs help, regardless of how she's interacting with you. And that's what any individual they're there because they need your help. And sometimes people can be emotionally distressed at the same time our responsibility to show compassion at all times, and sometimes we forget that because we are human as well, we are under strain. But essentially the Security guard came in, and it was a black Security guard, and she started crying. She said they've asked you to remove me from here. You know this is racism. I may look white to you but I am not white to them. I'm you're being told to remove me because of my ethnicity, because of my race. And obviously he had to do his job., but he supported her. And I think for me is it became quite clear to me that sometimes racism is beyond the complexion of people's skin. It goes deeper than that, and because of that it's become acceptable for society to allow racism towards the Traveller communities to be a comfortable conversation. If you check on social media, a lot of that flow comes through. And for me it made me realize it's time for us to start to do some reflection as an organization and within my organization and I think, nationally you know. Where are they? Where have we allowed disparity to continue to thrive? And what can we do to start to address it? And I think the initial thing to do is to really start to shift that culture. There's a need for cultural shift. And I've always said this: I think change starts with each and every one of us. We're here today. We are the catalyst for change, and each and every one of you has a role to play in really trying to drive the change that we want to see.

I'm going to stop there. But I just really want to thank you all for being here today and colleagues on the on the call today. Just really want to thank Ewen and, Sally, you've done tremendous work pulling this together and I really thank you for your patience with us, because I know sometimes we're not as responsive as you would like, but you know we want to thank you for being. But I just want to thank you. Thank you so much.

Sophia Morris, System Clinical Lead for Health inequalities, Mid South Essex Integrated Care Board

So thanks for inviting me, Ewen and Sally and your team. I'm Sophia. So I'm from the Mid and South Essex ICB (Integrated Care Board). And we've got Tina here also. She's from the same ICB and within the ICB I work as the System Clinical Lead for Health inequalities, and I'm also a dentist by background. So I work within our acute trust doing stuff, delivering healthcare, but I was thinking about why this work is important. And so I was thinking back recently it was years and years ago when I was doing my first degree, and I had to do a sort of special topic on something that interests you. And I was reading the BMJ, and there was an article about Gypsy Roma Traveller groups, and how they don't have access to primary care and things like this. So I did my sort of mini theses on the poor access to care for Gypsy Roma Traveller group, and I found it fascinating because it didn't quite occur to me before that this was happening. And around the same time we had a Traveller community moved into a park near where we lived, and literally within a week they were gone. And I was just thinking about how, because of the area that they moved into how quickly they would have been moved on, and how that happens to them, sort of month in and day in and day out, and how that affects them. But then, when I was then doing my dental degree (this shows my life story!) when I was doing my dental degree years later, and we were looking at data, and the data for children's oral health in Gypsy Roma Traveller groups again, was the poorest. I used to work in Ipswich, and literally every week we would do full clearances on children from Gypsy Roma and Traveller groups. So it just showed that sort of over that 21/22 year period things hadn't got better at all. Full clearance is all their teeth, yeah. So yeah. And they were almost always from, mostly Gypsy Roma Traveller groups. And you'll know within Ipswich there's quite a big community, and it just showed that across that sort of period things hadn't got better.

And so it was quite timely around the time that Sally and Ewan started doing this work we had within the ICB been thinking about our plus groups, and one of them we had identified was around Gypsy Traveller Roma people. And we've now been asked to include Showmen also. So we did a sort of deep dive. And even it's quite funny, because within our deep dive it was mostly around sort of our colleagues from the local authority and the ICB. And somebody there started talking about their daughter's experience as a Traveller. And it was amazing because it just I just thought I hadn't even thought about the fact that we not only serve this community, but actually, these communities also worked with us. So it just made me think about even some of the conversations we have within our professional spaces. Are we excluding people by some of the things we say, because we don't know about their background?

So I think one of the things is that it's really easy for us to as sort of organizations to do these kneejerk reactions where we do an intervention because we want to show that we're doing an intervention. And I think somebody said earlier about parachuting in and then parachuting back out again once the money stopped. And I think when we have research like this, it's very much about solutions. It's about working with communities hearing their voices and moving towards action, and not just another perfect data set (which we're always looking for).

So in terms of what we will be doing, and what we have been doing, I've been socializing this work and people within our system are really excited and want to hear about it, and we have quite a big Gypsy Roma Traveller community within Thurrock and they've been involved with this project. And it's sort of testament to this project also that when there was some changes being made around how the services in commission there literally was this sort of mass email from this community of practice to Thurrock sort of saying what's going on so it really is also holding up a mirror to all of our organizations and holding accountability for how we are delivering services and making sure that these what we're doing is equitable, you know and I was quite impressed by that. Yeah.

Another thing is about collaboration so collaborating across NELFT and Hertfordshire, and now with Jon [in Cambridgeshire and Peterborough]. So within our system we've got lots of projects and pieces of work and how are we going to network and bring all of those things together? So Tina leads on the REN program, which

is a research engagement network. We've got connectors, we've got various different programs. And it's just thinking about, how can we make sure that we're using this research and what we've learned we're going to make sure that those programs become a lot more focused in on those GRT communities and use that lens to think about "Is there more that needs to be done?".

We had Sherrie, who's very passionate about what she does, and she's a real sort of testament… and so we've linked Sherrie in, with the Health and Wellbeing board and our Basildon Alliance, so they'll be working a lot more closely, and they'll be more sort of connected about what's being done around the Gypsy Roma Traveller groups within Basildon, which was a really important connection for us to make.

And then thinking about policy. So one thing I've been championing within our ICB recently is about social justice and a lot of this stuff around discrimination and biases, racism and stigma. All of this really is about, how do we think differently about how we are making our policies and being more sort of socially justified? You know, thinking about that. And I think, actually, and one step back and think about our systems. How are we really thinking about these things within our policies we would do really well, and actually probably would spend less time thinking about these small things we do and be a lot more impactful if we go back to square one.

And then, yeah, thinking about cultural competencies. And we had a patient recently where essentially, this gentleman turned up to have a CT. Scan, and they didn't know anything about him or how he got there. But he had a letter, and his date of birth was the 1st of the 1st 1957, and I said, "Oh, what's your date of birth?" And then he gave me another date of birth. and then I was like, "Oh, but this says, this is what your date of birth is", and I was like, "well what about your address?" And then the address was like a Traveller site and of the whole like, you know, ward of staff, there was only one person on there that basically said, "Oh, you do realize that like the 1st of the 1st of a year is a really common date of birth". But actually, none of us had that cultural competency to know that oh, actually, that's what this is about, and that's why he's got this common surname. So we do need to make sure that when we know that we've got a particular big community around us that our staff is aware of what their sort of cultures and traditions are, and not act suspiciously towards them when they come into our services. So that cultural competency, but also not in a generic way, I really want our staff to start hearing these lived experiences and reflecting on how do they approach patients from different cultures and what they've heard? And how will they change their practice according to that?

So I think that's it. Data is very important. CQC is very important. Undergraduate training. I think also something that we need to look at. And mostly I think we just need to thank Sally and Ewen and the rest of the team for pulling all of this work together, and I think the more that we can do to support them and make sure that we make this community of practice really impactful will be great in our region.

Thank you.