

Camden Council with Healthwatch Camden  
*Health and Adult Social Care*  
*Scrutiny Committee Panel*

**Learning from Camden's diverse Bangladeshi  
community to drive and sustain  
improvements in their health and wellbeing**

**Final report - with issues for action  
Scrutiny Panel - February 2016**

## Issues at a glance - Health and Wellbeing of Camden's Bangladeshi community

- Residents of Bangladeshi origin are the largest minority ethnic group in Camden (5.7% of population in 2011)
- Residents of Bangladeshi origin show a significantly greater risk than the Camden average (when age adjusted) of having diabetes, coronary heart disease, dementia, hypertension, a stroke or a serious mental illness

2 times the risk of Heart disease, Stroke & high blood pressure

4 times the risk of Diabetes

22% more likely to suffer from serious mental illness

### Bangladeshi residents

- Younger population than Camden. 35% are under 16 compared to 16% of the Camden population
- 3 times the risk of vitamin D deficiency than the Camden average
- Lower physical activity. Only 26% of Bangladeshi men and 11% of Bangladeshi women in England meet the recommended physical activity levels
- 14% of Camden's Bangladeshi community (age 18+) are obese
- 36% of Bangladeshi men smoke (in Camden overall, 25% of men smoke)
- 6% of Bangladeshi women smoke (in Camden overall 17% of women smoke)
- 69% higher risk of having a long term illness compared to the general Camden population

## However - Bangladeshi students in Camden do really well

In Camden, 69% of Bangladeshi girls and 52% of Bangladeshi boys got 5 or more A\*- C GCSEs (including English and Maths) 2014

(For comparison, in Camden overall, 68% of girls and 49% of boys achieved this. Camden does better than England overall, where 59% of girls and 48% of boys achieved at this level.)

Camden's Bangladeshi students' attainments have been improving steadily over the last ten years.

## Our enquiry - who we met

From June to December 2015, we met 286 pupils, students, teachers, support staff, Imams, board members, community leaders and workers in:

- Schools
- Community centres
- Health centres
- Mosques
- Summer festivals and community events

We listened to:

- Young women and men under and over the age of 18 years, older residents and pensioners

They told us about their issues and their recommendations for improvements

## What people told us

### GPs - many residents tell us:

They have consistently poor experiences accessing GPs and getting the right information, support and guidance from them.

They therefore want:

- GPs to refer to hospital quicker
- Quicker appointments and longer appointment times
- More walk in sessions at GP surgeries
- Surgeries not to make mistakes with residents' personal details
- Residents to be told about their test results and for these to be explained clearly
- Better and quicker diagnosis
- Health advocates based in surgeries
- Better training for receptionists, practice managers in good manners.

### Information - residents tell us:

They don't know enough about keeping healthy and well.

They therefore want:

- More information about determinants of poor health and the potential impact of common conditions like diabetes on them, their lives, their families and their wellbeing
- More community based groups where women can go and talk safely
- Sessions at local community centres so residents can go and feel comfortable
- Volunteering opportunities and life skills

- Community led walking groups
- Other community led recreational groups.

### **Motivation and resilience - residents tell us:**

Family members can sometimes just accept poor health and isolation as the way it is. Some aren't always confident about making changes to become more healthy and well.

They therefore want:

- More understanding of the pressures on some residents
- Residents trained to support and encourage individuals in their homes and across the borough - community champions
- Information and services which reach out and bring residents in
- Services which are truly specific to local needs
- Services which help residents to help themselves.

### **Employment, education and training - residents tell us:**

They would like to have a proper job. They don't always feel confident about their language skills and employability. They don't always know what employment services and support are available locally and how to access them.

They therefore want:

- Easier access to English classes and to learn more skills leading to employment
- Appropriate employment advice which starts from their own needs and moves through to proper employment
- Understandable information about local employment services and

support

- Volunteering opportunities
- Apprentice opportunities /learning on the job

### Leisure centres - residents tell us:

They don't have enough information about where our centres are, what they offer and when. Current arrangements and times can make it difficult, particularly for women, to use the facilities. The leisure centres cost too much to be affordable. Leisure centre staff don't make it easy for residents to obtain the cheapest deal.

They therefore want:

- Clear information about venues, facilities and times
- Cheaper facilities, clear information about costs, particularly about the cheapest way to use the facilities
- Women only sessions at the right time (i.e when their children are at school)
- Clear information about what they are allowed to wear in the swimming pool

### Parks and green spaces - residents tell us

Women and men, children, the young and old can't use our green spaces as much as they would like because of dogs, rowdy youths, rough sleepers and alcoholics. Women don't use outdoor gyms as they are overlooked and not private.

They would therefore like:

- Our open spaces to be patrolled more regularly
- Dogs to be kept on leads
- Our open spaces to be kept clean
- Set times when women can use outdoor gyms

- Some privacy /cover so outdoor gyms can be used by women and in the winter.

### **Public health services - residents tell us:**

They consider services don't always meet their needs. It can feel as though one size fits all. They don't always know what health and wellbeing services and support are available locally and how to access them.

They therefore want:

- Services and facilities that meet their specific needs, including mental health services
- Easier access to local services
- Understandable information about local services and support.

### **Smoking - residents tell us**

Young women are now more open about smoking than previously. Older women may hide the fact they smoke.  
Men may smoke in front of their children.

They therefore want:

- More information about the potential impact of smoking on residents' lives
- Smoking cessation support focused on current not past trends e.g. Shisha smoking.

### **Mental health - residents tell us**

Depression and isolation are recognised as concerns in many families - amongst many residents - men and women, young and old. But residents can be blamed for their illness and not supported by their families or community

They therefore want:

- More open discussion about mental health, greater understanding in the community about what causes it and how to support and encourage residents who are ill
- Services which reach out to them, are provided in their own language without the need for an interpreter
- Counselling in mother tongue in the community
- GPs to refer to mental health services and not just give tablets
- Quicker diagnoses
- Quicker referrals by GPs.

## Issues for action

### For immediate action

The scrutiny panel asks Camden's Lead member for Health and ASC, together with the other key Lead members, to require

- Camden Council, CCG and NHS commissioners and providers to work with the HASC scrutiny panel to agree (a) priorities and (b) plans for delivering our issues for action to improve *information, motivation and resilience, employment, education and training, leisure centres, parks and green spaces, smoking and mental health* and agree how (c) success and (d) progress will be measured and reported

### 1. Principles to guide Camden's approach

- Put the **needs** of our **individual residents** and **communities truly at the centre**, focusing without fail on the experience and benefits for them
- Recognise that our **residents** and **communities** themselves are a **resource** for **knowledge**, for **information**, for **understanding** and for **change**, and work with residents and communities to **harness** those assets and resources
- **Trust** and **empower** our **residents** and **communities** to drive change and sustainable improvements - with the right support
- Work with **key stakeholders**, including **GPs, community organisations, schools** and **mosques**, to enhance their role, using them to reach out to and involve the widest number of residents as possible - including the most isolated - to deliver sustainable resilience
- **Co-design, co-produce** and **co-deliver services** and programmes together with our residents and communities

- Focus on building **resilient residents and resilient communities** - and on where resources can have the **biggest sustainable impact**
- **Learn from what has worked**, and not worked, in the past in Camden and elsewhere
- Aim to **maximise wide community benefit**, to **increase social return on investment**, to **increase social value** and to **use local VCS and SMEs** wherever possible

## 2. Strategic Leadership

- Demonstrate that Camden Council, CCG and NHS commissioners have a clear understanding of:
  - the **key challenges facing the community** and the **sustainable changes required to deliver transformation** - using the issues and evidence in this report as a starting point
  - their **role and contribution**, and that of other stakeholders and partners, to **improving community outcomes**
- Demonstrate how Camden Council, CCG and NHS commissioners, procurers and providers will **work together** to address the issues raised in this report, with **clear actions, timelines, responsible leads and measures of success**
- Use the issues and findings identified in this report to **inform work across Camden with other communities**
- Ensure commissioners, procurers and providers are clearly and **consistently accountable to the Health and Wellbeing Board** for delivery of the programmes of change

## 3. Meeting needs

- Review the **purpose, effectiveness and accessibility** of current **services** to improve their **impact and value**
- **Procure, co-design and co-deliver services** to meet **individual and wider community needs** - not standard, universal offers

- Work with **GPs, schools, community centres, family centres, health centres and mosques** to drive **sustainable change and resilience**
- Encourage **commissioners, procurers and senior managers** to **observe the day-to-day interactions of service users with frontline staff** - listen to our residents using their own words
- Ensure that **learning** from this work is **disseminated** to all **commissioners** and **service providers**, including GPs, schools, community centres, family centres, health centres and mosques
- Improve **sign-posting** so residents know where to go for help
- Improve **information and support** to **empower more residents and communities** to **look after their own health and wellbeing**, and **access the right services and support** when they need it - using simple **infographics** whenever possible

#### 4. Working with GPs

- Use the **in-depth knowledge, wide experience and commitment of GPs** for the good of the wider community
- **Improve the GP experience of Bangladeshi patients by:**
  - better and appropriate training for all practice staff, including reception staff
  - communicating better to patients
  - quicker referrals, including for mental health
  - improving appointment system
  - health advocates based in surgeries
  - early prevention and intervention especially in patients who may need mental health support
  - less use of anti-depressants
  - earlier diagnosis, better support and management of long term conditions
- **Learn from local initiatives to improve the care that patients experience**

*Note: Healthwatch Camden will be producing a separate report as part of their overall work on primary care.*

## Appendix 1

### Case study: Tower Hamlets

The Council's workforce reflects the community in terms of ethnicity, gender and disability

Whole council is encouraging healthy living - for example gardening on estates can engage residents who are hard to reach

Community itself is recognised as a resource for knowledge, information and understanding. Officers trust the community to drive change and sustainable improvements with the right support

Word of mouth works best - residents are trained as health champions, life coaches, networkers and barrier busters, to work with individuals, groups and organisations.

Borough and health champions work closely with:

- The mosques and Imams. Training and support is provided for Imams so they understand and can support the delivery of key messages, over and over and over again. The Imams have recognised the faith drivers for good health and incorporated these messages within their sermons and community activities. They are confident communicators on health issues, such as healthy living, smoking, obesity, exercise, maintaining good health, and domestic violence.
- GPs who understand the benefit of social prescribing, and with health visitors
- Schools

Every contract awarded is judged on the wide community benefit it brings to the area

Services are linked together - for example: Health improvement -> ESOL -> Skills development -> Steps to employment -> Proper paid work -> Improved health and wellbeing

**Appendix 2**  
**British Lung Foundation**  
**COPD care in Camden: Patient service review**

Key findings include:

- A high proportion of all patients reported they saw their health care professional at least once a year to review their health, care and treatment
- There is a significant disparity of care received, disease management and understanding of chronic obstructive pulmonary disease (COPD) between the majority of British and Irish patients interviewed, compared to the Bangladeshi male patient population
- Bangladeshi women (and women from other BME groups) were not interviewed
- **Three quarters of British and Irish patients had been offered support to stop smoking - compared with one third of Bangladeshi males**
- Bangladeshi men are not receiving an equivalent service to British and Irish patients. This could be interpreted as institutionalised discrimination: a lack of particular attention to the needs of a particular group
- Men getting exercise help are more likely to go to something organised by the community than the NHS

### Appendix 3

#### Learning from local organisations

- Bengali Workers' Association - Healthy eating classes/Men's exercise classes
- Camden Bengali Diabetes Programme
- Camden schools including Argyle, Haverstock, Parliament Hill and Rhyl
- Chadswell Healthy Living Centre - Community gym/Health information classes
- Community Pharmacy Health Champions
- Fitzrovia Neighbourhood Centre -Bangladeshi women's health project
- Holborn Mosque
- Hopscotch Asian Women's Centre -Women into work programme
- Voluntary Action Camden - Health advocates project/Community mental health project
- Well London Project - Regent's Park Estate

## Appendix 4

### About Healthwatch Camden

Healthwatch Camden exists to:

- make sure local people have a VOICE in health and social care services
- support local people to make CHOICES in services
- encourage CHANGE in services to make them better

Healthwatch Camden was created through the Health and Social Care Act 2012. We are an independent organisation, run by local people.

#### Working with scrutiny

We did this work jointly with Camden's Health and Adult Social Care Scrutiny Committee because we are committed to championing equality for local people. Working together, we can achieve so much more for local communities than we can achieve alone.

#### Contact us

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