

Health and Wellbeing Board

29 July 2015

Report title	Report on Equality Analysis Joint Strategy for the Provision of Urgent & Emergency Care for Patients using Services in Wolverhampton 2016/17	
Cabinet member with lead responsibility	Councillor Sandra Samuels Health and Wellbeing	
Wards affected	All	
Accountable director	Steven Marshall – WCCG Director of Strategy & Transformation	
Originating service	Health, Wellbeing & Disability	
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Report to be/has been considered by		

Recommendation(s) for action or decision:

The Health and Wellbeing Board is recommended to:

1. The Health and Wellbeing Board is recommended to note the steps taken by the Clinical Commissioning Group to implement recommendations 8, 10, 11, 19, 20 and 21 in the Equality Analysis document.

1.0 Purpose

- 1.1 To update The Health and Wellbeing Board with action taken following the equality analysis report on the Joint Strategy for the Provision of Emergency and Urgent care on Wolverhampton

2.0 Background

- 2.1 The Quality Analysis report has already been presented to the health and wellbeing board on 3rd September 2015 and the following recommendations were agreed

3.0 Progress,

3.1 Consultation & Engagement

- 3.1.1 Recommendation 8 - All agencies - opportunities to engage across the protected characteristic groups should be built in to proposed engagement and consultation as the implementation phase of the urgent care strategy progresses including specific outreach work where response rates show low engagement with particular groups.
- 3.1.2 *The CCG are currently working with the CSU to develop a robust and fully inclusive Communication and Engagement plan which will incorporate a generic engagement with the public through the usual varied routes and methods and will also target the protected characteristic groups. These groups will be specifically targeted with tailored engagement/involvement.*

3.2 Partnership Work

- 3.2.1 Recommendation 10 - All agencies - because of the trend in homelessness in Wolverhampton and the disproportionate impact of homelessness on the costs of health provision – particularly skewed towards urgent and emergency care – the implementation plans for urgent and emergency care should involve social housing providers and homelessness organisations as part of an integrated approach. Further work may be required to identify any geographical disparities in the location of homelessness people; to research the health experiences of homeless people; and to explore the potential for more effective and earlier interventions to prevent or reduce ill-health and to respond more appropriately to their healthcare needs.
- 3.2.2 *The CCG recognise the disproportionate cost impact caused by homelessness. As a result, the Communication and Engagement plan for urgent and emergency care will have a specific focus on homeless patients. Social housing providers and homeless charities will be specifically targeted to ensure this client group is aware of the planned changes, along side the wider Choose Well campaign. The CCG are developing a frequent service user project where a patients lack of a fixed abode will be noted and will play a part in the development of the targeted individualised intervention plan. In addition, the System Resilience Group has funded P3 (homeless charity) to support 75 patients throughout 2015/16, who have been discharged from hospital with no fixed abode. The aim is to find them suitable*

accommodation and register with a GP and short term monitoring to ensure compliance with medical appointments. With reference to researching the experiences of homeless people, P3 have provided the CCG with a suite of reports including numerous case studies and hospital discharge needs assessment. WVSC are a key stakeholder on the SRG

- 3.2.3 Recommendation 11 - The Health and Wellbeing Partnership to explore ways to better understand the health needs of the Wolverhampton based travelling communities and how they access healthcare. However, any such work and the resource commitment will need to be proportionate. Anecdotal information about healthcare demands may offer an appropriate starting point on which to build more targeted studies.
- 3.2.4 *The Health and Wellbeing partnership no longer exists therefore it is assumed this recommendation becomes the responsibility of the Health and Wellbeing Board. As detailed within the Equality Analysis report, statistics for 'gypsy or travelling communities' are difficult to estimate. The CCG will ensure that information is captured by the new Urgent Care Centre in relation to how patients access the service (i.e. ambulance, self present, NHS 111 referral). however this will be limited to those who are already accessing services. The CCG has factored this into the communication and engagement plan for urgent and emergency care so that we can be sure that the travelling community are aware of service provision and the expected changes.*
- 3.2.5 Recommendation 19 - The Health and Well-Being Board consider specific support being identified within the suicide prevention strategy for Lesbian, Gay, Bisexual and Transgender people.
- 3.2.6 *CCG response: Through the joint commissioning portfolio the CCG have committed funds from February 2015 to support Wolverhampton LGBT. This element of the suicide prevention plan is now being taken forward by Public Health who are leading on the planned delivery overall.*

3.3 Staff Training

- 3.3.1 Recommendation 20 - All agencies to ensure that equality and diversity training is included in the mandatory training elements for each organisation. Where possible, agencies are recommended to share training opportunities, particularly where patient pathways necessitate involvement with different organisations. This would allow for consistency of approach, and highlight areas of complementary (or dissonant) practice. For all, training content should include information about all the protected characteristic groups; the public sector equality duty and the three aims; the significance and importance of equality monitoring; and the values, principles and pledges within the NHS Constitution as a minimum.
- 3.3.2 *This has been picked up by key stakeholders (RWT and CCG) who now included equality and diversity training as mandatory. The CCG have built this into existing contractual arrangements with current provider.*

3.3.3 Recommendation 21 - Staff involved in the design of surveys or questionnaires; in their distribution or completion with respondents should receive a comprehensive and timely briefing beforehand which covers: the significance and value of equality questions; the importance in ensuring a high % of completion from respondents; and how to confidently respond to respondents' questions in a way which is tactful, sensitive, and reassures people about the confidentiality of the information they share.

3.3.4 *All staff within the CCG who are involved in designing surveys/questionnaires now include basic equality information alongside the general demographic information.*

4.0 Financial implications

4.1 None identified

5.0 Legal implications

5.1 None identified

6.0 Equalities implications

6.1 Covered in content

7.0 Environmental implications

7.1 None identified.

8.0 Human resources implications

8.1 None identified.

9.0 Corporate landlord implications

9.1 None identified.

10.0 Schedule of background papers

10.1 Report on Equality Analysis - Joint Strategy for the Provision of Urgent and Emergency Care for Patients using Services in Wolverhampton to 2016/17.