

# Health and Wellbeing Board

## 29 July 2015

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

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### Recommendations for noting:

The Health and Wellbeing Board is asked to note and comment on the progress in relation to implementation of recommendations 8, 10, 11, 19, 20 and 21 in the Equality Analysis document which supported the Joint Strategy for Urgent and Emergency Care. This report leads on from the previous update presented on 29 July 2015

## 1.0 Purpose

- 1.1 To provide a progress report to the Health and Wellbeing Board, detailing action taken following the previous update in June 2015 on the equality analysis report relating to the Joint Strategy for the Provision of Emergency and Urgent care on Wolverhampton

## 2.0 Background

- 2.1 The Joint Urgent and Emergency Care Strategy is underpinned by the Equality Analysis. Progress against implementing the recommendations were presented to Health and Wellbeing Board in June 2015. This report provides the update on progress towards implementation of the specific recommendations identified by the Health and Wellbeing Board.

## 3.0 Progress

### 3.1 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 **Update:** Working together the CSU Equality and Inclusion Business Partner and the Communications team, are currently in the process of setting up an equality group made up of the different sectors of the community, in particular the 9 protected characteristics listed within Equality Act 2010, (age, disability, sex, race, religion or belief, sexual orientation, gender reassignment/transgender, pregnancy and maternity, marriage and civil partnership). This will also include other excluded groups i.e. travellers and homeless. This group will provide coordinated opportunities for the CCG to communicate, consult, engage and involve citizens from these groups. It will be developed and operate as our virtual reference group, providing CCG staff earlier opportunities to communicate, consult, engage and involve.

Feedback on the public consultation event for the Joint Strategy for the provision of urgent and emergency care for patients using services in Wolverhampton 2016/17 has been pulled together in a report. In summary, various events were held across the borough and on the periphery. There were day time events, drop-in events and additional meetings. To view the report for more details:

[https://wolverhamptonccg.nhs.uk/images/docs/Final\\_Feedback\\_Report.pdf](https://wolverhamptonccg.nhs.uk/images/docs/Final_Feedback_Report.pdf)

## 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 **Update:** Local Authority has led on this work. It included a study work commissioned from the Refugee & Migrant Centre, to look at homelessness amongst new communities. They considered communities who had no recall to public funds, the reasons why homelessness occurred and what intervention could be put in place. The funding for this is due to end this financial year. Some of the outcomes from the above work have been fed in to a strategy for homelessness.

Wolverhampton currently collects data on a number of sources in relation to homelessness and housing need, for example: - reason for homelessness, vulnerability, demographic information and geographical ward data.

The housing department is currently in the process of developing a new citywide homelessness strategy on how the city will address homelessness for the next 5 years. The strategy will focus on five elements:

- A need for settled accommodation
- Suitable temporary accommodation
- Homelessness Prevention
- People with Complex needs
- Financial homelessness

Wolverhampton System Resilience Group (SRG) recognise the disproportionate impact of homeless patients and their access to urgent care services. As a result, the SRG currently fund P3 Homeless charity to manage patients who are discharged from RWT and Penn Hospital who have no fixed abode and work with the individual to ensure they are registered with a GP and are found permanent accommodation.

- 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 **Update:** The travelling community will be specifically targeted with communications and marketing around the moving of Showell Park Walk in Centre and the location, of the new Urgent Care Centre, as well as the “Stay Well this winter” campaign messages. They will also be directly involved in the Equality Group detailed above under recommendation 8.
- 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 **Update:** Public health worked jointly with the Samaritans to produce a Suicide Prevention Needs Assessment during summer 2015. Considerations were given to looking at the number of suicides, characteristics, evidence based research, who’s at risk and national guidance. Within the Needs Assessment, LGBT groups are identified as being at higher risk of suicide than the overall population. This needs assessment has identified a series of recommendations which have been turned into an action plan.

A newly formed, city wide Suicide Prevention Forum has been established to ensure the actions are progressed and the LGBT consortium is part of this forum. This forum reports to the Health and Well-Being Board and will be presenting to the H&WBB in April.

### 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 **Update:** Wolverhampton CCG currently has 80% of staff have completed Equality and Diversity Training.

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 **Update:** All staff within the CCG who are involved in designing surveys/questionnaires now include basic equality information alongside the general demographic information. This is led and overseen by the communications team.

#### **4.0 Financial implications**

4.1 None identified

#### **5.0 Legal implications**

5.1 None identified

#### **6.0 Equalities implications**

6.1 Covered in report 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.

Report to Health and Wellbeing Board – June 2015