



Health and Wellbeing Board

3 September 2014

Report Title	Joint Strategy for Urgent Care Equality Analysis	
Cabinet Member with Lead Responsibility	Councillor Sandra Samuels Health and Wellbeing	
Wards Affected	All	
Accountable Strategic Director	Dr Helen Hibbs, Chief Officer Wolverhampton Clinical Commissioning Group	
Originating service	Wolverhampton CCG	
Accountable officer(s)	Steve Corton Tel Email	Senior Equality and Diversity Manager 0121 612 3824 steve.corton@nhs.net

Recommendation(s) for action or decision:

The Health and Wellbeing Board is recommended to:

1. Consider specific adoption of six recommendations 8, 10, 11, 19, 20 and 21 in the equality analysis document.

Recommendations for noting:

The Health and Wellbeing Board is asked to note:

1. The whole Equality Analysis, particularly the 21 recommendations set out on pages 40-42 of the document.

1.0 Purpose

- 1.1 To present the Equality Analysis (attached as an appendix) for the Joint Urgent Care Strategy to the Board, and to seek the Board's agreement to adopt specific recommendations in the equality analysis.

2.0 Background

- 2.1 Midlands and Lancashire Commissioning Support Unit (CSU) is contracted to provide equality and diversity support to Wolverhampton Clinical Commissioning Group. As part of this support, the Equality and Diversity Team of the CSU was asked to undertake an equality analysis of the 'Joint Strategy for the Provision of Urgent and Emergency Care for Patients using Services in Wolverhampton to 2016/17'. The analysis is focused on the impacts for Wolverhampton residents.
- 2.2 The methodology and regular updates on progress of the equality analysis is reported quarterly to the System Resilience Group (formerly the Joint Urgent and Emergency Care Board). This group considered the equality analysis at its meeting on 13th June 2014 and endorsed the 21 recommendations it contains. The Board further proposed that the equality analysis should be considered by the Health and Wellbeing Board to enable specific consideration to be given to those recommendations where the HWB Board has a definite role.

3.0 Equality Analysis

- 3.1 The analysis contains 21 recommendations. Wolverhampton CCG has adopted those recommendations relating directly to its remit through its Quality and Safety Committee on 13th May 2014. This also included commitments to partnership work from Public Health colleagues who attend the Q&S.
- 3.2 The Board is asked to adopt 6 specific recommendations from the report (numbering follows the analysis numbers), namely:
 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.
 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.

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.
- 19 The Health and Well-Being Board consider specific support to be identified within the suicide prevention strategy for Lesbian, Gay, Bisexual and Transgender people.
- 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.
- 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.

4.0 Financial implications

- 4.1 No specific financial implications have been identified in this report. An assumption has been made that all partner agencies involved in the Health and Wellbeing Partnership share the statutory Public Sector Equality Duty set out in s149 of the Equality Act 2010. The recommendations in the equality analysis are consistent with this duty. No timescale has been suggested for successful implementation of the recommendations, but partner agencies will need to prioritise within the budgetary limitations they have and make proportionate efforts to demonstrate their duty of 'due regard'.

5.0 Legal implications

- 5.1 The equality analysis contributes to the s.149 Public Sector Equality Duty, and specific recommendations are made to assist commissioners and providers when specifying and designing delivery of urgent and emergency care services. The equality analysis does not however obviate the need for individual organisations to undertake their own detailed equality analyses to accompany service change.

6.0 Equalities implications

6.1 Equalities implications are intrinsic to this report

7.0 Environmental implications

7.1 Environmental implications have not been considered in this report.

8.0 Human resources implications

8.1 Human resource implications have not been considered in this report.

9.0 Schedule of background papers

9.1 A full list of references has been given in the equality analysis document.

Report written by:

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