

Health & Equality Conference Report 2018



Hosted by the Health & Equality Group



Foreword from Healthwatch Barnsley

The Health and Equality Group come together for an informal series of meetings which were set up as part of the Barnsley Reach Partnership's activities in 2016.

The group meets quarterly to discuss issues regarding health and equality, to facilitate communication between health providers, commissioners and with local diverse communities, and in particular with the network of Equality Forums that are supported by the Barnsley Reach Partnership.

The group also exists to enable commissioners and providers to:

- Coordinate community engagement activity to ensure effective involvement and feedback.
- To seek timely feedback on specific engagement issues such as the Equality Delivery System and access to local health services.
- To support the equality forums to develop their understanding of local health services, the challenges and constraints they operate within, and to involve members of the community so they can share their experiences.
- To help find practical solutions to inequalities where ever possible.

What we did

On the 31st January 2018 a Health and Equality Conference was held at Barnsley Town Hall, hosted by the Health and Equality Group.

As a partner, Healthwatch Barnsley were invited to facilitate two of the workshops and to produce a report following on from the event.

The purpose of the conference was to provide an opportunity for health providers and commissioners to inform representatives from some of Barnsley's diverse communities about the work that they are doing to improve health access and outcomes across the borough.

The event was attended by 40 service providers and 10 service users.

The format for the event was that the Providers and Commissioners were to feedback to four workshops on the priority issues that had been identified at a previous conference by members of the same diverse communities which was held on 15th October 2016.

Answering the following questions for each of the priority areas that were previously identified:

- What are you already doing, planning to do to address the issue?
- What else are you going to do now?
- How can we work together better in the future to find right solutions?

WORKSHOP ONE

My Barnsley Too identified the following priorities for Barnsley Hospital NHS Foundation Trust:

- Improved access to NHS facilities - hospitals and clinics.
- Culture and practice - disability equality training for staff.
- Flexible appointment system.

Response:

- Disabled Go are working with Barnsley Hospital to ensure accessibility in every area. This is ongoing.
- Patient Led Assessments of the Care Environment also ensure that the hospital is service user focused.
- Disability awareness training for staff and trained Diversity Champions will also help to keep the hospital accessible.
- A flexible appointment system is to be considered. Unfortunately, there is no system to change appointments online, but an e-letter with direct contact details can be sent, as well as a hard copy. Text reminders can be provided where necessary.
- The hospital also has designated Dementia Champions for anyone with this condition, to help them through their stay in hospital.

My Barnsley Too identified the following priorities for SWYPFT:

- Modern and equitable equipment service.
- Improved access to NHS facilities - hospitals and clinics.
- Culture and practice - disability equality training for staff.

Specific Questions and Responses:

- Q - What is happening with issues with equipment?
- A - It is our aim to keep equipment fully serviced and fit for purpose. There is also a central resource for equipment.
- Points were raised about no spare batteries provided for hoists and no help given in setting down a special mattress for someone with disabilities, who then had to wait for someone to call to the house to do this.
- Q - What is happening around improving access?
- A - Disabled parking is still provided free on some sites, such as Kendray.
- Please keep giving feedback to help us to improve services further.
- Staff training is on a rolling programme, to ensure it is up to date and relevant.

- There is still work to do on providing BSL, but we are looking at this.

My Barnsley Too identified the following priorities for Public Health /CCG:

- More choice, opportunities and access to healthy lifestyles / activities
- Improved access to GP surgeries and services
- Better information about community services
- Hospital

Responses:

- There appeared to be a lack of weighing facilities within GP surgeries for wheelchair users. These points were to be taken back by the relevant providers for addressing.
- We intend to engage more with the Equality Forums to ensure accessibility for all.
- There is a lot of information on community services that are available, but it is not easy to navigate the health and social care system. We will look at how to pull this together under Live Well Barnsley.
- Weight loss services for disabled people are to be looked at, as there are service gaps.
- BS8300 was mentioned in general which led on to GP buildings needing to comply with this. Older buildings are not really fit for purpose, as some surgeries are within the shell of a former domestic property. This is all under consideration but will take time and money to make all buildings fully accessible for all.

Workshop Two

The Deaf Forum identified the following priorities for Barnsley Hospital:

- Improved access for deaf patients - Video relay service, text messaging for appointments, visual notices etc.
- Deaf awareness training for all staff including reception staff.
- Improved access and signage within hospital.

Specific Questions and Responses:

- Q - What is being done about Deaf community needs such as BSL interpreters at appointments?
- A - 228 BSL sessions were recorded at the hospital in the past year, but sometimes Deaf people bring along friends or family for their BSL needs and then do not require hospital provided BSL interpreters. Deaf people can ask PALS for assistance with access needs and any problems with this will be looked into.
- Q - Will you provide a video interpretation service for BSL?
- A - There is no time frame for this due to technical issues. The service will be tested and BSL users should get involved in this.
- Q - Improved Deaf awareness training is needed amongst staff. How is this being handled? Training needs to be ongoing and kept fresh and relevant. There are e-learning courses which may be useful to staff, for basic BSL.
- A - Leeds Involving People delivered this to service delivery staff. Management training will also encompass this too. Training will be ongoing and evaluated, including wider diversity training.
- A point was raised that Deaf people aren't very confident at complaining due to systems in place. A member of the group mentioned that his Deaf wife who was very ill had to attend an appointment, but no BSL was provided as promised.

The Deaf Forum identified the following priorities for SWYPFT:

- Improved access for deaf patients - Video relay service, text messaging for appointments, visual notices etc.
- Deaf awareness training for all staff.
- Targeted mental health services.

Specific Question and Response:

- Q - What is being done about access to services for Deaf people?
- A - Currently there are text message alerts for appointments. Deaf awareness training is to be considered but general equality training already takes place for staff. There are staff that specialise in helping Deaf people. There is a pilot in Doncaster that we are looking at; this is a café that brings the Deaf and hearing community together, to raise awareness of Deaf issues. It would be great if we can replicate this in Barnsley.

The Deaf Forum identified the following priorities for CCG / PH:

- Improved access for deaf patients - Video relay service, text messaging for appointments, visual notices etc.
- Deaf awareness training for all staff including reception staff.
- More choice, opportunities and access to healthy lifestyles / activities

Specific Question and Response:

CCG

- Q - What is being done to ensure better communication with the Deaf community?
- A - GPs should ask for patient preferred method of communication. Best practice examples to be considered to improve this further. Deaf awareness training to take place for delivery staff.

Public Health

- For all healthy lifestyle and activity services we are working together to ensure accessibility and that up to date training is given to staff.

WORKSHOP THREE

Barnsley Together identified the following priorities:

Priorities for Hospital

- Ensure all hospital services offer interpretation.

Priorities for SWYPFT

- Targeted mental health services.

Priorities for CCG / PH

- Better information, in different languages, for new arrivals.
- Ensure all GP services offer interpretation.
- Out of hours' services for migrant workers.

Responses:

General Feedback

- Good practice developed in recent years and pro-active/flexible to meet community
- Need for ongoing change, takes time
- If you don't know, ask! Involve the community e.g. in training
- Better coordination of support for young people that are trans/coming out - all services;
- Develop engagement with young people.

Race Equality and Health

- Hospital use Big Word / SWYPFT use Big Word, (now Language Empire)
- HIT Sheffield Road. All SWYPFT services on system, can go out in different languages
- Kendray - problems because interpreters not paid for travel or waiting times, difficult to find interpreters willing to do it; 24 in South Yorkshire who have done BSL L1
- What if someone is BME/Deaf and doesn't use BSL? HIT have faced this issue
- In future get out there more in the community e.g. RC, IDAS, Polish library etc. rather than in clinic environment.
- Best Practice - Work across service boundaries

SWYPTF Mental Health Services

- SWYPFT mental health services, changes to core team (low level) and enhanced team (ongoing/weekly support)
- Secondary Level would book Interpreters

- HIT referral and information for asylum seekers.
- HIT have information to help people navigate NHS but some people aren't aware, we can all help with this though
- Use HIT best practice and learn from it and repeat it
- All male GP practices, can't see female doctors
- All GPs know how to book interpreters but we need to look at usage and best practice
- Out of hours for migrant workers, HIT/i-HEART (2 locations, open 7 days) Pharmacy First;
- Advocacy service has case studies that may aid learning and improvement, same with Healthwatch and Mental Health Crisis Team
- More information on what is happening in A&E
- More GP services in A&E

Workshop Four

LGBT Forum and the Gender Equality Forum identified the following priorities:

Priorities for Hospital

- LGBT equality training for all staff.
- High quality maternal health care must target support to more vulnerable and disadvantaged families.

Responses:

- There is more work with LGBT Forum, better information displayed re: LGBT support, more awareness training with forum reps for equality champions, Rainbow Tick award, two LGBT governors and attend equality and diversity related meetings and feedback to board and community, engagement at Pride;
- Lots of work with LGBT Forum, research re: lack of access to services, need collaboration and accreditation. Conversion therapy still promoted by some consultants, off putting

Priorities for SWYPFT

- Targeted mental health services - early intervention.
- LGBT equality training for all staff.
- High quality maternal health care must target support to more vulnerable and disadvantaged families.
- Involve women's voluntary and community sector - able to provide the services women want and use (such as women only services).

Responses:

- SWYPFT - Rainbow Tick awarded and up for renewal
- Trans policy for staff and service users
- Peer Support Worker at Porterbrook, delivered Trans training to staff in wards and clinics, also needed with GP's and other services. Involve Trans people in this too
- Sexual orientation monitoring standard for NHS - Maybe for Adult Social Care, ask if this is being adopted in Adults? Many nurses won't ask. Will it be mandatory in central SPINE record for NHS?
- Staff networks, link in with work that Barnsley Reach are doing
- Improve online training when issues raised by community
- Perinatal service being provided by SWYPFT
- App for young people to access mental health services - work in progress.
- Number of young people identifying as LGBT, need more support.

Priorities for CCG / PH

- More choice, opportunities and access to healthy lifestyles / activities - and outreach to encourage participation.
- Active / public support for LGBT equality to build trust with community.
- LGBT equality training for all staff.
- Involve women's voluntary and community sector - able to provide the services women want and use (such as women only services).
- More investment to tackle causes of health inequalities - e.g. Domestic Violence, Sexual Violence, body images for young women and girls, gaps in services.
- Effectively tackling the health issues women and girl face must take into account the diverse experiences of women's lives, including poverty, sexual violence and abuse, reproduction, and understand how these experiences impact on women's health and wellbeing.

Responses:

- CCG - lots of involvement with LGBT and gender forums, CCG video for LGBT community requirements, and individual needs
- Substance misuse, hormone replacement
- Mental Health, social isolation are issues that need to be addressed
- IVF treatments for same sex couples;
- Ongoing and open dialogue;
- Attendance at community events, e.g. POP

Public Health

- Public Health - Healthy lifestyles, LGBT referenced in contract for outreach work;
- IDAS recently commissioned, outreach and advice to LGBT community;
- Work with Forum to publicise services to members
- Number of young people identifying as LBBT need more support
- Research with LGBT community, where live and events / activities attended
- Make sure services work better together

Summary:

The purpose of the conference was to provide an opportunity for health providers and commissioners to inform representatives from some of Barnsley's diverse communities about the work that they are doing to improve health access and outcomes following on from a conference held the previous year.

Was this achieved?

The timescale of this event was limiting in relation to the amount of meaningful discussion that could take place in the workshops, however it is fair to say that this was partly achieved through quite positive discussions.

What actions are taken away by whom?

No actions were noted to be taken away, although it is anticipated that individual providers would make their own notes for future reference, and that the report will provide some useful information in relation to some of the points raised.

Comment on the venue

The venue is a rather large imposing building and the event may have been better facilitated in a community venue, larger rooms were required for the workshops.

Comment on the programme / timing

With hindsight it probably would have been better if the Gender Equality Forum and the LGBT forum had been two separate workshops rather than combined. There was insufficient time to have meaningful discussions in the combined workshop.

Comment on the participant make up

The Conference was heavily outnumbered by service providers (40) to Service Users (10)

Feedback sheets

Appendix 1

Next Steps:

- Service providers and commissioners to continue the fruitful engagement with diverse communities, through the equality forums but also with other groups and mechanisms to better understand the health issues facing these groups and communities.
- The Health and Equality Group will give consideration to its Purpose, Membership and Remit, with a view to utilising the Group as a vehicle to coordinate and plan future engagement activity.
- Health and Equality Group will work closely with the Barnsley Reach Partnership to ensure the time and resources of the equality forums are not over-stretched and opportunities for coordinated / shared engagement activities are with other services are maximised.
- The Group want to ensure that engagement activity is not always determined by the service providers and therefore we will go back to the individual Forums and ask them what topics they would like to engage with providers about.
- Based on the engagement topics received from the individual forums, combined with the topics from the service providers the group will produce an Annual Forward Plan of Engagement Activity.
- Future engagement in relation to Workshops / Conference activity will carefully consider the ratio of service providers and service users to ensure the balance is correct.
- Service Providers will continue conversations with forum members following on from the conference.
- The Health and Equality Group will report on its engagement activity, findings and feedback to the *Senior Strategic Development Group* annually.

Appendix One - Summary of Feedback Forms

Health Equality Conference

For the conference held at Barnsley Town Hall

on 31 January 2018

Rating scale:

- (1) Strongly agree ☺
- (2) Agree ☹
- (3) Disagree ☹

Six responses received:

1. The content of the conference met my expectations/needs
 - (1) ☺ Strongly agree - 2
 - (2) ☹ Agree - 3
 - (3) ☹ Disagree - 1

2. I understood the purpose of the conference

(1) 😊 Strongly agree - 3

(2) 😊 Agree - 3

(3) 😊 Disagree

3. There was the right amount of time for sharing views, asking questions and receiving answers

(1) 😊 Strongly agree

(2) 😊 Agree - 5

(3) 😊 Disagree - 1, with comment

“it’s worth bearing in mind that there was the right amount of time on some things but disability required much more time than say LGBT and Faith.”

4. Where did you see the conference advertised?

Via work - 4

I was asked to feed back in one of the workshops - 2

5. Was there anything missing from the conference in your opinion?

If so, please explain (you can expand on this in question 7)

No - 5

Yes - 1 with comment

“nothing specifically around young people around these areas”

6. Did you find the venue and rooms suitable for the conference? If not can you suggest other suitable venues for future conferences?

Yes - 4

No - 2

7. If you have any other comments or suggestions about the conference, please add them here

“Some confusion as to who was providing feedback following the break out discussions, but otherwise very interesting, and it was good to hear views and suggestions from people who use our services”

Comment that bigger rooms needed for this event - 2