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**Health and Wellbeing Board**  
Report of the Acting Director of Public Health

3 December 2014

**Response to Healthwatch Reports**

**Summary**

1. This report is a response from the Health and Wellbeing Board to the three Healthwatch reports presented to the previous meeting on 22 October 2014, with comments on the recommendations from these reports.

**Background**

2. Healthwatch have produced three reports during 2014 to date: “Loneliness – A Modern Epidemic and the Search for a Cure”, “Access to Health and Social Care Services for Deaf People”, and “Discrimination against Disabled People in York”. These reports contain extensive qualitative research carried out in York, and make a number of recommendations both for the Health and Wellbeing Board and for partners. These recommendations are summarised at Annex A.
3. The Health and Wellbeing Board has agreed to receive and respond to such reports where appropriate.

**Main/Key Issues to be Considered**

4. For each report, there will be a summary of work being undertaken at present, followed by commentary on items to be addressed in the future.

A) Loneliness

5. Work to meet the recommendations, and commentary on selected recommendations, is as follows:
  - A working group to address loneliness – CYC is in discussion with partners on ways to support this.

- Consider whether the Campaign to End Loneliness toolkit and the JRF resource pack are useful – partners agree that these are useful resources
- Make sure the Rewiring work for adult social care information and advice looks at loneliness – this work covers a wide range of needs, including those of the isolated and “hard to reach”
- Develop social prescribing options and pathways into volunteering – there is work to be done with GP practices to make stronger links into volunteering, but there is an existing successful social prescribing model in the HEAL programme that provides pathways into exercise and healthy living
- Make sure key workers are confident signposting to services that address loneliness – work on advice and sign-posting forms an important part of the preventative work of both health and social care services.

## B) Discrimination Against Disabled People

6. The comments on the recommendations are as follows:

- Organise a campaign to challenge stereotypes – There are a number of groups who could work together on this. The Joint Health and Wellbeing Strategy has identified the need for a campaign against discrimination against those with mental health conditions, and for an extended campaign there will need to be a lead organisation identified to take this forward.
- Educate children about disability and mental health issues - CYC provides disability equality training to schools on request. We developed resources for schools on ways to raise awareness with children and young people re potential bullying issues and how to prevent them. The specialist teaching team provide peer awareness sessions and socially speaking groups in schools which promote respect, enable children to appreciate the needs of disabled children and to avoid bullying.
- Provide disability equality and mental health awareness training for front line staff – This is already the case for public sector organisations.

- Co-design and co-deliver such training programmes with disabled people and people with mental health conditions – CYC work with York People First who deliver training on accessible communications.
- CYC to work with partners to create a hub for information and advice – The current CVS information website seeks to provide a wide range of information and advice.
- Introduce an “Accessible York” card – the HWB would like further clarification on this, in particular the expected outcomes and aims, in order to investigate ways of implementing such an initiative.
- Review the accessibility of the A&E department for individuals who find it hard to wait because of their condition – This is being considered by the hospital’s Access to Services Group.
- Consider the distance from bus stops/parking to public offices etc – Impact assessments are carried out as part of the strategic process for transport planning.
- Improve hate crime reporting – The Safer York Partnership is currently looking at ways to ensure that concerns are addressed.
- Improve accessible parking and access to the city centre
- When holding public meetings, ensure they are accessible – This is already a standard requirement for public sector partners.
- Re-introduce the “hotspots” scheme – this scheme, for reporting on-street-related issues such as graffiti and fly-tipping, is under review, and could be extended to cover disability-related issues such as blocked access. The customer services team have been made aware of the need to factor in additional requirements in this area.
- Make sure accessibility is considered when commissioning primary care – This is considered as part of the commissioning process.

- In addition, people who use bus transport regularly may wish to note the current national consultation on the regulations surrounding the behaviour of bus drivers and other bus company staff:  
<https://www.gov.uk/government/consultations/review-of-bus-conduct-regulations> and respond before the closing date of 23 December 2014.

### C) Access to Services for Deaf People

7. The recommendations are as follows, with the responses grouped at paragraphs 8 and 9 below:
  - Provide deaf awareness training for staff who have contact with the public
  - Advertise and promote interpreting provision
  - Review how providers become aware of preferred communication methods
  - Review how deaf patients book appointments
  - Consider how public meetings can be made accessible to the deaf community
  - Consider holding a regular “walk in” clinic for deaf people
  - Consider creating a central fund for BSL interpreters
  - Consider access to services for deaf people in contracts – CYC and the CCG require contracted service providers to have due regard to equalities
  - Adopt visual indicators in waiting rooms and reception areas
  - Review the accessibility of standard letters and consider making video clips of them
8. These recommendations are timely, as they will also need to be considered in light of the proposals for the NHS Accessible Information Standard, which can be viewed online: <http://www.england.nhs.uk/ourwork/patients/accessibleinfo-2/> . The guidance proposes to ensure that patients and service users, and their carers and parents, can understand the information they are given.

This includes making sure that people get information in different formats if they need it, for example in large print, braille, easy read or via email.

9. It will also tell organisations to make sure that people receive any support with communication that they need, for example through having a British Sign Language (BSL) interpreter or an advocate with them. In light of these proposals, health and social care organisations will need to review existing access to services to ensure that information, access, and training are available.

### **Consultation**

10. Member organisations of the Health and Wellbeing Board have contributed their views to this report.

### **Options**

11. There are no specific options for the Board to consider however they are asked to note the update on the recommendations emerging from this report.

### **Analysis**

12. The reports in combination give a detailed picture of groups that feel marginalised within York, but with positive suggestions for ways forward. A number of the recommendations are the subject of existing work, and planned legislation is likely to lead to further work on eliminating discrimination and improving access to services.

### **Strategic/Operational Plans**

13. The work from Healthwatch contributes towards a number of strands of the Joint Health and Wellbeing Strategy, and the three reports under discussion have particular relevance to the priority to reduce health inequalities and the priority on improving mental health and intervening early.

### **Implications**

14. There are equalities implications associated with the recommendations in this report, in that following the recommendations will lead to an improved position for equalities.

15. A number of the recommendations may have financial implications for the organisations who would carry them out, and such implications would need to be costed on a case-by-case basis.

### **Risk Management**

16. The proposed changes to accessibility legislation in 2015 mean that failure to address some of the issues highlighted in the report on access to services for deaf people could have negative consequences for service providers.

### **Recommendations**

17. That Healthwatch are asked to note the response of the Health and Wellbeing Board members.

Reason: To follow up on the recommendations of the Healthwatch reports.

### **Contact Details**

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**Report  
Approved**

**Date** 24  
November  
2014

**Specialist Implications Officer(s)** None

**Wards Affected:**

All

**For further information please contact the author of the report**

**Background Papers:**

Healthwatch Reports contained in the 22 October 2014 Health and Wellbeing Board papers available here:

<http://modgov.york.gov.uk/ieListDocuments.aspx?CId=763&MId=8338&Ver=4>

## **Annexes**

Annex A – List of recommendations in full

## **Glossary**

A&E – Accident and Emergency

BSL – British Sign Language

CCG – Clinical Commissioning Group

CYC – City of York Council

HEAL – Healthy and Active Lives

HWB – Health and Wellbeing Board

JRF – Joseph Rowntree Foundation

JSNA – Joint Strategic Needs Assessment

NHS – National Health Service