East Midlands Communities for Health Network
'Inclusive Health and Wellbeing'
29 November 2011 - Conference Report

The East Midlands Communities for Health (C4H) Network is hosted by Nottingham City Council and supported by a strong steering group consisting of interested individuals from across the East Midlands.

"An excellent day – it was enjoyable and informative but above all, inspirational."

On 29 November 2011, the network organised a one-day conference – 'Inclusive Health and Wellbeing' held at Trent Vineyard in Nottingham. Over 145 people, from local authorities and partner organisations, attended the conference which focused on improving the health outcomes of some of the most vulnerable people in our society. In addition to presentations from national and regional experts, best practice was showcased during the day to help bring to life the issues and support the development of policies and programmes across health and the wider determinants of health. The conference focussed on the following groups: homeless and rough sleepers; sex workers and migrant workers, refugees and asylum seekers. Round table discussions aimed to identify the key elements of engagement that can be applied and adapted for vulnerable people of all ages.

The day also included an opportunity for towns and cities to hear about how they could get involved with the new World Health Organisation's UK Healthy Cities Network, which aims to develop a creative, supportive and motivating network that focuses on tackling health inequalities and putting health improvement and health equity at the core of all local policies. Further details can be found at http://www.healthycities.org.uk/.

Councillor Eunice Campbell welcomed delegates to Nottingham on behalf of Nottingham City Council.

Rachel Quinn, Chief Executive of One East Midlands and chair of the conference introduced the programme and stressed the need to use the day to examine what exclusion really means and how we all have a role in addressing it. She explained that questions would be taken at the end of each presentation.

Rachel started proceedings with a popular multiple choice quiz, the content of which examined some of the statistics associated with vulnerable groups.

Martin Gibbs, Local Government and Communities Manager at the Health Inequalities Unit of the Department of Health (DH), updated the audience on the latest changes at the DH and in particular on the work of the Inclusion Health Programme. He emphasised that tackling health inequalities is a government priority and part of a wider focus on fairness and social justice.


Martin Gibbs.ppt

"Martin's presentation was very good – great to have a positive spin on current changes"

Audience Questions for Martin Gibbs

Concern was raised that commissioning might not be clinically led and that large health organisations will become responsible for commissioning.

Responsibility for commissioning rests with Clinical Commissioning Groups and Health and Wellbeing Boards.

One delegate asked how the target groups (gypsies and travellers, sex workers, homeless and vulnerable migrants) had been chosen as Inclusion Health Programme priorities when so little data was available.

> *The four chosen priority vulnerable groups currently have the worst health data and health outcomes. There had been no previous policy focus nationally by DH. These vulnerable groups experience the most barriers to accessing healthcare. It was anticipated that the Inclusion Health Programme may expand over time.*
>
> *DH is releasing a series of Public Health Reform documents imminently. It is mandatory for Local Authorities to deliver Health Protection*

Homelessness

Jane Gray from Leicester Homeless Healthcare gave an introduction to the health and wellbeing challenges faced by the homeless and rough sleepers, followed by examples of good practice.


Jane Gray.ppt

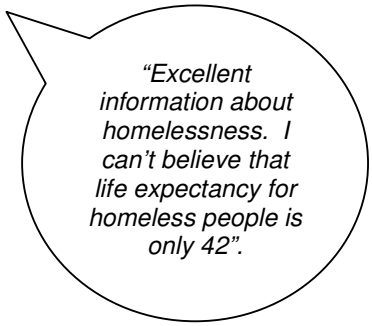
Audience Questions for Jane Gray

One participant asked how GPs can be encouraged to register patients with complex needs (homelessness, mental health, etc)

> *Take it back to the Commissioners – GPs lists should be open to all those residing in the area. If it is not happening, GPs need to challenged.*
>
> *Jane emphasised that treatment was much more costly when the person was in crisis than routinely.*

Clarification was requested on how inappropriate attendances in Accident and Emergency (A&E) could be dealt with.

> *Jane replied giving a Leicester specific example: They have two full time nurses who work 'assertively' and provide outreach in Leicester A&E. They also go onto wards to facilitate a safe discharge.*
>
> *Initiative funding is currently available to enable nurses to work within A+E, improve Pathways and monitor activity in hostels.*



Round Table Feedback on Homelessness

- Currently there is a loss of skills and knowledge in the housing and health services which will result in more health inequalities. Better working links need to be established with a single point of entry housing provision. Better access to immediate health care would be good.
- The profile of homelessness should be raised. There needs to be more awareness through media coverage that includes positive messages as opposed to the negative attitudes which tend to currently prevail.
- There needs to be much more prevention work to support people and prevent homelessness.
- More outreach services are required.
- Homelessness should be included in the Joint Strategic Needs Assessment (JSNA) and data gaps need to be filled.

- Data needs to be compatible and different data sources need to be linked eg the number of prisoners who are homeless on release. Services which regularly come into contact with this group include the Police, Probation Services and Prison Officers – we need to identify how data and knowledge is being shared. Another example could be: many agencies have local knowledge of 'sofa surfers' – we need to examine how this information is being passed on and check if agencies know where to refer or signpost individuals.
- Impact analysis of proposed amendments to legislation or funding need carried out before changes are introduced.
- A multi-agency approach, supported by appropriate staff, needs to be developed. There needs to be an identified skills set, in addition to enthusiasm, when working on homeless projects/initiatives. Homelessness awareness training should be available for all agencies, including student training. It should be part of protected learning time for GPs and nurses.
- The barrier of not being able to register with a GP without ID needs to be addressed.

Vulnerable Migrants

Eamon Collins, from Refugee Action Nottinghamshire, gave an enthusiastic presentation which informed the audience of some of the health challenges facing vulnerable migrants.


Eamon Collins.ppt

Round Table Feedback on Vulnerable Migrants *(several of the points raised in the feedback on homelessness were also applicable to vulnerable migrants and sex workers – to avoid duplication, these have not been repeated)*

- There needs to be collaborative working regarding translation / interpretation which is shared nationally.
- There needs to be education of health professionals and clear guidance from PCTs to GPs on:
  - The law and the legal status of vulnerable migrants eg immigration status is not relevant for GP registration.
  - The use of interpreters (*Eamon reported that although the language interpretation services may be expensive, they are less costly than train fares and other expenses which are necessary to provide face to face interpretation).*
- www.myukinfo.com is a great reference source in a wide range of languages for information on immigration / work / UK life/ housing / money / family / health / emergencies etc.

"The presentation on refugees and asylum seekers was an eye opener. I know some asylum seekers who are struggling with registering with the GPs. I can't wait to go back and give them the information."

Sex Workers

Sali Harwood, the manager from the Sheffield Working Women's Opportunity Project (SWWOP) stepped in at short notice to cover this session (Cllr Sue Johnson had to withdraw due to illness). Her excellent delivery highlighted the health and wellbeing challenges being faced by sex workers and examples of best practice focused on her agency's work in Sheffield.

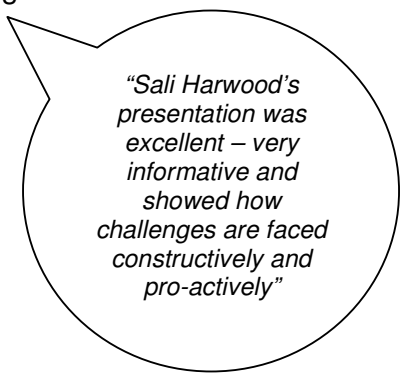

Sali Harwood.ppt

Audience Questions for Sali Harwood

When asked about dealing with younger women on the street, particularly those who are at risk of being beaten, Sali explained that SWWOP works with the Sexual Exploitation Project (SEP) and Police. If someone is found to be underage the Police must be informed. However she acknowledged the difficulties of getting Eastern European girls to participate in outreach.

Round Table Feedback on Sex Workers

- There needs to be more integrated outreach core funding in order to ensure an holistic approach to sex workers' health needs
- A mapping of services and expertise needs to be undertaken – this should include localised issues and young people who may be at risk of exploitation.
- Raising awareness will hopefully lead to a non judgemental approach. There needs to be better staff training to improve staff attitudes towards sex workers. This will encourage sex workers to come back and continue to use services and even persuade others to come too.
- It is likely that there will be an escalation in the numbers of sex workers (and consequently a greater demand for services) due to economic conditions - how will this square with our contract culture?
- There needs to be a rolling out of sex worker support projects across the country but resources could be an issue.
- Local baselines need to be established but it is difficult to identify sex workers especially those in saunas, rural areas etc.
- We need to ensure that there are appropriate pathways for support eg from A&E and GU clinics.
- Legalising sex work could be an option to gaining support and acceptance.
- Not enough work done with perpetrators. There needs to be equitable positive action between picking up sex workers and curb crawlers (need to support sex workers more if this removes their income). Naming and shaming of kerb crawlers doesn't always work, curb crawlers move from city to city.
- There needs to be more focus on the partners of sex workers.
- More accessible drug rehabilitation support would be useful, particularly in prison.
- More early intervention through schools and children and young people services would be useful. Care leavers are being enticed into sex industry – many are particularly vulnerable as they view the men initially as family.
- Opening times of support services need to be reviewed.
- There are also issues for young men being exploited and there are even fewer resources available to support them.



General Round Table Feedback

For all groups, there are similar multiple complex needs but each group faces a different hierarchy of need. The following are generalised themes that have come through the feedback:

- Inclusion health policy needs to be more overarching as services do not need to work in silos with vulnerable groups – often, they are the same people.
- A lead person needs to be identified within GP surgeries and other health services to lead on issues relating to health needs of vulnerable groups.
- There needs to be connecting 'pathways' to close gaps in services.

- There is a need to commission differently – the way in which data needs to be collected drives the way services are delivered.
- Commissioners need to widen their knowledge relating to the challenges – they need to gain experience at the front line and appreciate that it is not about quantity but quality.
- Vulnerable groups experience prejudice, not necessarily from service providers (but it could be) but from the general public, eg the attitudes of staff or people in the waiting room. Clinic times may need to be separate for these groups and staff training on equality issues for vulnerable groups should be mandatory.
- Contractually organisations should adjust to shape services to meet needs of vulnerable people.
- Specialist services are fantastic but we need to consider how people are being equipped to access mainstream service and how mainstream services are being equipped to work in more appropriate ways.
- More champions need to be developed and assisted from within vulnerable communities to offer peer support and improve services.

Before closing proceedings, Rachel Quinn shared the key points that she would be taking away:

- There is a need to focus on the point of entry to services as well as a holistic assessment of a variety of needs.
- Services need to be integrated and meet multiple needs.
- There appears to be tension between targeted services and mainstream services. Mainstream services appear to still be working in silos.
- Accurate data and information is essential – this is particularly concerning with the current changes to public health and there is a need to retain expertise.
- Although the Joint Strategic Needs Assessment (JSNA) is important, it cannot be the only way to identify issues for vulnerable and socially excluded groups.

The Way Forward

The audience were keen to take the inclusive health agenda forward and suggestions included:

- The setting up of focus groups – bringing professionals together through a case study exercise to look at how person centred services could be improved. This should include wider partners to health eg housing.
- Early intervention approaches need to be devised with a wide range of partners.
- It was felt that there was already a great deal of knowledge in the room, but relationships need to be developed further – one suggestion was through setting up a ‘speed dating’ session.
- If the work is to be taken forward, there is a need to have more commissioners at future discussions.

Sharan Jones and Clare Routledge
Nottingham City Council
1 December 2011