**Derby and Derbyshire ICB Equality objectives**

**Update 2020-2022**

The three objectives outlined for 2020 to 2022 were intended to be two year objectives due to the wide reaching scope of the work.

1. **Urgent Care Review**: To review the existing urgent care offer across Derby and Derbyshire, working with members of the public and users of the service to understand current behaviours in accessing services.

This review did take place with a significant amount of work undertaken in involving a wide range of stakeholders including those who have and could use services ensuring a reasonable engagement with representatives of the communities of Derby and Derbyshire. The specification of this service is about to begin.

2. **Outpatient modernisation programme**: To review and redesign outpatient services making use of technology.

Due to the pandemic some of this work has been delayed as priority has been given to repatriation of services. There are digital developments in progress allowing patients more capability in more management in their secondary care appointments which will support modernising outpatient services.

3. **Governance and Processes**: To ensure that governance and processes for equality and engagement are embedded within the organisation. This includes but is not limited to S14z2 form, QEIA process and Engagement Committee.

A significant amount of work has been done in the past two years on governance and processes for both engagement and the QEIA process. A copy of the guide to patient and public involvement can be found in this link: <https://joinedupcarederbyshire.co.uk/download/a-guide-to-public-and-patient-involvement/>

The work on developing the QEIA process continues as an Equality Objective for 22-23.

**Equality objectives 2022-2023**

1. Governance processes: To ensure that the review of the Quality and Equality Impact Assessment (QEIA) process is completed and will include:

* Frequently asked questions
* Self-assessment tool to support completion of QEIA
* QEIA Policy
* QEIA process
* QEIA training
* \*New\* Link to completing EIA for non-patient facing service change

1. Development of Women's Hubs: The [Women’s Health Strategy for England](https://www.gov.uk/government/publications/womens-health-strategy-for-england) sets out our 10-year ambitions for boosting the health and wellbeing of women and girls, and for improving how the health and care system listens to women. The strategy encourages the expansion of women’s health hubs across the country to improve access to services and health outcomes. More information can be found here: <https://www.gov.uk/government/news/25-million-for-womens-health-hub-expansion>

**Equality Objective 2023-2024**

**Hypertension**

Hypertension is often referred to as high blood pressure. This health condition affects just over a quarter of adults in the UK, around 14.4 million people have high blood pressure (British Heart Foundation, 2019).

People of non-European origin form around 7% of the total UK population. Most of these are of South Asian (that is, from the Indian subcontinent) or Black African (that is, from the Caribbean and West Africa) descent.

In the UK, mortality from Heart Disease in both South Asian men and women is 1.5 times that of the general population

The Ethnic differences in Heart Disease are greatest in the lower age groups

High Blood Pressure and Heart Disease is a problem in the UK with 1 in 4 people having issues.

1 in 2 adults with high blood pressure don't know they have it or aren't receiving treatment.

If Hypertension is left untreated it can be severe and increase the risk of strokes and heart attacks.

There is a significant difference in Heart Disease risks in different ethnic groups which is a Health Inequality

There are different signs and symptoms for disease in different Ethnic groups which are mainly unknown

**Doing things differently- engagement**

Instead of just running a communication campaign to raise awareness we wanted to assess people's knowledge and awareness of high blood pressure and its associated risks.

In addition to the specific Hypertension work we wanted to better understand what people know about the services and support available at community pharmacies, determine the most effective methods and platforms for disseminating health information to the community and identify the best places within the community to communicate health information effectively.

**The work we have been doing**

Our work has been targeted to people over 40 as this is the age that long term health conditions start to become more prevalent and residents of high deprivation areas where generally health and health literacy is generally poorer.

We also targeted individuals and groups from Black and Asian communities as well as other seldom heard groups and minorities as these groups generally experience the most health inequalities.

**How?**

Survey: A comprehensive survey was distributed in communities to collect individual responses on awareness, knowledge and experiences relating to high blood pressure.

Community-Led Workshops: Engaging with local community groups through workshops provided a platform for open discussions, idea sharing and gathering qualitative data.

Case Study: An in-depth case study allows us to explore a personalised viewpoint and experience of a local individual, shedding light on the human stories behind the statistics.

There was a target of around 100 people to complete the survey. The survey was completed by **265** people over a 5-week period, from 27 July to 31 August 2023.

**11** different community groups took part in the engagement workshops during September and October 2023 which involved **409** people across different community groups in Derby.

**What did we find?**

There was awareness and understanding with over 80% of people reporting understanding of Hypertension

56% of people knew where to get blood pressure check

Less than 20% knew that pharmacies did blood pressure checks

There was really rich feedback on current experiences and barriers with the general experiences at Pharmacies being good.

A Number of barriers including lack of awareness of services were identified.

There were clear communication preferences with them being more local and verbal and not all written information or web based.

There was also an identified need of different formats of information where English is not preferred with need to be determined per project.

Further information on this work is available here: [**https://joinedupcarederbyshire.co.uk/about-us/equality-inclusion-and-human-rights/#EDS\_Presentation\_2024**](https://joinedupcarederbyshire.co.uk/about-us/equality-inclusion-and-human-rights/#EDS_Presentation_2024)

**Next steps and objectives for 2023-2025**

The funding for the Hypertension project was awarded for the short term to go further and faster in work already ongoing in Derbyshire and to test new models and ways of working to improve hypertension identification rates.

The new ways of working element included the engagement work looking at barriers to accessing health services are being addressed with a communications campaign and upskilling of Community Action Derby.

The aim is to use and share the learning from the new models and ways of working (good and bad) to inform the way in which we continue to address the identification and management of long term conditions across the system.  This has been done through a report published and shared with various groups particularly with the ICB Long term conditions team who are using the learnings to inform future project work.

**How we will measure outcomes of this objective**

The learning from this work is ongoing and being put into practice in the way we deliver and communicate what services are available.

We will measure the outcomes of this objective by reporting examples of services we have changed or developed using the principles from the findings of this work.