

## Improving the Health and Well-being of Homeless & Specific Vulnerable Groups

<b>Health Board</b>	Hywel Dda UHB
<b>Date of Report</b>	April 2022
<b>Report Prepared By</b>	Strategic Partnerships, Diversity and Inclusion Team <a href="mailto:Inclusion.hdd@wales.nhs.uk">Inclusion.hdd@wales.nhs.uk</a>

Health Boards are expected to have in place assessments and plans to identify and target the health & well-being needs of homeless & vulnerable groups of all ages in the local area. Vulnerable groups are people identified as: homeless, asylum seekers & refugees, gypsies & travellers, substance misusers, EU migrants who are homeless or living in circumstances of insecurity.

**Reporting Schedule:** Progress against the Health Board's action plan is to be reported bi-annually. This form is to be submitted on 31 October and 30 April.

**Completed form to be returned to:** [hss.performance@gov.wales](mailto:hss.performance@gov.wales)

<b>Standards</b>	<b>Key Actions Achieved</b> 1 Oct 2020 to 30 Sept 2021	<b>Key Actions Achieved</b> 1 Oct 2021 to 31 Mar 2022	<b>Risks to Delivery</b>	<b>Corrective Actions</b>
<b>Please refer to the checklist on the evidence that is to be provided for each Standard (page 3)</b>				
<b>1. Leadership</b> The Health Board demonstrates leadership driving improved health outcomes for homeless and vulnerable groups.	The Substance Misuse Area Planning Board (APB) has a named person who engages with all partners across the homelessness agenda. Focussing around substance misusers is a staple for the drug and alcohol field but also including unpaid Carers, Armed Forces veterans, and the homeless specifically has become good practice in recent months due to leadership drivers. The APB is represented on key forums in homeless and housing groups across all three counties as well as in other partnership groups such as vaccine equity and Carers strategy. The APB also commissions and manages all of the drug and alcohol services across the Health Board such as DDAS and CDAT. The APB also continues to attend scrutiny committee at Carmarthenshire, Ceredigion and Pembrokeshire County Councils.	There is strong Board level and Executive support for the work required to support the reduction in inequalities in health for the homeless and vulnerable population who are likely to experience poorer health outcomes. The health board has set out a planning objective to tackle health inequalities and improve health outcomes for the homeless people, refugees and asylum seekers, substance misusers, Gypsy and travellers, and EU migrants in line with NHS Delivery Framework targets.		

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	<p>The APB Lead and Head of Substance Misuse Services are standing members of the Local Mental Health Partnership Board, alongside Local Authority colleagues. Whilst homelessness is not on the MH Delivery Plan agenda, the holistic services that need to wrap around an individual in terms of Tier 0/1 are part of the focus of the LMHPB.</p> <p>The Director of Public Health continues to Chair the Area Planning Board for substance misuse. The Director of Public Health also remains the Lead Executive Director for Vulnerable Groups.</p> <p>The Strategic Partnership, Diversity and Inclusion (SPDI) Team has increased its team capacity to coordinate the Health Board's progress against the standards and maintain visibility at Board level of the work being taken forward to improve outcomes for vulnerable groups.</p> <p>The Head of SPDI chairs the Homeless and Vulnerable Groups Partnership Forum.</p> <p>The Hywel Dda University Health Board Annual Plan continues to meet the needs of unpaid Carers, Homeless and other Vulnerable Groups.</p>	<p>The APB is engaged with all partners across the homelessness agenda. For example, the APB multi-agency Harm Reduction Group has set out 'Ensuring strong partnership with the homeless' as one of its priorities. A subgroup to deliver this priority was developed and started meeting regularly to develop an action plan.</p> <p>The Substance Misuse team remains represented on key forums in homeless and housing groups across all three counties as well as in other partnership groups such as vaccine equity and Carers strategy. The team also continues to attend scrutiny committee at Carmarthenshire, Ceredigion and Pembrokeshire County Councils and continues to commission and manage all of the drug and alcohol services across the Health Board such as DDAS and CDAT.</p> <p>The Substance Misuse APB Lead and Head of Substance Misuse Services are standing members of the Local Mental Health Partnership Board, alongside Local Authority colleagues. The Director of Public Health continues to Chair the Area Planning Board for substance misuse. The Director of Public</p>	<p>Homelessness is not on the MH Delivery Plan</p>	

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	<p>The Health Board's Homeless and Vulnerable Groups Partnership Forum has support from the Health Board's Clinical Director and the Independent Board Member with an interest in homelessness.</p> <p>Health Board representation attend national and regional forums, i.e. Welsh Government meetings and webinars on Housing and Homelessness agenda.</p>	<p>Health also remains the Lead Executive Director for Vulnerable Groups.</p> <p>---</p> <p>The Health Board's Homeless and Vulnerable Groups Partnership Forum (HaVG) Partnership Forum is chaired by the Head of SPDI and continues to meet regularly. The Forum reviewed its membership and standing agenda to include feedback from patients. The Forum continues to have a support from the Health Board's Clinical Director and the designated Independent Board Member.</p> <p>The Health Board leadership has been proactive in working in partnership with Local Authorities and in supporting Ukrainian families that are arriving in the health board area.</p> <p>(See further update on joint working and access to health care in sections 2 &amp; 4.)</p>	<p>Non- attendance from partners due to operational pressures within the health board and due to capacity</p>	<p>The Homeless and Vulnerable Groups Partnership Forum continues to monitor progress against the standards and increase membership.</p>
<p><b>2. Joint Working</b> The Health Board works in partnership with the Local Authority, service</p>	<p>The Local Mental Health Partnership Board is a multi-agency group working in close partnership with local authorities and the third sector with active representation from housing and housing support. Mental health and substance misuse</p>	<p>The Health Board's Strategic Partnership Diversity and Inclusion team (SPDI) and Community Development Outreach Team (CDOT) work closely and collaboratively with the planning groups for homeless,</p>		

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<p>users, third sector and stakeholders to improve health of vulnerable groups and contribute to the prevention of homelessness</p>	<p>representatives from the Health Board are also involved in various homeless task and finish groups in local authorities, for example, in developing referral pathways for homeless with dual diagnosis.</p> <p>The APB prides itself on its partnership working and strives to ensure that its work reflects the needs of all of the voices of its users, partners and potential users. The recent series of strategic development workshops to establish priorities proactively involved partners from the HaVGHAP Partnership Forum to ensure homeless and other vulnerable groups are properly represented.</p> <p>The APB Team is developing a service user engagement framework which will continue to ensure co-production of services that directly impact the homeless and vulnerable groups. It ensures tight partnership working at both strategic and coalface aspects of our work and that everyone is given the right to engage with our processes. There has been closer working partnership between SPDI, Community Development Outreach Team and the APB Team in understanding service users' needs.</p> <p>Health Visiting works closely with Local Authorities and the third sector to improve the health and well-being of families living in homeless</p>	<p>Gypsy and travelling communities, resettlement groups in all local authorities. For example, we worked very closely in partnership with the British Red Cross Refugee coordinators, EYST in order to engage with Syrian and Afghan refugees and to promote access to healthcare and support communities to have a greater understanding of their rights and access to healthcare.</p> <p>At the time of writing this report, we are working in partnership with local authority leads and steering groups in ensuring wrap-around support is available and accessible for individuals and families from Ukraine. The health board has developed an information pack in languages that are accessible to families (both hosts and refugees).</p> <p>SPDI and CDOT teams continued to attend Vaccine Equity meetings to understand challenges and offer support to boost vaccination uptake amongst vulnerable groups.</p> <p>In the last reporting period, the Health Board continued to work in partnership with:</p> <ul style="list-style-type: none"> <li>• Community Cohesion Groups</li> <li>• Gypsy Traveller Steering Groups</li> </ul>	<p>Lack of attendance at partnership meetings from</p>	<p>To continue to promote and maintain our joint</p>

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	<p>accommodation and traveller sites. Refugees have a named health visitor who offer the families the full Healthy Child Wales Programme, as well as supporting emotional well-being. They also work with Local Authorities and Women's Aid to provide permanent housing and support for these families. They also support families who are homeless and currently 'sofa surfing' by working with Local Authorities to have them housed appropriately as well as providing the full healthy Child wales programme.</p> <p>Health Information is shared with Local Authorities in regards to the Flying Start proposed expansion to reach their cap.</p> <p>Through the SPDI team and Community Development Outreach Team, the Health Board works closely and collaboratively with the housing departments in local authorities and Travelling Ahead to engage and support the Gypsy and Travelers communities. We also work closely in partnership with Refugee coordinators, EYST and the British Red Cross to engage with Syrian and Afghan refugees to promote access to healthcare and support communities to have a greater understanding of their rights and access to healthcare.</p> <p>The Community Development Outreach Team has worked in</p>	<ul style="list-style-type: none"> <li>• Homeless and Vulnerable Groups Partnership Forum</li> <li>• Homelessness Forums and Homeless Cell Meetings</li> <li>• Housing Support Planning Groups</li> <li>• Public Service Boards</li> <li>• Regional Armed Forces Covenant Forum</li> <li>• Regional Housing Support People Collaborative Group</li> <li>• Syrian Vulnerable Persons Resettlement Programme groups</li> <li>• West Wales Regional Partnership Board</li> </ul> <p>--</p> <p>The UHB Local Mental Health Partnership Board, including its subgroups, is a multi-agency group and continues to work in close partnership with local authorities and the third sector with active representation from housing and housing support.</p> <p>In addition, mental health, substance misuse, and SPDI representatives from the Health Board continue to work in partnership with the local authorities. For example, early this year, the APB and all its attending members including SPDI and mental health had the opportunity to listen and feedback</p>	<p>statutory and non-statutory partners due to capacity.</p> <p>The Local Authority lead Regional Housing Support Collaborative Group is not meeting regularly due to the RHSCG Coordinator not being in post.</p>	<p>working with local authorities and the third sector and for it to be seen as a priority by all partners.</p>

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	<p>collaboration with homeless charities such as the Wallich and the Care society to boost vaccination uptake.</p> <p>In addition to above partnership, the Health Board is also working in partnership with:</p> <ul style="list-style-type: none"> <li>• West Wales Regional Partnership Board</li> <li>• Public Service Boards</li> <li>• Regional Housing Support People Collaborative Group</li> <li>• Housing Support Planning Groups</li> <li>• Homelessness Forums and Homeless Cell Meetings</li> <li>• Regional Armed Forces Covenant Forum</li> <li>• Homeless and Vulnerable Groups Partnership Forum</li> <li>• Gypsy Traveller Steering Groups</li> <li>• Syrian Vulnerable Persons Resettlement Programme groups</li> <li>• Community Cohesion Groups</li> </ul>	<p>to the Local Authorities' Homelessness Strategies 2022 and contribute to its priorities from the health board perspective.</p> <p>--</p> <p>In the last reporting period, the APB strengthened its partnership working and continued to evidence good practice in ensuring that the needs of all of the voices of its users, partners and potential users (vulnerable people and people with protected characteristics) are reflected in its priorities. For example, its service user engagement framework, was co-produced with services that directly impact the homeless and vulnerable groups, such as the local authority Regional Housing Support Coordinator. There has been closer working partnership between local authorities, SPDI, Community Development Outreach Team and the APB Team in understanding service users' needs. The Mental Health and Substance Misuse Co-occurring Board has also set out its priority of a strong partnership with the homeless sector in local authorities and communities.</p> <p>--</p>		

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		<p>Mental health and SPDI have also worked in partnership with a local authority in developing a multi-agency assessment service and hub for homeless young people with complex needs. In this service design, Health Board practitioners will be able to assess health needs, treatment and support for young people where they are, in their chosen environment before they are moved on to stable accommodation and prevent them rough sleeping or becoming homeless.</p> <p>--</p> <p>The Health Visiting service works closely with Local Authorities and the third sector to improve the health and well-being of families living in homeless accommodation and traveller sites. Refugees have a named health visitor who engages families with the Healthy Child Wales Programme, as well as supporting emotional well-being. They also work with Local Authorities and domestic abuse services to provide permanent housing and support for families fleeing domestic abuse. They support families who are homeless and currently 'sofa surfing' by working with Local Authorities to have them housed appropriately.</p>	<p>Health Visiting service does currently have staffing deficits in areas of the health board and measures have been put in place to mitigate risk</p>	

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<p><b>3. Health Intelligence</b> The Health Board works in partnership with the Local Authority, service users, third sector and stakeholders and demonstrates an understanding of the profile and health needs of homeless people &amp; vulnerable groups in their area.</p>	<p>The Area Planning Board team has contributed greatly to this aspect of the HaVGHAP work stream and has produced thorough needs assessment documents for the following topics:</p> <ul style="list-style-type: none"> <li>• Substance misuse</li> <li>• Alcohol</li> <li>• Armed Forces veterans</li> <li>• Homelessness</li> </ul> <p>The Armed Forces veterans needs assessment has been adopted by Public Health Wales as an all-Wales paper</p> <p>The Pharmaceutical Needs Assessment published for Hywel Dda in October 2021 considered the Health needs of homeless and vulnerable groups in accessing services.</p> <p>The Health Visiting Service is aware of plans for a new traveller site to be developed in Bigyn Ward of the Flying Start areas in Llanelli.</p> <p>The Health Board worked closely with partner organisations to respond to the needs of Asylum seekers who during the pandemic were temporarily located in Pembrokeshire.</p> <p>The Health Board, in conjunction with partner organisations, rapidly put in place arrangements to ensure that the individuals placed had access to</p>	<p>In light of the developing and ongoing crisis in Ukraine the Health Board worked very closely with local authorities and partner organisations to understand the number and the needs of individuals and families to be able to respond rapidly to the needs of Ukrainian families and their hosts across all localities. We have established a single point of contact from local authorities to be able to communicate health information that is specific to families' needs.</p> <p>For Ukrainian families that arrive through the Welsh Government 'Super Sponsorship' scheme, the Health Board, in conjunction with partner organisations, rapidly put in place arrangements to ensure that the individuals and families arriving have health assessments and have the right information to access health services and support, including arrangements to facilitate easy access to primary care services as well as pathways into services for emergency or urgent care needs, including screening services. Although the arrangements are temporary the Health Board is committed to ensuring the very best health and well-being outcomes for the Ukrainian individuals and families arriving in</p>		<p>Reporting data will remain an area of focus for the forthcoming year. The HaVGHAP forum to include Patient Feedback report as a standing agenda.</p>

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	<p>accommodation which was Covid-secure and would support their needs holistically, for example, access to exercise and activities. The Health Board also developed temporary arrangements to facilitate easy access to primary health care services as well as pathways into services for emergency or urgent care needs, including screening services. Despite being short term placements, the Health Board was committed to promoting the very best health and well-being outcomes for the individuals placed in Pembrokeshire, taking steps to minimise disadvantage associated with their circumstances.</p> <p>Promoting community cohesion, dignity and respect was also at the forefront of this work.</p> <p>Health Board representatives to the above partnership forums (see Item 3) remain an active source of health intelligence to ensure needs of the homeless population and other vulnerable groups are addressed. Resources from Public Health are also actively shared with partnership groups.</p> <p>The Health Board commissioned EYST to carry out engagement with Syrian refugees to ensure that the bespoke Education Programme for Patients is designed to meet the needs of service users.</p>	<p>the health board area, taking proactive steps to minimise disadvantage associated with their circumstances.</p> <p>--</p> <p>Health Board representation at partnership forums is a source of health intelligence and ensures the needs of the homeless population and other vulnerable groups are addressed. Resources from Public Health and other data sources are used to help establish the health needs of our vulnerable populations. Patient experience and feedback is also used, to gain a greater understanding of the needs of our service users.</p> <p>--</p> <p>As part of its strengthening partnership with homelessness, the APB team started collecting data from the local authority partners to inform their action plans.</p> <p>--</p> <p>The Health Visiting Service has been made aware of plans for a new traveller site to be developed in Bigyn Ward of the Flying Start areas in Llanelli. Currently the service is awaiting further updates on its progression.</p>		<p>Improved engagement with agencies who provide support to homeless and vulnerable groups</p>

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<p><b>4. Access to Healthcare</b> Homeless and vulnerable groups have equitable access to a full range of health and specialist services.</p>	<p>DDAS and CDAT provide drug and alcohol services to the most vulnerable in society and strive through mechanisms like their Assertive Outreach programmes to engage with the most hard to reach.</p> <p>Services are flexible and can be accessed face to face or online at a range of venues and via a range of referral pathways. The services are especially well established in areas where there is a clear need, as informed by robust data and anecdotal evidence, for drug and alcohol services to ensure they are accessible by the most vulnerable people.</p> <p>All service users have access to translation facilities within services and services such as DDAS (SPOC), promoting widely that services users with a wide variety of communication needs will be supported.</p> <p>Community Pharmacies in Hywel Dda have had an opportunity to send pharmacy staff on Mental Health First Aid training which supports staff at pharmacies in supporting patient's experiencing a mental health crisis and enables these patients to be signposted effectively.</p> <p>All community pharmacies have access to Language Line to support the homeless and vulnerable</p>	<p>The Health Board has made the recently established Community Development Outreach Team as a permanent role to continue to see a reduction in inequalities and to promote equity of access to health care services for all. With the understanding that vulnerable and protected characteristic groups (including Carers) often experience poorer health outcomes and are impacted by in-work poverty and socio-economic circumstances, the health board has retained CDOT to be able to deliver improved engagement and support to minority ethnic communities and vulnerable groups across the three counties of Carmarthenshire, Ceredigion and Pembrokeshire. The team commenced in April 2021 and are working in partnership with local authorities and third sector organisations to support Test, Trace and Protect and raise awareness and understanding of key public health messages and the contributory factors to widening health inequalities.</p> <p>In this reporting period, CDOT shared resources that have been translated into 20 different languages and Easy read to ensure information is accessible to the diverse range of communities, in particular the</p>		<p>The data regarding specific vulnerable groups is now included in CDOT engagement reports and Substance Misuse discussions; to continue to raise awareness and encourage to report data on vulnerable groups in other partnership forums including patient experience reports.</p>

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	<p>communities and are able to utilise this service as the need arises.</p> <p>The Choose Pharmacy System which pharmacies use to provide enhanced services such as the Common Ailment service, Emergency Supply of Medication and Emergency Contraceptive allows patients to be registered who have no fixed abode.</p> <p>The Health Board, in partnership with local authority and Third Sector partners, developed a bid to secure funding to establish a Community Development Outreach Team to engage with minority ethnic communities across the three counties of Carmarthenshire, Ceredigion and Pembrokeshire. The team commenced in April 2021 and are working in partnership with local authorities and third sector organisations to support Test, Trace and Protect and raise awareness and understanding of key public health messages and the contributory factors to widening health inequalities.</p> <p>The Community Development Outreach team resources have been translated into 13 different languages (Bengali, Urdu, Polish, Arabic, Turkish, Pashto, Kurdish Sorani, Dari, Thai, Kurdish Kumanji, Nepalese, Slovak and Romanian) to ensure</p>	<p>Syrian and other resettlement groups that the health board support.</p> <p>The main aims of the team are to:</p> <ul style="list-style-type: none"> <li>• Facilitate and coordinate opportunities for conversations about health and well-being to learn about people’s lived experiences in accessing health services;</li> <li>• Provide ongoing support and signposting for individuals and communities who need help, for example, for Ukrainian families arriving in the area;</li> <li>• Strengthen links with local authorities, EYST and the British Red Cross to support the refugee resettlement scheme and ensure that the refugees have a strong link and constant access to the outreach team;</li> <li>• Have conversations about health behaviour, including cancer screening, smoking cessation, healthy eating, and healthy living to support individuals to make healthy</li> </ul>		<p>Continue to offer training and improve services.</p>

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	<p>information is accessible to the diverse range of communities that we are engaging with, and ensure that every vulnerable group has an opportunity to contribute to the understanding of how we can improve access to healthcare and the delivery of healthcare services.</p> <p>There is a significant and continued increase in people from ethnic minority backgrounds engaging with the Outreach Team and being supported to access health services. Between June and September '21 the outreach team have engaged with 179 people individually. Of the 179, 48 individuals were supported through signposting or referral for specific health issues.</p> <p>An Interpretation and Translation procedure is in place to ensure access to appropriate interpretation services, including the use of online interpretation services for all vulnerable groups.</p> <p>Teams meetings with the Syrian community have also been carried out with communication support from Arabic Interpreters to enable the Community Development Outreach Team to share health information, build community relationships, and</p>	<p>lifestyle choices and improve health outcomes.</p> <p>The CDOT have delivered training to staff at MVC's (Mass Vaccination Centre) on the importance of using interpreters for those who's first language is not English and have shared, information on how to use the Language line's Insight App, and used case studies where the CDOT have used the App and the positive impact this has, removing barriers to access to healthcare, ensuring effective communication is facilitated.</p> <p>---</p> <p>There has been an increase in the number of staff and senior managers from across the Health Board seeking specialist advice and guidance about reasonable adjustments to support inclusion for staff and patients. For example, the MH commissioning team for Community Mental Health Centre services and team considered the needs of the homeless and vulnerable groups during the review of its service specifications. In addition, the</p>		<p>Engage with agencies and services who support homelessness and vulnerable groups to share information on the services available and how to access.</p>

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	<p>gather health and wellbeing intelligence. Language Line's Insight App has been utilised to facilitate effective communication and ensure that people are assessed thoroughly at vaccination clinics and during hospital appointments. Interpretation has had a positive impact on people's experience but it also enables Health Board staff to communicate effectively, and to offer a professional, dignified and respectful service.</p> <p>Use of eConsult eConsult, an online consultation service, enables all vulnerable groups to contact a GP or other health professional over the internet, using a smartphone, tablet or computer. It links patients to their own GP and allows them to submit consultation requests to their practice. It also allows patients to access self-care, pharmacy, local self-referral service and appropriate signposting, without having to switch to a digital provider or register for additional services.</p> <p>Those who are homeless or other vulnerable groups who do not have devices can use publicly available devices / computers, i.e. in libraries.</p> <p>Use of My Health Online (MHoL) My Health Online functionality offers:</p> <ul style="list-style-type: none"> <li>• Appointment Booking: This displays a selection of available appointments for the patient to</li> </ul>	<p>Substance Misuse Area Planning Board (APB) Treatment and Recovery action sets out a priority to ensure substance misuse treatment services are accessible for vulnerable people and for all people with protected characteristics.</p> <p>--</p> <p>An Interpretation and Translation procedure is in place to ensure access to appropriate interpretation services, including the use of online interpretation services for all vulnerable groups. Language Line's Insight App continued to be utilised to facilitate effective communication and ensure that people are assessed thoroughly at vaccination clinics and during hospital appointments. Interpretation has had a positive impact on people's experience but it also enables Health Board staff to communicate effectively, and to offer a professional, dignified and respectful service.</p> <p>Health Board approved Interpretation and Translation Services have been widely advertised to the Partnership Forum and all members of staff via Global emails and included in</p>		

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	<p>select from. The booking is then transmitted to the GP appointment system. GP Practices will determine which appointments slots can be booked online and which GP's they wish to make available to patients who use My Health Online. Practices are now able to offer appointment booking services via mobile devices</p> <ul style="list-style-type: none"> <li>Repeat Prescriptions: The patient can select which of their routine prescription items they require, and the order will be transmitted to the GP who will accept or reject the request. Practices are now able to offer repeat prescription services via mobile devices.</li> <li>Summary Record Access (Allergies and Medications) The Medical Summary allows patients the ability to view their Allergies (drug and non-drug allergies) and Medications (recent acute, repeat, and discontinued medications) online.</li> </ul> <p>MHoL eConsult help promote independence in accessing healthcare for the homeless and vulnerable groups.</p> <p>Health Board approved Interpretation and Translation Services have been widely advertised to the Partnership Forum and all members of staff via</p>	<p>all presentations delivered by the SPDI Team. Guidance has been produced with full step-by-step instructions on how to arrange an interpreter and how to access WITS and Language Line, face-to-face via Teams or tablets and telephone booking systems.</p> <p>-- All community pharmacies continues to have access to Language Line to support the homeless and vulnerable communities and are able to utilise this service as the need arises.</p> <p>Use of e-Consult, an online consultation service, is in place to enable all vulnerable groups to contact a GP or other health professional over the internet, using a smartphone, tablet or computer. It links patients to their own GP and allows them to submit consultation requests to their practice. It also allows patients to access self-care, pharmacy, local self-referral service and appropriate signposting, without having to switch to a digital provider or register for additional services.</p>	<p>Not all vulnerable groups will have access to the internet or have devices to access eConsult.</p>	

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	<p>Global emails and included in all presentations delivered by the SPDI Team.</p> <p>Guidance has been produced with full step-by-step instructions on how to arrange an interpreter and how to access WITS and Language Line, face-to-face via Teams or tablets and telephone booking systems.</p>	<p>Those who are homeless or other vulnerable groups who do not have devices were encouraged use publicly available devices / computers, i.e. in libraries.</p> <p>Use of My Health Online (MHoL) MHoL remains the main portal to access health services. It is use for:</p> <ul style="list-style-type: none"> <li>• Appointment Booking: This displays a selection of available appointments for the patient to select from. The booking is then transmitted to the GP appointment system. GP Practices will determine which appointments slots can be booked online and which GP's they wish to make available to patients who use My Health Online. Practices are now able to offer appointment booking services via mobile devices</li> <li>• Repeat Prescriptions: The patient can select which of their routine prescription items they require, and the order will be transmitted to the GP who will accept or reject the request. Practices are now able to offer repeat prescription services via mobile devices.</li> </ul>	<p>Not all practices use MHoL for appointments and not all vulnerable people have access to devices to access healthcare online.</p>	

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		<ul style="list-style-type: none"> <li>Summary Record Access (Allergies and Medications) The Medical Summary allows patients the ability to view their Allergies (drug and non-drug allergies) and Medications (recent acute, repeat, and discontinued medications) online.</li> </ul> <p>MHoL and eConsult help promote independence in accessing healthcare for the homeless and vulnerable groups.</p> <p>--</p> <p>DDAS and CDAT continue to provide drug and alcohol services to the most vulnerable in society and strive through mechanisms like their Assertive Outreach programmes to engage with the most hard to reach.</p> <p>Services continued to be responsive and so that they can be accessed either face to face or online at a range of venues and via a range of referral pathways. The services are especially well established in areas where there is a clear need, as informed by robust data and anecdotal evidence, for drug and alcohol services to ensure they are accessible by the most vulnerable people. All service users have</p>		

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		<p>access to translation facilities within services and services such as DDAS (SPOC), promoting widely that services users with a wide variety of communication needs will be supported.</p> <p>--</p> <p>The Choose Pharmacy System which pharmacies use to provide enhanced services such as the Common Ailment service, Emergency Supply of Medication and Emergency Contraceptive allows patients to be registered who have no fixed abode.</p>	<p>Not all pharmacies have staff trained – not all pharmacies engaged and so therefore the service isn't well utilised.</p> <p>Lack of knowledge of services available at Community Pharmacy by homeless and vulnerable groups.</p>	
<p><b>5. Homeless &amp; Vulnerable Groups' Health Action Plan (HaVGHAP)</b></p> <p>The Health Board leads the development, implementation &amp; monitoring of the HaVGHAP (as an element of the Single Integrated Plan &amp; regional commissioning strategies) in partnership with the Local Authority, service users, third sector &amp; other stakeholders.</p>	<p>The HaVGHAP is refreshed and continued to be monitored through the Homeless and Vulnerable Groups Partnership Forum.</p> <p>The Partnership Forum has reviewed its membership to ensure effective representation across HDUHB services</p> <p>The Area Planning Board has representation on the partnership forum and has contributed to the overall strategy previously.</p>	<p>The HaVG Health Action Plan is reviewed and monitored through the Homeless and Vulnerable Groups Partnership Forum. The Partnership Forum has an endorsement from the Health Board's Clinical Director and support from the designated Independent Board Member.</p> <p>The Partnership Forum reviewed its membership to ensure effective representation across HDUHB services and partner agencies such as housing, resettlement groups, Gypsy and travelling communities and the Third Sector.</p>	<p>Lack of engagement from members due to operational pressures and competing priorities.</p>	<p>To continue to promote and maintain our joint working with local authorities and the third sector and for it to be seen as a priority by all partners within the health board.</p>

**To prevent separate updates being commissioned for vulnerable groups, please ensure that the update you provide considers all vulnerable groups.**

- For gypsy and travellers, when providing an update, please consider the outcome measures as detailed in 'Travelling for Better Health'. Travelling for Better Health is available at: <http://gov.wales/docs/dhss/publications/150730measuresen.pdf>
- For refugee and asylum seekers, when providing an update, please consider the key actions required within the guidance issued in December 2018, available at: <https://gov.wales/docs/dhss/publications/health-and-wellbeing-provision-for-refugees-and-asylum-seekers.pdf>

## Evidence Checklist: Improving the Health and Well-being of Homeless & Specific Vulnerable Groups

<p><b>General:</b> The Health Board leads the development, implementation and monitoring of the HaVGHAP (as an element of the Single Integrated Plan &amp; regional commissioning strategies) in partnership with the Local Authority, service users, third sector &amp; other stakeholders.</p>	
	<p><b>Questions to consider when completing the reporting template</b></p>
<p><b>Risks to Delivery</b></p>	<ul style="list-style-type: none"> <li>• Has there been an increase in the numbers of people within specific vulnerable groups you are supporting or is there an element of increased complexity?</li> <li>• Has there been a change in funding allocated to the vulnerable groups from either a health, local authority or third sector perspective; which effects how the Health Board may support the group?</li> <li>• Are there sufficiently skilled staff to deliver services and meet the needs of the homeless and vulnerable groups?</li> <li>• Despite there being identified needs across the whole population, the Health Board is only currently providing a service within one region.</li> </ul>
<p><b>Leadership</b></p>	<ul style="list-style-type: none"> <li>• Does the Health Board have a lead/named person who has responsibility for the strategic direction and service delivery for homelessness and vulnerable groups?</li> <li>• Do the single integrated plan and regional commissioning strategies include information on homelessness and vulnerable groups or is there a separate strategic plan which specifically focuses on this area? If not what are the governance arrangements?</li> </ul>
<p><b>Joint Working</b></p>	<ul style="list-style-type: none"> <li>• How do the Local Authority, Third Sector and people who use services inform the strategic plan and shape service delivery?</li> </ul>
<p><b>Health Intelligence</b></p>	<ul style="list-style-type: none"> <li>• Does the Health Board identify the needs of homeless and vulnerable groups within their community through their population needs assessment?</li> <li>• Is any additional information collected to inform how services are developed and or delivered? (For example National Rough Sleeper count, Stats Wales, Home office data, information from GPs and Local Authorities).</li> </ul>
<p><b>Access to Healthcare</b></p>	<ul style="list-style-type: none"> <li>• How does the Health Board ensure that vulnerable groups with different language, culture and communication needs are supported to access health services? How widely is the language line used, are other translation services used within the Health Board, do people have access to a clinician or staff who speak their language and have staff attended cultural competency training?</li> <li>• How does the Health Board support all vulnerable groups to access generic health services? The response should consider GPs, dental care and whether information is available to signpost people about the services available?</li> <li>• Has the Health Board got any specialist services/support for the different vulnerable groups? (e.g. homelessness in x region is a significant issue and research tells us that this group has poorer health and accesses health services far less than the general population. We have developed a specialist team which includes a lead GP, nurse specialist and mental health worker. We work closely with charities and undertake outreach work in the community).</li> </ul>