



Better Health, **Better Lives**

Single Equality Scheme 2011 - 2013

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Foreword

NHS Rotherham's goal is to work for and with the people of Rotherham to help them live longer and healthier lives. Our five year strategy, Better Health, Better Lives: Adding Quality and Value describes how we will improve the health and well-being of the local population through concentrated action on reducing health inequalities and by reshaping services to meet peoples' needs.

NHS Rotherham is committed to ensuring equality, diversity, inclusion and human rights are central to the way we commission services and deliver for all patients, clients and their carers, and in how we employ, develop and support staff. NHS Rotherham aims to ensure that the services which are commissioned are accessible, appropriate and of a high quality for each and every member of our population.

The Single Equality Scheme has been informed by our patient and public engagement work and the extensive community networks we have built to ensure that our diverse communities are engaged with planning and developing quality health services.

It is our aim to ensure that NHS Rotherham meets the legal requirements


of all our duties relating to equality and human rights placed upon us by the equality legislation, specifically the Equality Act 2010. In addition to our legal requirements we want to ensure the concepts and ethos introduced by this legislation is in place throughout the organisation, and in how all staff carry out their day to day responsibilities, so that the promotion of equality, diversity, inclusion and human rights is integral to our core business.

This Scheme sets out our long term commitment to equality, diversity and human rights and it will be regularly refreshed to ensure its relevance. This approach is supported by the Department of Health:

'A single equality approach helps to bring together parallel strands of key systems, e.g. data collection, needed to respond to the specific duties. This helps to utilise scarce resources and expertise more effectively and contributes to a better understanding of working with staff and treating patients holistically as individuals. However, in developing a generic approach to implementing the public sector duties it is important that there are significant differences that must be complied with.'
(Department of Health, 2007).

NHS Rotherham's Equality, Diversity and Human Rights Steering Group will be responsible for managing performance against the action plan and will regularly report to the NHS Rotherham Trust Board via the Audit & Quality Assurance Committee.




Alan Tolhurst
Chairman




Chris Edwards
Chief Operating Officer

ONE

Introduction

This is a refreshed Single Equality Scheme published by NHS Rotherham.

The purpose of the Single Equality Scheme is to set out the ways in which NHS Rotherham will meet its duties under the Equality Act 2011 through every aspect of its work. The aim is to carry out actions that ensure that discrimination on the grounds of race, disability, gender, age, religion or belief, being married or in a civil partnership, gender reassignment, sexual orientation, sex, pregnancy maternity and human rights does not occur and to actively promote equality.

A Single Equality Scheme minimises duplication and provides a coherent approach to promoting equality for employees and residents of Rotherham who use or deliver the services that NHS Rotherham commissions.

The aim of the Scheme is to ensure that equality and diversity is central to the way that NHS Rotherham works and ensures:

- *Informed decision making and policy development*
- *Clear understanding of the needs of all service users and the local population*

- *High quality, personalised services which meet varied needs*
- *Effective targeting of policy and resources*
- *Improved results and greater confidence in public services*
- *A more effective development and use of talent in the workforce*

Many of the actions that NHS Rotherham has taken, or intends to take, to tackle discrimination and promote equality are relevant to all equality strands.

NHS Rotherham's Single Equality Scheme applies to:

- *All employees, volunteers and individuals participating on employability schemes including apprenticeships and work experience;*
- *Contractors and partners;*
- *Service users and the public.*

Health care providers of services commissioned or procured by NHS Rotherham are required to be aware

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of, and act in accordance with, our commitment to equality, diversity, inclusion and human rights principles and areas for action specified in this scheme. All NHS Rotherham contractors and health care providers are required to provide satisfactory assurance of compliance with applicable equality duties and legislation.

Employment agency personnel are required to act in accordance with the equality, diversity, inclusion and human rights principles underpinning the Scheme in implementing procedures and practices concerned with the provision of agency staff to NHS Rotherham.



National Context

2.1 Equality Act 2010

The Equality Act 2010 has replaced the existing anti-discrimination laws with a Single Act that relates to the Race Relations (Amendment) Act 2000, Disability Discrimination Act 2005 and the Sex Discrimination Act as amended by the Equality Act 2006. The Equality Act 2010 included a new public sector Equality Duty, replacing the separate duties on public bodies relating to race, disability and sex equality, and also covering age, sexual orientation, religion or belief, pregnancy and maternity, marriage and civil partnership and gender reassignment more fully.

The Equality Act 2010 brings together, harmonises and, in some respects, extends existing equality laws. It aims to make the law more consistent, clearer and easier to follow in order to make society fairer.

The specific duties mark a significant change in approach from the existing equality duties. The proposals use the power of transparency to help public bodies to fulfil the aims of the Equality Duty to eliminate discrimination, advance equality of opportunity and foster good relations between different groups. This means that public bodies will be judged by citizens on the basis of clear information about the equality results they achieve, rather than on whether they have

completed a tick-box list of processes.

The general Equality Act 2010 duties are to:

- *eliminate unlawful discrimination, harassment and victimisation;*
- *advance equality of opportunity between different groups; and*
- *foster good relations between different groups*

The Act protects people from being treated less favourably because they have a protected characteristic. The relevant protected characteristics are:

- *Race (including ethnic or national origins, colour and nationality)*
- *Disability*
- *Sex*
- *Age*
- *Sexual orientation*
- *Religion or belief (including lack of belief)*
- *Pregnancy and maternity*
- *Gender reassignment*
- *Marriage and civil partnership*

As well as consolidating existing law, the Act makes discrimination unlawful in circumstances not covered previously. Discrimination in most areas of activity is now unlawful, subject to certain exceptions. These areas of activity include, for example: employment and other areas of work; education; housing; the provision of services, the exercise of

public functions and membership of associations.

NHS Rotherham's Single Equality Scheme sets out our vision, strategic objectives and actions developed to achieve a culture where equality, diversity, inclusion and human rights principles are embedded into our policies, procedures and day to day practices across both commissioning and employment functions.

NHS Rotherham believe that a Single Equality Scheme, which includes all our public duties with respect to equality, will ensure that NHS Rotherham and successor organisation(s).

- *Maximises its contribution to reducing health inequalities by promoting and enabling equality of access to care services.*
- *Continue to be an employer(s) of choice and ensures that all staff can access opportunities, thrive and develop their potential, and that the workforce is representative of the Rotherham population.*
- *Meets its public equality duties and assessment processes.*
- *Are transparent and open, and that the public and service users can continue to influence our decisions and service delivery and to access information about our equality practice.*

It is intended that this document evolves over time to ensure that its contents and actions reflect and respond to changing priorities identified across any and all of the equality strands.

2.2 Equality Delivery System

The Equality Delivery System (EDS) is a new way for all NHS organisations to approach equality. NHS Rotherham's Board has signed up to the EDS in principle and are awaiting the final version. There will be joint working across NHS Cluster Equality Leads from South Yorkshire and Bassetlaw in developing communication, engagement and training on the EDS.

NHS Rotherham will work with patients, staff and other 'local interests groups' to assess how well they are doing in making progress with equality and diversity. There are eighteen outcomes which are grouped under four main areas of objectives which are:

- *Better health outcomes for all*
- *Improved patient access and experience*
- *Empowered, engaged and well supported staff*
- *Inclusive leaderships at all levels*

The Equality Delivery System's objectives and outcomes lie at the heart of the EDS process and will become the action plan for the single equality scheme. The objectives and outcomes will be used by NHS Rotherham and local interest groups, working together, to analyse

and grade performance, and to identify priority actions.

The objectives and outcomes, and the associated grades, are aligned with the general duty of the Equality Act 2010; the NHS Constitution's rights and pledges; the NHS Outcomes Framework; the Quality, Innovation, Productivity and Prevention (QIPP) challenge; the Care Quality Commission's Essential Standards; and the Human Rights Act. It is envisaged that the Equality Delivery System will be signed off nationally on 20th July and the current timetable states a launch in September 2011.

See Appendix 2 for the Equality Delivery System objectives and outcomes.

2.3 What are the public duties?

NHS Rotherham acknowledges the implication of the Stephen Lawrence Inquiry and accepts the definition of institutional racism as:

"The collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture or ethnic origin. It can be seen or detected in the process, attitudes and behaviour which amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and racist stereotyping which disadvantage minority ethnic people."

This definition of institutional racism can be used as a model for tackling

discrimination in all areas of equality. NHS Rotherham's equality agenda will be based on valuing diversity, eliminating any form of less favourable treatment and promoting respect for human rights.

The Equality Act 2010 replaced the previous existing anti-discrimination laws with a single Act. The Act included a new public sector Equality Duty, replacing the separate duties on public bodies relating to race, disability and sex equality, and also covering age, sexual orientation, religion or belief, pregnancy and maternity, marriage and civil partnership and gender reassignment more fully.

The general Equality Act 2010 duties are to:

- *eliminate unlawful discrimination, harassment and victimisation;*
- *advance equality of opportunity between different groups; and*
- *foster good relations between different groups*

See Appendix 1 for previous public duties relating to Race, Disability and Gender.

The specific Equality Act duties are still out to consultation. There are two requirements under the specific duties:

- *Publish information*
- *Equality Objectives*

The requirement to publish information was originally due to be enacted by 31st July 2011. In the draft consultation,

this has been moved back to 31st January 2012. These duties are currently going the through the House of Lords.

2.4 NHS Constitution

The NHS Constitution (2009) has reaffirmed the core values of the NHS and explicitly stated patient and staff rights and responsibilities. It confirms equality as one of the guiding principles;

'The NHS provides a comprehensive service, available to all irrespective of gender, race, disability, age, sexual orientation, religion or belief. It has a duty to each and every individual that it serves and must respect their human rights. At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population.'

It outlines the specific rights of patients not to be 'unlawfully discriminated against in the provision of NHS services including on grounds of gender, race, religion or belief, sexual orientation, disability (including learning disability or mental illness) or age' and the right to be treated with 'dignity and respect, in accordance with human rights'

For staff there are four pledges:

- *to provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals that make*

a difference to patients, their families and carers and communities;

- *to provide all staff with personal development, access to appropriate training for their jobs and line management support to succeed;*
- *to provide support and opportunities for staff to maintain their health, well-being and safety;*
- *to engage staff in decisions that affect them and the services they provide, individually, through representative organisations and through local partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families.*

2.4 What is meant by 'a human rights based approach'?

In essence a human rights based approach is the process by which human rights are put into practice. It has five key principles:

- *Putting human rights principles and standards at the heart of policy and planning*
- *Empowering staff and patients with knowledge, skills and organisational leadership and commitment to achieve human rights based approaches.*
- *Enabling meaningful involvement and participation of all key stakeholders*
- *Ensuring clear accountability throughout the organisation*
- *Non discrimination and attention to vulnerable groups*

THREE

Delivering the Scheme

3.1 Equality and Diversity Function

NHS Rotherham has retained an equality and diversity function and expertise within its workforce and will be an active participant in the PCT Cluster to facilitate shared learning. NHS Rotherham commissioning intentions will reflect the Equality Delivery System (EDS) objectives and outcomes. This will include the analysis of outcomes for each protected group reflecting comprehensive engagement and using reliable evidence.

3.2 Our Vision for Fairness

NHS Rotherham is a key partner in the Local Strategic Partnership who has agreed a vision for delivering equality across Rotherham.

"All individuals in Rotherham will have equality of opportunity and choice. Rotherham will provide open and accessible services. We will treat each other with fairness and respect, our diverse needs and strengths will be understood and valued. Rotherham will actively challenge all forms of prejudice and discrimination and ensure that all the priorities encompass an equalities approach." Rotherham Community Strategy (2007-2011).

NHS Rotherham will work in partnership with other agencies and staff to ensure that the health and wellbeing needs of everyone in the Rotherham population is identified, understood and addressed. NHS Rotherham wants to do everything in its power to eliminate health inequalities and exclusion and promote equality of access to quality services for all. NHS Rotherham want every member of staff in the commissioning workforce and across all providers to recognise that understanding and working to meet these needs in a personalised, safe and effective way are central to their role for which all staff are all accountable. NHS Rotherham will work with partner agencies to reduce inequalities and to improve the social and economic well-being of the Borough through Rotherham's Community Strategy.

3.3 Arrangements for assessing functions, policies and proposed policies

Arrangements for assessing and consulting on the likely impact of proposed policies on the promotion of equality take the form of Equality Impact Assessments (EIAs). NHS Rotherham is continuing to implement a programme to fully embed the use of equality impact assessments throughout all key functions.

All new and reviewed policies, strategic proposals and significant pieces of work now routinely are subject to a full equality impact assessment. Equality impact assessment serves as:

- *A continuous process to help individuals to fully think through and understand the consequences of possible outcomes.*
- *A tool to enable individual to weigh and present the relevant evidence on the positive and negative outcomes, including reviewing the impact of policies after they have been implemented.*
- *They can also assist in identifying new ways of commissioning and delivering services.*

NHS Rotherham has produced equality impact assessment toolkits appropriate for workplace policies and commissioning. This will enable those staff involved in policy, strategy development, or review and service specification to carry out a comprehensive assessment on the proposed policy, strategy and service specifications.

Equality Impact Assessment can be found on the NHS Rotherham's website at: www.rotherham.nhs.uk/about/equality

3.4 How does Equality Impact Assessment (EIA) work?

This is the way NHS Rotherham checks how an existing or new service, policy or procedure and the services being commissioned affects groups of people. It allows staff to look at evidence or consult as to whether the service or policy is discriminating against particular groups of people.

NHS Rotherham can then change the policy, procedure or service if it is having an adverse effect on some groups, or indeed highlight it as good practice if it is having a beneficial effect.

This process will be overseen by NHS Rotherham's Equality, Diversity and Human Rights Steering Group.

NHS Rotherham is committed to assessing policies and functions for impact on disabled people, race, gender and age, as a minimum.

This will be achieved through the following steps:

- *compiling a full list of all policies and functions*
- *completing an initial screening exercise to identify relevant policies*
- *develop a procedure/toolkit to review and examine new and existing policies and functions*
- *complete the impact assessment of relevant policies, using the procedure/toolkit to identify both positive and negative impacts*

- *develop an action plan with clear responsibilities and timescales for completion, embedding into service/team plans if a negative impact is found*
- *publish our results on our internet site and on paper as requested*
- *review the process every four years.*

This will ensure that all services deliver equality in service provision and employment. The procedure and guidance for Equality Impact Assessments has been reviewed to strengthen the process.

3.5 Accountabilities and responsibilities

The NHS Rotherham Board has ultimate legal responsibility for compliance with all equality legislation.

The Board is strongly committed to the effective implementation of the agenda and robust procedures will be put in place to ensure the Board receives regular updates on progress with the action plan and key performance indicators reflecting equality, diversity and inclusion. Progress will be included within our Annual Report.

NHS Rotherham's Equality, Diversity and Human Rights Steering Group oversee the management of its equality scheme, and implementation of the equality, diversity, inclusion and human rights action plan throughout the organisation.

NHS Rotherham has an executive

lead for Equality and Diversity and also a dedicated Equality & Diversity Project Officer.

The Group works at a strategic level and its representatives feed back into their respective directorates. The Equality, Diversity and Human Rights Steering Group reports to the Audit & Quality Assurance Committee.

The Terms of Reference for the Equality, Diversity and Human Rights Steering Group can be found on the NHS Rotherham website at: www.rotherham.nhs.uk/about/equality

NHS Rotherham believes that each individual employed within NHS Rotherham should take responsibility for, and ownership of, this agenda, all need to contribute to policy development and ensure implementation, promote good practice and encourage change. NHS Rotherham will work with staff to support them in this.

Leadership and commitment at all levels of the organisation are central to the success of the scheme to ensure we eliminate discrimination and seek to promote equality and diversity in everything NHS Rotherham does.

3.6 Monitoring of access to and uptake of services

Assurance on equality of access can only be given based on robust data. A key priority for 2011/12 will be to ensure we can accurately quantify access to

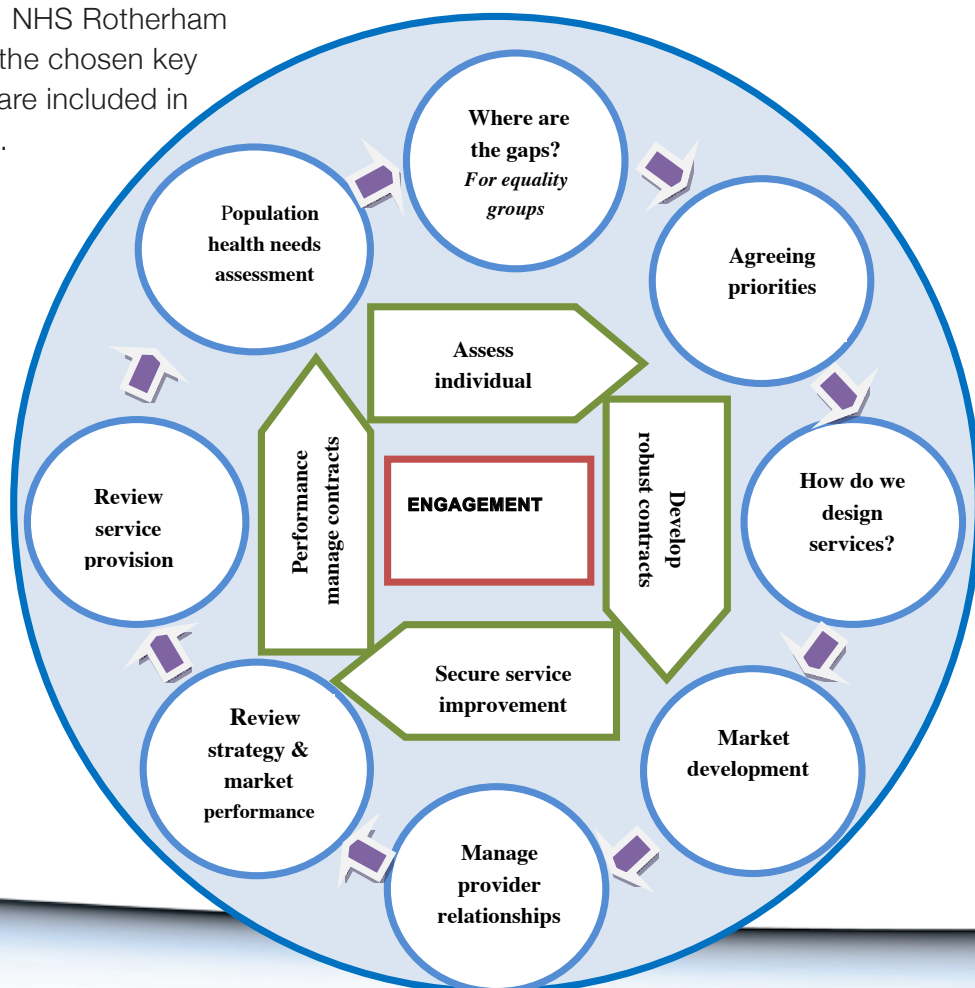
services by different groups. Primary care is the gateway to many health care services and we are working with GPs and other stakeholders to ensure we can monitor the uptake of NHS services by the people of Rotherham. This data will then feed into the commissioning process alongside information from patient and public engagement activities.

In 2011/12 a key action will be to agree key performance indicators for equality and diversity. These may include: access and take up of services by segmented population groups: workforce representation to reflect that of local population: effectiveness of social marketing and engagement with high priority groups by commissioners and: uptake of equality and diversity training: number of completed Equality Impact Assessments and full compliance with our statutory duties including employment monitoring. NHS Rotherham will work to ensure that the chosen key performance indicators are included in regular reports to Board.

3.7 Ensuring equality is embedded into the commissioning cycle

The diagram below illustrates the commissioning cycle. The cycle ensures that decisions are undertaken in a systematic manner are driven by intelligence with all available information and insights into our local population health needs taken into account. The commissioning cycle is a needs-led process and focuses on ensuring improvements in health outcomes and on reducing unmet health needs. The commissioning cycle is embedded within our organisational approach to programme management, and our commitment to matrix working ensures continuity of the cycle.

Figure 1 - The Commissioning Cycle



FOUR

Local Context

4.1 NHS Rotherham Vision

NHS Rotherham's vision is Better Health, Better Lives for everyone in Rotherham. NHS Rotherham wants babies to be born healthy and to have the very best start in life, so that when they start school, children are ready to learn and succeed. Children and young people should be given every opportunity to be fit and active, and be well aware of the risks posed by obesity, smoking, alcohol, sex and drugs.

NHS Rotherham wants adults to enjoy continued good health, with quick convenient access to excellent services when they are ill. NHS Rotherham want to work with people who have a long-term condition, such as diabetes or respiratory disease and we want to support people to manage their health and enable them to access high quality services. This will help to minimise the risks and damage done by these diseases.

NHS Rotherham wants people to be able to choose where they die, and to protect their dignity, when life comes to an end. NHS Rotherham has ambitious plans for the future to make Rotherham a healthier place to live and to ensure that wherever possible we diagnose and prevent risks to health before they become serious. To provide the fair, personal, effective and safe treatment and care we know everyone wants and to ensure these

services are provided in the most cost effective way.

NHS Rotherham needs to raise everyone's aspirations for their own health and expectations of their health service, and for people to aspire to longer, healthier lives, and to want nothing but the best from their health services.

Over the past decade we have been improving and modernising the NHS in Rotherham and have made a number of remarkable improvements. These include increasing life expectancy by nearly two years and halving the number of premature deaths from heart disease and stroke since 1990.

NHS Rotherham continues to proactively address the challenge of reducing the number of healthcare associated MRSA Blood stream infections and Clostridium difficile. In the year 2010/11 The Rotherham Foundation NHS Trust reported zero MRSA blood stream infections, whilst NHS Rotherham reported only four, two below the annual plan. Across Rotherham the number of cases of Clostridium difficile was well below the regional plan. We cannot however afford to be complacent, as further reductions are required in order to reduce risk and improve patient safety.

NHS Rotherham is already performing

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well, and because of the careful financial management over the past few years, NHS Rotherham has been able to maintain the progress made in previous years and to address the significant issues of running costs. The action taken in 2010/11 has enabled NHS Rotherham to address expenditure on management and corporate costs and to deliver a fit for purpose organisation in preparation for the evolving Clinical Commissioning Groups.

Delivering improved health and wellbeing cannot be achieved in isolation. NHS Rotherham partners and staff, including GPs, the hospitals and Rotherham Metropolitan Borough Council with them aim of delivering seamless services that make the most effective use of the resources available. We have in place some far reaching agreements with Rotherham Metropolitan Borough Council for shared facilities for services, and, in the case of services for some vulnerable groups such as people with learning disabilities, we have established joint services.

NHS Rotherham has always recognised the importance of working closely with clinicians to deliver high quality, equitable health care. Proactive clinical engagement in strategic planning, service redesign, contract management and improving communication across all healthcare interfaces will continue and we will embrace clinical aspirations for health and health services in Rotherham. In the light of the White Paper and future plans for the health service, NHS Rotherham understands the need to move this clinical

engagement to a higher level. NHS Rotherham has worked with our local GPs to agree a structure for Rotherham Commissioning Executive Committee which is already meeting and addressing the commissioning agenda with a view to building up expertise and experience in clinicians in readiness for a formal handover of responsibility in April 2013.

4.2 NHS Rotherham Values

NHS Rotherham has refreshed its values, ensuring that they resonate with staff and reflect our local branding, within the context of the NHS Constitution. NHS Rotherham's values are:

“Our vision is Better Health and Better Lives for everyone in Rotherham.”

In everything we do we believe in:

- *Putting People First*
- *Working in Partnership*
- *Continuously Improving Quality of Care*
- *Showing Compassion, Respect and Dignity*
- *Listening and Learning*
- *Taking Responsibility and Being Accountable*

NHS Rotherham will do this for everyone – the people of Rotherham, patients, service users, carers and the general public, and all staff and partners.

In 2009, in response to the changing economic climate, NHS Rotherham refreshed Better Health, Better Lives:

FOUR

Adding Quality and Value to makes recognise the critical interdependence between long-term conditions, intermediate care and urgent care. NHS Rotherham's revised priorities are therefore:

- *First Class Primary Care*
- *Healthy Pregnancy and Birth*
- *Healthy Childhood*
- *Staying Healthy*
- *First Class Planned Care*
- *Long Term Conditions, Intermediate Care and Urgent Care*
- *Better Mental Health*
- *End of Life Care*

NHS Rotherham's vision and strategy were based on extensive stakeholder consultation, taking account of what the public, patients and clinicians told us about their aspirations for health services in Rotherham. These insights together with a series of multi-agency health needs assessments and insight into our current performance informed our strategy.

4.3 Single Integrated Plan

In 2011, NHS Rotherham developed a four year Single Integrated Plan. This document summarises aspects of current vision and strategy. Its purpose is to allow NHS Rotherham to see how our performance, finance, quality, efficiency and workforce assumptions are consistent with each other and the degree to which they need to be adjusted to fit with the requirements of the NHS Operating Framework and the NHS architecture. The full document can be

found by following the link below:
www.rotherham.nhs.uk/about/publications/Single-integrated-plan.htm

4.4 Equality Impact Assessment

NHS Rotherham strategy Better Health, Better Lives: Adding Quality and Value was designed to reduce health inequalities and ensure that the needs of all parts of our increasingly diverse community are met. To understand the health of our population and where there are unjustifiable inequalities in health, we have used the information from our joint strategic needs assessment and strategic intelligence review. NHS Rotherham has then looked at this through the spectrum of equality and diversity legislation and identified some of the key areas of inequality:

Life Expectancy

- *Life expectancy varies by 9.7 years for men and 5.4 years for women between different parts of the Borough.*
- *Females in Rotherham aged under 75 are more likely to die from cancer compared to men.*
- *People with a learning disability are 2.5 times more likely to have health problems than other people and 4 times as many die of preventable diseases.*

Primary Care

- *There is higher smoking prevalence amongst Pakistani males and the Irish community.*
- *Overweight and obesity are more*

common in lower socioeconomic and socially disadvantaged groups, particularly among women. Women's obesity prevalence is far lower in managerial and professional households (18.7%) than in households with routine or semi-routine occupations (29.1%).

- In September 2009 the Home Office reported that 415 asylum seekers were living in Rotherham; asylum seekers are likely to present increased levels of diseases such as tuberculosis, HIV and the physical and psychological effects of war and torture.

Long Term Conditions, Intermediate Care and Urgent Care

- 2008 Lifestyle Survey shows that 35% of the population consider themselves to have a long-term condition; this increases to 39% of respondents in areas of deprivation.
- Rotherham's population is ageing, and we have many people with life limiting illnesses looked after in the community. This has substantial implications for carers and the provision of health and social care.
- African Caribbean and South Asian communities have a higher prevalence of Type 2 diabetes (4 times higher in African Caribbean and 6 times higher in South Asian).

GP Referrals and Planned Care

- In Rotherham people of South Asian origin are more likely to be admitted to hospital with cardiac complaints and receive cardiac interventions

(heart bypass and angioplasty) than the population average, once age differences in the populations are adjusted for.

- The BME community in Rotherham had twice the rate of hospital admissions for congestive heart failure (CHF) between 2000 and 2005 than for the general population. The Pakistani community had two and a half times the rate of hospital admissions for this condition compared to the general population.

As a result, some of the key goals of NHS Rotherham's strategy are directed to tackling these particular areas:

Life Expectancy: we will continue to ensure that all parts of our life expectancy programme reach people and communities in particular need, including black and ethnic minority communities and people with mental health problems and disabilities.

Primary Care: this programme seeks to ensure that everyone in Rotherham can access high quality care; this is the foundation to tackling health inequality, and is particularly important for specific groups of patients, for example people with learning disabilities and mental health problems.

Long-Term Conditions, Intermediate Care and Urgent Care: this programme aims to radically change and improve the services provided for people with long-term conditions and frail older people;

we will take action to ensure that this is achieved; specific action will be needed to ensure this programme is inclusive of older people with dementia and people from black and ethnic minority communities.

GP Referrals and Planned Care: *this programme will seek to reduce variation – but NHS Rotherham must ensure that this is not achieved at the expense of patients whose aspirations and expectations are relatively low.*

NHS Rotherham believes therefore that our strategy can demonstrably help to reduce inequalities in health and we will monitor progress through:

- *Our refreshed equality impact assessments on all transformational initiatives and service specifications developed as part of Transforming Community Services.*
- *Ensuring that equality impact assessments are routinely completed for all new work streams.*

- *Ongoing monitoring of the life expectancy and prevention programme (now integrated within the staying healthy programme).*
- *Continued performance monitoring of our transformational initiatives and service specifications.*
- *Future monitoring of patient experience and satisfaction metrics across equality streams (reliant on data being available from providers).*

FIVE

Arrangements for consulting and engaging the public, patients and staff

NHS Rotherham has developed excellent relationships with patients and the public through the interface with a diverse range of local community and voluntary groups. Through this work, NHS Rotherham has gained a wealth of valuable insight which informs the planning and delivery of health services across the borough. NHS Rotherham will continue to support community meetings to ensure the voice of patients is actively heard through 2011/12.

This work has been supplemented by an extensive programme working with community organisations and providers to collect real time patient and public feedback through the use of touch screen technology. The technology has been used to gather high quality insight in a number of areas including access and satisfaction in dental practices, street surveys to inform the pharmaceutical needs assessment and in GP practices. This work has been complemented by the new NHS Rotherham website which was formed using direct participation with patients and the public to ensure it met user needs. Through the website NHS Rotherham has initiated an internet-based consultation hub which allows us to promote both open and closed consultations, share the results of engagement activity, and demonstrate how the patient voice has contributed to

service improvement.

NHS Rotherham also acknowledge that quality patient experience and satisfaction data, which helps to inform planning and commissioning of services, is often best generated through provider services, and will continue our ongoing work with provided and commissioned services to ensure that collection of this data is built into service specifications and contracts wherever possible.

NHS Rotherham has continued our leading work with Patient Opinion not only to encourage service users to comment on services but to show how their postings have contributed towards changes to service delivery. NHS Rotherham uses a variety of methods for communicating with patients. NHS Rotherham continue to nurture excellent relationships with the local media, provide a wealth of written information in a variety of formats and support the widespread use of video through the website and the QTV network situated in GP practices and health centres across the Borough. Patients can also access one-to-one information support through the PALS which will relocate to offer a more consistent and response service in the summer of 2011.

5.1 Examples of consultation and engagement with diverse communities

NHS Rotherham has undertaken some excellent work around patient and public engagement and has built extensive community networks to ensure that Rotherham diverse communities are engaged with planning and developing quality health services.

Some of the wide variety of networks, mechanisms, and examples of good practice include:

- *Close working with Rotherham Local Involvement Network.*
- *Links to SYCIL (South Yorkshire Centre for Inclusive Living) in Rotherham, and Access Audit Group (a group run by disabled people).*
- *Support to, and close working with Rotherham Health Network – including work on our Health Small Grants Fund.*
- *Support to ROPES (Older people's health group), and Rotherham Older People's Forum.*
- *Support to Umbrella organisation such as Rotherham Ethnic Minority Alliance (REMA) and Rotherham Older People Forum.*
- *Support to Visual Impairment User Group, and meetings with Deaf User Group.*
- *Ongoing work and support to Learning Disability groups – Speak Up and RAP.*
- *Ongoing work and support to Cancer Action Rotherham.*
- *A variety of events with different black and minority ethnic communities, including cancer, carers, and mental health.*
- *General activities, such as stalls at community events include activities that are as accessible as possible.*
- *Consultation with BME communities on the modernisation of RDASH inpatient services.*
- *Support to Macmillan health and well being events.*
- *Support to Yemeni Community Association and Tassibee.*
- *Annual participation in Rotherham Show and Carers Week.*
- *Extensive use of touch screen survey equipment and story telling via websites.*
- *Patients and public representatives, service users and carers have been invited to participate in a number of groups and boards.*
- *Collating and reporting on informal and qualitative data from a variety of sources, alongside information from PALS.*
- *Annual stakeholder events to report to our community, and listen to their concerns.*
- *Links established with local Lesbian Gay Bisexual Transgender organisation.*
- *Small grants allocated to a wide variety of community organisations covering many groups who face barriers to accessing services.*
- *Engagement activity reported on our website through consultation Hub.*

The following types of organisations have been supported through NHS Rotherham Health Grant funding:

- o Wah Hong Chinese Association
- o Kimberworth Park Club 50+
- o St Andrews Centre
- o Supporting Women with Alcohol Problems
- o Headway Rotherham
- o Rotherham Stroke and Disability Support Group
- o Rotherham Lesbian Gay and Bisexual group
- o Canklow Wood Breakfast Club
- o Swinton Fitzwilliam Mutual Association
- o Carers4Carers
- o Unity Centre and Food Awareness partnership

5.2 Involvement of disabled people

Extensive engagement work with disabled people informed our Disability Equality Scheme, which was in partnership with the local authority and NHS Rotherham Trust. One of the key barriers to this work, and actions from the DES was the establishment of a user led disabled people's organisation. NHS Rotherham issued a grant to SYCIL to support and progress this aim, and will continue to work with a variety of separate disability groups, as mentioned above.

5.3 Staff, stakeholder and community involvement

NHS Rotherham is committed to the involvement of our stakeholders, local communities and our employees in the development of our scheme. NHS Rotherham will continue to involve our

staff and local people in the ongoing development of the scheme through consultations, surveys, and focus groups as relevant and appropriate, and in completing Equality Impact Assessment as needed.

5.4 Future engagement priorities

NHS Rotherham are revitalising our patient and public engagement information on the website, looking at ways that people can contact us and feed in their concerns at a time that is convenient, and anonymous, should they so choose. NHS Rotherham is, in addition, seeking to make all our information much more accessible, including the use of different formats, such as audio and video materials. There will also be the opportunity to take part in more consultation processes, and better information provided about events, activities and opportunities for engagement.

In the future, better data from service providers in terms of the satisfaction with services that also identifies characteristics such as age, gender, ethnicity and disability, will help us to monitor whether services meet the needs of all Rotherham diverse community.

NHS Rotherham will continue to monitor our database and address gaps in consulting and engaging with some elements of our community who are often overlooked.

Arrangements for meeting our employment duties

6.1 Workforce profile

NHS Rotherham employs approximately 212 staff.

The following table shows the workforce profile data by ethnic origin, disability, age, gender, religion or spiritual belief and sexual orientation as of 6th June 2011.

1. To ensure that NHS Rotherham's current workforce is educated on the diverse needs of the local community.
2. To ensure that staff continue to be developed and supported to fulfil our equality, diversity and inclusion, vision and priorities, in accordance with NHS Rotherham and the Equality Act 2010.

6.2 Workforce Priorities

NHS Rotherham's workforce has been significantly reduced following the completion of 'Transforming Community Services' (TCS) in March 2011. A national requirement to reduce management costs has also led to further staff reductions; mainly the ending of fixed-term contracts and two voluntary redundancies and voluntary early retirement schemes. The ongoing cost saving requirements facing NHS Rotherham means the workforce profile is unlikely to change significantly in the foreseeable future.

As a result of downsizing, NHS Rotherham will be supporting staff in the development and delivery of fair, accessible and responsive services for local people. Our key priorities will be:

6.3 Workforce Profile Compared to the Local Population

Population Group	NHS Rotherham		Rotherham Population	
Ethnic Origin	Number	%	Number	%
White-British, any other white background, white unspecified	197	92.9	234,900	92.5
Black Minority Ethnic	12	5.7	19,000	7.5
Undefined and not stated	3	1.4	0	0.0
Grand Total:	212		253,900	
Disabled	Number	%	Number	%
Yes	12	5.7	11,640	7.2
No	54	25.5	150,760	92.8
Not Declared	146	68.9	0	0.0
Grand Total (aged 16-64):	212		162,400	
Age Band	Number	%	Number	%
16-30	28	13.2	47,300	23.0
31-45	78	36.8	50,800	24.7
46-64	104	49.1	64,300	31.2
65+	2	0.9	43,400	21.1
Grand Total (aged 16+):	212			
Gender	Number	%	Number	%
Female	149	70.3	129,700	50.9
Male	63	29.7	124,900	49.1
Grand Total:	212		254,600	
Religion	Number			
Atheism	9	4.2	25,734	10.1
Christianity	77	36.3	197,714	77.9
Hindu	1	0.5	405	0.2
Islam	3	1.4	9,296	3.7
Other	5	2.4	898	0.4
Undefined	117	55.2	19,848	7.8
Grand Total:	212		253,895	
Sexual Orientation	Number			
Lesbian (a)	1	0.5	9,700	6.0
Gay (a)	1	0.5		
I do not wish to disclose my sexual orientation	8	3.8		
Heterosexual	94	44.3		
Undefined	108	50.9		
Grand Total (aged 16-64):	212		162,400	

Notes

Rotherham "Age Band" and "Gender" data based on ONS Mid-2010 Population Estimates for Rotherham.

Rotherham "Ethnic Origin" and "Religion" data based on 2009 estimates.

Rotherham ethnic population is the 2009 estimate produced by Rotherham Metropolitan Borough Council and is not an ONS estimate.

In "Ethnic Origin" category Rotherham "White British, any other" represents "White British" total only.

"Disabled" estimate for Rotherham based on "Disability Living Allowance" claimants as at November 2010 (Source - Department of Work and Pensions)

(a) "Sexual Orientation" figure of 9,700 for Rotherham is an estimate of Lesbian, Gay, Bisexual and Transgender (LGBT) aged 16-64.

Previous employment monitoring reports from NHS Rotherham can be found on the website at www.rotherham.nhs.uk/about/equality

SEVEN

Consultation on our Equality Delivery System

NHS Rotherham is committed to engaging staff and communities to ensure an inclusive and transparent approach to developing its priorities. NHS Rotherham recognises the importance of engaging staff and local communities to support and influence the developments of the organisation.

Below are some positive examples of successful initiatives and current good practice in Rotherham across all equality groups that NHS Rotherham aims to build on for the future.

- *Joint carers strategy and actions, including production of a DVD, a signposting leaflet and work with GPs.*
- *Established links with the community group for Lesbian, Gay, Bisexual and Transgender and offering information and looking at how we can work together in the future.*
- *Small health grants targeted at deprived groups and communities i.e. those experiencing barriers to accessing health services.*
- *Support to various community organisations including older people, cancer networks, visual impairment group and deaf user group.*

Consultation and engagement has supported the development in this Single Equality Scheme through our Equality, Diversity and Human Rights Steering Group, using our staff satisfaction survey and existing public engagement feedback from our extensive public and patient engagement activities and information gathered from previous equality schemes.

NHS Rotherham has strong links with Rotherham Metropolitan Borough Council in order to provide mutual support with consultation and engagement. Consulting on the Equality Delivery System's objectives and outcomes will help NHS Rotherham to deliver on:

- the NHS Outcomes framework
- the rights and pledges of the NHS Constitution for patients and staff
- addressing health inequalities in general, improving outcomes and reducing gaps.

EIGHT

Communication

NHS Rotherham has a wide range of communication channels open to facilitate communication with staff, patients, carers, the public, partners and its stakeholders. These include the website, a regular flow of information to and contact with the local and regional media, a range of internal publications, as well as public events, including Rotherham Show.

The scheme and action plan will be published on NHS Rotherham's website, and made available as a hard copy on request. NHS Rotherham will also publish a leaflet, outlining all our work on equalities, providing key information. This will be available widely, circulating it in local media, through in-house and external newsletters. Progress will also be reported in the Annual Report.

The results of assessments, consultation and monitoring in relation to services and policies will be published along with the full impact on the promotion of equality.

Consideration is always given to ensuring information is available in accessible formats with alternative formats available upon request. Information in alternative formats such as video is being used to greater effect using social networking sites- now preferred mode of communication for many individuals.

NHS Rotherham welcomes comments, concerns and complaints from patients about the health services commissioned by NHS Rotherham. In this event patients and service users can contact the service directly or NHS Rotherham using PALS or the formal complaints process.

NHS Rotherham is also interested to hear the views of services users who have positive experiences of health services so that services can be assured they are offering high quality care and the staff involved can be commended.

NHS Rotherham ensures that all the comments received are used to where possible improve the services.

For information can be found on our website at: www.rotherham.nhs.uk/advice

Appendix 1- Previous public duties

Race Equality

The Race Relations Act 1976 and Race Relations (RRA) (Amendment) Act 2000

NHS Rotherham is a public authority listed in Schedule 1A of the Race Relations Act 1976, as being subject to the general statutory duty in relation to race. That general duty is set out in Section 71 of the Race Relations Act 1976 as amended by the Race Relations (Amendment) Act 2000. It requires NHS Rotherham in carrying out functions, to have due regard to the need to:

- *Eliminate unlawful racial discrimination;*
- *Promote equality of opportunity; and*
- *Promote good relations between persons of different racial groups.*

The RRA 2000 outlaws discrimination in those public authority functions not already covered by the 1976 Act and placed public authorities under a general duty to promote race equality. The aim is to put race equality at the centre of policymaking, service delivery and employment practice.

Disability Equality Duty

Disability Discrimination Act (DDA) 1995, as amended by the Disability Discrimination Act 2005

The Disability Discrimination Act 2005 places general and specific duties on healthcare organisations to promote disability equality. The general duty provides that in carrying out all our functions, NHS Rotherham must:

- *Promote equality of opportunity between disabled and other persons*
- *Eliminate discrimination that is unlawful under the DDA*
- *Eliminate harassment of disabled persons that is related to their disabilities*
- *Promote positive attitudes towards disabled people*
- *Encourage participation in public life and*
- *Take steps to take account of disabled persons' disabilities, even where that involves treating disabled persons more favourably than other persons.*

The specific duty provides that NHS Rotherham must publish a Disability Equality Scheme setting out the ways in which they will meet their general and specific duties.

Responsibilities for all service providers under the DDA 1995

It is unlawful to discriminate against disabled people by:

- *Refusing to provide a service*
- *Providing a service to a lesser standard or on worse terms without justification*
- *Failing to make reasonable adjustments to the way services are provided*
- *Failing to make reasonable adjustments to the physical features of service premises, to overcome physical barriers to access.*

Responsibilities for Employers under the DDA 1995

The DDA 1995 made it unlawful to

discriminate against potential or existing employees on the grounds of disability. The Act does not prevent an organisation employing the best person for the job but aims to ensure that a disabled person who could be the best person is considered fairly.

It is unlawful to discriminate against people on the grounds of their disability, or for a reason relating to their disability, in relation to:

- *Recruitment, terms and conditions, training and promotion, benefits or dismissal*

Employers have a responsibility to make reasonable adjustments including:

- *Re-allocation of duties*
- *Transfer, altering hours, place of work*
- *Time off for treatment*
- *Modify equipment, training*
- *Provide assistance, reader, pa or interpreter*
- *Adjustments to premises*

Gender Equality Duty

Sex Discrimination Act (SDA) 1975, as amended by the Equality Act 2006

Sex discrimination is unlawful in employment, training, education, and the provision of goods, facilities and services. This includes:

- *Direct and indirect sex discrimination*
- *Direct and indirect marriage discrimination*

The Equality Act amends the SDA to place positive duties on public bodies, which include general duties to:

- *Eliminate unlawful discrimination and harassment (including for Trans people, in*

employment and vocational training, high and further education)

- *Promote equality of opportunity between men and women*

The general duties outlined above accompanied by a set of specific duties. These specific duties provide milestones for achieving NHS Rotherham general duties, and will form the basis of their Action Plan.

Additional Relevant Legislation

The Protection from Harassment Act 1997

This act provides employees with both criminal and civil protection against bullying at work which comes within the statutory definition of harassment.

Human Rights Act 1998 (HRA) 1998

The HRA makes the human rights contained in the European Convention on Human Rights enforceable in the UK. It is unlawful for a public authority to act in a way that is incompatible with a Convention right.

Sex Discrimination (Gender Reassignment) Regulations 1999

These regulations extend the Sex Discrimination Act 1975 to include direct discrimination on grounds of gender reassignment in employment and vocational training. Any reference to discrimination in employment against men or women in parts II and III of the Sex

Discrimination Act (1975) also applies to individuals who have gender dysphoria. A case, therefore, can be brought against an employer or individual person for any unlawful

discrimination, including harassment.

It is unlawful to discriminate against a person in employment context or vocational training on the grounds that s/he person intends to undergo gender reassignment, or is undergoing gender reassignment, or has at some time in the past undergone gender reassignment.

Gender Recognition Act 2004

The Gender Recognition Act 2004 provides for legal recognition of a transsexual person in their acquired gender and an opportunity to acquire a new birth certificate in their new gender (a Gender Recognition Certificate or GRC). These Regulations make it an offence to disclose information acquired in their official capacity about the gender history of a person holding a GRC.

The holder of a GRC is not obliged to inform their employer that they hold a GRC, but if they do so the employer is obliged to hold this as 'protected information'.

Equality in Employment Regulations (Religion or Belief) 2003

These Regulations make it unlawful to discriminate on the grounds of religion or belief, directly or indirectly; or to harass or victimise somebody because they have made a complaint or intend to, or if they give or intend to give evidence to a complaint of discrimination. This applies to all aspects of employment and vocational training.

Equality in Employment Regulations (Sexual Orientation) 2003

These Regulations made it unlawful to

discriminate on the grounds of sexuality, directly or indirectly; or to harass or victimise somebody because they have made a complaint or intend to, or if they give or intend to give evidence to a complaint of discrimination. This applies to all aspects of employment (recruitment, terms and conditions, promotions, transfers, terminations and training) and vocational training.

Part 2 of the Equality Act 2006 (which came into effect in April 2007), makes it unlawful for a public body involved in providing goods, facilities or services to discriminate on the grounds of religion or belief through or sexual orientation:

- *Refusing to provide a person with goods, facilities or services if they would normally do so to the public, or to a section of the public to which the person belongs; and*
- *Providing goods, facilities or services of an inferior quality to those that would normally be provided, or in a less favourable manner or on less favourable terms than would normally be the case*

Employment Equality (Age) Regulations 2006

The Employment Equality (Age) Regulations make it unlawful to discriminate against workers, employees, job seekers and trainees because of their age, up to the age of 65. The Regulations cover recruitment, terms and conditions, promotions, transfers, terminations and training.

Appendix 2 - Equality Delivery System Objectives and Outcomes

The analysis of the outcomes must cover each protected group, and be based on comprehensive engagement, using reliable evidence.

Objective	Narrative	Outcome
1. Better health outcomes for all	The NHS should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results	1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities 1.2 Patients' health needs are assessed, and resulting services provided, in appropriate and effective ways 1.3 Changes across services are discussed with patients, and transitions are made smoothly 1.4 The safety of patients is prioritised and assured 1.5 Public health, vaccination and screening programmes reach and benefit all local communities and groups
2. Improved patient access and experience	The NHS should improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience	2.1 Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds 2.2 Patients are informed and supported so that they can understand their diagnoses, consent to their treatments, and choose their places of treatment 2.3 Patients and carers report positive experiences of the NHS, where they are listened to and respected and their privacy and dignity is prioritised 2.4 Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently

Objective	Narrative	Outcome
3. Empowered, engaged and well-supported staff	The NHS should Increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patients' and communities' needs	<p>3.1 Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grades</p> <p>3.2 Levels of pay and related terms and conditions are fairly determined for all posts, with staff doing the same work in the same job being remunerated equally</p> <p>3.3 Through support, training, personal development and performance appraisal, staff are confident and competent to do their work, so that services are commissioned or provided appropriately</p> <p>3.4 Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open and fair to all</p> <p>3.5 Flexible working options are made available to all staff, consistent with the needs of patients, and the way that people lead their lives</p> <p>3.6 The workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues that affect individual staff and the wider population</p>
4. Inclusive leadership at all levels	NHS organisations should ensure that equality is everyone's business, and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions	<p>4.1 Boards and senior leaders conduct and plan their business so that equality is advanced, and good relations fostered, within their organisations and beyond</p> <p>4.2 Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination</p> <p>4.3 The organisation uses the NHS Equality & Diversity Competency Framework to recruit, develop and support strategic leaders to advance equality outcomes</p>

Appendix 3 - Human Rights and the Equality Delivery System

Human rights legislation in the UK is founded on five key FREDA principles. Human rights should never be a secondary consideration in the provision of NHS services or in the development of the workforce. They should underpin all NHS activity and indeed are at the heart of the NHS Constitution. They are also at the heart of the EDS, as the follow box describes:

Human rights principle	How reflected in the EDS for protected groups?
Fairness	As and when organisations deliver on EDS Outcome 1.1 to meet the needs of all individuals and communities, tailored to their specific circumstance, and provide working environments where all staff are given equal chance to thrive (EDS Outcome 3.1), then the NHS will demonstrate its commitment to fairness to protected groups and beyond.
Respect	The EDS supports the NHS Constitution to help the NHS respect both patients and staff from protected groups and beyond. For patients, EDS Outcomes 2.3 focus on the promotion of safety and access. For staff, the EDS Outcome of 3.2 asks organisations to promote the well-being of their staff. Achievement of these outcomes will be a clear demonstration that individuals' rights to be respected are a priority for the NHS.
Equality	The whole of the EDS is designed to improve the equality performance of the NHS. EDS Outcomes 4.1 and 4.2 emphasise that strong and committed leadership, where equality in general, and equality champions in particular, are supported, is essential to the achievement of a fairer and more personalised NHS, staffed by a diverse, confident and competent workforce.
Dignity	For patients, EDS Outcome 1.3 asks the NHS to prioritise the safety of patients, and EDS Outcome 3.4 asks that working environments are free from discrimination. Achievement of these outcomes will ensure that the dignity of both patients and staff, from protected groups and beyond, will be upheld.
Autonomy	For patients, EDS Outcome 2.2 asks that people from protected groups and beyond are given sufficient information about the NHS and their diagnoses and treatments so that they can make informed choices for themselves. For staff from protected groups and beyond, EDS Outcome 3.3 seeks a workforce that is confident, competent and empowered to make decisions – with patients and within management / professional guidelines – on the most appropriate treatments or courses of actions

Appendix 4 - Population demographics and health needs

Rotherham is an area with high health needs, it has a history of deprivation and disadvantage being currently the 68th most deprived borough. One of the most striking health issues in Rotherham is the degree of inequality within the borough. The gap in overall life expectancy between Rotherham and the national average is one and a half years but the gap in life expectancy between different parts of Rotherham is six years. In recent years we have begun to see significant overall improvement, although the health and disability Index of Multiple Deprivation (IMD) domains have seen little change. This is particularly so for the most disadvantaged communities. Rotherham's life expectancy although improving, remains below the national average. We will maintain the emphasis on inequalities and target our resources towards areas of need, and focusing on reducing the inequities confirmed by recent Health Needs Assessment (HNAs) in Rotherham.

Maternal, infant and childhood health give quite considerable cause for concern, with smoking in pregnancy, low birth weight and teenage pregnancy being above the national average and breastfeeding rates below national average.

Staying healthy is a challenge for many people and families in Rotherham. Whilst smoking prevalence has fallen, it remains the biggest single cause of premature mortality. Obesity

amongst children and adults has become almost as serious a problem and there are rising levels of alcohol related problems. Use of alcohol is a growing area of concern.

The prevalence of all long term conditions remains high. Improvements have been made to cardiovascular disease rates but diabetes is a significant problem. Cancer mortality remains too high and chronic obstructive pulmonary disease is a particular local concern. High numbers of people in Rotherham are receiving incapacity benefits.

Mental ill health is the biggest cause of morbidity and incapacity and the growing burden of dementia is an increasing concern. Rotherham has a relatively small black and minority ethnic (BME) community but one that is growing and becoming increasingly diverse.

Rotherham's population is aging, as a consequence, more people will have long-term health conditions and many more people with life limiting illnesses will need to be looked after in the community. This has substantial implications for carers and the provision of health and social care and is currently leading to substantial overuse of secondary care services.

Appendix 5 - Population Demographics

The following information is taken from the Rotherham Metropolitan Borough Council fact sheet – ‘Know your Place!’ and 2009 estimation source

Black and Minority Ethnic Communities (BME) in Rotherham

The minority ethnic population is unevenly distributed across the Borough:

- *Boston Castle, Rotherham East and Rotherham West wards account for 6% of the total BME Community: As a percentage of the ward population - Boston Castle 35%, Rotherham East 25%, Rotherham West 21% (2009 Estimate).*
- *Of the remaining 18 wards only Sitwell has BME population above the 7.5% Borough average (2009 Estimate).*
- *‘White’ minority ethnic communities, mainly people of Irish, Polish and Roma, make up over 2% of Rotherham’s population.*
- *Main community languages are Arabic, Chinese, English, Farsi, French, Slovak, Polish, Urdu and Mirpuri (Mirpuri is a spoken language only).*

Age Profile

- *Rotherham’s population is ageing, with fewer people in many younger age brackets, mainly due to out-migration.*
- *‘Non-white’ ethnic groups in Rotherham have a much lower age profile than the ‘white’ population –Children aged 0 to 19 age groups make-up 34% of the BME population compared to just 22% of the ‘white’ population (2009 estimate).*

Unemployment

- *The unemployment rate in the 2001 Census for the ‘white’ population was 6% compared to 14.6% for the ‘non-white’ population. For Pakistanis, unemployment was 20.2%.*

Qualifications

- *45% of Rotherham’s ‘white’ population (aged 16-74) have no qualifications, with 44% qualified to the lower level (NVQ levels 1-3, GCSEs) and 11% qualified at the higher level (Degree, NVQ levels 4-5, HND, etc).*
- *45% of Pakistanis aged 25-34 have no qualifications compared to 18% of all people aged 25-34 in Rotherham.*
- *By comparison the ‘non-white’ population have a higher proportion with no qualifications (47%) but also a higher proportion at the higher levels (18%).*
- *The Chinese/other ethnic group have a particularly high proportion (23%) with high level qualifications but also a very high proportion with no qualifications (52%).*

Housing

- *The proportion of the Asian population living in council accommodation is 9% compared to 22% for the ‘white’ population.*
- *The proportion of the Asian population living in private rented accommodation at 10% is double the 5% for the ‘white’ population.*
- *The proportion of the ‘non-white’ population living in accommodation classed as overcrowded (21%) is*

significantly higher than the 'white' population (5%) - this is particularly true of Asian communities, where 23% of the population is living in overcrowded accommodation.

- The Asian population is also more likely to be living in accommodation without central heating (11%) than the Rotherham average (3%).

Asylum Seekers and Refugees

- In September 2009 the Home Office reported that 415 asylum seekers were living in Rotherham including Afghan, Iraqi, Iranian, Pakistani, Congolese, Sudanese and Zimbabwean people.
- There are no figures available for Asylum children in Rotherham.
- The costs of looking after asylum seekers and processing their claims are met by central government.

Carers

The census collects data about people who are looking after, giving help or support to family members, friends, neighbours or others because of long-term physical or mental ill-health or disability or problems relating to old age.

- The total number of people in Rotherham providing unpaid care is 30,284 (12.2% of population)
- Provision of 50 or more hours unpaid care in Rotherham at 3% of the population is higher than the England & Wales average of 2.1%.

Disabled People

- 22.4% of people in Rotherham (at census day) declared they had a long-term illness, health problem or disability which limits their daily activities or work. This is significantly higher than the national average.
- Percentage of the working age population with a limiting long-term illness is 17.4% (26,151).

Faith Communities

- Based on 2009 figures, 77.9 % of people in Rotherham were estimated to be Christian and 3.7% Muslim.

Lesbian, Gay, Bisexual and Transgender (LGB&T) communities

Very little information is available about the demographic profile of LGB&T people in Rotherham. In a recent survey (August 2010) of LGB&T people in Rotherham.

- 71% of people travelled outside Rotherham for LGB&T activities, mostly to Sheffield
- For 82% of these people it was because Rotherham lacked facilities
- 75% of respondents thought that the general public needed more awareness of LGB&T issues
- 64% thought that service providers needed more awareness
- 72% thought that more groups, societies and facilities would make things better
- 66% would be interested in a community group that could help them

Gypsy and Traveller Communities

Little official information is available about Gypsy and Traveller communities:

- *Data relates to 2004 estimates that there are 217 gypsy or Traveller children in School (2011)*
- *The vast majority of the above receive no support other than that provided by the Traveller Education Support Service despite being widely acknowledged as being the most at risk group in terms of education.*

Women and men

- *Mid-year population estimates for 2004 show that 51.2% of Rotherham's population are women - 48.8% are men.*

A full analysis and report on Rotherham's census profiles using data from 2009 estimation source can be found on the RMBC website: www.rotherham.gov.uk/site/custom_scripts/google_results.php?q=graphics+YourArea+Rotherham+Census&btnG=Search



NINE

Appendix 6 - Workforce

A Workforce Profile

Ethnicity

Workforce representation

Overall, staff ethnicity matches the local population with approximately the same percentage of white/non white staff employed by NHS Rotherham.

Applicants for posts

The restriction on recruitment will continue until the abolition of NHS Rotherham, therefore there may be no, or very limited data to report in this area.

Leavers

10 people have left NHS Rotherham since it became a commissioner only organisation on 1st April 2011, mainly as a result of voluntary redundancy schemes or the ending of fixed-term contracts. 7 (70%) leavers were White British, 2 (20%) Asian and 1 other.

Disability

Workforce representation

There appears to be an under-representation of disabled persons in the workforce, however, due to the high level of 'not declared' data, this figure is unreliable.

Leavers

There was 1 leaver with confirmed disability.

Gender

Workforce representation

Males are under-represented by a large amount, not dissimilar to the NHS as a whole (75.4% female, 24.6% male nationally

at February 2010). The profile is unlikely to change due to the recruitment and cost saving restrictions on NHS Rotherham.

Leavers

7 leavers were female and 3 male.

Age

Workforce representation

The majority of commissioner staff are in the 46-64 age band, with under-representation in the age band 16-30's and over 65's.

Leavers

The majority of leavers (70%) amongst the commissioner staff were in the 36-54 age band, with the rest in the 55-65.

This is proportionate to the age profile of NHS Rotherham.

B Workforce and Training

The Single Equality Scheme provides NHS Rotherham with a framework for establishing on-going, measurable improvements in creating a culture of equity, fairness, valuing diversity and respect for human rights in line with its current legal duties to promote race, disability and gender equality and its commitment to total diversity including age, sexual orientation and religion and belief and transgender equality strands in preparation for an extension of its legal duties in line with the Equality Act 2010.

NHS Rotherham has an Equality and Diversity Strategy, which provides the overarching

Equality and Diversity Framework. Within this the Single Equality Scheme action plan will help to support the achievement of the strategic goals and aims contained therein.

NHS Rotherham aims to continue to embed its commitment within all its employment practices, policies and procedures and those that are central to this change and to the fulfilment of the strategic goals and aims referred to above, include:

- *Recruitment*
- *Retention including:*
- *Access to learning and development and career development opportunities*
- *Workplace bullying and harassment*
- *Improving Working Lives*
- *Pay and Reward*
- *Diversity monitoring*

Recruitment

NHS Rotherham has a robust recruitment and selection procedure and this is detailed in our Recruitment and Selection Guidelines. In addition NHS Rotherham provides training on recruitment and selection which is required to be undertaken by all staff involved in the recruitment procedure. This enables staff to ensure that recruitment the protected characteristics contained in the Equality Act 2010

Flexible working including part-time working is promoted within the recruitment and selection process. The recruitment pack to applicants includes reference to the various potential flexible working options and all job adverts carry a strap line referring to flexible working. Flexible working options

include term-time working, voluntary reduced hours, annualised hours, part time working, compressed hours and home working. NHS Rotherham annual staff survey results continue to demonstrate very high levels of take up and satisfaction in this area

From 1st October 2006, in response to the age equality regulations, our mandatory retirement age of 65 was replaced with the right to continue working beyond this age was put into place. This right was aligned to individual's pensionable position and in support of flexible retirement options. This facility is now a legal right.

NHS Rotherham uses the Disability Two Ticks symbol on our recruitment literature and ensures that all applicants who declare a disability and meet the essential criteria for the post are offered an interview.

Our monitoring of staff in post and applicants for posts enables us to focus on taking robust action to address the under-representation of particular diverse groups over time benchmarked against that group's representation in the Rotherham population, through positive action in recruitment and selection practice. For example, we use the Disability Two Ticks symbol on our recruitment literature and ensure that all applicants who declare a disability and meet the essential criteria for the post are offered an interview.

Recent positive action taken to support the successful recruitment of currently under-represented and disadvantaged groups includes:

- *Establishment of Commissioning Executive Committee and GP Reference Group to lead and manage transition from Primary Care Trust to GP Consortium.*
- *Retention of non-executive directors of NHS Rotherham Board*

Learning and Development

The commitment to the learning, development and career development of all employees is enshrined in the Trust's Organisational Development and Human Resources Strategies for NHS Rotherham, the Talent Management Strategy, the Access to Learning Opportunities Policy and procedure, continued implementation of the Knowledge and Skills Framework and Personal Development Review procedures. These documents are currently under review to reflect the recent changes within NHS Rotherham. Each of these strategies, policies and procedures will be incorporated and reflected in a 'Workforce & Organisational Development Policy, Strategy, Plan & Procedures, retaining the essence and integrity of the former.

NHS Rotherham has robust procedures in place for the appraisal and development of all NHS Rotherham staff which historically has consistently placed us in the top 20% performance of comparable NHS organisations, as evidenced from the annual national staff surveys. Our appraisal and personal development process is a core part of the way we manage our employees. This includes managing and developing the current talent pool during the transitional period towards the establishment of a GP

Clinical Commissioning Group in Rotherham.

Development of staff and managers in fulfilling their equalities duties

Since 2005, all NHS Rotherham staff and managers have been required to regularly undertake a two-tier 'Equality & Diversity' training workshop as part of their corporate 'statutory & mandatory' training programme. This is to ensure that staff understand and value diversity and are equipped with the skills and knowledge to respond positively to the needs of all groups within the workforce and within the population that they serve. A more flexible, blended approach to learning has been adopted by NHS Rotherham in developing our staff and managers, following the completion of 'Transforming Community Services (TCS) in March 2011. This includes: an annual face-to-face update as part of the corporate learning & development programme; access to the Core Learning Units revised 'Respect for People – Equality & Diversity' e-learning package via the National Learning Management System; printed guidance and advice via the Trust's intranet site; and access to a specialist advisor.

Workplace Bullying and Harassment

The trust is committed to ensuring that all employees experience a workplace that is free from inequitable treatment, discrimination or harassment on any grounds.

The Bullying and Harassment policy and procedure, is designed to support this commitment robustly with support mechanisms in place for those who experience bullying behaviour at work.

In response to survey findings in 2007 of increased incidences of Bullying and Harassment experienced by staff from other staff from the previous year, a Trust-wide corporate action plan was initiated to reverse this position through:

- *Early intervention in incidents by line managers*
- *Promoting use of the Trust's ACAS trained mediation services to all staff to encourage early resolution at an informal stage and*
- *Promoting attendance on mandatory equality and diversity staff training with Bullying and Harassment awareness training a core session.*

This robust approach resulted in a 2008 staff survey score within the best 20% of the Primary Care Trust with mental health/ learning disabilities services in England with regards to the extent to which staff think the Trust takes effective action if staff are physically attacked, bullied, harassed or abused. Effective management of bullying and harassment at work remained a continued focus of the 2009 corporate action plan in response to the 2008 survey results and we have maintained our strong position in the recent released results from the 2009 survey. In addition monitoring of incidents of bullying and harassment for diversity purposes will continue, with ongoing encouragement of managers to report incidents that are reported and resolved informally as well as formally.

In response to a reduction in contact officer numbers (due mainly to natural wastage) the Trust is currently recruiting to increase this

resource with full training to be undertaken in 2011.

Staff equality and diversity training, e-learning and guidance covers the main responsibilities of staff and managers in taking action to ensure that bullying or harassing behaviour at work is neither perpetrated nor tolerated.

Improving Working Lives (IWL) & Flexible Working

NHS Rotherham was the first in South Yorkshire, and one of the first in the country, to obtain IWL Practice Plus Status and received high scores against its Equality and Diversity Indicators.

NHS Rotherham has a flexible working procedure in place, which gives all employees the right to request flexible working on any grounds including those of race, disability, gender, age, sexual orientation, religion and belief. Over 90% of all NHS Rotherham staff now works flexibly, according to the 2008 staff survey, the highest uptake figure across the country in comparable NHS organisations. This works well in terms of work/life balance for our staff but also benefits the organisation and our customers as it enables retention of key skills and experience.

In direct support of annual improvements to both working lives and health and wellbeing of all staff, regardless of diversity, in 2009/10 over 30 initiatives were implemented, including free counselling, subsidised swimming, Child Care vouchers, discounted child care fees, school holiday clubs including subsidy where possible, Financial Services Authority's 'Making the most of your money'

information sessions to help staff deal with effects of the recession, exercise classes, healthy staff days, secured Trust involvement in pilot for 300 staff to access 'VieLife' on-line healthy lifestyle tool the pilot.

NHS Rotherham also provides information to staff via a comprehensive IWL intranet site with numerous documents and links.

Pay and Reward

The national Agenda for Change Pay Modernisation System has been designed to ensure pay equality and has now been implemented across NHS Rotherham to ensure a harmonisation of all terms and conditions and to ensure an equal pay system has been adopted across the NHS Rotherham for all relevant pay groups (covers 95% of all staff).

C Monitoring Data, Reporting and Publishing

NHS Rotherham will continue to monitor and report Equality and Diversity data about its workforce. This will be mainly to monitor the equality impact of the transition of commissioning services to other organisations and the abolition of NHS Rotherham in March 2013.

**For more information
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