

Better Health, Better Lives

Equality Act 2010 Public Sector Equality Duty (PSED)



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Introduction

Part 11, Chapter 1 of the Equality Act 2010 (EA) specifies the Public Sector Equality Duty. This duty applies to our organisation as a public authority listed in Schedule 19 of the EA.

The purpose of this document is to publish information to show how we are meeting Public Sector Duties. Publishing this information is a requirement specified in the Equality Act 2010 (Statutory Duties) Regulations 2011, section 2: Publishing of Information.

Section 149 of the EA outlines the general duties to have due regard to the following in the exercising of our functions:

- *Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the EA.*
- *Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.*
- *Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.*

These duties are relevant to the protected characteristics of:

- *Age*
- *Disability*
- *Gender reassignment*
- *Pregnancy and maternity*
- *Race*
- *Religion or belief*
- *Sex*
- *Sexual orientation*
- *Marriage / Civil Partnership*

Section 149, 3 of the EA explains what is involved in 'having due regard':

- *Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic.*
- *Taking steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it.*
- *Encouraging persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.*

- *The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities.*
- *Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to—*
- *Tackle prejudice and promote understanding.*



How we meet these duties

For staff:

Recruitment and selection processes are transparent and include equality impact assessment.

Policies to support staff in the workplace (e.g. Dignity at Work, Flexible Working) include a focus on equality

The annual staff survey has equality themes and can be analysed by protected characteristic. Each year, the staff survey is analysed and an action plan is developed to address issues.

Commissioned services:

We assess the health needs of the population of Rotherham and ensure that health inequalities information about all people in Rotherham is available to commissioners through the Joint Strategic Needs Assessment.

Every service that is commissioned will include an equality impact assessment and a requirement for our providers to produce equality impact assessments.

Contract monitoring includes equality indicators for hospital, community and mental health services.

NHS Rotherham commissioning intentions will reflect the Equality Delivery

System objectives and outcomes, including the analysis of outcomes for each protected group reflecting comprehensive engagement and using reliable evidence.

Following the transfer of services under Transforming Community Services there were no patient safety, quality or wider performance problems. The contract and performance management of the services following their transfer to new providers has and will remain a high priority for NHS Rotherham. All service specifications have gone through the equality impact assessment process to assess the impact of the transition on the diverse population served.

In partnership:

We work closely with other public sector services including Social Services, the Fire Service and Education to address issues such as hate crime, safeguarding adults and children and improving access to services for people with particular needs, for example the Learning Disability Community.

We also work in partnership to engage with communities, so that engagement is more targeted and co-ordinated through Voluntary Action Rotherham.

Equality Delivery System

We are implementing the Equality Delivery System (EDS) in Rotherham. We are working in partnership with Rotherham NHS Foundation Trust, Rotherham Doncaster and South Humber NHS Foundation Trust, Rotherham Hospice and the Rotherham Metropolitan Borough Council. The EDS is aimed at improving outcomes for all patients and carers, and has a specific focus on the outcomes for people with protected characteristics. The overall objectives are:

- 1. Better health outcomes for all*
- 2. Improved patient access and experience*
- 3. Empowered, engaged and well supported staff*
- 4. Inclusive leadership at all levels.*

You can find out more about the EDS at <http://www.eastmidlands.nhs.uk/about-us/inclusion/eds>

Our EDS assessment grading and a summary of the evidence collected will be published in April 2012.

Core data and information

The core data and information we use to inform decisions about our functions is set out in Appendix 1.



How this data informs our equality objectives

The work we are doing on the EDS will help inform our equality objectives. This will include analysis of data and engagement feedback we already hold, and feedback from local interest groups. This helps us to identify where we are getting things right so that we can carry on doing this, where we need to improve and where we have gaps in information.



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What to do if you think we are not meeting our duties

We are accountable to our staff, service users and members of the public.

If you have any concerns or feedback about equality of access to services or in the work place, please contact:

Elaine Barnes
Equality & Diversity Project Officer
email: elaine.barnes@rotherham.nhs.uk
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Appendix 1 – Data and information sources

Information Source	Brief description	Use within organisation & publishing arrangements
Equality Delivery System evidence	Evidence of outcomes across 4 objectives: <ul style="list-style-type: none"> • Better health outcomes for all • Improved patient access and experience • Empowered and engaged staff • Inclusive leadership 	This evidence will be used to inform priorities and equality objectives.
Annual Equality Report 2010-2011	Reports how we met our legal duties in that financial year. Includes: <ul style="list-style-type: none"> • Governance arrangements for equality • Partnership arrangements • Engagement activities • Achievements • Link to JSNA equality profile of Rotherham • Staff data as outlined in specific duties of the Race, Disability & Gender Equality Duties across gender, ethnicity, age, disability, sexual orientation and faith • Staff survey findings 	Endorsed by the Board, promoted for information across the organisation and with partner organisations. Published on website.
JSNA 2011-2012	Includes a Demographic chapter which details demographic and health inequality information across the protected characteristics.	Key source of information in commissioning decisions and equality analysis. Published on website
Workforce Data 2010/2011	Included at Appendix 2	
Staff Survey 2010-2011	Responses from members of staff (including provider arm). Includes equality profiling and questions relating to E&D training, progression, discrimination and bullying and harassment.	Analysed by HR team resulting in an action plan. Used in Annual Equality Report to identify relevant issues. Summary will be published on intranet after 31 January and Care Quality Commission website.

Information Source	Brief description	Use within organisation & publishing arrangements
Community and mental health service user data	<p>Monthly reports received. Providers are only able to report on gender and ethnicity at the moment with high % of not stated for ethnicity.</p> <p>Data quality is not reliable as systems for capturing data are not consistent.</p>	Use of this data by commissioners is an area for development.
Equality indicators reported by providers through contract monitoring	Quarterly submissions by acute, community and mental health providers. Reporting not consistent.	Use of this data by commissioners is an area for development.
GP patient survey 2011	Includes demographic profiling of patients broken down by age, gender, ethnic groups, disability, religion and sexual orientation.	Use of this data by commissioners is an area for development.
Complaints: - Community and mental health services - Primary care services	Basic reporting done on ethnicity, gender, disability and age.	Reported to Board. Individual follow up action on each complaint.
Gender Identity Research and Education Society (GIRES): Collecting Information On Gender Identity, August 2011	Guidance and information on transgender staff and service users.	Available on website.

Workforce Information

NHS Rotherham workforce has been significantly reduced following the completion of “Transforming Community Services” (TCS) in March 2011. A national requirement to reduce management costs has led to further staff reductions, mainly the ending of fixed-terms contracts and two voluntary redundancy and voluntary early retirement schemes. The ongoing cost saving requirement 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 of fair, accessible and responsible services for local people.

Our priorities will be:

1. To ensure that NHS Rotherham currently staff is trained in Equality and Diversity to raise awareness of the needs of the local community.
2. To community and engage staff with the Equality Delivery System and the Equality Act 2010.

Meeting our employment duties

NHS Rotherham employs 195 staff. The data is for the period 31st October 2010 and 31st October 2011.

The tables on page 18 show the workforce profile data by:

- *Headcount and full time equivalent*
- *Headcount and full time equivalent by occupational code*
- *Staff by bands*
- *Age profile by headcount*
- *Ethnicity profile by headcount*
- *Ethnicity profile by banding*
- *Gender profile by headcount*
- *Gender profile by banding*
- *Disability profile by headcount*
- *Religion profile by headcount*
- *Sexual orientation by headcount*
- *Marriage and civil partnership by headcount*
- *Gender reassignment by headcount*
- *Pregnancy and maternity profile by headcount*
- *Numbers of new starters and leavers*
- *Numbers of voluntary and compulsory redundancies*
- *Numbers of sickness absence*
- *Numbers of employee relation cases*
- *Completion of appraisal, and knowledge skills framework*
- *Mandatory and statutory training by headcount*
- *Mandatory and statutory training by %*
- *Numbers of employees received flu vaccination*
- *% of employees completed staff survey*

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Human Resource Transition

NHS Rotherham will comply with all relevant employment and equality legislation, and will follow best employment practice when implementing the proposed changes. Any decisions in respect of appointments to jobs, identification of employees as 'affected by change' or 'at risk' and selection for redundancy will be fair, transparent and made with reference to justifiable, objective criteria.

Procedures will be designed to support diversity and pay due regard to equality legislation and ensure that there is no unlawful direct or indirect discrimination, victimisation or harassment against any particular individual or group of employees. All NHS Rotherham proposed changes will be accompanied by an analysis on the impact on equality, which will include an analysis of the equality and rights impact any changes will have on the workforce. All NHS Rotherham managers, including interview panel members and senior managers, will have received training in diversity on equality.

Staff and trade unions

NHS Rotherham managers and trade union representatives meet on a bi-monthly basis at Joint Staff Consultative and Negotiation Committee (JSCNC) to discuss all matters directly affecting NHS Rotherham employees.

HR and trade union representatives also meet on a quarterly basis at the NHS South Yorkshire and Bassetlaw Staff Partnership Forum to discuss transition issues across the Cluster. This group is considering policies and procedures for which there are an advantage to having a common approach across the Cluster and thereby ensuring a consistency approach to all employees.

Each year, in common with the rest of the NHS, NHS Rotherham conducts an annual staff survey for all its staff. The survey includes information about equality indicators such as bullying and harassment, flexible working options, job satisfaction, training and development and incidents at work.

Appendix 1- Core Data and Information

The detailed data and information we use to inform decisions about our functions is set out below.

A Profile of Rotherham's Population 2010/11

Rotherham is one of four metropolitan districts which together make up South Yorkshire. The population of the area covered by Rotherham Metropolitan Borough grew rapidly from 17,191 in 1801 to 120,000 in 1901 and reached a record high of 253,900 by 2009. The population has been growing each year since 2001 and is expected to continue to rise gradually in future years.

Population Trends

The Office for National Statistics (ONS) estimates show that the population of Rotherham was 253,900 at 30th June 2009, an increase of 0.6% (1,600) since 2004 and 1.7% (4,300) since 2002. Whilst the total population of Rotherham has been relatively stable in recent decades, the age structure has been changing far more, broadly in line with national trends.

Protected Characteristic

Age (*Applies to all ages*)

Data

Rotherham has 91,300 people aged 50 or over, which is 36% of the population - a proportion which has been and continues to rise. The most significant change has been in the oldest age groups, with a 63% increase in the 75+ population and a 163% (3,100) increase in the 85+ population since 1981.

Between 1981 and 2008 there was a reduction of 28% in the 10 to 14 age group and a decline of 17% in the 20 to 29 age group. Middle aged groups have increased, notably those aged 40 to 49 which has seen a 32% rise.

Population by 10 Year Age Group

0-9	29,900	11.8%
10-19	32,600	12.8%
20-29	30,400	12.0%
30-39	31,100	12.2%
40-49	38,500	15.2%
50-59	32,500	12.8%
60-69	28,900	11.4%
70-79	19,100	7.5%
80-89	9,300	3.7%
90+	1,500	0.6%

Source: Office for National Statistics, Mid Year Estimates 1981 - 2009

Protected Characteristic

Disability

Disability is defined as a physical or mental impairment that has a significant and long term impact on ability to do day to day tasks

Data

The 2001 Census revealed that 55,610 people in Rotherham considered themselves to have a long-term limiting illness or impairment that limits their daily activities or the work they can do (22.4 per cent of the population compared to 18.2% in GB).

The Age & Gender Standardised Morbidity Ratio demonstrates that the rate of disability is much higher in Rotherham than England where the English rate is expressed as 100, the Rotherham rate as 126, showing a rate approximately 26 per cent above the national average.

Benefit figures for Rotherham show that 15,890 people of working age in Rotherham were entitled to Disability Living Allowance¹ Attendance Allowance, Incapacity Benefit or Employment Support Allowance in 2010. This is 9.8 per cent of the working age population, compared to a figure of 7.5 per cent for the whole of Great Britain (31% above the national average). In November 2010, 20,420 people were entitled to Disability Living Allowance in Rotherham, an increase of 456 (2.3 per cent) on the number entitled in May 2006 and a remarkable 16 per cent increase on the number of claimants in May 2003.

Sources: 2001 Census and Dept for Work & Pensions Benefit Data 2003-2011

¹ Those in receipt of Disability Living Allowance will include people with learning difficulties, mental health problems and a range of other physical impairments.

Protected Characteristic

Sexuality

Refers to whether a person is straight (heterosexual), lesbian, gay or bisexual

Data

There are no local statistics on the number of people in Rotherham who are Lesbian, Gay, Bisexual or Transgender (LGBT). Government estimates based on reliable survey evidence suggest that 6% of the UK population may be LGBT which would equate to 11,800 adults in Rotherham. The Transgender population is estimated at 0.8% nationally which would translate into 1,600 adults in Rotherham. However, there is no way of knowing whether Rotherham is average for the UK in this respect.

Sources: Dept of Trade & Industry Estimate of LGB&T Population 2006 and Rotherham MBC LGB&T Survey 2010

Protected Characteristic

Race

Includes ethnicity and nationality

Data

Rotherham's population is 92.5% White British with a far lower proportion from Black and Minority Ethnic (BME) communities than the English average. Based on a local 2009 estimate, 19,000 people, or 7.5% of Rotherham's population, belong to BME groups in Rotherham compared to 16.4% in England (2007). The largest local BME group is Pakistani and Kashmiri who number 7,600 people or 3% of the total population, compared to an average of 1.9% across England. Other groups include Chinese, Indian, Irish, Yemeni, Black African, Roma, Polish and

Dual Heritage (parents of different ethnicity). Whilst the White British and Irish populations are fairly stable, other ethnic groups in Rotherham have been growing in number. Since 2001 the Black and Minority Ethnic (BME) population has increased by 86%. The largest increase has been in the Black African community which has grown from 200 to 1,500, some of whom are asylum seekers or refugees whilst others are skilled workers and health professionals. The changing nature of Rotherham's population is illustrated by the increase in BME children attending local schools, up from 5.3% in 2002 to 12.3% in 2010. This also illustrates that most BME communities have younger than average age profiles as a result of higher birth rates and have relatively few older people.

Sources: 2001 Census and Rotherham MBC Ethnic Group Estimates 2009

Protected Characteristic

Gender *Male / Female*

Data

Of the 253,900 people in Rotherham in 2009, 129,400 (51%) are female and 124,400 (49%) are male, mirroring national averages. Males tend to outnumber females up to the age of 25, whilst the numbers of men and women in their 50s are almost equal. In other age groups women are in the majority, particularly evident in the oldest age groups. There are 3.5 women for every

man aged over 90, reflected in the fact that there are two and half times as many women in residential and nursing homes as men.

Source: Office for National Statistics, Mid Year Estimate 2009

Protected Characteristic

Religion or belief

Includes any recognised religion or a deeply held philosophical belief, although it excludes political beliefs

Data

According to the 2001 Census, 79.4% of Rotherham's population described themselves as Christians, above the national average of 71.7%. Far fewer people in the Borough belonged to minority religions (2.6%) than in England as a whole (6%) and those with no religion were also less evident at 10.2% compared to 14.6% in England. The largest minority religious group in 2001 were Muslims with 2.2% of the total population. A local estimate based on 2009 ethnicity suggests that minority religions have increased to 4.2%, with Muslims (3.7%), Hindus (0.2%) and Sikhs (0.1%) all showing increases.

Sources: 2001 Census and Rotherham MBC Religion Estimates 2009

Protected Characteristic

Gender reassignment

A person has the protected characteristic of gender assignment if that person: is proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning the persons sex by changing physiological or other attributes of sex

Data

Local data is not available on gender reassignment. However, research published by GIRES² estimates that “among employees and service users, the number who may: be gender variant to some degree (1%); seek medical treatment for their condition at some stage (0.2%); be receiving such treatment already (0.025%); have already undergone transition (0.015%); have a GRC (0.005%); begin treatment during the year (0.003%). The number of who have sought treatment seems likely to continue growing at 11% per annum. Authorities should assume that there may nearly equal numbers of people transitioning from male to female (trans women) and from female to male (trans men)’.

A person does not need to be undergoing medical treatment, neither is a gender recognition certificate necessary to be protected under the Equality Act 2010.

² Gender Identity Research and Education Society, *Collecting Information in Gender Identity*, August 2011

Appendix 2 - Workforce Data

Table 1: Headcounts and FTE (Full time Equivalent) as at 31st October 2010 and 31st October 2011

Headcounts	FTE
192	166.59

Table 2: Headcount and FTE split by Occupational Code as at 31st October 2010 and 31st October 2011

Headcount Occupational Code	Numbers	FTE Occupational Code	Numbers
Professional, Scientific & Technical	14	Professional, Scientific & Technical	9.62
Admin & Clerical	90	Admin & Clerical	77.62
Medical & Dental	8	Medical & Dental	4.14
Nursing & Midwifery Registered	12	Nursing & Midwifery Registered	12.00
Senior Managers	68	Senior Managers	63.34
General Payment	-	General Payment	-

Table 3: Staff by bands as at 31st October 2011

Band	Numbers	Band	Numbers
Band 1	-	Band 8b	11
Band 2	7	Band 8c	8
Band 3	24	Band 8d	Redacted
Band 4	25	Band 9	-
Band 5	28	Ad Hoc Salary	Redacted
Band 6	31	Consultant / Medical	8
Band 7	22	VSM	Redacted
Band 8a	20		

Table 4: Age profile by Headcount as of 31st October 2011

Age Group	Numbers
16-20	Redacted
21-25	7
26-30	15
31-35	19
36-40	29
41-45	30
46-50	36
51-55	37
56-60	14
60-65	Redacted
66-70	Redacted
70+	Redacted

Table 5: Ethnicity Profile by Headcount workforce as at 31st October 2011

Age Group	Numbers	Age Group	Numbers
White - Irish	Redacted	Asian or Asian British - Other	-
White - Any other	190	Asian British	-
White - Polish	-	Asian Unspecified	-
White - Mixed	-	Asian Mixed	-
Mixed White/ Black Caribbean	-	Black or Black British - Caribbean	Redacted
Mixed White/ Black African	-	Black or Black British – African	Redacted
Mixed - Any other mixed background	-	Black British	-
Mixed White/Asia	Redacted	Chinese	-
Asian or Asian British - Indian	Redacted	Other	Redacted
Asian or Asian British - Pakistani	Redacted	Other Specified	-
Asian or Asian British - Bangladeshi	-	Undefined	Redacted
		Not Stated	-

Table 6: Ethnicity Profile by banding as at 31st October 2011

Banding	White	Asian	Black	Mixed	Not Stated
Band 1	-				
Band 2	7				
Band 3	22	Redacted	Redacted		
Band 4	24		Redacted		
Band 5	26	Redacted	Redacted		
Band 6	31				
Band 7	21				Redacted
Band 8a	19	Redacted			
Band 8b	11				
Band 8c	8				
Band 8d	Redacted				Redacted
Band 9	-				
Ad hoc	Redacted				
Consultant	7	Redacted			
VSM	Redacted				

Table 7: Gender Profile by Headcount workforce as at 31st October 2011

Gender	Numbers
Male	62
Female	144

Table 6: Gender Profile by banding as at 31st October 2011

Banding	Male	Female
Band 1	-	
Band 2	-	7
Band 3	Redacted	21
Band 4	Redacted	22
Band 5	7	21
Band 6	7	24
Band 7	Redacted	19
Band 8a	8	12
Band 8b	5	6
Band 8c	Redacted	5
Band 8d	Redacted	Redacted
Band 9	-	-
Ad hoc	Redacted	Redacted
Consultant	8	-
VSM	Redacted	Redacted

Table 9: Disability Profile by Headcount workforce as at 31st October 2011

Disability	Numbers
Yes	11
No	52
Not willing to Disclose	-
Undefined	143

Table 10: Religion profile by Headcount workforce as at 31st October 2011

Religious Belief	Numbers
Atheism	9
Buddhism	-
Christianity	75
Hinduism	Redacted
Islam	Redacted
Jainism	-
Judaism	-
Sikhism	-
Other	5
Not willing to disclose	11
Undefined	101

Table 11: Sexual Orientation profile Headcount as at 31st October 2011

Sexual Orientation	Numbers
Bisexual	-
Heterosexual	92
Gay Man	Redacted
Lesbian / Gay Woman	Redacted
Not willing to disclose	7
Undefined	105

Table 12: Marriage & Civil Partnership profile by Headcount as at 31st October 2011

Marital Status	Numbers
Civil Partnership	-
Divorced	15
Legally Separated	Redacted
Married	128
Single	46
Widowed	-
Not willing to disclose	-
Undefined	-
Unknown	Redacted

Table 13 : Gender Reassignment profile by headcount as at 31st October 2011

Gender Reassignment	Numbers
Yes	Unknown
No	Unknown
Not willing to disclose	Unknown
Undefined	Unknown

Table 14 : Pregnancy & Maternity profile as at 31st October 2011

Maternity Status	Numbers
Not pregnant	136
Currently on Maternity Leave	6
Pregnant – not yet on mat leave	Redacted

Table 15 : Number of New Starters and leavers for the period of 1st April 2011 to 31st October 2011

	Starters	Leavers
Apr-11	Redacted	8
May-11	-	Redacted
Jun-11	-	Redacted
Jul-11	-	-
Aug-11	Redacted	-
Sep-11	Redacted	Redacted
Oct-11	-	Redacted

Table 16: Number of Voluntary and Compulsory redundancies for the period of 1st April 2011 to 31st October 2011

	Voluntary	Compulsory
Apr-11	6	-
May-11	Redacted	Redacted
Jun-11	Redacted	-
Jul-11	-	-
Aug-11	-	-
Sep-11	-	Redacted
Oct-11	-	-

Table 17: Sickness Absence percentage of days available for the period of 1st April 2011 to 31st October 2011

	Numbers
Apr-11	3.68
May-11	1.14
Jun-11	1.02
Jul-11	0.86
Aug-11	0.97
Sep-11	2.34
Oct-11	2.95

Table 18: Employee Relations Cases for the period of 1st April 2011 to 31st October 2011

	Numbers
Disciplinary	0
Grievance	Redacted
Capability	0
Suspensions	0
Dismissals	0

Table 19 : Completed of Appraisal or Knowledge Skills Frameworks (KSF) Personal Development Reviews for the period of December 2010

	%Headcount
In the last 12 months, have you had an appraisal or Knowledge Skills Framework (KSF) development review?	73%
Did the appraisal help to improve how you do your job?	61%
In the last 12 months, as part of your KSF development review, appraisal did you agree a Personal Development Plan?	91%
Have you received the training , learning and development that was identified in that plan	64%
Has your line manager supported you in accessing this training, learning or development	73%

Table 20: Mandatory and Statutory Training number of employees who have completed Fire, Equality and Diversity, Safeguarding Adults and Safeguarding Children for the period 1st April 2011 to 31st October 2011

	Numbers
Fire	80
Equality & Diversity	150
Safeguarding Adults	76
Safeguarding Children	76

Table 21: Mandatory and Statutory Training % of employee's who have completed Fire, Equality and Diversity, Safeguarding Adults and Safeguarding Children within the organisation's matrix's agreed timescales

	Numbers
Fire	74%
Equality & Diversity	78%
Safeguarding Adults	42%
Safeguarding Children	42%

Table 22: Number of employees having received a flu vaccination

	Numbers
No. of employees received flu jab	95

Table 23: Percentage of employees having completed their staff survey

	Numbers
% of complete surveys	82.88%

There has not been any recruitment within NHS Rotherham

There was one employment tribunal which was concluded during this period.

Summary

Engagement

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.

Engagement utilises a mixed methods approach, covering online and electronic systems, contracting with the third sector, and building relationships with overlooked communities to enable those experiencing barriers to make their concerns heard.

What gaps do we have in information?

Routine and project specific engagement as well as engagement around the Equality Delivery System have enabled NHS Rotherham to highlight those areas where we are achieving well, and the areas where there are gaps.

Future priorities

- *Ensuring that the new and emergent structures continue to value and embed engagement, and that relationships with communities of interest are maintained.*
- *NHS Rotherham will also ensure that engagement work streams are in line with organisational priorities coming from the Single Integrated Plan for 2012.*

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