

**Equality and Diversity  
Commissioning Annual Report  
Assurance Committee  
25 August 2010  
BAF 2.3.1 2.3.3**

## **1.0 Introduction**

Equality and Diversity (E&D) is central to the work of NHS Sheffield to ensure there is equality of access and treatment within the services that we commission. The promotion of equality, diversity and human rights is central to the NHS Constitution, Achieving Balanced Health 3 (ABH3) and other national drivers to reduce health inequalities and increase the health and well being of all our population.

NHS Sheffield is committed to embedding equality and diversity values into policies, procedures, employment and the commissioning process that secure health and social care for the people of Sheffield. We also monitor the performance of all providers in Sheffield. The report describes the progress made to drive and deliver this agenda during the period of April 2009 to March 2010.

## **2.0 Directorate Updates**

### **Strategy Directorate**

The key role of the Strategy Directorate in relation to the commissioning cycle is to develop strategic plans to meet the needs of specified client groups, to achieve service improvements and to develop contract specifications for services that set out our requirements. These activities must take into account the needs of all of our population and consideration of equality and diversity issues that are increasingly embedded in our work. Below sets out some examples activity this year:

- As part of a social marketing project on stroke services, we have engaged an external provider to work with specific BME groups and the Gypsy / Traveller community on stroke awareness. Evidence shows that some of these groups are at increased risk of stroke but do not access services at the level we would expect.
- Following a comprehensive review of community Child and Adolescent Mental Health services, we have re specified the provision, changing thresholds for access, pathways for treatment and models of services to ensure they are targeted to children with specific needs and improve equality of access and health outcomes. This includes children who are looked after in the youth offending systems, children with disabilities and learning difficulties.
- A consultation day was held on musculoskeletal services at St. Wilfred's Centre which is a centre for homeless and vulnerable people. This work informed a service redesign that was being undertaken on specific pathways, such as knee pain and shoulder pain.
- A health needs analysis has been undertaken to identify areas within the city where health inequalities exist in relation to breast feeding, infant mortality, smoking in pregnancy and teenage pregnancy prevalence.

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- Maternity community care services have been targeted to deliver enhanced specialist input into these areas within the city. A specialist Family Nurse Partnership National Programme has also been commissioned to target these areas within the city to reduce second time teenage pregnancy and develop parenting skills to improve health outcomes for infants.
- A health equity audit is underway to identify areas within the city of late access to maternity care services (booking into maternity care at over 12 weeks). The intelligence from the audit will be used to target early access to maternity care.
- A comprehensive health and wellbeing needs analysis has been completed to enable the needs of children and young people with learning difficulties and disabilities to be identified and appropriate services commissioned to meet their needs.
- As part of the public engagement on the design of the new Intermediate Care facility, we have met with the Pakistan Muslim group and the Somali Vice chair of the BME network. Their views have helped to shape the design of the new build and helped us to recognise cultural issues that need to be taken in to account.
- Equality Impact Assessments are completed for all business cases and examples are; pain management, community COPD care and consultations for example city centre urgent care services.
- As part of the evaluation of new services such as the enhancement of medical care in care homes and the new women's continence pathway, we routinely seek feedback from patients and users to inform future improvements and improve access for specific communities.
- Practice Based Commissioning Consortia have started to work closely with the Community Assemblies and with local forums to address the needs of specific communities and are engaged with the enhanced public health programmes.

The Directorate also manages commissioning of individual care through the Individual Funding Request process and Continuing Health Care. Some examples of how decisions address diversity include:

- Approving a specific treatment that is not NICE guidance, for a patient with learning disabilities as the alternative would have resulted in the patient having surgery and a stoma, which the patient would not have coped with.
- Pre-implantation genetic diagnosis to avoid transmission of sickle cell disease to offspring
- Specialist Urdu/Punjabi psychotherapy for cultural marital problems.

The Directorate is also responsible for capital planning and the consultation on the Darnall LIFT scheme has involved discussions with a number of hard to reach ethnic groups to establish their views and needs.

### **3.0 Public Health Directorate**

Public Health has continued to use the equalities framework to inform key areas of policy and practice. A number of targeted interventions have taken place designed to reduce health inequalities, and develop services that are more responsive and appropriate to the needs of our diverse communities. Below are examples of activity this year:

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NHS Sheffield is a Department of Health Pacesetter site and together we acted on some concerning statistics relating to health inequalities for BME groups:

- South Asian men are 50% more likely to die prematurely of coronary heart disease (CHD) than the general population
- The prevalence of stroke is 70% higher in South Asian men than the average
- The risk of Type 2 diabetes in South Asians is up to 6 times higher than in the white population
- We used the Gender Equality Duty to provide an additional rationale for focusing specifically on the inequalities faced by men in accessing healthcare – a group often ignored in community-based health initiatives. Outcomes of this work include
- 33 South Asian taxi drivers have been trained as ‘health champions’ and are undertaking informal health promotion activity in their communities. CVD screening and healthy lifestyles advice delivered to 142 taxi drivers 99% South Asian. The first set of screening revealed 25% (20) at high risk of CVD, and 10 drivers at very high risk (i.e. over 30% risk and greater). The second cohorts revealed over 51% were over the recommended BMI of 27.5.
- Together with the Sheffield City GP Health Centre we have developed a targeted CVD screening programme for BME communities and people living in the most deprived areas of the city where life expectancy is over 10 -14 years less than the wealthiest wards. This work has been recognized in the Marmot Review 2010 as an example of good practice
- VCF groups from the Pakistani, Somali and Yemeni community have worked with the public health team to deliver CVD screening and health promotion workshops for Muslim elders. The impetus for this work came from the community itself and feedback has been extremely positive
- Our city’s Joint Strategic Needs Assessment now incorporates the specific health needs of: BME communities; lesbian, gay, bisexual and transgender people; vulnerable migrant communities; asylum seekers and refugees; people with autistic spectrum disorder; homeless people and offenders.
- The Directorate has provided an ‘Introduction to Community Development in Health’ Course tailored for refugees. The aim is to improve social inclusion, build community capacity and self -development through employment or education. Participants from this background bring with them a unique experience which can also help us inform delivery and design.
- To raise awareness of health inequalities as they affect lesbian, gay and bisexual people we produced an information booklet, ‘Sheffield in the Pink’ for GP’s and health and social care staff. To supplement this work we have also produced a training pack called ‘Different Strokes.’
- Through undertaking EIAs, we have identified the need to improve data capture and review data completeness regularly. In addition to those specific to NHS Sheffield we have also completed joint EIAs with our partners:
- The Dental Team have identified the need to complete an oral health needs assessment of children and adults with learning disabilities.
- The Local Area Agreement EIA on Mental Health and Employment (NI 150) identified that the mapping of supported employment provision should include a review of supported employment programmes targeted at men so that gaps can be identified. Also that faith is taken into account as part of vocational assessments.
- Ongoing monitoring of participation in supported employment programmes by gender.

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#### **4.0. Finance and Healthcare Procurement Directorate**

- Finance Directorate supports other directorates and this includes carrying out EIAs. An EIA on the Procurement Strategy and Skill Development Programme has been undertaken during 2009-10.
- Equality and Diversity is directly addressed as part of the process when a service goes out to tender. Before any service is advertised the Healthcare Procurement check that an EIA has been carried out and any issues identified are appropriately included within the Service Specification. All bidders are required to confirm that they have an Equality and Diversity policy and, at Invitation to Tender stage, bidders are required to address issues directly related to Equality and Diversity. For example, "Providers must confirm how they intend to challenge discrimination, promote equality and respect human rights and should provide copies of any relevant policies." Responses are scored as part of the valuation process.
- Healthcare Procurement is represented on 'Buy 4 Sheffield', a public sector procurement forum in Sheffield headed up by Sheffield City Council, and has raised the issue of Equality and Diversity. This has led to a review of the impact of E & D on procurement across 7 key public sector bodies in the city.
- Clauses requiring providers to gather equality data are also now incorporated in all contracts signed with providers.

#### **5.0 Performance Directorate**

A major project led by Performance during 2009/10 was the public information campaign for the Summary Care Record service. This project included writing to the public – those approaching 16yrs and over and ensuring material was available in a range of languages and formats and that the engagement campaign reached as many people as possible, in particular the seldom heard.

Information services monitor the completeness of ethnicity and gender data as a routine part of the contracts with our key partners. Performance is detailed below, and shows a marked improvement over the year.

#### **6.0 Standards and Engagement Directorate**

A number of activities have been undertaken to embed Equality and Diversity and have been led via the Corporate Equality and Human Rights group. The most significant is the remodelling of the single equality scheme action plan that has been streamlined and linked to the business plan. The single equality scheme has also been rewritten to reflect NHS Sheffield as a commissioning body and these are going out for consultation at the end of August.

The Communications team has developed a toolkit to assist the communication & engagement with seldom heard groups/people.

This has been invaluable in engaging with members of the Black, Minority and ethnic (BME) communities to invite them to share their experiences of healthcare and enable NHS Sheffield to commission effective and equitable services.

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The Directorate has a responsibility to monitor performance of our providers who hold contracts, including NHS Trusts, Independent Contractors and Independent Providers.

Within the Directorate the head of Professional Standards and the Professional Standards Manager have responsibility for internal equality and diversity and the monitoring of the equality and diversity aspects of providers contracts.

## **7.0 Provider Performance**

Sheffield Teaching Hospital (STH) currently does not have an SES and commissioned and external review of equality and diversity. An action plan has now been developed and resources to support E & D are being reviewed. An SES and action plan will now be developed.

Sheffield Care Trust has been fully engaged with the PCT and has a Single Equality Scheme in place and have been fully compliant with their contractual and legislative duties.

Sheffield Children's Hospital is compliant with all legislation.

Directly Provider Services have had little capacity to engage with NHS Sheffield however, had plans in place to recruit a lead manager (the post is now filled). Plans are in place this year to fulfil legislative duties and update the SES.

The Equality Act 2010 is introduced from October 2010 and all NHS organisations will need to have a single equality scheme (SES). Those providers that already have an SES in place have up to date action plans and there are no concerns identified. Training needs have been discussed with providers and the need to update training programmes prior to the Equality Act in October. All provider E&D leads are planning to address this within their organisations.

NHS Sheffield is a member of the Sheffield city wide and regional equality and diversity groups. The lead for NHS Sheffield and the care trust have just completed some joint work with NHS Doncaster and NHS Leeds on an e-learning specification and are waiting to work with developers to take this forward. This will be linked to the KSF and thus correctly targeted at providing relevant training for staff. It has also been a success at partnership working.

Provider performance continues to be managed via the contract quality review meetings and performance for each provider is detailed on the quality dashboard via assessment against KPI's and is RAG rated accordingly.

## **8.0 Conclusion**

There has been significant activity in NHS Sheffield last year both internally and in developing assurance processes. The latter has been strengthened in terms of performance monitoring of providers.

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