

Equality Assurance Report
<NHS Norfolk and Waveney>
January 2012

Introduction

This report has been populated to include equality assurance for NHS Norfolk and NHS Great Yarmouth and Waveney.


These are two 'accountable' PCTs, equality objectives and compliance with the Public Sector Equality Duty are managed by one post on behalf of both Trusts and, have therefore been integrated within the appendix below.

The Equality Delivery System is being implemented across both organisations and has been developed as one framework.

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NHS Norfolk and Waveney
January 2012

EQUALITY ASSURANCE 2012 – 2013 – NHS MIDLANDS AND EAST

<NHS Norfolk and Waveney>

Item	Description	Evidence
A)	<p>Have you/will you have published your NHS Trust:</p> <p>Equality Strategy and/or Assurance document (this is the main document that shows your compliance with the public sector equality duty) - by 31 January 2012</p> <p>Can you give a summary of its format and where it can be located on your website.</p>	<p>Yes, our strategy and compliance report will be published on our website, under 'valuing equality and diversity' http://www.norfolk.nhs.uk/valuing-equality-diversity These will be available by 31 January 2012.</p> <p>This will be in an accessible format and the link will go to both (NHS Norfolk and NHS Great Yarmouth and Waveney). The websites of both PCTs are being merged and updated; therefore there will links in to the above address to ensure accessibility and compliance for both PCTs.</p> <p>All information is available in alternative formats and different languages on request and this is made clear on</p> <div style="text-align: center;">  <p>INTRAN[®] communication for all</p> </div> <p>all public documents produced, which carry the INTRAN logo:</p>
B)	<p>Have you published your Equality workforce data?</p>	<p>The Equality workforce data is published and reported to the Board. This is published on our website http://www.norfolk.nhs.uk/valuing-equality-diversity</p> <p>Workforce data is collected through the ESR (Electronic Staff Record) system) and through additional information provided/declared by staff to cover race, disability, age, gender reassignment, sex, sexual</p>

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	Please summarise: <ul style="list-style-type: none"> • Any gaps/trends • How it has been collected • Where it can be viewed • What it covers 	orientation, religion/belief. Other information e.g. pregnancy/maternity and marriage/civil partnership, whilst not included, can be obtained, for example through the Equality Analysis process, application for maternity leave and flexible working. The above will be published for NHS Norfolk and NHS Great Yarmouth and Waveney through website links.
C)	What assurance can you give a commissioning/or Provider organisation that your data monitoring will reflect and be broken down to the protected characteristics required by the public sector equality duty (PSED)?	As above Demographic information available through the Joint Strategic Needs Assessment (JSNA) http://www.norfolkinsight.org.uk/jsna for both organisations http://www.gywpct.nhs.uk/store/documents/nhs-great-yarmouth-joint-strategic-needs-assessment-2009-2010.pdf Health and Social Care Needs Assessment for Adults in Norfolk, Great Yarmouth and Waveney with Learning Disabilities, Autism or Asperger syndrome (2011) http://www.norfolkinsight.org.uk/Custom/Resources/LDNeedsAssessment.pdf ERINN (Eradicating Racism in Norfolk NHS) 2001 and 2011 reports http://www.norfolk.nhs.uk/sites/default/files/ERINN%20(Eradicating%20Racism%20in%20Norfolk%20NHS)%202001%20Report.pdf http://www.norfolk.nhs.uk/valuing-equality-diversity Other evidence includes: BME Health Needs Survey 2010 (NHS Norfolk), Surveying Hard to Reach Groups 2009 (NHS Great Yarmouth and Waveney), Stonewall Prescription for Change, NHS Norfolk's Strategic Plan 2009 – 2014, Strategic Plan NHS Great Yarmouth and Waveney 2009 2014. County wide surveys e.g. on disability and sexual orientation, through engagement with Norfolk Community Cohesion Network and Strategy Group and continual programme of community engagement. Providers will be monitored through system leadership for Norfolk and Waveney of the development and

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		<p>implementation of the EDS. Equality Impact Analysis process and guidance has been updated to include all protected characteristics</p>
D)	<p>Will you publish your PSED objective/s by April 2012?</p> <p>Please outline the Equality objective for your organisation;</p> <ul style="list-style-type: none"> • Commissioner Equality objectives 	<p>Yes, these will be published for both organisations by April 2012. Objectives will need to be agreed and action plans developed following this, therefore those outlined below may change or be added to.</p> <ul style="list-style-type: none"> • To take forward the findings of Eradicating Racism in Norfolk NHS (ERINN) 2011 • To take forward and finalise the cluster wide EDS annual improvement plan. • To work with partners to implement the Autism Act and to develop the Dementia Strategy. • To pay due regard to the PSED through contract monitoring, equality impact analysis, partnership working with community cohesion network, county wide hate crime monitoring and implementation of multi-agency protocol, delivery of disability priorities for the county, continual monitoring and development of INTRAN services for people who cannot speak English or who are Deaf or hard of hearing. • To develop the HERON website for information in community languages and alternative formats and enable searching the website in different languages. • To monitor EDS progress of Norfolk and Waveney NHS organisations. • To take forward, where relevant objectives from the Strategic Plans of NHS Norfolk and NHS Great Yarmouth and Waveney.
E)	<p>Can you summarise the key health inequalities that your organisation will address in 2012/13 (including Protected Characteristic Areas)?</p>	<p>See NHS Norfolk's Strategic Plan 2009-2014 http://www.norfolk.nhs.uk/bold-and-ambitious-nhs-norfolks-strategic-plan-2009-2014</p> <p>See Strategic Plan NHS Great Yarmouth and Waveney 2009-2014 http://www.gywpc.nhs.uk/store/documents/strategic-plan-and-financial-strategy.pdf</p> <p>NHS Norfolk and Waveney will continue to target health improvement work to those at risk of marginalisation. This is reflected in the Health Trainer Specification which specifies the continuation of Health Trainers drawn from and working in the Gypsy and Traveller community, support for the Health Trainer programmes in the three prisons in the former NHSN area, and Health Trainers in the Probation and Youth Offending services.</p>

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		<p>There is also a requirement to develop the Health Trainer service to be more appropriate to people with learning disabilities and to continue to target areas of deprivation.</p> <p>The Workplace Health programme is targeted to routine and manual workers and activity in the coming year will include food production factories and building trades, we are also working with Job Centre Plus particularly around mental health and substance misuse.</p> <p>The Health Check outreach programme has been targeting routine and manual male workers, we are currently looking at the evidence for reducing the lower age of the scheme for some BME groups. We are working with the Norfolk Coalition for Disabled people and a steering group of learning disability service users to ensure that prevention services are accessible to people with Learning Disabilities.</p> <p>If appropriate training can be sourced there is an intention to develop “rainbow friendly” as part of the “kite mark” for Healthy Living Pharmacies. We will be working with the Universal services programme Board of the County Council and with the Older People’s Partnership to support the older peoples strategy, potentially with a collaborative EU funding bid.</p> <p>We will continue our physical activity and food skills work with women from the Bangladeshi and Congolese communities and to take forward the findings of needs assessment work undertaken for the BME and Gypsy and Traveller communities. Specialist training has been provided to a Portuguese speaking health trainer to support the Babyclear pregnancy smoking cessation programme in the Thetford Portuguese community.</p> <p>The results of a pilot intensive approach to settling asylum seekers and mainstreaming them into primary care will be evaluated and if appropriate a business plan for continuing funding be developed.</p> <p>A collaborative bid will be developed with Norwich City Council and Norwich CCG to roll out the Healthy Towns concept to three deprived housing estates in Norwich.</p> <p>Dementia</p>

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		<p>The causes of shortcomings in dignity and basic care are complex and deep-rooted, often as much to do with culture and behaviour as with resourcing and prioritisation. But while local leadership is critical to addressing these issues, there is a clear role for the centre in supporting improvement and tackling poor performance. NHS Norfolk & Waveney will focus in accordance with Operating Framework 2012/13 “therefore includes requirements on clinical audit in key areas of basic care, a further programme of inspections by the Care Quality Commission, a renewed push on implementation of the national dementia strategy and increased support for carers. This issue resonates with the public and patients because it touches on the very purpose of the health service, in the words of the NHS Constitution, to support people <i>“at times of basic human need, when care and compassion are what matter most”.</i>”</p> <p>Thus we will in Dementia especially undertake that as commissioners we should:</p> <ul style="list-style-type: none"> • ensure that providers are compliant with relevant NICE quality standards and ensure information is published in providers’ quality accounts; • work with GP practices to secure ongoing improvements in the quality of general practice and community services so that patients only go into hospital if that will secure the best clinical outcome; • ensure participation in and publication of national clinical audits that relate to services for older people; • ensure initiatives to reduce inappropriate antipsychotic prescribing for people with dementia to improve quality of life with a view to achieving overall a two-thirds reduction in the use of antipsychotic medicines; • improve diagnosis rates, particularly in the areas with the lowest current performance; • use inappropriate emergency admission rates as a performance measure for national reporting; <p>Autism</p> <p>NHS Norfolk & Waveney in partnership with Norfolk county council and other partners are committed to improving our delivery of the Governments vision: “All adults with Autistic Spectrum Conditions (ASC) are able to live fulfilling and rewarding lives within a society that accepts and understands them. They can access diagnosis and support if they need it, and they can rely on mainstream public services to treat them fairly as individuals, accessing the services they need to make the most of their talents.”</p> <p>We are establishing a baseline position from completion of the national Self Assessment Framework and will form a ‘Steering Group’ through which to action improvements through a Norfolk Autism Action Plan derived</p>

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		<p>from the completion of the Framework.</p> <p>Learning Disabilities</p> <p>As above and we are working with the Norfolk Coalition for Disabled people and a steering group of learning disability service users to ensure that prevention services are accessible to people with Learning Disabilities.</p> <p>The cross government strategy <i>Valuing People Now</i> laid out the (long-term) vision that all people with a learning disability are people first with the right to lead their lives like any others, with the same (equitable) opportunities and responsibilities, and to be treated with the same dignity and respect.</p> <p>Our joint Norfolk priorities seek therefore to address locally the current six national key priorities for action which are:</p> <ol style="list-style-type: none"> 1. • to have strong leadership and an effective Learning Disability Partnership Board operating in every local authority area; 2. • to secure access to, and improvements in, healthcare, with strategic Health authorities and Primary care trusts responsible for, and leading this work; 3. • to increase the range of housing options for people with learning disabilities and their families,; 4. • to ensure that the Personalisation agenda is embedded within all local authority services and developments for people with learning disabilities and their family carers, and is underpinned by person centred planning; 5. • to increase the number of people with learning disabilities in real paid jobs of 16 hours a week for all who can – including in the public sector; 6. • to improve joint strategic planning, commissioning and service development across children’s and adult services, so that people are supported to plan for future employment and a full life. <p>Out of these six priorities, the national Delivery Plan and regional work are focusing on three identified as having the greatest impact on improving the outcomes for people with learning disabilities. These are: • health; • housing; and • employment so we will continue to particularly concentrate on these areas. The other priorities remain very important, underpinning all the work to implement <i>Valuing People Now</i>.</p>
F)	Can you highlight	90 day consultation on the Cluster EDS.

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	and give examples of good practice in relation to the rollout out of the Equality Delivery System (EDS)?	Carried out a deep dive into the development of the EDS, this was carried out by Race for Health. NHS Norfolk and Waveney are the system lead for the development and implementation of the EDS for all Norfolk Trusts. Provider's progress monitored through this group. Cluster EDS in Easy Read available. Developing the inclusion of EDS in contract monitoring process. Using evidence, as described above e.g. from ERINN 2011, to inform aims, objectives and actions to facilitate the comprehensive roll out of the EDS
G)	What Governance structures are in place to oversee the monitoring and grading of the Equality Delivery System (EDS) goals and objectives?	Each EDS objective will have an action plan and the grading will be agreed by the Equality and Diversity Steering Group, Norfolk EDS Implementation Group and ERINN Steering Group, staff networks (BME, LGBT and Disability) The Steering Group reports to the Board. The grading will be agreed by the above and involve affected groups as appropriate, community organisations, LiNKs, local authorities, cluster staff networks, etc.
H)	What workforce/community engagement structures are in place to oversee the monitoring and grading of the Equality Delivery System (EDS) goals and objectives?	As above, including NHS Norfolk and Waveney staff networks; community cohesion network and strategy group; community focus groups (where appropriate); joint working and agreement to deliver the equalities agenda with community advice, advocacy and guidance, with implementation of the EDS objectives as part of this work.

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1)	What are the Risk Areas (if any) to the delivery of your NHS Trusts Equality Assurance and objectives?	<p>Risk areas include: Changing demographic of staff leading to lack of a cohesive workforce to deliver the above. Staff morale tends to lead to lack of engagement with the equalities agenda. Continued engagement with staff, through for example, staff networks and involvement with the equalities impact analysis process may help to mitigate this risk. Financial restraints lead to difficulties in developing and implementing objectives e.g. lack of funding for training means that the equality impact analysis process is not as robust as it could be. Ongoing awareness raising and one to one support may help to mitigate this risk. Lack of clarity around future structures creates uncertainty with the organisation and the wider community. Continued engagement with and partnership working with community groups e.g. Community Cohesion Strategy Group and Network, Norfolk Hate Crime Group, INTRAN etc. may help mitigate this risk. County wide system leadership for the equalities agenda and support from national bodies e.g. Stonewall, Race for Health, NHS Employers will also help with the development of new commissioning structures and their compliance and delivery of equality.</p>