

Equality & Diversity in NHS Doncaster CCG

Date updated: 31st January 2015

1. Introduction

Equality and Diversity is central to the work of NHS Doncaster Clinical Commissioning Group (CCG) 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 and other national drives to reduce health inequalities and improve the health and well-being of the population. NHS Doncaster CCG is committed to embedding equality and diversity values into its commissioning processes that secure health and social care for our population, and into our policies, procedures and employment practices.

The Equality Act 2010 brought with it Public Sector Equality Duties. Public bodies are required to declare their compliance with the duties on an annual basis. The purpose of this document is to publish information to show how we are meeting our Public Sector Equality Duties.

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

- Eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act
- Advance equality of opportunity between people who share a protected characteristic and people who do not
- Foster good relations between people who share a protected characteristic and people who do not

For the specific duty we are required to:

- Publish information to demonstrate compliance with the general duty, on the make-up of our workforce, and on those affected by our policies and procedures
- Publish one or more equality objectives covering a four year period

In the context of the Public Sector Equality Duty, the protected characteristics are defined as:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex (male and female)
- Sexual orientation

2. How we meet these duties: a summary

2.1. Our vision

NHS Doncaster CCG has two very different roles, one as a commissioner of services reaching out into the community for whom we commissioning services, and one as a corporate body and an employer.

To capture both these roles, we have developed two vision statements in our Equality & Diversity Strategy, an externally-facing vision for our role as a commissioner of services, and an internally-focussed vision for our role as a corporate body and an employer.

- **Commissioning role:** To hear a diverse range of Doncaster voices and use equality data to help us to commission effective services that meet identified health needs.
- **Corporate Body:** To ensure that we pay due regard to our Public Sector Equality Duties and equal opportunities within employment.

We monitor progress towards this vision through Delivery Plans which are overseen by our Engagement & Experience Committee, reporting to our Governing Body.

2.2. Our commissioning role

Strategic planning: Our agreed organisational priorities are captured in our 5 year Strategic Plan and our accompanying Delivery Plans. Quality indicators and key performance indicators are attached to the outcomes for each delivery plan area. Relevant equality data is used to help to specify the outcomes, for example reviewing whether services are specifically needed to support particular communities of interest e.g. services for young people, services for disabled people. We have used the NHS Equality Delivery System in 2014/15 to focus on 2 out of 6 of our clinical priorities (Dementia and Cancer) in a self-assessment across the protected characteristics and the standards which comprise the Equality Delivery System.

Diverse population: Doncaster has a diverse population comprised of many different communities of both place and interest. A community of place is a community of people who are bound together because of where they reside, work, visit or otherwise spend a continuous portion of their time e.g. a neighbourhood. A community of interest is a community of people who share a common interest. Frequently, such communities cannot easily be defined by a particular geographical area. The concept of a community of interest links well to the protected characteristics under the Equality Act 2010 such as religion or belief, sexual orientation, or ethnic origin. Information available to us to help us to better understand the communities for which we commission care includes:

- The [Data Shine](#) project which seeks to promote and develop the use of large and open datasets amongst the social science community. A key part of this

initiative is the visualisation of these data in new and informative ways to inspire new uses and generate insights. The data takes us down to community level across data collected in the 2011 Census.

- [Yorkshire and Humber Public Health Observatory \(YHPHO\)](#) which produces information, data and intelligence on people's health and health care for practitioners, policy makers and the wider community.
- There are 88 [Community Profiles](#), one for each community in Doncaster. Each profile contains useful information which paints a picture about what a community is like, including its population, educational attainment, crime levels and health issues. This is only a small example of what is contained within each profile and the data included can be useful to inform our understanding of communities in Doncaster.
- The [Census](#) has collected information about the population every 10 years since 1801 (except in 1941). The latest census in England and Wales took place on 27 March 2011. The statistics collected from the Census are used to understand the similarities and differences in the populations' characteristics locally, regionally and nationally.
- The [Joint Strategic Needs Assessment \(JSNA\)](#) is a process that identifies the current and future health and wellbeing needs of a local population. Doncaster's JSNA is now part of the work programme of the Health and Wellbeing Board. Joint Strategic Needs Assessment reports are used to identify priorities for action and to inform the writing of local health and wellbeing strategies.
- Health Needs Assessments are commissioned through our agreement with the Public Health Team in Doncaster Council to identify the key needs of the population. Needs assessments allow us to obtain an in-depth understanding of the needs of a specific population group for which we are responsible for commissioning healthcare. For example, a [Children & Young People's Needs Assessment](#) was undertaken in 2014 to support our commissioning priorities.

Targeting engagement: Our approach to advancing equality and tackling health inequalities is influenced not only by what the data tells us but by listening to, and learning from, patients, carers, and the public. To do this, we need to understand the composition of communities of place and communities of interest within Doncaster, and, where possible, target our communication and engagement activity to reach communities most affected by our commissioning initiatives. Examples of targeting our approach over the past year have included:

- We have been undertaking a [Choose Well campaign](#) to help Doncaster residents to access the right services for their health need, first time. We recognised that we have a number of ethnic minority communities in Doncaster for which English may not be their first language. We have therefore invested in translations of the *Choose Well* literature into Arabic, Czech, Farsi, Kurdish, Latvian, Lithuanian, Polish, Slovak, Turkish and Urdu and added these to our website. Distribution of the leaflets has been targeted into communities in partnership with Doncaster CVS and community pharmacies. We have also made the information available via a video in British Sign Language.
- We have produced information in EasyRead format to support people to [access their primary healthcare professionals](#) and we have also translated

into 10 languages information on how to register for the first time with a GP if a patient is new to this country.

- We undertake face-to-face engagement through established community groups such as the Quaker Conversation Club, and where we are engaging on specific issues such as Children's Services we try to target those groups. The Little Rainbows Autism Support Group engaged with us on an Autism Spectrum Disorder pathway redesign and fed back to our Governing Body on the detail of this engagement and the pathway redesign outcomes from the engagement.
- December 2014's Governing Body heard from a group representing refugees and asylum seekers in Doncaster. Governing Body members listened to a powerful patient experience story and considered the specific health needs of this vulnerable group when commissioning healthcare services.
- We try to use multiple engagement methodologies including social media, and we work with Healthwatch Doncaster to try to access a wide range of community members.
- A successful Prostate Cancer Awareness Campaign has been run in partnership with Doncaster Rovers Football Club to target male supporters.

Equality analysis: Equality impact is a mandatory field on all coversheets for our Governing Body and its reporting Committees, and is also embedded into our business case process. We undertake separate more in-depth equality analyses where proposed commissioning changes may impact significantly.

Procurement & Contracting: Our Procurement Strategy has been refreshed in the past year and makes specific reference to the Equality Act 2010. All bidders are required to meet the requirements of the Equality Act 2010 as a pre-qualification criterion, this is then tested during the procurement process and becomes a standard requirement in a resulting contract. Equality and patient experience reports are received as part of contract monitoring.

Partnerships: Tackling health inequalities in Doncaster is a multi-dimensional challenge reaching beyond the boundaries of health. NHS Doncaster CCG is working in partnership across a range of areas to support compliance with the Equality Act. We are a key member of the Stronger Communities Theme Group within the Safer Stronger Doncaster Partnership, and are working locally within the Inclusion Fairness & Advancement Group of public and voluntary sector organisations. We also work in partnership to engage with communities, so that engagement is more targeted and coordinated through Doncaster CVS and Healthwatch Doncaster. An example of partnership working in the last year is the CCG, Doncaster Council and the Alzheimer's Society working together along with Dementia patients and their carers on an initiative to make Doncaster a 'Dementia Friendly Community'.

2.3. Our role as a Corporate Body

Corporate Structure: The right corporate systems and processes can help us to embed equality and diversity considerations into the very fabric of our organisation, making it everybody's business to show due regard to our public sector equality duties. Our Experience & Engagement Committee is a formal Committee of our Governing Body and has responsibility for embedding patient experience within commissioning and ensuring that due regard is paid to our public sector equality duties. We have a range of leads championing Equality across the organisation including a Lay Member lead, a clinical lead, an Executive lead and an operational lead. We also have various corporate documents which encapsulate our equality commitment:

- Our "Equality & Diversity Strategy" which was refreshed and approved by our Governing Body in December 2014. The Strategy is available on our website.
- Our use of the Equality Delivery System to develop and publish our Equality Objectives in October 2013. The Equality Delivery System version 2 was published in November 2013 and has been used during 2014/15 to undertake a further self-assessment.
- Publication of equality data annually by the end of January each year.

Training: Our team members need knowledge of the public sector equality duties and the need to consider equality impact during commissioning decisions, which we are achieving through one-to-one support from Communication, Engagement, Experience & Equality team members, through a mandatory e-learning module, and through supplementary face-to-face training for Governing Body members as our key decision makers. Our Equalities and Engagement Officer presented to our Strategy Development Forum in October 2014 to further raise awareness of equality within commissioning.

Our workforce: Diversity means that everyone is different, and each individual's experience, knowledge and skills bring a unique contribution to an organisation and we value all contributions equally. We have refreshed our Equal Opportunities Policy and published this on our website. Recruitment and selection processes are transparent and include consideration of equality. Policies are in place to support staff in the workplace such as Workplace Wellbeing and Flexible Working. The annual NHS 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.

3. Equality Delivery System & Equality Objectives

3.1. Introduction

The Equality Delivery System (EDS) for the NHS was formally launched in November 2011. Following an evaluation of the implementation of the Equality Delivery System in 2012 and subsequent consultation with a spread of NHS organisations, a refreshed Equality Delivery System known as *EDS2* was launched in November 2013.

The main purpose of the Equality Delivery System was, and remains, to help local NHS organisations, in discussion with local partners including local people, to review and improve their performance for people with characteristics protected by the Equality Act 2010. By using the Equality Delivery System, NHS organisations can also be helped to demonstrate delivery on the public sector Equality Duty (PSED).

3.2. Background

Outcomes: The Equality Delivery system comprises 18 outcomes grouped into four goals as detailed below.

- Better health outcomes
- Improved patient access and experience
- A representative and supported workforce
- Inclusive leadership

Protected Characteristics: Compliance with the Equality Delivery System standards is assessed across the 9 protected characteristics under the Equality Act and can also be readily applied to people from other disadvantaged groups, including people who fall into “Inclusion Health” groups, who experience difficulties in accessing, and benefitting from, the NHS. “Inclusion Health” was defined in a Social Care Task Force and Department of Health publication of 2010. These other disadvantaged groups typically include but are not restricted to:

- People who are homeless
- People who live in poverty
- People who are long-term unemployed
- People in stigmatised occupations (such as women and men involved in prostitution)
- People who misuse drugs
- People with limited family or social networks
- People who are geographically isolated

Grading: Essentially, there is just one factor for NHS organisations to focus on within the Equality Delivery System grading process. For most outcomes the key question is: *How well do people from protected groups fare compared with people overall?* There are four grades – undeveloped, developing, achieving and excelling.

RED	Undeveloped if there is no evidence one way or another for any protected group of how people fare, or evidence is not available. Undeveloped if evidence shows that the majority of people in only two or less protected groups fare well.
AMBER	Developing if evidence shows that the majority of people in three to five protected groups fare well.
GREEN	Achieving if evidence shows that the majority of people in six to eight protected groups fare well.
PURPLE	Excelling if evidence shows that the majority of people in all nine protected groups fare well.

3.3. Use of EDS in NHS Doncaster CCG

NHS Doncaster CCG was formally established on 1st April 2013. Prior to this, the shadow CCG used the original Equality Delivery System (EDS) under the overarching responsible body of Doncaster Primary Care.

Our CCG equality objectives were refreshed and re-published in October 2013 in line with our public sector equality duties. Unfortunately the publication of the revised Equality Delivery System in November 2013 was immediately after our equality objective refresh and therefore we chose not to use the system during 2013/14.

During 2014/15 we have used the Equality Delivery System in two ways:

- Concentrating on two of our six clinical priority areas to focus our application of the Equality Delivery System: Cancer and Dementia. Engagement with patients, carers and the public which had already taken place around our clinical priorities of Cancer and Dementia influenced our self-assessment in these areas.
- A more general self-assessment across the organisation based on our existing engagement work and the patient experience data that we collate.

3.4. Results

The sheet overleaf summarise our results from our overarching organisational self-assessment. The summary sheet contains links to evidence for each discrete EDS goal and outcome. The full report is published on our website alongside this report. The potential areas for development will be considered and prioritised by the Engagement & Experience Committee.

The reports from our self-assessments of Dementia and Cancer are published on our website alongside this report.

Summary EDS Self-Assessment

Goal	Ref	Description	Self-assessed score				Overall score per Goal				Organisation rating			
			R	A	G	P	R	A	G	P	R	A	G	P
Goal 1 Better health outcomes	1.1	Commissioning, procurement, design and delivery	A				A							
	1.2	Assessing health needs	A											
	1.3	Care pathway transitions	A											
	1.4	Patient safety	A											
	1.5	Health Promotion	G											
Goal 2 Improved patient access and experience	2.1	Access to services	A				A	G						
	2.2	Informing, supporting & involving patients in care decisions	G											
	2.3	Patient Experience of care	A											
	2.4	Complaints	G											
Goal 3 A representative and supported workforce	3.1	Recruitment and selection	G				G							
	3.2	Equal pay	G											
	3.3	Training & development	G											
	3.4	Staff safety	G											
	3.5	Flexible working	G											
	3.6	Staff experience	G											
Goal 4 Inclusive leadership	4.1	Board Leadership	G				G							
	4.2	Identification of equality impact	G											
	4.3	Line management	G											

Amber
/Green
(see Equality Objectives)

4. Core data and information

The core data and information we use to inform decisions about our functions is set out in Section 2.2 of this report and further summarised in Appendix 1.

Equality data relating to our staffing is set out in Appendix 2.

Our Equality & Diversity Strategy sets out our strategic aims in terms of equality.

The Engagement & Experience Committee oversees engagement, experience, communication and equality in NHS Doncaster CCG.

This document will be updated annually in January each year.

5. What to do if you think we not meeting our duties

We wish to hold ourselves accountable to our staff, our partners and members of the public for whom we commission services.

If you have any concerns or feedback (positive or negative) about equality then please contact the Equality & Engagement Officer, Mr Curtis Henry, on 01302 566300 or email curtis.henry@doncasterccg.nhs.uk

If you think we are not meeting our equality duties, and would like to make a complaint please contact the Patient Experience Manager, Mrs Christina Quinn, on 01302 566300 or email christina.quinn@doncasterccg.nhs.uk

Appendix 1: Core data and information

Source	Brief description	Use within organisation
NHS Doncaster CCG Equality Information in the CCG Annual Report	A summary within the CCG Annual Report capturing summary equality activity within the preceding year.	Used to collate a summary of equality activity and identify any emerging themes. Available on our website: www.doncasterccg.nhs.uk
Joint Strategic Needs Assessment (JSNA)	The Joint Strategic Needs Assessment (JSNA) is a process that identifies the current and future health and wellbeing needs of a local population.	Used to identify commissioning priorities and areas of health inequalities to target interventions. Published on the Team Doncaster website under the Data Observatory: http://www.doncastertogether.org.uk
Community Profiles	There are 88 Community Profiles , one for each community in Doncaster.	Used to identify areas of health inequalities within communities. Published on the Team Doncaster website under the Data Observatory: http://www.doncastertogether.org.uk
Health Needs Assessments	Health Needs Assessments are commissioned through our agreement with the Public Health Team in Doncaster Council to identify the key needs of the population.	Needs assessments allow us to obtain an in-depth understanding of the needs of a specific population group for which we are responsible for commissioning healthcare.
Data Shine	The Data Shine project seeks to promote and develop the use of large and open datasets amongst the social science community.	Used to identify areas of health inequalities and target community engagement. The data takes us down to community level across data collected in the 2011 Census. http://datashine.org.uk
Yorkshire & Humber Public Health Observatory	Yorkshire and Humber Public Health Observatory (YHPHO) produces information, data and intelligence on people's health and health care for practitioners, policy makers and the wider community.	Used to identify areas of health inequalities. http://www.yhpho.org.uk/

Source	Brief description	Use within organisation
Census 2011	The Census has collected information about the population every 10 years since 1801 (except in 1941). The latest census in England and Wales took place on 27 March 2011.	The statistics collected from the Census are used to understand the similarities and differences in the populations' characteristics locally, regionally and nationally.
Provider equality data	Data recorded by our Providers on activity by protected characteristics.	The data is recorded by protected characteristic and used to identify themes, support the commissioning process, and to monitor Provider activity. http://www.dbh.nhs.uk/ http://www.rdash.nhs.uk/
Engagement activities and findings	Data on themes emerging from patient and public engagement activity.	Themes and trends arising from engagement are received by the Engagement & Experience Committee.
Workforce Data	Specification included at Appendix 2.	Monitoring of the workforce in terms of representativeness across the protected characteristics. Published within our quarterly Corporate Governance Report (Appendix 2).
Staff Survey	An annual national survey of our staff in terms of satisfaction.	Used to develop an action plan which supports making improvements in the workplace for staff moving forwards.
Complaints	Data on complaints received by NHS Doncaster CCG relating to services that we commission.	The data is recorded by protected characteristic and used to identify themes and support the commissioning process.
Equality Delivery System	A self-assessment of our activity against the national voluntary Equality Delivery System outcomes.	The summary results are included in this report and published in full on our website. The data is used for self-assessment across all standards, and for a deep dive into specific clinical areas.

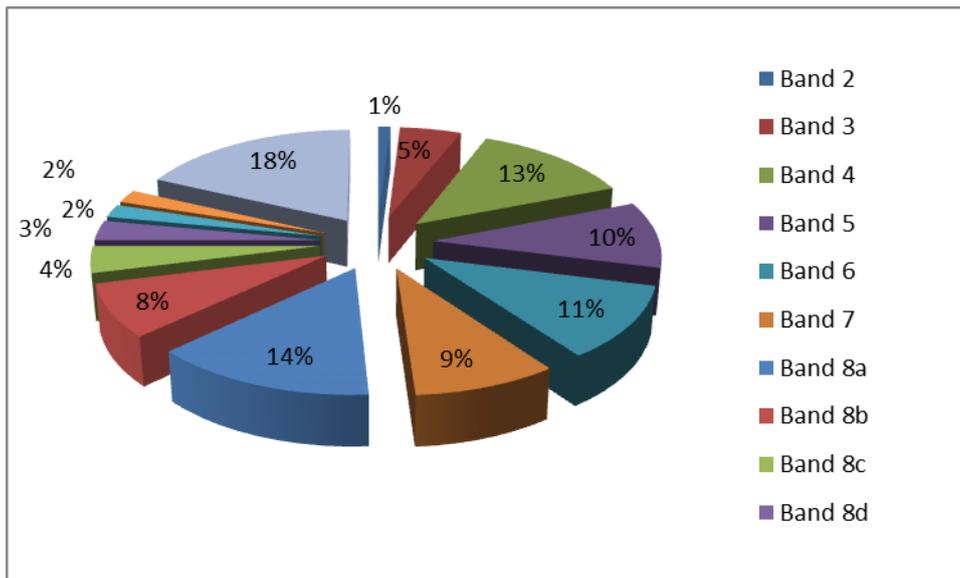
Appendix 2: NHS Doncaster CCG Staffing equality data

(as at 31 December 2014)

	Staffing breakdown:		Count / %	Doncaster population											
Gender	Female		65%	50.6%											
	Male		35%	49.4%											
Age	20-25		1%	<table border="1"> <tr> <td>0 - 19</td> <td>24.0%</td> </tr> <tr> <td>20 - 39</td> <td>25.2%</td> </tr> <tr> <td>40 - 59</td> <td>27.6%</td> </tr> <tr> <td>60 - 79</td> <td>18.6%</td> </tr> <tr> <td>80+</td> <td>4.5%</td> </tr> </table>		0 - 19	24.0%	20 - 39	25.2%	40 - 59	27.6%	60 - 79	18.6%	80+	4.5%
	0 - 19	24.0%													
	20 - 39	25.2%													
	40 - 59	27.6%													
	60 - 79	18.6%													
	80+	4.5%													
	26-30		9%												
	31-35		11%												
	36-40		15%												
	41-45		14%												
46-50		20%													
51-55		16%													
56-60		9%													
61-65		4%													
66-70		1%													
Ethnicity	White	British	83%	91.8%											
		Other	2%	3.4%											
	Mixed	White & Black Caribbean	1%	0.5%											
		White & Black African		0.1%											
		White & Asian		0.3%											
		Other		0.2%											
	Asian / Asian British	Indian	5%	0.6%											
		Pakistani		0.9%											
		Bangladeshi		0%											
		Chinese		0.4%											
	Black / Black British	Other	1%	0.6%											
		African		0.4%											
		Caribbean		0.3%											
		Other		0.1%											
Other	Arab	0%	0.1%												
	Other		0.3%												
-----	Prefer not to say	8%	Not given as option												
Disability	Declared disability		2%	21.6%											
	No declared disability		32%	-----											
	Prefer not to say		66%	-----											
Religion / Belief	No religion / Atheism		13%	24.4%											
	Christianity		60%	65.9%											
	Buddhism		1%	0.2%											
	Hinduism		1%	0.3%											
	Judaism		-----	0.03%											
	Islam		-----	1.7%											
	Sikhism		-----	0.4%											
	Any other religion		5%	0.3%											
	Prefer not to say		20%	24.4%											
Sexual orientation	Bisexual		0%	Not asked in 2011 Census.											
	Gay man		0%												
	Gay Woman / Lesbian		0%												
	Heterosexual		85%												
	Other		0%												
	Do not wish to declare		15%												

	Staffing breakdown:	Count / %	Doncaster population
<i>Pregnancy, maternity and gender reassignment</i>	Due to the small numbers associated with pregnancy/maternity and gender reassignment which may make individuals personally identifiable, these are not included in a public report.	N/A	Not available in 2011 Census data.

Pay Band Profile



By gender the largest proportion of female employees are Band 4. The majority of male employees are on a personal salary/very senior manager salary. 9% of the overall workforce are from a BME background, of that 78% are on Band 8a or equivalent and above.