

## Equality & Diversity in NHS Doncaster CCG

Date updated: 31<sup>st</sup> January 2014

### 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 increase the health and well-being of the population. NHS Doncaster CCG is committed to embedding equality and diversity values into its policies, procedures, employment and commissioning processes that secure health and social care for our population.

The Equality Act 2010 has brought with it a legal Public Sector Equality Duty requiring public bodies to declare their compliance with the duty on an annual basis. This means that we must show compliance with both the general and specific duties of the Public Sector Equality Duty.

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 Equality Act 2010
- **Advance equality of opportunity** between people who share a protected characteristic and people who do not share it
- **Foster good relations** between people who share a protected characteristic and people who do not share it

Protected characteristics – in the context of the Public Sector Equality Duty – are defined as:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership (to eliminate discrimination)
- Pregnancy and maternity
- Race – this includes ethnic or national origins, colour or nationality
- Religion or belief – this includes lack of belief
- Sex (male and female)
- Sexual orientation

For the specific duty we are required to:

- Publish information to demonstrate compliance with the general duty

- Publish data on the make-up of our workforce
- Publish data on those affected by our policies and procedures
- Publish one or more equality objectives covering a four year period

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.

## 2. How we meet these duties

---

### Our corporate commitments:

- NHS Doncaster CCG is committed to promoting the equality and diversity agenda both for staff within the organisation and for the patients and the public for whom we commission care. We have various corporate documents which encapsulate this commitment:
  - 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 which will be used to further develop our equality objectives during 2014/15.
  - Our “Engagement, Communication & Equality Strategy” approved by our Governing Body in August 2012 which captured and integrated our equality objectives with our engagement, communication and patient experience functions.
  - Publication of equality data annually by the end of January each year.
- NHS Doncaster CCG is committed to commissioning healthcare that is available for all, accessible to all and that the services we commission across Doncaster reflect the needs of the community. We aim to work with our staff and with our providers, our partners, and with our public, patients, carers, service user groups and seldom heard groups to develop our services and strategies further. We also aim to strengthen our existing partnerships and to develop new ones which enable our workforce to commission effective and responsive services.
- Our Experience & Engagement Committee is a formal Committee of the Governing Body and it has responsibility for seeking patient views and considering equality implications and feeding these into the commissioning process.
- 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.

### For staff:

- Recruitment and selection processes are transparent and include consideration of equality impact.
- Policies are in place to support staff in the workplace such as a Workplace Wellbeing policy, an Equal Opportunities Policy, a Managing Performance Policy, and a Flexible Working Policy.
- 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.
- Equality e-learning programme.
- Equality library of information to support staff.

### In commissioning:

- Health Needs Assessments are commissioned through our agreement with the Public Health Team in the Local Authority 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.
- We use a variety of evidence sources to identify needs such as the local knowledge of clinicians, health care providers, commissioners and partners, prevalence data, community health profiles, primary care and community data such as referral data, hospital data such as inpatient and outpatient data, data from national sources such as the Census, deprivation indices and the views of patients/service users.
- We review care pathways and commissioned service provision to ensure that they meet the identified health needs of the population. This includes elements of capacity management – where services are over or under used and whether they are provided in the right place at the right time and able to be accessed equally by people from all the protected characteristics. An example in 2013/14 includes a redesign of the Autism Spectrum Disorder pathway in partnership with families of children who use the service.
- Commissioning organisations have the responsibility to gain the best outcomes from within their financial allocations. This requires a robust decision-making framework led by our Governing Body. We ensure that patient and public views and equality considerations are embedded within our decision-making processes.
- The agreed organisational priorities are captured in our 5 year Strategic Plan and our 2-year Delivery Plans. Quality indicators and key performance indicators are attached to the outcomes for each delivery plan area. Any 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, gender-specific services.

- As a commissioning organisation, we are responsible for buying or “procuring” the identified services. To ensure that equality is embedded within procurement, 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. When a contract is awarded, Equality & Diversity is a standard paragraph within all contracts.
- Key performance indicators are embedded in contracts, and these are performance monitored through the Contracting Team, with exceptions reported to the Governing Body. Providers who hold the contracts submit data for review, and this includes Equality assurances as specified within the contract. Any lapses can be challenged through contractual mechanisms. Patient experience data is also a standard requirement of contracts, and we analyse themes and trends from this to feed back into contracted outcomes.
- Performance data is also used to understand the current healthcare demand and access, and is used to predict future demand and access by the population. Equality and patient experience data forms part of this overall performance data e.g. outpatient data is supplied in an anonymised format by gender, ethnicity and age to review equality of access. Patient experience is embedded within contracts, including in the Commissioning for Quality & Innovation (CQUIN) contract indicators.

### **In partnership:**

- 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 including Health, Local Authority, Police, Fire and Rescue, Doncaster CVS and New Horizons Doncaster. This network group is chaired by NHS Doncaster Clinical Commissioning Group.
- We work closely with other public sector services including the Local Authority, 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. We are pooling funding with the Local Authority into a Better care Fund.
- We also work in partnership to engage with communities, so that engagement is more targeted and coordinated through Doncaster CVS and Healthwatch Doncaster.

### 3. Equality Delivery System & Equality Objectives

We are implementing the Equality Delivery System (EDS) in NHS Doncaster CCG. We are working in partnership with Doncaster & Bassetlaw Hospitals NHS Foundation Trust and Rotherham Doncaster and South Humber NHS Foundation Trust on our EDS priorities.

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. It comprises 18 outcomes grouped into four goals as detailed below.

- Better health outcomes for all
- Improved patient access and experience
- Empowered, engaged and included staff
- Inclusive leadership at all levels

Compliance with the duties is across the 9 protected characteristics under the Equality Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy & maternity, race, religion/belief, gender and sexual orientation). The self-assessment process focuses on engagement with “local interests” which include patients, communities, staff, staff-side organisations and local voluntary organisations.

<b>Excelling</b>	<b>Purple</b>	if evidence shows that the majority of people in all nine protected groups fare well
<b>Achieving</b>	<b>Green</b>	if evidence shows that the majority of people in six to eight protected groups fare well
<b>Developing</b>	<b>Amber</b>	if evidence shows that the majority of people in three to five protected groups fare well
<b>Undeveloped</b>	<b>Red</b>	Undeveloped if there is no evidence one way or another for any protected group of how people fare or Undeveloped if evidence shows that the majority of people in only two or less protected groups fare well

When NHS Doncaster CCG was in shadow format in 2012/13, we used the Equality Delivery System to self-assess our position against each of the 18 goals. This resulted in the following published self-assessment scores:

Goal	Narrative	Outcome	
<b>1. Better health outcomes for all</b>	The NHS should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results	<b>1.1</b> Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities	<b>A</b>
		<b>1.2</b> Individual patients’ health needs are assessed, and resulting services provided, in appropriate and effective ways	<b>A</b>
		<b>1.3</b> Changes across services for individual patients are discussed with them, and transitions are made smoothly	<b>A</b>
		<b>1.4</b> The safety of patients is prioritised and assured. In particular, patients are free from abuse, harassment,	<b>A</b>

Goal	Narrative	Outcome	
		bullying, violence from other patients and staff, with redress being open and fair to all	
		1.5 Public health, vaccination and screening programmes reach and benefit all local communities and groups	A
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	A
		2.2 Patients are informed and supported to be as involved as they wish to be in their diagnoses and decisions about their care, and to exercise choice about treatments and places of treatment	A
		2.3 Patients and carers report positive experiences of their treatment and care outcomes and of being listened to and respected and of how their privacy and dignity is prioritised	A
		2.4 Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently	A
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	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	G
		3.2 Levels of pay and related terms and conditions are fairly determined for all posts, with staff doing equal work and work rated as of equal value being entitled to equal pay	A
		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	A
		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	G
		3.5 Flexible working options are made available to all staff, consistent with the needs of the service, and the way that people lead their lives. (Flexible working may be a reasonable adjustment for disabled members of staff or carers.)	G
		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	G
		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	G
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	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	A
		4.3 The organisation uses the "Competency Framework for Equality and Diversity Leadership" to recruit, develop and support strategic leaders to advance equality outcomes	R

Our self-assessment then led to the development of 4 Equality Objectives:

- *Equality Objective 1:* Make effective use of equality data within the commissioning cycle to prioritise commissioning of services and embed equality within Provider contracts.
- *Equality Objective 2:* Ensure appropriate and accessible targeted communication with local communities to empower patients.
- *Equality Objective 3:* Develop consistency of Equality approach across the Clustered PCTs in respect of equality leadership, staff empowerment and access to development opportunities.
- *Equality Objective 4:* Demonstrate leadership in advancing the equality agenda internally and with partners and providers to ensure inequalities are addressed within a partnership approach to ensure equity of access experience and outcomes for patients.

Over the summer of 2013 NHS Doncaster CCG worked to refresh the above equality objectives which we had developed whilst in shadow format. Our self-assessment against the Equality Delivery System remained unchanged due to the rapidly establishing nature of the new CCG, and a limited review only was conducted due to the national planned refresh of the detail contained within the Equality Delivery System.

- The original Equality Objective 3 referred to Clustered Primary Care Trusts. Upon the abolition of Primary Care Trusts on 1<sup>st</sup> April 2013, the objective no longer applied and was therefore recommended for removal.
- The original Equality Objective 4 referred to a partnership approach to equality & diversity. This objective was achieved via the establishment of the Stronger Communities Theme Group. This objective was therefore no longer relevant – performance monitoring of the Stronger Communities Theme Group is via the Safer Stronger Doncaster Partnership within the *Doncaster Together* structure. The objective was therefore recommended for removal.

The remaining 2 objectives remained very relevant to the CCG's core business and to our aim to improve our use of patient experience data. The Engagement & Experience Committee therefore approved the retention of Equality Objectives 1 and 2 at its meeting in October 2013 and a full action plan has been developed to ensure delivery of these objectives. This is monitored by the Equality & Engagement Officer. Our Equality Objectives are therefore:

- *Equality Objective 1:* Make effective use of equality data within the commissioning cycle to prioritise commissioning of services and embed equality within Provider contracts.
- *Equality Objective 2:* Ensure appropriate and accessible targeted communication with local communities to empower patients.

The Equality Delivery System 2 (EDS2) was published in November 2013. This will be used moving forwards to re self-assess in 2014/15.

## 4. Core data and information

---

The core data and information we use to inform decisions about our functions is set out in Appendix 1, including the key population messages emerging from our Joint Strategic Needs Assessment.

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

Our Engagement, Communication and Equality 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 of feedback (positive or negative) about equality then please contact the Equality & Engagement Officer, Curtis Henry, on 01302 566080 or email [curtis.henry@doncasterccg.nhs.uk](mailto: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 Complaints Officer, Maria Wilson, on 01302 566054 or email [maria.wilson@doncasterccg.nhs.uk](mailto:maria.wilson@doncasterccg.nhs.uk)

## Appendix 1: Core data and information

Source	Brief description	Use within organisation
<b>NHS Doncaster CCG Equality Information Report</b>	An Annual Report capturing equality activity within the preceding year.	Used to collate a summary of equality activity and identify emerging themes. Available on our website: <a href="http://www.doncasterccg.nhs.uk">www.doncasterccg.nhs.uk</a>
<b>Joint Strategic Needs Assessment (JSNA)</b>	Analysed data on the health and social care needs of our population moving forwards.	Used to identify commissioning priorities and areas of health inequalities to target interventions. Published on the Doncaster Together website under the Data Observatory: <a href="http://www.doncastertogether.org.uk">http://www.doncastertogether.org.uk</a>
<b>Communities and Ward data</b>	Data on the 88 communities of interest in Doncaster.	Used to identify areas of health inequalities within communities. Published on the Doncaster Together website under the Data Observatory: <a href="http://www.doncastertogether.org.uk">http://www.doncastertogether.org.uk</a>
<b>Provider equality data</b>	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.  <a href="http://www.dbh.nhs.uk/">http://www.dbh.nhs.uk/</a>  <a href="http://www.rdash.nhs.uk/">http://www.rdash.nhs.uk/</a>
<b>Engagement activities and findings</b>	Data on themes emerging from patient and public engagement activity.	Themes and trends arising from engagement are received by the Engagement & Experience Committee.
<b>Workforce Data</b>	Specification included at Appendix 2.	Monitoring of the workforce in terms of representativeness across the protected characteristics. Published within our Equality Information Report (Appendix 2).

Source	Brief description	Use within organisation
<b>Staff Survey</b>	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.
<b>Complaints</b>	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.
<b>Equality Delivery System</b>	<p>A self-assessment of our activity against the national voluntary Equality Delivery System outcomes of:</p> <ul style="list-style-type: none"> <li>• Better health outcomes for all</li> <li>• Improved patient access and experience</li> <li>• Empowered, engaged and well-supported staff</li> <li>• Inclusive leadership at all levels</li> </ul>	The results are included in this report.
<b>Communities of interest and place</b>	Information on communities of interest and place in Doncaster	Collated by the partnership Inclusion & Fairness Advancement Group. Detailed below.

## Communities of place and interest in Doncaster

### 1. Introduction

Doncaster has a diverse population comprised of many different communities of both place and interest. The Inclusion & Fairness Advancement Group has been tasked with gaining a strategic oversight of the composition of these communities to support organisations which comprise the Local Strategic Partnership *Doncaster Together* in better assessing the impact of their strategic decisions upon these communities.

A **community of place** or **place-based community** 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. Such a community can be a neighborhood, town, workplace, gathering place, or any other geographically specific place that a number of people share, have in common or visit frequently.

A **community of interest** is a community of people who share a common interest or passion. Its members take part in the community to either exchange information, obtain answers to personal questions or problems, improve their understanding of a subject, share common passions or to enjoy shared recreation. Frequently, such communities cannot easily be defined by a particular geographical area but instead are defined by some common bond (e.g. feeling of attachment) or entity (e.g. farming or religious group). The community of interest links well to the protected characteristics under the Equality Act 2010 such as religion or belief, sexual orientation, or ethnic origin. In this way we may talk about the 'gay community', the 'Catholic community' or the 'Chinese community'. Intentional communities and elective groups ranging from religious groups to caravan enthusiasts are a key feature of modern life.

### 2. Communities of place

#### 2.1. Community Profiles

The Doncaster Data Observatory produces community profiles. 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, however the data included can be useful to inform our understanding of communities in Doncaster.

The core set of Community Profiles produced in 2012 were further refreshed in July 2013 to include refreshed data on obesity, social care referrals and excess winter deaths, and the addition of data on alcohol related deaths and quit smoking rates.

The community profiles are arranged by one team working areas:

- Central
- East
- North
- South

**Central**

Balby  
 Belle Vue  
 Bennetthorpe  
 Bessacarr  
 Cantley  
 Clay Lane

Hexthorpe  
 Hyde Park  
 Intake  
 Lakeside  
 Lower Wheatley  
 Town Centre

Town Moor  
 Wheatley Hills  
 Wheatley Park  
 Woodfield Plantation

**East**

Armthorpe  
 Barnby Dun  
 Braithwaite & Kirk Bramwith  
 Duncroft  
 Dunsville  
 Edenthorpe

Fishlake & Fosterhouses  
 Hatfield  
 Hatfield Prison  
 Hatfield Woodhouse  
 Kirk Sandall  
 Moorends

Stainforth  
 Sykehouse  
 Thorne  
 Thorpe in Balne

**North**

Adwick le Street  
 Arksey  
 Askern  
 Barnburgh  
 Bentley  
 Brodsworth & Pickburn  
 Burghwallis  
 Cadeby  
 Campsall  
 Carcroft  
 Clayton

Cusworth  
 Fenwick  
 Hampole & Skelbrooke  
 Harlington  
 Hickleton  
 High Melton  
 Highfields  
 Hooton Pagnell  
 Marr  
 Moss  
 Norton

Owston  
 Scawsby  
 Scawthorpe  
 Skellow  
 Sprotbrough  
 Sutton  
 Toll Bar & Almholme  
 Woodlands  
 York Road

**South**

Adwick upon Dearne  
 Auckley  
 Austerfield  
 Bawtry  
 Blaxton  
 Braithwell  
 Branton  
 Clifton  
 Conisbrough

Denaby Main  
 Edlington  
 Finningley  
 Hayfield Green  
 Loversall  
 Mexborough  
 Micklebring  
 New Rossington  
 Old Cantley

Old Denaby  
 Old Edlington  
 Old Rossington  
 Stainton  
 Tickhill  
 Wadworth  
 Warmsworth

**2.2. Ward Profiles**

At a higher level, the Doncaster Data Observatory also produces Ward Profiles which were last updated in 2012. There are 21 ward profiles, one for each ward in Doncaster:

- Armthorpe
- Askern
- Adwick
- Balby

- Bentley
- Bessacarr and Cantley
- Central
- Conisbrough and Denaby
- Edenthorpe, Kirk Sandall and Barnby Dun
- Edlington and Warmsworth
- Finningley
- Great North Road
- Hatfield
- Mexborough
- Rossington
- Sprotbrough
- Stainforth and Moorends
- Thorne
- Torne Valley
- Town Moor
- Wheatley

A Ward boundaries refresh consultation was underway in January 2014 with a proposal to re-draw some Ward boundaries. The impact of different communities sharing the same Ward boundaries can affect understanding of these communities e.g. Warmsworth and Edlington are in the same Ward Boundary, yet the Community Profiles of these communities are very different.

### **2.3. Census**

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.

#### **2.3.1. Overall**

- Doncaster's population is 302,400 (compared with 290,600 mid-year estimate 2010). Doncaster has seen the greatest difference (4.06%) when compared to the 2010 mid-year estimates in the Yorkshire and Humber Region. This is particularly prominent in the 25-39 age brackets.
- Doncaster has grown slightly slower than regional and national increases in the period 2001-2011.

#### **2.3.2. Qualifications**

- The percentage of the Doncaster population educated to level 3 and above appears to have increased, as does that across the rest of South Yorkshire and the averages for Yorkshire and the Humber and for England.
- The relative positioning of Doncaster appears to compare less favourably with Barnsley and Rotherham than in 2001 in terms of the percentage of the population achieving level 3 and above.
- There appear to be barriers to progression from level 2 to level 3 in Doncaster. It is unlikely that this is a supply issue, given that 16 of the 17 Doncaster schools have sixth forms. A more likely influence is the below-average performance at Key Stage 4 (in 2011, 54% of pupils leaving Doncaster schools achieved 5 GCSEs including English and Maths compared to the England average of 58%), meaning that many either continue further study at the same level, seek employment for which qualification at level 2 or below is sufficient or become NEET.

### **2.3.3. Economic activity**

- 36.7% of Doncaster's residents who are classified as 'economically active' are in full time employment, 0.2% up on the 2001 census return. The proportion of people in full time employment is still below both the regional (37%) and national (38.5%) average although the gap is narrowing as regional and national average have seen a fall since 2001 of 1.8% and 2.1% respectively.
- 5.7% of Doncaster's residents who are classified as 'economically active' are unemployed, 1.5% higher than in 2001. Both the regional and national average have increased but not to the same extent with the regional average up 1.1% to 4.8% whilst the national average has risen 1% to 4.4%
- 5.9% of Doncaster residents who are classified as 'economically inactive' are categorised as 'long term sick or disabled'. Although this remains higher than both the regional and national average the gap has closed as regionally it has fallen 1.6% to 4.5% and nationally it is down 1.3% to 4.2%
- Over 4,100 young people aged 16-24 are unemployed; this represents 1.9% of the residents aged between 16 and 74. Again this is higher than both the regional (1.5%) and national (1.2%) average.
- Nearly 5,000 (2.2%) of residents aged between 16 and 74 are classified as 'long-term unemployed' (i.e. unemployed at the time of the 2011 Census and the year they last worked was 2009 or earlier). The regional average is 1.9% and the nation average is 1.7%.
- The main activity of employer or business employing the largest percentage of Doncaster residents are the Wholesale and Retail trade (19.4%), Human Health and social work activities (13.3%), Manufacturing (10.7%), Construction (9.7%) and education (8.5%).
- Over 30% of Doncaster residents have no formal qualifications, compared with a Regional average of 25.8% and National average of 22.5%.
- 7.9% of Doncaster residents have a degree or higher degree, well below both the regional (13.9%) and national (17.4%) average.

## **3. Communities of interest**

### **3.1. Census**

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.

#### **3.1.1. Children and Young People's Population**

- The number of younger people (0-19) has decreased slightly (2.2% reduction) from 2001-2011.
- The number of children and young people (0-19) is 3.3% higher when compared to the 2010 mid-year estimates (latest information prior to the release of the census) and 4.9% higher in the 0-4 year age band.

### **3.1.2. Working Age Population**

- The number of working age people (20-64) has increased in line with national increases from 2001-2011.
- The number of working age (20-64) is 5.4% higher when compared to the 2010 mid-year estimates (latest information prior to the release of the census) but particularly the 25-29 and 30-34 age band which are 12.9% and 14.8% higher respectively.

### **3.1.3. Older People's Population**

- The number of older people (65+) has increased slightly slower than national increases from 2001-2011 but the number of people over 85 have increased more than the national average, a 39.1% increase compared to 23.1% nationally.
- The number of older people is similar to the 2010 mid-year estimates (latest information prior to the release of the census). However the number of people aged over 85 is 6.7% higher.

### **3.1.4. Ethnicity**

- England and Wales has become more ethnically diverse with rising numbers of people identifying with minority ethnic groups in 2011. Despite the White ethnic group decreasing in size, it is still the majority ethnic group that people identify with.
- The proportion of population in Doncaster classified as 'White' equates to 91.8% (4.7% less than in 2001) and is the majority ethnic group. This is also the case in England and Wales where 'White' is also the majority ethnic group at 48.2 million (86%) a decrease from 91.3% in 2001 and 94.1% in 1991
- Within this group, in Doncaster, 'White British' (White English/ Welsh/ Scottish/ Northern Irish/ British) equates to 95.4% of the population and is the largest group. This is also the case for England and Wales, where this group accounts for 80.5% of the population.
- The any 'Other White' group had the largest increase in Doncaster and accounts for 2.8% of the population in Doncaster. This is an increase of 2.1% since 2001. Within this this category, in England and Wales the any 'Other White' group accounted for 2.5 million people (4.4 %) and has seen the largest increase of 1.1 million people, (1.8%)
- There are currently 4,484 Polish people living in Doncaster, this equates to 1.5% of the population and is the largest single ethnic group aside from 'White British'.
- Percentage increases can also be noted in Doncaster for the ethnic group 'Asian/Asian British' where the Pakistani and Indian population grew by 0.4% and 0.2% respectively since the last Census in 2001. This is reflected nationally, where the Pakistani and Indian population saw percentage increases of 0.6% and 0.5% respectively.

## **3.2. Children's Centre Area Profiles**

The Doncaster Data Observatory's Children's Centre Area Profiles offer a strategic assessment of child health by Children's Centre area, typically using 3 or 5 year data periods. There are 21 Children's Centres in Doncaster with overall populations ranging from 5,800 (Moorends) to 19,500 (Cantley & Bessacarr).

The indicators in these profiles are organised in an approximate chronological order:

- Key birth indicators - birth rate, infant mortality and low birth rate
- Antenatal indicators - access to antenatal care, maternal smoking, maternal obesity and teenage pregnancies
- First year of life - primary immunisations, key hospital admissions under 1 year
- Early years - second MMR vaccination and pre-school booster by age 5, obesity in Reception Year (and Year 6).
- Childhood - admissions for injuries under 5, A&E attendance and emergency admissions for under 5 and under 18.

#### **Central**

- Balby
- Cantley & Bessacarr
- Central
- Intake & Belle Vue
- Wheatley

#### **East**

- Armthorpe
- Barnby Dun, Edenthorpe & Kirk Sandall
- Dunscroft & Hatfield
- Moorends
- Stainforth
- Thorne

#### **North**

- Adwick
- Askern
- Bentley
- Great North Road
- Sprotbrough

#### **South**

- Denaby & Conisbrough
- Edlington
- Finningley & Torne Valley
- Mexborough
- Rossington

### **3.3. Voluntary and Community Sector mapping**

There are a significant range of voluntary and community sector groups linked to communities of interest in Doncaster. Directories are held by 2 local community voluntary sector infrastructure support organisations – Doncaster CVS and New Horizons Doncaster.

**Doncaster CVS's** directory (<http://www.doncastercvs.org.uk/directory>) can be searched by service (e.g. Arts, Children, Health, Work) and by beneficiary (e.g. age, faith, gender).

**New Horizons Doncaster's** directory (<http://newhorizonsdoncaster.co.uk/>) can be searched by activity and type of organisation.

### **3.4. Local mapping exercise**

A local mapping exercise by the Inclusion & Fairness Advancement Group also identified some representative groups for communities of interest. A representative sample is detailed below.

#### **Age**

- Age UK
- 50+ Parliament

**Disability**

- DIAL Doncaster
- SYCIL

**Gender**

- Platform 51 Doncaster

**Race / Ethnicity**

- Doncaster Chinese Senior Club
- Doncaster Conversation Club
- Pan Afrique Centre
- Doncaster CVS Gypsy Traveller Engagement Project
- DMBC EMTAS

Doncaster has a large population of Gypsy Travellers. Local intelligence indicates a Gypsy Traveller population in Doncaster of between 4,000 and 6,000 individuals based on various sources such as the caravan count and intelligence from frontline services. A significant proportion of this population is settled in houses rather than in caravans. Only 700 Gypsy Travellers self-declared within the 2011 Census, but these 700 self-declarations are still proportionally higher for Doncaster than for most of the rest of the country.

**Religion/Belief**

- Doncaster Faiths Together Network

**Sexual Orientation**

- Doncaster Pride

**General**

Doncaster Council also holds and publishes contact details of the local societies, clubs and organisations that have registered with Doncaster Council's Library and Information Services.

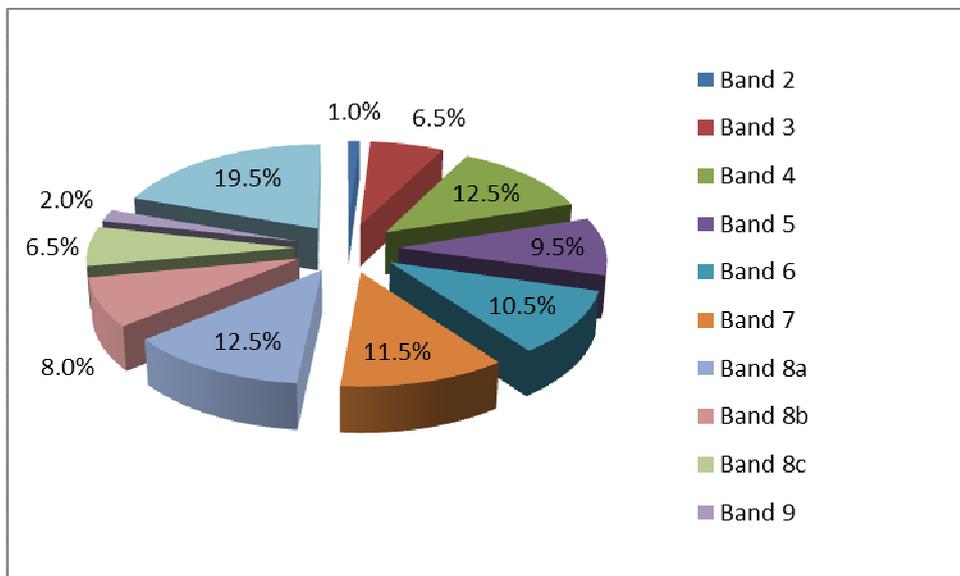
*Last updated: January 2014*

## Appendix 2: NHS Doncaster CCG Staffing equality data

	<b>Staffing breakdown:</b>	<b>Count / %</b>	<b>Commentary</b>
<b>Staffing numbers</b>	Headcount	96	Including Governing Body members.
	Whole Time Equivalent	81.06	
	Turnover	4.15%	3 starters and 4 leavers. The reasons for leaving employment with the CCG were all voluntary resignations.
	Cumulative sickness rate	3.05%	This rate represents an increase on last quarter of 0.36% which is commensurate with seasonal trends in sickness absence. Overall the annual sickness absence rate remains under 3%.
	Formal cases of discipline, grievance, poor performance or bullying and harassment	0	N/A
	Number of staff having a personal development plan	95%	During this quarter the number of staff having had a personal development review and personal development plan has risen to 95%. 95% is agreed as a realistic target of compliance at any given point moving forward to allow for long term absence.
<b>Gender</b>	Female	70%	N/A
	Male	30%	
<b>Disability</b>	Declared disability	1.04%	The nature of the disability is recorded in the electronic staff record and employees are offered workplace adjustments where appropriate.
<b>Sexual orientation</b>	Heterosexual	83.5%	N/A
	Do not wish to declare	16.5%	
<b>Ethnicity</b>	White British	79.5%	N/A
	White Other	2%	
	Mixed Asian	1%	
	Asian or Asian British Indian	4%	
	Black or Black Caribbean	1%	
	Black or Black British African	1%	
	Chinese	1%	
	Do not wish to state	10.5%	
<b>Age</b>	20-25	1%	The average age of the workforce is 44 years.
	26-30	11.5%	
	31-35	10.5%	
	36-40	13.5%	
	41-45	18.5%	
	46-50	16.5%	
	50-55	16.5%	
	56-60	8.5%	
61-65	3.5%		

	<b>Staffing breakdown:</b>	<b>Count / %</b>	<b>Commentary</b>
<b>Religion / Belief</b>	Atheism	11.5%	N/A
	Buddhism	1%	
	Christianity	60.5%	
	Hinduism	2%	
	Other	4%	
	Do not wish to state	21%	
<b>Pregnancy, maternity and gender reassignment</b>	Due to the small numbers associated with pregnancy/maternity and gender reassignment which may make individuals personally identifiable, these are not included.	N/A	N/A

**Pay Band Profile**



By gender the largest proportion of female employees are Band 8a. The majority of male employees are on a personal salary/very senior manager salary. 10% of the overall workforce are from a BME background, of that 90% are on Band 8a and above.

### **Agenda for Change Payband Information from 1<sup>st</sup> April 2013**

Point	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8				Band 9
								Range A	Range B	Range C	Range D	
1	14,294	14,294										
2	14,653	14,653										
3	15,013	15,013										
4		15,432										
5		15,851										
6		16,271	16,271									
7		16,811	16,811									
8		17,425	17,425									
9			17,794									
10			18,285									
11			18,838	18,838								
12			19,268	19,268								
13				19,947								
14				20,638								
15				21,265								
16				21,388	21,388							
17				22,016	22,016							
18					22,903							
19					23,825							
20					24,799							
21					25,783	25,783						
22					26,822	26,822						
23					27,901	27,901						
24						28,755						
25						29,759						
26						30,764	30,764					
27						31,768	31,768					
28						32,898	32,898					
29						34,530	34,530					
30							35,536					
31							36,666					
32							37,921					
33							39,239	39,239				
34							40,558	40,558				
35								42,190				
36								43,822				
37								45,707	45,707			
38								47,088	47,088			
39									49,473			
40									52,235			
41									54,998	54,998		
42									56,504	56,504		
43									59,016			
44									61,779			
45									65,922	65,922		
46									67,805	67,805		
47										70,631		
48										74,084		
49											77,850	77,850
50											81,618	81,618
51											85,535	85,535
52											89,640	89,640
53											93,944	93,944
54											98,453	98,453