

Equality & Diversity in NHS Doncaster CCG

Date updated: 31st January 2017

1. Introduction

Equality does not mean treating everyone the same because some people are disadvantaged to begin with through differences like disabilities. Ensuring that everyone has an equal opportunity may mean making different adaptations for different people – like targeting communication campaigns into specific communities in appropriate formats. Equality is therefore not about treating everyone the same, but about treating people according to their needs so that we reduce disadvantage.

Diversity literally means “difference”. There are many things that make us all different such as our age, our education, our past experiences, our health status, our ethnicity, or any disabilities we have. Valuing diversity is about creating a working culture and working practices that recognise, respect, and harness differences for the benefit of those for whom we commission services, for our staff, for our partners and for our organisation.

Equality and Diversity is central to the work of NHS Doncaster Clinical Commissioning Group (CCG) to ensure that we commission equity of access to services and treatment. The promotion of equality, diversity and human rights is central to the NHS Constitution and other national drivers to reduce health inequalities and increase the health and well-being of the population. We are committed to embedding values of equality and diversity into our commissioning processes, policies and procedures that secure health and social care for our population and into our 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.

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
- Race
- Religion & Belief
- Sexual orientation
- Pregnancy and maternity
- Gender reassignment
- Marriage and civil partnership

2. How we meet these duties: a summary

Our vision

We have 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.

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

We monitor progress towards this vision through in-year plans and activities which are overseen by our Engagement & Experience Committee, which itself reports to our Governing Body.

Summary of our equality performance

<p style="text-align: center;">In our Commissioning role</p>	<p>Commissioning:</p> <ul style="list-style-type: none"> • Information to inform commissioning is gleaned from varying sources including the JSNA (Joint Strategic Needs Assessment), Census data, ongoing consultation and engagement activities, and targeted or specific health assessments. A selection of these sources is listed in Appendix 1. • When commissioning significant changes to services we undertake equality analysis of the potential impact of our commissioning plans to ensure that we pay due regard to our equality duties. We publish these on our website. • SC13 Equity of Access, Equality and Non-Discrimination is a core standard which is embedded within the Standard NHS Contract which we use with our providers.
---	--

- Our Procurement Strategy 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.

Partnerships:

- We have led the development of, in partnership, the Doncaster Place Plan, which aims to support integrated provision of care across provider organisations in Doncaster.
- We are working closely with Doncaster Council to better understand and address health inequalities, and have co-led a Health & Wellbeing Board Workshop on Health inequalities in the last year. We recognise that access to healthcare services can be variable for certain groups (e.g. less take-up of some services by some protected groups for a variety of reasons), and we are working with Doncaster Council to identify address these health inequalities.
- We are working on a partnership refresh of the Black & Minority Ethnic (BME) Health Needs Assessment to identify health needs of new/emerging BME communities.
- We are working in partnership across Doncaster as a member of the Inclusion & Fairness Forum to drive engagement on wider inequalities across Doncaster.
- We continue working in partnership with Doncaster Council to make Doncaster a Dementia Friendly town.
- We are a partner in Well Doncaster, a collaborative programme which is developing, testing and piloting a set of linked interventions to improve the health of the poorest, fastest, in some of the most deprived areas of the North of England.

Engagement:

- Our early cancer diagnosis awareness campaigns have targeted bowel cancer, prostate cancer (including a campaign targeted at people with Learning Disabilities), lung cancer and breast cancer.
- We aim to engage with all sectors of our population, and have developed a Health Ambassadors scheme which engages with representatives of the nine most seldom heard groups in Doncaster, and a Patient Participation Group Network to engage with geographical communities aligned to our Member Practices. We have embedded the requirement to engage patients in their own care in Provider contracts.
- Direct feedback was utilised for a cohort of patients in receipt of intermediate care services to influence future Intermediate

	<p>Care provision.</p> <ul style="list-style-type: none"> • We recognise the value of both positive and negative feedback and embrace the concept that any feedback is helpful within commissioning. We work closely with Healthwatch Doncaster and Doncaster CVS to identify and analyse patient experience themes and trends which are emerging across the breadth of services we commission, targeting under-represented groups wherever possible, and these themes and trends come together in our Engagement & Experience Committee.
<p>In our role as a corporate body</p>	<ul style="list-style-type: none"> • 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, two clinical leads, an Executive lead and an operational lead. • We have various corporate documents which encapsulate our equality commitment including our Equality & Diversity Strategy, our Equality Delivery System self-assessment, and publication of equality data annually by the end of January each year (this document). • 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 mandatory e-learning, and through supplementary face-to-face training for Governing Body members as our key decision makers. • Everyone is different, and everyone's individual experience, knowledge and skills bring a unique contribution to our organisation, and we value all contributions equally. Our Equal Opportunities Policy is published on our website as our corporate commitment. Recruitment and selection processes are transparent and include consideration of equality. The breakdown of our organisation by protected group is broadly representative of the community which we serve (see Appendix 2 for further information). • We have committed to the Workforce Race Equality Scheme (WRES) which requires all NHS organisations to demonstrate how they are addressing race equality issues in a range of staffing areas. We have published our WRES Report for 2016/17 on our website.

Our Equality Delivery System (EDS) self-assessment

The main purpose of the **Equality Delivery System 2 (EDS2)** is to help local NHS organisations, in discussion with local partners including local populations, review and improve their performance for people with characteristics protected by the Equality Act 2010. By using the EDS2, NHS organisations can also be helped to deliver on the Public Sector Equality Duty.

From April 2015, EDS2 implementation by NHS provider organisations was made mandatory in the NHS standard contract. EDS2 implementation is explicitly cited within the CCG Assurance Framework, and will continue to be a key requirement for all CCGs.

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

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

UNDEVELOPED	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.
DEVELOPING	Developing if evidence shows that the majority of people in three to five protected groups fare well.
ACHIEVING	Achieving if evidence shows that the majority of people in six to eight protected groups fare well.
EXCELLING	Excelling if evidence shows that the majority of people in all nine protected groups fare well.

We have committed organisationally to using the principles of the Equality Delivery System (EDS) within NHS Doncaster CCG, and in 2016/17 we have refreshed our self-assessment against each of the 18 outcomes. It has been refreshed based on liaison with lead commissioners, a workshop at the December Engagement & Experience Committee, and using patient experience and outcome data. Our EDS self-assessment, published alongside this summary report, therefore captures our progress. A summary is detailed overleaf.

Summary EDS Self-Assessment

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

→ **Developing / Achieving**

Key: U Undeveloped D Developing A Achieving E Excelling

3. Equality Objectives

Based on our self-assessment against the national Equality Delivery System, our main areas of focus must be where we have identified there is greatest potential for improvement i.e. outcomes one and two where we have assessed ourselves as “developing”. These outcomes focus on better health outcomes and improved patient access and experience respectively.

We believe that our original Equality Objectives remain relevant to these and useful success indicators to measure ourselves against on our journey to our overall equalities vision contained within our Strategy, however in 2016/17 they have been re-focussed. They are:

- **Objective 1:** Utilise information and feedback gleaned from our patients, public and third sector partners to inform and influence the commissioning of healthcare services which are appropriate and responsive to our local population and their needs.
- **Objective 2:** Ensure appropriate and accessible targeted communication with local communities to raise awareness and understanding of healthcare options.

4. Core data and information

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

Our Engagement & Experience Committee oversees engagement, experience, communication and equality within NHS Doncaster CCG, meets monthly, and includes representatives from Healthwatch Doncaster, Doncaster CVS representing the voluntary & community sector in Doncaster, the Chairs of our patient and public involvement groups – the Health Ambassador scheme and the Patient Participation Group Network, and representatives from across our organisation. It is chaired by our Lay Member for Patient & Public Involvement. The minutes of the Committee are reported to our public Governing Body and are available on our website.

This document will be updated annually in January each year.

5. Feeding back to us on equality, and what to do if you think we are 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 Equalities & 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

January 2017

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.teamdoncaster.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.teamdoncaster.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. http://www.teamdoncaster.org.uk
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 Assurance Report.
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.

A picture of Doncaster



Age and Demographics:

The age profile in Doncaster is broadly similar to the national picture with a slightly higher proportion of older people (65+) and slightly lower proportion of working age people (16-64). The number of younger people (0-15) from the 2011 Census was 57,493 (19% of population), working age people (16-64) was 193,768 (64.1%) and older people (65+) was 51,141 (16.9%).

Projecting to 2016, the overall population of Doncaster is predicted to grow by 1% compared to the national prediction of 4%. However in Doncaster the number of older people (65+) is predicted to grow by 9% which is the same as the national predictions. In particular the proportion of people aged over 90 in Doncaster is predicted to grow by 23% which is faster than the national prediction of 20%.

Doncaster is ranked 39 in a list of the most deprived areas in England by the Index of Deprivation 2010.

Carers:

In 2011 11% (33,150) of Doncaster's population provided unpaid care compared to the England average of 10.4%. Of these people 18,773 (6.6%) residents in Doncaster indicated that they provided 1-19 hours of unpaid care a week, 4,994 (1.7%) indicated that they provided 20-49 hours of unpaid care a week and 9,383 (3.2%) indicated that they provided 50 hours or more of unpaid care a week.

Disability:

In Doncaster 21.7% (65,535) of people have some form of disability compared to the national average of 17.9%. Of these 33,644 (11.1%) residents in Doncaster indicated that their day-to-day activities were limited a lot and 31,891 (10.5%) residents indicated that day-to-day activities were limited a little. Doncaster is predicted to have a similar proportion of people with learning disabilities as the national average at 1.85% of the population.

Ethnicity:

Based on Census 2011 data, the proportion of total population in Doncaster classified as 'White British' equates to 91.8% (4.7% less than in 2001), and the national average is 80.45%. Those from Black & Minority Ethnic (BME) backgrounds represent 8.2% of the total population. Young people from BME backgrounds represent 10.2% of the total 0-19 population. The working age population from a

BME background represent 8.8%, and older people from BME backgrounds represent 2.9%.

The proportion of BME population is not as large as the national average however key minority groups do exist in Doncaster. The table below shows the distribution of these groups. The ethnic group that is the second largest in Doncaster is 'white other' which includes 0.4% Irish, 0.2% Gypsy or Irish Traveller, and 2.8% White Other.

White	British	91.8%
	Other	3.4%
Mixed	White & Black Caribbean	0.5%
	White & Black African	0.1%
	White & Asian	0.3%
	Other	0.2%
Asian / Asian British	Indian	0.6%
	Pakistani	0.9%
	Bangladeshi	0%
	Chinese	0.4%
	Other	0.6%
Black / Black British	African	0.4%
	Caribbean	0.3%
	Other	0.1%
Other	Arab	0.1%
	Other	0.3%

Although it appears from the census data that the ethnic group 'Gypsy or Irish Traveller' accounts for only 0.2% of the population, this group is accountable for 587 people, the largest population in South Yorkshire (Barnsley 163, Rotherham 126 and Sheffield 358 people). This is the second largest settlement in the region (42nd in England and Wales). Furthermore local analysis has estimated that the population of this group is closer to 4000 with a number of sites within the borough and also an estimated 900 permanent households.

The working age population for BME groups in Doncaster is 8.8% compared to the National Average of 21.5%.

The older people population for BME groups in Doncaster is 2.9% compared to the national average of 8.4%.

The proportion of people in Doncaster who speak English as their main language is 95.9% compared to the national figure of 92%. Other main languages spoken in Doncaster are Polish 1.6%, Urdu 0.3%, Chinese 0.2% and Punjabi 0.2%.

Gender:

The gender ratio in Doncaster is very similar from birth up until 65+. From the 2011 Census the ratio between the ages 0-17 are Male 50.51% and Female 49.49%.

Between the ages of 18-64 the ratio is Male 50.31% and Female 49.69%. However at 65+ the ratio becomes Male 44.37% and Female 55.63%.

Gender Reassignment:

The 2011 Census did not include a specific question in respect of gender reassignment. It is estimated from national research that 1 in 10,000 are referred to as being transgender or transsexual. This would equate to around 30 residents in Doncaster.

Marriage and Civil Partnership:

The proportion of people over the age of 16 who were married in Doncaster is 46.91% which is similar to the national average of 46.6%. In Doncaster 32.21% of people were single, 0.2% were in a civil partnership, 13.1% were separated/divorced and 7.7% were widows/surviving member of civil partnership.

Pregnancy and Maternity:

Doncaster has a higher proportion of babies born with low birth weight at 9.7% compared to the national average of 7.4%. Teenage conceptions in Doncaster were at a rate of 39.7 per 1000 women, this is above the national rate of 30.0 per 1000 women.

Religion and Belief:

Most of the population of Doncaster in the 2011 Census stated their religion as Christian at 65.9% compared to 59.3% nationally. A further 24.4% stated they had no religion, 2.9% was made up of other religions and 6.9% did not state their religion.

Sexual Orientation:

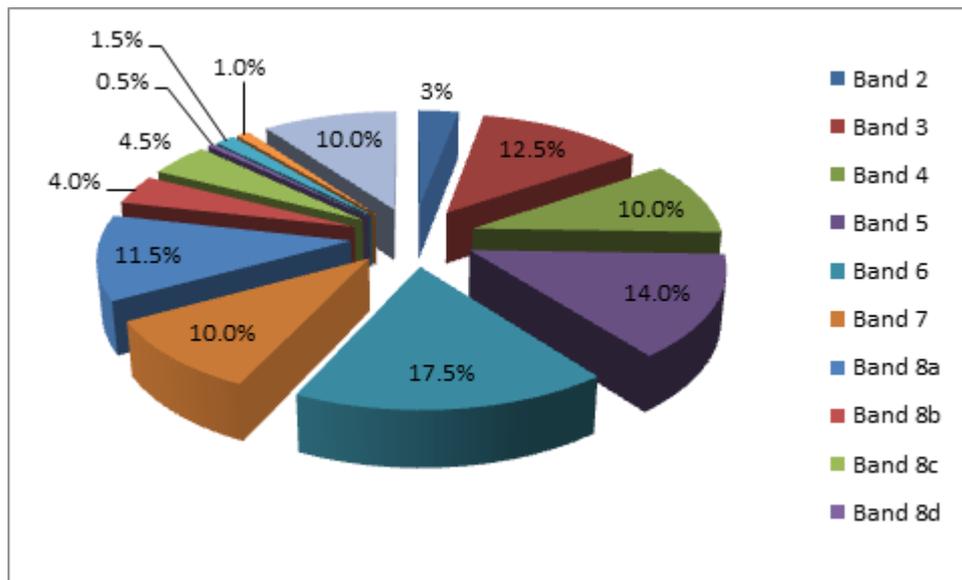
There is no specific question on the 2011 Census regarding sexual orientation, however in 2010 the Office of National Statistics received responses on their Integrated Housing Survey that suggested that around 1.4% of the population considered themselves as gay, lesbian or bisexual. If this was applied to Doncaster's population this would equate to 4,223 residents.

Appendix 2: NHS Doncaster CCG staffing equality data

(as at 31 December 2016)

	Staffing breakdown:		Staff %	Doncaster population											
Gender	Female		75%	50.6%											
	Male		25%	49.4%											
Age	16-20		1%	<table border="1" style="margin-left: auto; margin-right: auto;"> <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%													
	21-30		14%												
31-40		24%													
41-50		32%													
51-60		24%													
61-70		5%													
Ethnicity	White	British	84%	91.8%											
		Other	2.5%	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	3.5%	0.6%											
		Pakistani		0.9%											
		Bangladeshi		0%											
		Chinese		0.4%											
	Black / Black British	Other	2.5%	0.6%											
		African		0.4%											
		Caribbean		0.3%											
		Other		0.1%											
	Other	Arab	0%	0.1%											
Other		0.3%													
-----	Prefer not to say	6.5%	Not given as option												
Disability	Declared disability		6.5%	21.6%											
	No declared disability		82.5%	-----											
	Prefer not to say		11%	-----											
Religion / Belief	No religion / Atheism		16%	24.4%											
	Christianity		62%	65.9%											
	Buddhism		0.5%	0.2%											
	Hinduism		0%	0.3%											
	Judaism		0%	0.03%											
	Islam		1%	1.7%											
	Sikhism		0%	0.4%											
	Any other religion		6.5%	0.3%											
	Prefer not to say		14%	24.4%											
Sexual orientation	Bisexual		0%	Not asked in 2011 Census.											
	Gay man		0%												
	Gay Woman / Lesbian		0.5%												
	Heterosexual		91%												
	Other		0%												
	Do not wish to declare		8.5%												
Pregnancy, maternity and gender reassignment	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 in Band 6. The majority of male employees are on a personal salary/very senior manager salary. 11% of the overall workforce are from a BME background, of that 52% are on Band 8a or equivalent and above.