

EQUALITY AND DIVERSITY ANNUAL REPORT 2018/19

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CONTENTS

Title	Page Number
Foreward	4
Introduction	5
Summary: How we meet these duties	6
Integrated Commissioning in Doncaster	7
Health Inequalities	8
Summary of our Equality Performance	9
Equality Objectives	18
Core data and information	18
Feeding back to us on Equality and what to do if you think we are not meeting our duties	19
Appendix 1 – Core data and information	20
Appendix 2 – A picture of Doncaster	22
Appendix 3 –NHS Doncaster CCG Staffing Equality Data	25

FOREWORD

Welcome to our annual Equality and Diversity Report 2018/19 for NHS Doncaster Clinical Commissioning Group (CCG).

This report has been produced to set out a summary of the activity Doncaster CCG has undertaken during the financial year 2018/19 with regard to Equality, Diversity and Inclusion. As a public sector organisation, we are required to publish relevant proportionate information to show how we meet the Equality Duty. This information has to be published by 31 January each year.

Doncaster CCG believes that equality, diversity and inclusion should include addressing health inequalities as well as being embedded into all commissioning activity. Equality, diversity and inclusion are central to commissioning plans, where everyone has the opportunity to fulfil their full potential. Doncaster CCG believes that equality is about creating a fairer society and diversity is about recognising and valuing difference in its broadest sense.

40 GP practices in the city are members of the CCG and this provides us with the opportunity to work with our patients to improve services and the overall health of the city. Our GP practice membership ensures the needs and priorities of our population are clearly identified and addressed by delivering the right care in the right place, at the right time by the right people.

We continue to focus on ensuring that the provision of health care and employment practice takes into account the individual needs of patients and staff by promoting equality of opportunities and recognising and embracing diversity. We achieve this by having robust systems in place to prevent discrimination through procurement service design, recruitment, employment practices and the delivery of healthcare pathways.

As a key foundation in delivering these areas of work, the CCG has established an equality analysis process that ensures that all decisions made by the CCG are undertaken with all the information, relevant impacts understood and any negative impact is mitigated where possible.

Much more still needs to be undertaken for equality, diversity and inclusion to be truly embedded within Doncaster CCG. However, through delivery of our plans and continued collaboration the population will see a real difference to health and care in Doncaster.

**Lay Member – Patient
and Public Involvement**

Chief Officer

1. Introduction

- 1.1. The **NHS Constitution Principles state** that ‘the NHS provides a comprehensive service, available to all irrespective of age, disability, sex (gender), race, sexual orientation, gender reassignment, religion, belief, pregnancy and maternity or civil partnership status. The service is designed to improve, prevent, diagnose and treat both physical and mental health problems with equal regard. It has a duty to each and every individual that it serves and must respect their human rights.

At the same time, it has a wider social duty to promote equality through services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population.’

- 1.2. **Equality, Diversity and Inclusion** is central to the work of Doncaster 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.

- 1.3. The Equality Act 2010 brought with it **Public Sector Equality Duties (PSED)**. 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

- 1.4. 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.

- 1.5. In the context of the PSED the **protected characteristics** are defined as:

- Age
- Disability
- Gender

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

1.6. 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.

1.7. 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.

1.8. Inclusion is seen as a universal human right. The aim of inclusion is to embrace all people irrespective of race, gender, disability, medical or other need. It is about giving equal access and opportunities and getting rid of discrimination and intolerance (removal of barriers). It affects all aspects of public life.

2. How We Meet These Duties: A Summary

2.1. Our vision

2.1.1. Doncaster CCG vision is: to work with others to invest in quality healthcare for Doncaster patients. The work of the CCG and other health and social care services and respective provider organisations deliver their services which are prioritised by the Joint Strategic Needs Assessment (JSNA). The Doncaster’s JSNA is part of the work programme of the local Health and Wellbeing Board (H&WB).

2.1.2. The JSNA is a process that identifies the current and future health and wellbeing needs of a local population, refer to Appendix 2 for detailed information on the picture of Doncaster.

Therefore, the key areas of focus for all healthcare providers are:

- Children and Young People
- Dementia
- Mental Health

- Cancer

2.1.3. Underpinning the vision of the CCG, are our values:

- The needs of patients are paramount,
- To drive forward continuous improvement,
- Relationships are based on integrity and trust.

2.1.4. 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.

2.1.5. To capture both these roles, we have developed two vision statements in our Equality and 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.

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

3. Integrated Commissioning in Doncaster

3.1. The delivery of our commissioning strategy is underpinned by working with our partners to invest in quality healthcare for Doncaster patients. With significant challenges around social economics, life expectancy and growing financial pressures, has led to bringing together a shared system strategy, the Team Doncaster Place Plan (Place Plan), which sets out the future for health and care services through innovative new care models. The shared ambition between the CCG and Doncaster Council is to move towards integrated commissioning for health and social care.

Our patients have a right to be involved in every stage of their pathway of care, a right which is enshrined within the NHS Constitution. Working with our external partners and with our internal colleagues across the commissioning functions of the CCG; we aim to support and develop a culture which places patients at the heart of our commissioning processes. By doing this, we will ensure effective and meaningful engagement helps to provide services which meet the needs of our population and provide good value for money (an important consideration in a climate of limited resources).

3.2. Doncaster Integrated Care Partnership (ICP) and Integrated Health and Social Care Plan (Place Plan)

The ICP is the local delivery arm of the wider South Yorkshire and Bassetlaw (SYB) Integrated Care System (ICS), previously known as the sustainability and transformation plan. The local ICP is about a shared vision across health and social care organisations in Doncaster sharing responsibility for the planning and delivery of improved and sustainable health and social care for local people. The Place Plan priorities to address the wider determinants are:

- Business and job opportunities
- Adult Health and Social Care Enabling Independence
- Raising Levels of Education and Skills
- Safe, Clean and Green Environment
- Life Chances for All

Further information on The Place Plan can be viewed: [Doncaster-Place-Plan](#).

4. Health Inequalities

4.1. Why is this an Issue?

- Inequalities in health outcomes such as life expectancy at birth and preventable years of life lost are seen as being unfair.
- The weight of scientific evidence supports a socio-economic basis for inequalities. This means that a citizen's risk of ill health is determined to a varying degree by things like where they live, how much they earn, what sort of education they have had as well as their lifestyle choices and constitution.
- People from more deprived backgrounds appear to bear the brunt of inequalities.
- Inequalities can exist when comparing Doncaster with the England average and also within the borough.

4.2. The Local Picture

- The health of people in Doncaster is generally worse than the England average.
- Doncaster is one of the 20% most deprived districts / unitary authorities in England and about 24% (13,300) of children live in low income families.
- Overall health and wellbeing is improving in Doncaster for both men and women.
- Too many people still experience poor health with too many dying prematurely (i.e. before the age of 75).
- Doncaster is ranked 124 out of 150 for premature deaths overall. Life expectancy for both men and women is lower than the England average by two years for men and 1.6 years for women.

- The inequality in life expectancy is more stark when comparing the most and least deprived areas of Doncaster, whereby it is 10.7 years lower for men and 7.1 years lower for women.

4.3. Addressing The Future

These challenges are to be addressed through four co-terminus neighbourhoods with the intention of enabling services to be locally focussed and tailored and to deliver care and support locally whenever appropriate. The neighbourhoods follow the natural geographic pattern of Doncaster and are already the basis of service provision for much of Doncaster social care and community services. Where this is not currently the case, neighbourhood services will be commissioned on this basis. The importance of the neighbourhood structure is that it:

- Provides the structural linkage between the very local provision at primary care level through to wider pan Doncaster services
- Facilitates targeted interventions based on needs and strengths of the population
- Enables services to be delivered locally around community hubs
- Provides a footprint for service structure that can be up/down scaled to suit population and service needs.

Services will flex across to ensure that patients' needs can be met and that the neighbourhood focus does not become a barrier, with some services being delivered on a pan Doncaster or even wider footprint. The offer will build on existing strengths, with the focus on the individual, their family and friends, existing communities and their infrastructure.

Primary care will be at the heart of health care delivery, closely linked to other neighbourhood level services in health and social care, such as community nursing, therapies, Start Well (first 1001 days), community mental health services and community led support for adult social care.

5. Summary Of Our Equality Performance

<p>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, 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
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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 and launch of, in partnership, the 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 H&WB Workshop on Health inequalities. 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 an active member of the Health Inequalities Working Group, a multi-provider meeting, working together to address health inequalities in Doncaster.
- We are working on a partnership refresh of the Black, Asian and Minority Ethnic (BAME) Health Needs Assessment to identify the health needs of long standing and new / emerging members from BAME communities within Doncaster. We have been active members in the planning and delivery of BAME Health Needs Assessment workshops and continuing work to generate longer term / more permanent engagement.
- We worked in partnership across Doncaster, to engage with members of our BAME Community within a consultation exercise regarding a review of Hospital Services. We have been actively involved in establishing a BAME focus / advisory Group for Doncaster to ensure health inequalities are addressed.
- 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.
- We are part of the pan-Doncaster 'Doncaster Growing Together' Communications and Engagement Group.
- We are part of the Accountable Care Partnership and

Integrated Care System.

Engagement:

- The CCG played an active part in the SYB ICS, which officially launched on 1 October 2018. Work and good practice is shared at monthly Communications, Engagement and Equalities Meeting with counterparts from the SYB five CCGs and the ICS.
- A recent public consultation (October- November 2018) on prescribing over the counter medication and self-care, with the five CCGs across South Yorkshire has been completed. This consultation involved talking to people in GP surgeries, face-to-face, listening to views from patients who do not use computers, mobile 'phones or social media to complete the public survey. Doncaster achieved the second highest volume of public responses and the greatest share of social media, reaching over 1,000,000 people.
- A Hospital Services Review (HSR) was undertaken, supported by the CCG including supporting a consultation meeting with the Patient Focused Group delivered jointly with Healthwatch Doncaster.
- System Perfect was to ask why people access emergency services involving a week long project through engagement with residents in Doncaster and Worksop about their usage of local health services and the Emergency Department. The survey was completed by 2500 local people and social media messages were viewed over 100,000 times. Demographic details were taken as part of the survey which identified a diverse population.
- The NHS celebrated NHS70 and the 70th Birthday on 5 July 2018. Details of our celebrations and public engagement activities are available on our website [here](#). On Sunday 8 July the CCG held two public engagement events in recognition of this:
 - Members of the local community marched down the road to the Martinwell's Centre and were met by the local GP, Dr Nayar. This was a re-enactment of what took place in Edlington 70 years ago, and members of the public were met with drinks in the Martinwell's Centre and were accompanied on the march by the City of Sheffield Pipe Band. 100 people gathered for the re-enactment which also included a dramatic reading from students from the local school, Sir Thomas Wharton Academy, which was performed in the Martinwell's Centre.
- A Summer Fayre was held as part of Flourish Enterprises family fun and open day. The event included stalls and children's rides and this year also included a face painter and

bouncy castle. The three local health trusts joined together and celebrated NHS70 with local charities and partners. The aim was to highlight and showcase the diversity within the health and care sector in Doncaster and to offer fun, free and interactive ways to engage with the local community. The event proved very successful for recruiting new members of the Doncaster Maternity Voices Partnership, with over 50 new volunteers recruited at the event. The Integrated Care System also spoke to members of the public about the current hospital services review and the Young Muslimahs advertised their Eid in the Park event.

- The CCG has joined the NHS 'Inspiring the Future' Programme as part of NHS70 and offers to deliver talks to local schools and colleges about the opportunities available to work across the health and care sector in Doncaster.
- The CCG also attended an employment fair at HMP Askham Grange and spoke to women about working after prison.
- The CCG has supported a number of campaigns including:
 - Men's Health
 - Hidden Impairment Job Fair
 - Learning Disability Week
 - Windrush Day
 - Breastfeeding Awareness Week
 - Armed Forces Day
 - Breast Cancer Self-Examination Awareness
 - Kawasaki Disease Awareness
 - World Suicide Prevention Day
 - Gypsy and Travellers health and well-being / community journalism project
 - Macmillan Cancer Care World's Biggest Coffee Morning
- The CCG attended Doncaster Job Centre and talked to staff about Men's Health, as part of their training and development programme for staff. We also attended a special Jobs Fair for people with Hidden Disabilities, following a meeting with the Autism Partnership Board.
- We supported a project with Co:Create looking at health and well-being of Gypsy and Traveller Communities in Doncaster and to find out how we can improve access to health and care services, including GPs and regular screening appointments and whether there are any specific areas where we can offer better support to members of the GRT community to increase engagement and participation. Working in partnership with Co:Create has helped us to reach the Gypsy and Traveller community by working with specialist community engagement members of this community and recruiting local members of the community as part of a community journalist course. The CCG provided practical assistance toward the programme of

engagement by providing specific health information in easy read format. The information provided was largely acquired through Doncaster Council, Public Health and specifically focused on more pertinent health issues which are known to significantly and disproportionately impact upon GRT community members. The provision of information utilised for the sessions included;

- Oral hygiene / awareness information / how to access a dentist
 - Provisions of tooth paste and toothbrushes
 - Information on the importance of access screening / breast / cancer
 - Immunisations Awareness information (Children and Young Persons)
 - Accessing primary care - guidance on registering with a GP/ access to alternative primary care provisions.
 - delivered targeted health
 - Awareness Information - NHS Choices.
- The CCG supported the development of staff 'Equality Champions' and an initial meeting was held in September. Each department has been asked to nominate an equality champion to attend the quarterly meetings and promote equality throughout the CCG.
 - The CCG supported Carers throughout the year, with both Carers Week and Carers Rights Day. We have spoken to Practice Managers about the importance of keeping a Carers Register and identifying patients who are also carers to take up 'flu vaccinations as part of our 'Help Us Help You this Winter' campaign.
 - We supported the homeless community his year with a collection for Doncaster Minster's Christmas Day Dinner with the homeless in Doncaster. We are also taking part in Hallam FM's 'Mission Christmas', which provides Christmas presents for children who do not have any gifts at Christmas.
 - We continue to support Doncaster's Health Ambassadors through our work with Healthwatch. Ambassadors support the needs of patients from the nine protected characteristics. This year, Trans Mission joined the Health Ambassadors and helps to identify the health needs of Trans-people in Doncaster. We continue to work closely with Healthwatch and our partnership working enables us to reach groups and communities often described as 'hard to reach'.
 - We recognise the value of both positive and negative feedback and embrace the concept that any feedback is

	<p>helpful within commissioning. We work closely with Healthwatch Doncaster and Doncaster Community Voluntary Section 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 and Experience Committee.</p> <ul style="list-style-type: none"> • We maintain good working relationships with key personnel who work with Asylum Seekers and Refugees (ASandR) within Doncaster Conversation Club. We receive a standing invitation to attend 'Freedom from Torture' meetings. The purpose of the meetings is to highlight and discuss the health and well-being issues of the client group. <p>A representative from the organisation is also a current member of our Health Ambassador scheme and attends meetings on a regular basis to discuss issues around access, experience and outcomes of local NHS, primary care service provision for asylum seekers and refugees. As a direct consequence of this work, the GP federation agreed to provide additional resources / support for the ASandR clients via GP federation, extended access to health provision programme.</p> <ul style="list-style-type: none"> • We are presently working in partnership with our Doncaster Council colleagues within work relating to Community Migration Funds. This central government driven initiative, delivered at a local level is aimed at mapping new and emerging Eastern European community members who have settled in Doncaster. Wider objectives from the programme of activity includes; addressing issues around 'integration', 'community cohesion' and ensuring people from this cohort are made aware of the opportunities to develop social capital. This work will continue into/ throughout 2019 with the aim of generating good levels of engagement across various groups.
<p>In our role as a corporate body</p>	<ul style="list-style-type: none"> • Our EEC 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. • 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 and Equality team members, through mandatory e-learning, and through supplementary face-to-face training for Governing Body members as our key decision makers. • We have a range of leads championing Equality across the organisation including a Lay Member lead, two clinical leads,

	<p>an Executive lead and an operational lead.</p> <ul style="list-style-type: none"> • We have various corporate documents which encapsulate our equality commitment including our Equality and Diversity Strategy, our Equality Delivery System (EDS) self-assessment, and publication of equality data annually by the end of January each year (this document). • 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. • 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 2018 on our website. • 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 3 for further information). • Staff and teams across the CCG have taken part in specialist training with NHS England (NHSE) and been briefed on the principles of the guidance, and these are reflected in our CCG engagement principles, namely: <ul style="list-style-type: none"> – Lived experience is vital in commissioning healthcare services effectively – Engage together in partnership across Doncaster health and social care services wherever possible, avoiding duplication of engagement activity. – Centralise feedback wherever possible through the local statutory voice of the users of health and social care services - Healthwatch Doncaster. – Focus CCG engagement activity on the priority areas of the CCG.
<p>Our Equality Delivery System (EDS) self-assessment</p>	<p>The main purpose of the 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 PSED.</p> <ul style="list-style-type: none"> • 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 EDS grading process: *How well do people from protected groups fare compared with people overall?* There are four grades – undeveloped, developing, achieving and excelling.

UNDEVELOPED	<p>Undeveloped if there is no evidence one way or another for any protected group of how people fare, or evidence is not available.</p> <p>Undeveloped if evidence shows that the majority of people in only two or less protected groups fare well.</p>
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 EDS within NHS Doncaster CCG, and in 2018/19 we have refreshed our self-assessment against each of the 18 outcomes. It has been refreshed based in liaison with lead commissioners, Engagement and Experience Management Group, Healthwatch 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	A				D							
	1.2	Assessing health needs	A											
	1.3	Care pathway transitions	A											
	1.4	Patient safety	A											
	1.5	Health Promotion	A											
Goal 2 Improved patient access and experience	2.1	Access to services	A				D							
	2.2	Informing, supporting and involving patients in care decisions	A											
	2.3	Patient Experience of care	A											
	2.4	Complaints	A											
Goal 3 A representative and supported workforce	3.1	Recruitment and selection	A				A							
	3.2	Equal pay	A											
	3.3	Training and 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											
Key:			U	Undeveloped	D	Developing	A	Achieving	E	Excelling				

7. Equality Objectives

- 7.1. 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. all outcomes where we need to excel in our achievements.
- 7.2. We believe that our current Equality Objectives are relevant to these and useful success indicators to measure ourselves against on our journey to our overall equalities vision contained within our Strategy. The current objectives 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.
 - **Objective 3:** Improved patient access and experience ensuring patient and public engagement at the start of each commissioning cycle as determined by the equality impact analysis, and embedding equality and diversity considerations into the decisions and culture of the CCG.

8. Core Data and Information

- 8.1. The core data and information we use to inform decisions about our functions is set out in Appendix 1 and 2.
- 8.2. Equality data relating to our staffing is set out in Appendix 3.
- 8.3. Our Equality and Diversity Strategy sets out our strategic aims in terms of equality - [Equality-Diversity-Strategy](#)
- 8.4. Our Engagement and Experience Committee oversees engagement, experience, communication and equality within NHS Doncaster CCG, meets monthly, and includes representatives from Healthwatch 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 and Public Involvement. The minutes of the Committee are reported to our public Governing Body and are available on our website.
- 8.5. This document will be updated annually.

9. 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 Head of Corporate Governance, Helen Harris, on 01302 566300 or email helen.harris31@nhs.net

If you think we are not meeting our equality duties, and would like to make a complaint please contact the Patient Experience Manager, Hannah Joerning, on 01302 566300 or email hannah.joerning@nhs.net

January 2019

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 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 and 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 and 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.

Appendix 2 – 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%).

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 and Minority Ethnic (BAME) backgrounds represent 8.2% of the total population. Young people from BAME backgrounds represent 10.2% of the total 0-19 population. The working age population from a BAME background represent 8.8%, and older people from BAME backgrounds represent 2.9%.

The proportion of BAME 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 and Black Caribbean	0.5%
	White and Black African	0.1%
	White and 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 circa 5000 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 6000 with a number of sites within the borough and also an estimated 900 permanent households.

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

The older people population for BAME 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:

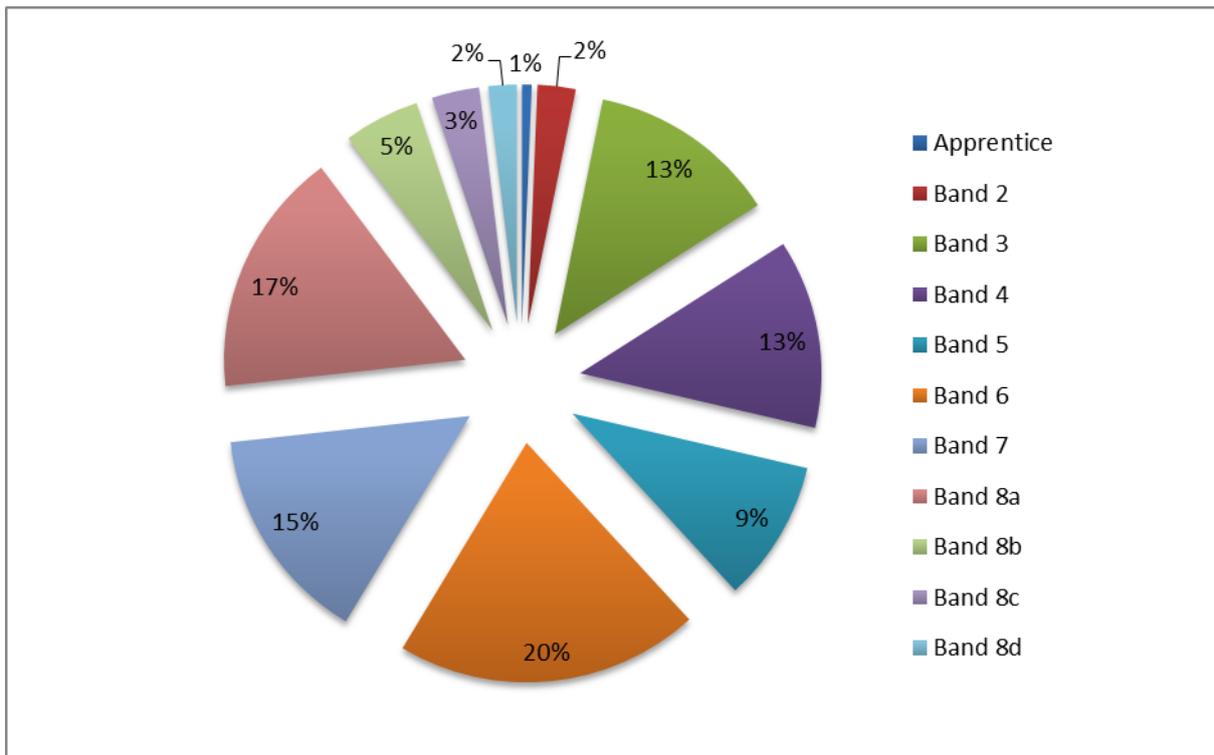
There is no specific question on the 2011 Census regarding sexual orientation, however in 2010 the Office of National Statistics received responses on their Integrated Housing Survey that suggested that around 1.4% of the population considered themselves as gay, lesbian or bisexual. If this was applied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

Appendix 3: NHS Doncaster CCG Staffing Equality Data

(as at 30 September 2018)

	Staffing breakdown	Staff %	Doncaster population	
Gender	Male	24%	50.6%	
	Female	76%	49.4%	
Age	16-20	2%	0 - 19	24.0%
	21 - 30	9%	20 - 39	25.2%
	31 – 40	24%	40 - 59	27.6%
	41 – 50	33%	60 - 79	18.6%
	51 – 60	27%	80+	4.5%
	61 – 70+	4%		
Ethnicity	White - British	86%	91.8%	
	White - Other	0%	3.4%	
	Mixed - White and Black Caribbean	1%	0.5%	
	Mixed - White and Black African		0.1%	
	Mixed - White and Asian		0.3%	
	Mixed - Other		0.2%	
	Asian/Asian British Indian	3%	0.6%	
	Asian / Asian British - Pakistani		0.9%	
	Asian / Asian British - Bangladeshi		0.0%	
	Asian / Asian British - Chinese		0.4%	
	Asian / Asian British - Other		0.6%	
	Black/African/Caribbean/Black British	4%	0.4%	
	Black/Black British - Caribbean		0.3%	
	Black/Black British - Other		0.1%	
	Other - Arab	1%	0.1%	
	Other - Other		0.3%	
Not disclosed	5%	Not given as option		
Disability	Declared disability	5%	21.6%	
	No declared disability	84%	-----	
	Not disclosed	11%	-----	
Religion/Belief	No religion / atheism	16%	24.4%	
	Christianity	64%	65.9%	
	Buddhism	0%	0.2%	
	Hinduism	0%	0.3%	
	Judaism	0%	0.0%	
	Islam	2%	1.7%	
	Sikhism	0%	0.4%	
	Any other religion	5%	0.3%	
	Not disclosed	13%	24.4%	
Sexual Orientation	Bisexual	0%	Not asked in 2011 Census.	
	Gay man	1%		
	Gay woman / lesbian	1%		
	Heterosexual	90%		
	Other	0%		
	Not disclosed	8%		
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:



Analysis:

By gender the largest proportion of female employees are in Band 6. The majority of male employees are between bands 6 and 8a, with female colleagues undertaking the majority of senior roles at 8b and above. 8% of the overall workforce are from a BAME background.