

# EQUALITY AND DIVERSITY ANNUAL REPORT 2019/20

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## REVISIONS/AMENDMENTS SINCE LAST VERSION

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## **FOREWORD**

Welcome to our annual Equality and Diversity Report 2019/20 for NHS Doncaster Clinical Commissioning Group (CCG).

This report sets out a summary of the activity Doncaster CCG has undertaken during the financial year 2019/20 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.

Doncaster CCG believes that equality, diversity and inclusion should include addressing health inequalities as well as being embedded into all business and commissioning plans. Improving access to services is one mechanism to combat health inequalities, another is involving people in decisions surrounding their own healthcare and also ensuring people's experiences of the services we provide are improving. Doncaster CCG believes that equality is about creating a fairer society and diversity is about recognising and valuing difference in its broadest sense.

The CCG has established a number of processes, 'engagement in CCG delivery plans' and an 'equality analysis' process that ensures that all decisions made by the CCG are assessed and impacts understood and any negative impact is mitigated where possible. This includes how we will all work together and deliver seamless, coordinated services that are highlighted in the ['Place Plan'](#) and the [Joint Health and Social Care Commissioning Strategy 2019-21](#).

39 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.

Getting this right is at the heart of providing a patient-led service and ensuring that we treat people with respect, dignity and fairness.

**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 Duty](#) (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. It is the practice or policy of providing equal access to opportunities and resources for people who might otherwise be excluded or marginalized, such as those who have physical or mental disabilities and members of other minority groups. The aim of inclusion is to embrace all people irrespective of race, gender, disability, medical or other need.

## **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:

- Wellbeing
- Health and social care transformation

- Five areas of focus
- Reducing health inequalities.

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 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 PSED 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 [Joint Health and Social Care Commissioning Strategy 2019-21](#) 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 a shared system strategy, the Place Plan, which sets out the future for health and care services through innovative new care models – Starting Well, Living Well and Ageing Well.

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 support and develop a culture which places patients at the heart of our commissioning processes. By doing this, we have ensured effective and meaningful engagement is helping 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). The local ICP sets out how we will play a part in helping everyone have the best start and a healthier life. It brings together different ideas and initiatives that have been developed with local communities, as well as providing opportunities for people to give their views and get involved.

Doncaster ICP's local [four layer framework](#) within the Place Plan, underpins the joint commissioning strategy and delivery plans.

- Layer 1 – local solutions created by thriving communities,
- Layer 2 – no wrong door,
- Layer 3 – joint up care and support at home,
- Layer 4 – specialist services

The framework 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.

## **4. Health Inequalities**

### **4.1. What is the definition of health inequality?**

Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. Health inequalities arise because of the conditions in which we are born, grow, live, work and age.

These conditions influence our opportunities for good health, and how we think, feel and act, and this shapes our mental health, physical health and wellbeing.

Health inequalities fall into at least four dimensions: socio-economic groups and deprivation, protected characteristics in the equality duty, vulnerable groups of society and geography. .

### **4.2. Why is this an Issue?**

Public Health England published ['Place based approaches to reduce inequalities'](#):

- the gap in life expectancy in England is growing, with females in the most deprived parts of the country experiencing a decline in life expectancy
- health is not just about the length of life we live, but also the quality of life – the gap in healthy life expectancy (years lived in good health) between

- the most and least deprived areas of England was around 19 years for both males and females from 2014 to 2016
- the extra costs to the NHS of health inequalities have been estimated as £4.8 billion a year from the greater use of hospitals by people in deprived areas alone
  - health inequalities reduce employment and productivity - which has a cost for the national and local economies
  - acting on health inequalities is, therefore, an investment for England's national and local economies
  - the focus on narrowing gaps in life expectancy in the Industrial Strategy, DHSC's published green paper for prevention, and the NHS Long Term Plan all create welcome opportunities for ambitious, co-ordinated, national and local level action on health inequalities
  - health inequalities are not caused by one single issue, but a complex mix of environmental and social factors which play out in a local area, or place - this means that local areas have an important role to play in reducing health inequalities

Addressing the wider determinants of health through a life course approach is important for achieving impact at the level of population health - rather than at the individual level. Equalities can exist when comparing Doncaster with the England average and also within the borough.

#### **4.3. The Local Picture**

- Doncaster's population is forecast to grow to 308,600 by 2021. Over the next 10 years the number of people aged over 65 in Doncaster will be more than people aged under 18.
- The health of people in Doncaster is generally worse than the England average. Whilst there have been improvements in health including increasing healthy life expectancy and reduced rates of teenage pregnancy too many people still experience poor health with too many people dying prematurely (i.e. before the age of 75) from preventable conditions. In fact, Doncaster is ranked 124 out of 150 for premature deaths overall.
- Lower life expectancy for both men and women than the England average by 2 years for men and 1.6 years for women.
- Life expectancy varies depending on where people live: 10.7 years lower for men and 7.1 years lower for women.
- Places people live, their education, housing, work, exposure to crime and their environments all contribute to creating health and wellbeing. 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 and this has a significant impact on health.

#### **4.4. Addressing The Future**

The vision of the [Joint Health and Social Care Commissioning Strategy 2019-21](#) is: care and support will be tailored to community strengths to help

Doncaster residents maximise their independence, health and wellbeing. Doncaster residents will have access to excellent community and hospital based services when needed.

Some of the key challenges of the health and wellbeing gap are:

- Health and wellbeing in Doncaster is improving, but still not as fast as the rest of the country;
- Proportion of children in need;
- Healthy life expectancy.

There have been a number of fundamental changes during 2019 which have started to take forward the developments of the Place Plan: population health management and population segmentation, neighbourhood working and the development of coordinated access across health and social care. The population segment thinking is:

- The Starting Well vision – to be the most child friendly borough in the country
- Living Well vision - People feel supported within their community; where people do need health and care services they are coordinated and timely
- Ageing Well vision - Doncaster ageing population will receive person-centred, flexible, integrated care and support in their own “home”, that aims to maximise their health and independence.

## 5. Summary Of Our Equality Performance

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| <p><b>In our Commissioning role</b></p> | <p><b>Commissioning:</b></p> <ul style="list-style-type: none"> <li>• Information to inform commissioning is gleaned from varying sources including the <a href="#">JSNA</a>, <a href="#">census data</a>, ongoing consultation and engagement activities, and targeted or specific health assessments. A selection of these sources is listed in Appendix 1.</li> <li>• 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 <a href="#">website</a>.</li> <li>• SC13 Equity of Access, Equality and Non-Discrimination is a core standard which is embedded within the <a href="#">Standard NHS Contract</a> which we use with our providers.</li> <li>• <a href="#">Our Procurement Strategy</a> 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.</li> </ul> <p><b>Partnerships:</b></p> |
|---|--|

- We led the development and refresh 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 and we are working with Doncaster Council to identify address these health inequalities. The [Doncaster Health and Wellbeing Strategy 2016-21](#) has identified four themes to improve health and wellbeing outcomes.
- We are an active member of the Health Inequalities Working Group, a multi-provider meeting, working together to address health inequalities in Doncaster.
- We worked in partnership by refreshing 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 continue work to generate longer term / more permanent engagement.
- We engaged with members of our BAME Community 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:**

As commissioners, we recognise the important connections between engagement, consultation, equality and health inequalities. It is therefore important for us to ensure that our decision making, particularly when it is likely to impact on patients, carers and our local communities, is informed by equality analysis and inclusive engagement.

- The [engagement in CCG delivery plans](#) has been updated to

include a section specifically related to Equality and Diversity engagement. These templates (Appendix 4) are presented at the monthly Engagement and Experience Committee meeting.

- Last year saw Doncaster achieve 3,300 responses for the South Yorkshire public consultant on prescribing over the counter medication and self-care. These results have fed into a local campaign and into a regional campaign which will be led by the South Yorkshire and Bassetlaw Integrated Care System team.
- Expectant and new mums fed their views into the development of a new maternity service which has been set up to provide specialist assessment and treatment to mums who are experiencing mental health problem who are planning to have a baby, are already pregnant or have given birth in the last 12 months.
- Over the last year the CCG has been working with specialist engagement consultancy 'Co:Create' on a report looking at the health and well-being of members of Doncaster's Gypsy and Traveller communities, to find out how we can improve their health and well-being.
- We celebrated the Tour de Yorkshire during 2-5 May 2019 and promoted cycling as a good way to keep fit and expressed the benefits of other forms of exercise including walking.
- In May 2019 we supported [National Thrombosis Awareness](#) week. We asked our staff and colleagues across Doncaster to support this awareness-raising week by sharing details with staff and patient participation groups of the risk factors and increase understanding in blood clots.
- The CCG supported the region in a survey about how the NHS can give them more control of their care, help them to stay health and provide better support. We also support Healthwatch with a survey asking local people about their health priorities and the [NHS Long Term Plan](#)
- The CCG attended two Solar Diamond engagement events and have worked jointly with Doncaster Council to write a draft All Age Learning Disability and Autism Strategy. The plan has been co-produced by patients, individuals, individual with a learning disability and / or autism and their families and carers, individuals from black, Asian and Minority Ethnic community were also targeted.
- Under the NHS transformation programme the Government published the Green Paper for transforming children and young people's mental health. Children participated in focus groups to give their perspective on ways in which the mental

health support teams can engage with educational establishment. The Communications and Engagement team developed and established a style and brand that is appropriate for children and young people.

- A System Perfect week was held in March 2019 across Doncaster and Bassetlaw Health and Social Care communities. The aims were to better understand people's mental health needs, to understand local services available and to identify any gaps and areas of opportunity and improvement.
- We have strengthened our partnership with Doncaster Arts (DARTS) to make a short film looking at support for people with Dementia and their families. Our film was a success and delivered at the Yorkshire and the Humber Clinical Network Dementia and Older People's Mental Health, Living well with dementia conference.
- The CCG held its Annual General Meeting (AGM) in September 2019 and feedback from the event was positive. We were supported by our providers, staff teams and colleagues from across the health and care footprint to support the event and as part of the event we asked for patient and public views and services commissioned and provided.
- The CCG took part in Doncaster Pride in August 2019 and engaged with our LGBT communities to ask their views of local services and raise awareness of services available.
- Invited again to talk to women at HMP / YOI Askham Grange in September 2019 as part of their employment week sharing what it is like to work in the NHS.
- The CCG attended a number of a number of events including:
  - The Kingthorne General Practice to celebrate its 100 birthday.
  - Members of the public, including staff and patients were asked to take part in the consultation led by Doncaster Council about proposed changes to Adult Social Care. The details of the consultation were detailed in the Primary Care Bulletin to our 39 GP Member Practices.
  - Staff and students from New College Doncaster undertook suicide prevention training to mark World Mental Health Day. We actively encouraged people to undertake the training
  - Members of the public, staff, colleagues, students from New College and local partners took part in the 'Walk for Wellness' on World Mental Health Day, 10 October. We

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|   | asked their views on mental health services and what could be improved.   |
| <p><b>In our role as a corporate body</b></p> | <ul style="list-style-type: none"> <li>• Our Engagement and Experience Committee (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.</li> <li>• Our team members need knowledge of the PSED 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.</li> <li>• 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.</li> <li>• 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).</li> <li>• 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 <a href="#">Equal Opportunities Policy</a> is published on our website as our corporate commitment.</li> <li>• We recognise that in order to remove the barriers experienced by disabled people, we need to make reasonable adjustments which we will do this on a case by case basis and involve occupational health services as appropriate.</li> <li>• We have committed to the <a href="#">workforce race equality standard</a> (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 2019 on our <a href="#">website</a>.</li> <li>• 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).</li> <li>• The CCG is committed to equality of opportunity for all employees and potential employees. It views diversity positively, and in recognising that everyone is different, the unique contribution that each individual’s experience,</li> </ul> |

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|  | <p>knowledge and skills can make, is valued equally.</p> <ul style="list-style-type: none"> <li>• The promotion of equality and diversity is actively pursued through policies and procedures which ensures that employees and potential employees are not subject to direct or indirect discrimination</li> <li>• Staff and teams across the CCG took part in specialist training – <a href="#">10 Steps to Better Engagement</a> 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"> <li>– Lived experience is vital in commissioning healthcare services effectively</li> <li>– Engage together in partnership across Doncaster health and social care services wherever possible, avoiding duplication of engagement activity.</li> <li>– Centralise feedback wherever possible through the local statutory voice of the users of health and social care services - Healthwatch Doncaster.</li> <li>– Focus CCG engagement activity on the priority areas of the CCG.</li> </ul> </li> </ul>   |                    |  |
| <p><b>Our Equality Delivery System (EDS) self-assessment</b></p> | <p>Doncaster CCG adopted the <a href="#">Equality Delivery System</a> (EDS) as the performance toolkit to support demonstrating compliance with the PSED. The EDS is a toolkit that can support the CCG to improve the services provided for the local communities, consider health inequalities in Doncaster and provide better working environments, free of discrimination, for those who work within the NHS.</p> <p>The EDS comprises 18 outcomes grouped into four goals as detailed below.</p> <ul style="list-style-type: none"> <li>• Better health outcomes</li> <li>• Improved patient access and experience</li> <li>• A representative and supported workforce</li> <li>• Inclusive leadership</li> </ul> <p>There is just one factor for NHS organisations to focus on within the EDS grading process: <i>How well do people from protected groups fare compared with people overall?</i> There are four grades – undeveloped, developing, achieving and excelling.</p> <table border="1" data-bbox="475 1715 1401 2022"> <tr> <td data-bbox="475 1715 751 2022" style="background-color: red; color: white; text-align: center; vertical-align: middle;"><b>UNDEVELOPED</b></td> <td data-bbox="751 1715 1401 2022"> <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> </td> </tr> </table> | <b>UNDEVELOPED</b> | <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> |
| <b>UNDEVELOPED</b>   | <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>  |                    |  |

|  |                   |   |
|--|-------------------|---|
|  | <b>DEVELOPING</b> | Developing if evidence shows that the majority of people in three to five protected groups fare well. |
|  | <b>ACHIEVING</b>  | Achieving if evidence shows that the majority of people in six to eight protected groups fare well.   |
|  | <b>EXCELLING</b>  | Excelling if evidence shows that the majority of people in all nine protected groups fare well.       |
| <p>We have committed organisationally to using the principles of the EDS within the CCG, and in 2019/20 we have refreshed our self-assessment against each of the 18 outcomes. It has been refreshed based in liaison with communications and engagement team, lead commissioners and Healthwatch. Our EDS self-assessment, published alongside this summary report, therefore captures our progress. A summary is detailed overleaf.</p> <p>The EDS2 for 2019/20 findings identified a range of actions for the CCG (see action plan in Appendix 5). The CCG will continue to monitor our progress against the action plan and report annually and openly on the development of this work at the EEC.</p> <p>The CCG will continue to develop strong links with members of the population and groups who represent the interests of people who share protected characteristics and ensure that their views are built into the services commissioned or the policies that are developed.</p> <p><b>The CCG has self-assessed itself as ‘Achieving’ against the EDS self-assessment, with some areas ‘Excelling’.</b></p> |                   |   |

## 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 |
| <b>Goal 1</b><br>Better health outcomes                   | 1.1 | Commissioning, procurement, design and delivery                | A                   |             |          |            | A                      |           |          |           |                     |   |   |   |
|   | 1.2 | Assessing health needs   | A                   |             |          |            |                        |           |          |           |                     |   |   |   |
|   | 1.3 | Care pathway transitions                                       | E                   |             |          |            |                        |           |          |           |                     |   |   |   |
|   | 1.4 | Patient safety   | A                   |             |          |            |                        |           |          |           |                     |   |   |   |
|   | 1.5 | Health Promotion   | A                   |             |          |            |                        |           |          |           |                     |   |   |   |
| <b>Goal 2</b><br>Improved patient access and experience   | 2.1 | Access to services   | E                   |             |          |            | A                      |           |          |           |                     |   |   |   |
|   | 2.2 | Informing, supporting and involving patients in care decisions | E                   |             |          |            |                        |           |          |           |                     |   |   |   |
|   | 2.3 | Patient Experience of care                                     | A                   |             |          |            |                        |           |          |           |                     |   |   |   |
|   | 2.4 | Complaints   | E                   |             |          |            |                        |           |          |           |                     |   |   |   |
| <b>Goal 3</b><br>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                   |             |          |            |                        |           |          |           |                     |   |   |   |
| <b>Goal 4</b><br>Inclusive leadership                     | 4.1 | Board Leadership   | A                   |             |          |            | A                      |           |          |           |                     |   |   |   |
|   | 4.2 | Identification of equality impact                              | E                   |             |          |            |                        |           |          |           |                     |   |   |   |
|   | 4.3 | Line management  | E                   |             |          |            |                        |           |          |           |                     |   |   |   |
| <b>Key:</b>   |     |  | <b>U</b>            | Undeveloped | <b>D</b> | Developing | <b>A</b>               | Achieving | <b>E</b> | Excelling |                     |   |   |   |

## 6. Equality Objectives

6.1. Based on our self-assessment against the national EDS, 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.

6.2. 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, ensuring better health outcomes for the Doncaster population by ongoing monitoring and assessment.

**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.

## 7. Core Data and Information

7.1. The core data and information we use to inform decisions about our functions is set out in Appendix 1 and 2.

7.2. Equality data relating to our staffing is set out in Appendix 3.

7.3. Our [Equality Diversity Strategy](#) sets out our strategic aims in terms of equality.

7.4. Our monthly Engagement and Experience Committee oversees engagement, experience, communication and equality within the CCG, and includes representatives from Healthwatch Doncaster, the Chairs of our patient and public involvement groups – the Health Ambassador scheme, 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.

7.5. EDS Action Plan is set out in Appendix 5.

## **8. 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, on 01302 566300 or email [donccg.governance@nhs.net](mailto:donccg.governance@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, on 01302 566300 or email [donccg.enquiries@nhs.net](mailto:donccg.enquiries@nhs.net).

January 2020

## Appendix 1: Core Data and Information

| Source   | Brief description   | Use within organisation   |
|--|---|---|
| <b>NHS Doncaster CCG Equality Information in the CCG Annual Report</b> | 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: <a href="http://www.doncasterccg.nhs.uk">www.doncasterccg.nhs.uk</a>   |
| <b>Joint Strategic Needs Assessment (JSNA)</b>                         | The <a href="#">Joint Strategic Needs Assessment (JSNA)</a> 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: <a href="http://www.teamdoncaster.org.uk">http://www.teamdoncaster.org.uk</a> |
| <b>Community Profiles</b>  | There are 88 <a href="#">Community Profiles</a> , 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: <a href="http://www.teamdoncaster.org.uk">http://www.teamdoncaster.org.uk</a>                                   |
| <b>Health Needs Assessments</b>  | 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. <a href="http://www.teamdoncaster.org.uk">http://www.teamdoncaster.org.uk</a>   |
| <b>Data Shine</b>  | The <a href="#">Data Shine</a> 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. <a href="http://datashine.org.uk">http://datashine.org.uk</a>                      |
| <b>Yorkshire and Humber Public Health Observatory</b>                  | <a href="#">Yorkshire and Humber Public Health Observatory (YHPHO)</a> 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. <a href="#">PHE Data and Analysis Tools</a>  |

| Source                                    | Brief description   | Use within organisation  |
|---|---|--|
| <b>Census 2011</b>                        | The <a href="#">Census</a> 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.   |
| <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.<br><a href="#">Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust</a><br><br><a href="#">Rotherham Doncaster and South Humber NHS Foundation Trust</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 and Experience Committee.   |
| <b>Workforce Data</b>                     | Specification included at Appendix 3.   | Monitoring of the workforce in terms of representativeness across the protected characteristics. Published within our quarterly Corporate Assurance Report.  |
| <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>Equality Delivery System</b>           | 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.

|                                      |                           |       |
|--------------------------------------|---------------------------|-------|
| <b>White</b>                         | British                   | 91.8% |
|                                      | Other                     | 3.4%  |
| <b>Mixed</b>                         | White and Black Caribbean | 0.5%  |
|                                      | White and Black African   | 0.1%  |
|                                      | White and Asian           | 0.3%  |
|                                      | Other                     | 0.2%  |
| <b>Asian /<br/>Asian<br/>British</b> | Indian                    | 0.6%  |
|                                      | Pakistani                 | 0.9%  |
|                                      | Bangladeshi               | 0%    |
|                                      | Chinese                   | 0.4%  |
|                                      | Other                     | 0.6%  |
| <b>Black /<br/>Black<br/>British</b> | African                   | 0.4%  |
|                                      | Caribbean                 | 0.3%  |
|                                      | Other                     | 0.1%  |
| <b>Other</b>                         | 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:**

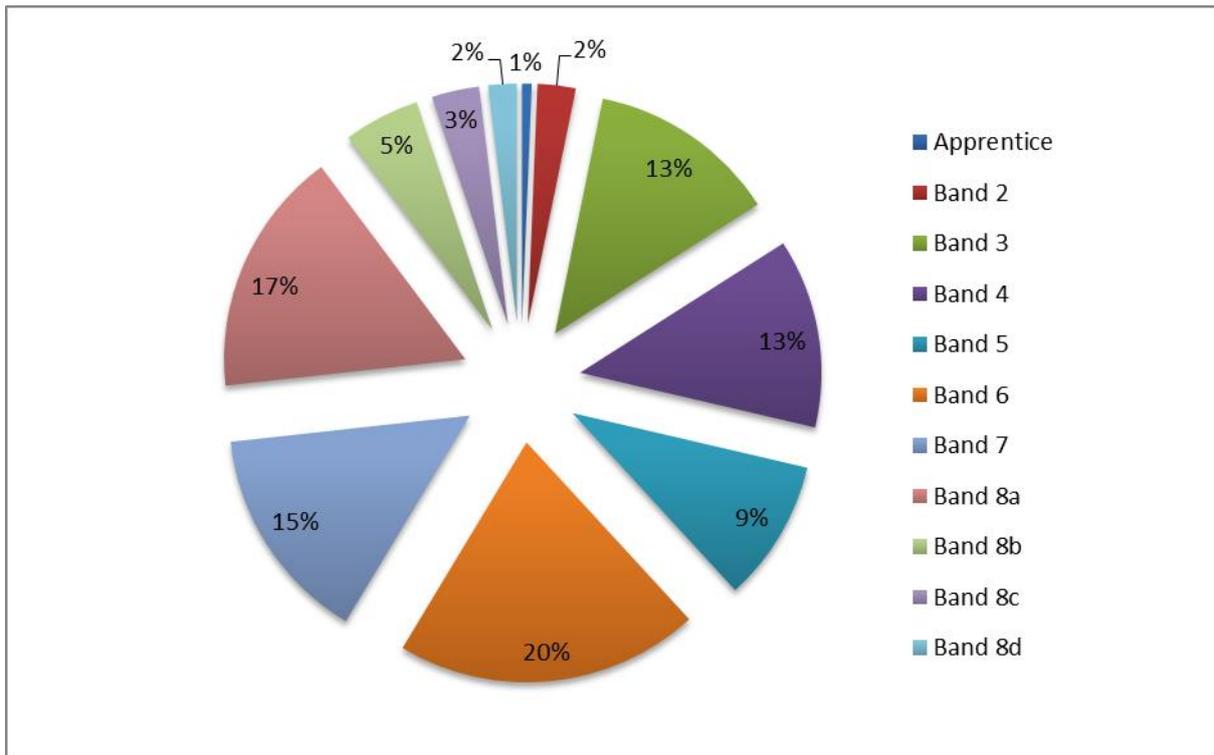
There is no specific question on the 2011 Census regarding sexual orientation, however in 2010 the Office of National Statistics received responses on their Integrated Housing Survey that suggested that around 1.4% of the population considered themselves as gay, lesbian or bisexual. If this was applied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

### Appendix 3: NHS Doncaster CCG Staffing Equality Data

(as at 29 January 2020)

|   | Staffing breakdown  | Staff %             | Doncaster population               |       |
|---|---|---------------------|------------------------------------|-------|
| <b>Gender</b>                                       | Male  | 23%                 | 50.6%                              |       |
|   | Female  | 77%                 | 49.4%                              |       |
| <b>Age</b>  | 16-20   | 0%                  | 0 - 19                             | 24.0% |
|   | 21 - 30   | 9%                  | 20 - 39                            | 25.2% |
|   | 31 – 40   | 27%                 | 40 - 59                            | 27.6% |
|   | 41 – 50   | 31%                 | 60 - 79                            | 18.6% |
|   | 51 – 60   | 28%                 | 80+                                | 4.5%  |
|   | 61 – 70+  | 5%                  |                                    |       |
| <b>Ethnicity</b>                                    | White - British   | 88%                 | 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  | 4%                  | 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   | 3%                  | 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                                       | 3%  | Not given as option |                                    |       |
| <b>Disability</b>                                   | Declared disability   | 5%                  | 21.6%                              |       |
|   | No declared disability  | 87%                 | -----                              |       |
|   | Not disclosed   | 8%                  | -----                              |       |
| <b>Religion/Belief</b>                              | No religion / atheism   | 14%                 | 24.4%                              |       |
|   | Christianity  | 66%                 | 65.9%                              |       |
|   | Buddhism  | 0%                  | 0.2%                               |       |
|   | Hinduism  | 1%                  | 0.3%                               |       |
|   | Judaism   | 0%                  | 0.0%                               |       |
|   | Islam   | 2%                  | 1.7%                               |       |
|   | Sikhism   | 0%                  | 0.4%                               |       |
|   | Any other religion  | 5%                  | 0.3%                               |       |
| Not disclosed                                       | 12%   | 24.4%               |                                    |       |
| <b>Sexual Orientation</b>                           | Bisexual  | 0%                  | Not asked in 2011 Census.          |       |
|   | Gay man   | 1%                  |                                    |       |
|   | Gay woman / lesbian   | 1%                  |                                    |       |
|   | Heterosexual  | 92%                 |                                    |       |
|   | Other   | 0%                  |                                    |       |
|   | Not disclosed   | 6%                  |                                    |       |
| <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 in a public report. | N/A                 | Not available in 2011 Census data. |       |

### Pay band profile:

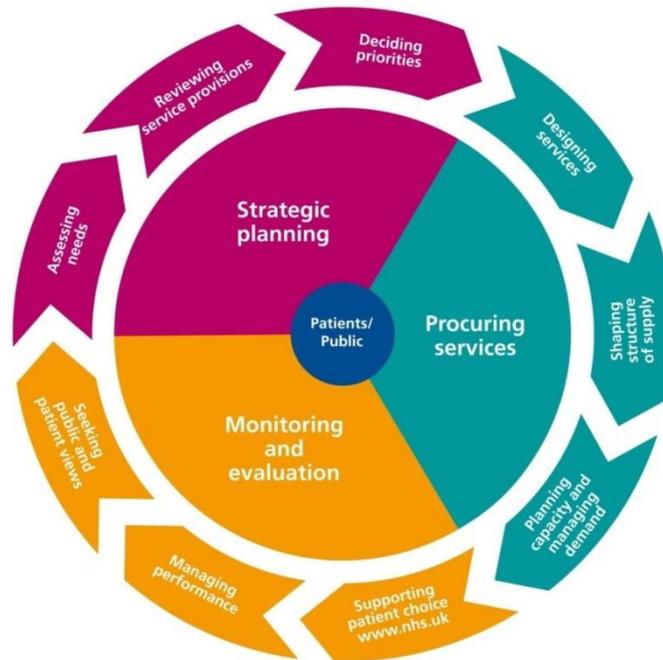


### Analysis:

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 is from a BAME background.

## Appendix 4 - Engagement in CCG Delivery Plans Template

This template is designed to help you take into account all the elements of the commissioning cycle, as captured in the diagram below:



Courtesy of The NHS Information Centre for health and social care. Full diagram available at: [www.ic.nhs.uk/commissioning](http://www.ic.nhs.uk/commissioning)

|   |  |
|---|--|
| <b>Name of Delivery Plan:</b>   |  |
| <b>CCG Lead Officer:</b>  |  |
| <b>Date of EEC Review:</b>  |  |
| <b>Please give of summary of the engagement which has already been undertaken<sup>1</sup></b> |  |
|   |  |
| <b>What has been the impact of this engagement?</b>   |  |
|   |  |
| <b>What, if anything, has changed as a result?</b>  |  |
|   |  |
| <b>How have these changes been communicated back to stakeholders?</b>                         |  |
|   |  |

<sup>1</sup> This can be with staff, members of the public, service users, patients, carers or any other group of stakeholders

|  |
|--|
| <b>What further engagement is planned and when?</b>  |
|  |
| <b>Do you have any further comments regarding your approach to engagement and involvement or how this can be improved?</b> |
|  |

|   |                          |                          |                          |                                |                          |                          |      |                          |            |                          |                         |                          |     |                          |                     |                          |                                |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------------|--------------------------|--------------------------|------|--------------------------|------------|--------------------------|-------------------------|--------------------------|-----|--------------------------|---------------------|--------------------------|--------------------------------|--------------------------|
| <b>Equality and Diversity</b>   |                          |                          |                          |                                |                          |                          |      |                          |            |                          |                         |                          |     |                          |                     |                          |                                |                          |
| Which of the nine protected characteristics have you engaged with:  |                          |                          |                          |                                |                          |                          |      |                          |            |                          |                         |                          |     |                          |                     |                          |                                |                          |
| <table> <tr> <td>Age</td> <td><input type="checkbox"/></td> <td>Religion or Belief</td> <td><input type="checkbox"/></td> <td>Sexual Orientation</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Race</td> <td><input type="checkbox"/></td> <td>Disability</td> <td><input type="checkbox"/></td> <td>Pregnancy and maternity</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Sex</td> <td><input type="checkbox"/></td> <td>Gender Reassignment</td> <td><input type="checkbox"/></td> <td>Marriage and Civil Partnership</td> <td><input type="checkbox"/></td> </tr> </table> | Age                      | <input type="checkbox"/> | Religion or Belief       | <input type="checkbox"/>       | Sexual Orientation       | <input type="checkbox"/> | Race | <input type="checkbox"/> | Disability | <input type="checkbox"/> | Pregnancy and maternity | <input type="checkbox"/> | Sex | <input type="checkbox"/> | Gender Reassignment | <input type="checkbox"/> | Marriage and Civil Partnership | <input type="checkbox"/> |
| Age   | <input type="checkbox"/> | Religion or Belief       | <input type="checkbox"/> | Sexual Orientation             | <input type="checkbox"/> |                          |      |                          |            |                          |                         |                          |     |                          |                     |                          |                                |                          |
| Race  | <input type="checkbox"/> | Disability               | <input type="checkbox"/> | Pregnancy and maternity        | <input type="checkbox"/> |                          |      |                          |            |                          |                         |                          |     |                          |                     |                          |                                |                          |
| Sex   | <input type="checkbox"/> | Gender Reassignment      | <input type="checkbox"/> | Marriage and Civil Partnership | <input type="checkbox"/> |                          |      |                          |            |                          |                         |                          |     |                          |                     |                          |                                |                          |
| What type of engagement will you undertake to ensure protected characteristics are engaged with:  |                          |                          |                          |                                |                          |                          |      |                          |            |                          |                         |                          |     |                          |                     |                          |                                |                          |
|   |                          |                          |                          |                                |                          |                          |      |                          |            |                          |                         |                          |     |                          |                     |                          |                                |                          |

|  |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>Health Inequalities</b>   |                          |                          |                          |                          |
| Have you utilised any intelligence on health inequalities? If yes please state:-   |                          |                          |                          |                          |
|  |                          |                          |                          |                          |
| Illustrate your benchmarking against the Heat Map and NHS RightCare Pack.  |                          |                          |                          |                          |
|  |                          |                          |                          |                          |
| What type of engagement involved members of the communities that face health inequalities?                               |                          |                          |                          |                          |
|  |                          |                          |                          |                          |
| What is the outcome of this engagement and what improvements have been made to reduce health inequalities?               |                          |                          |                          |                          |
|  |                          |                          |                          |                          |
| Has complaints / experience data been used in this commissioning?  |                          |                          |                          |                          |
| <table> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> </tr> </table> | Yes                      | <input type="checkbox"/> | No                       | <input type="checkbox"/> |
| Yes  | <input type="checkbox"/> | No                       | <input type="checkbox"/> |                          |
| If Yes please provide a reference number   |                          |                          |                          |                          |
| <input type="text"/>   |                          |                          |                          |                          |

## Appendix 5 – EDS Action Plan

### Equality and Diversity Action Plan for NHS Doncaster CCG – April 2019 - March 2020

|   |  |                              |                  |           |
|---|--|------------------------------|------------------|-----------|
| 1 | 1.1 – to include the Equality Impact Assessment (EIA) template in a staff briefing<br><a href="#">Included in Staff Brief</a>  | Head of Corporate Governance | 31 August 2019   | Complete  |
| 2 | 1.1 - To provide training on the Equality Impact Assessments<br><a href="#">EIA assessment training has been delivered to a number of staff across the CCG.</a>  | Corporate Governance Manager | 30 November 2019 | Complete  |
| 3 | 1.1 - Review and monitor Equality Impact Assessments<br><a href="#">Database of current EIAs are overseen by the Corporate Governance Manager</a>  | Corporate Governance Manager | 31 March 2020    | Complete  |
| 4 | 1.1 – To update the intranet with an Equality and Diversity link to provide assistance and information for staff<br><a href="#">The link is uploaded on Connect (intranet)</a>   | Corporate Governance Manager | 31 July 2019     | Complete  |
| 5 | 1.1- To refresh the Engagement in CCG Delivery Plans Template to include health inequalities - population health management. To upload this information on the intranet<br><a href="#">CCG Delivery Plans Template refreshed and agreed at the Engagement and Experience meeting</a>   | Corporate Governance Manager | 31 July 2019     | Complete  |
| 6 | 1.2 - Providers Clinical Quality Forums to review Equality and Diversity annual reports and Equality Delivery Service submissions to ensure that outcomes are reported for all protected characteristic groups.<br><a href="#">The annual report is reviewed by the Engagement and Experience Committee and the Governing Body</a> | Head of Corporate Governance | 31 March 2020    | Complete. |

|   |   |                     |               |          |
|---|---|---------------------|---------------|----------|
| 7 | <p>1.2– To gain assurance that transition outcomes are reported for all protected characteristic groups.</p> <p>The Health Ambassadors meetings take place monthly and are an opportunity for people whose voices are seldom heard to get involved in having their say. There has been specific work done at both the Recovery Games and Doncaster Pride to engage people in conversations about their emotional health. Common themes that were identified include the benefits of support from family and friends and how physical and practical support can relieve emotional struggles.</p> <p>Discussions around the development of the integrated approach to commissioning health and social care took place with Health Ambassadors, young people, members of the PPG Network, community groups and carers.</p> <p>Key information about changes and developments to services are shared with the Health Ambassadors and their local communities.</p> | Healthwatch         | 31 March 2020 | Complete |
| 8 | <p>1.4 – Review services to ensure they reach and benefit all local communities</p> <p>Healthwatch Doncaster undertakes a range of engagement projects that gather the views and experience of local people – this ranges from Care and Support at Home through to experiences of accessing GP services. The reports and recommendations can be accessed here: <a href="https://www.healthwatchdoncaster.org.uk/reports/">https://www.healthwatchdoncaster.org.uk/reports/</a></p> <p>Healthwatch Doncaster has an Enter and View service – trained volunteers carry out Enter and View visits in care homes. The purpose of Enter and View is to ensure that people who receive care have their voice heard and that improvements in quality and experience can be made. Healthwatch Doncaster liaises with CQC and Doncaster Council throughout the Enter and View process.</p>   | Healthwatch & Comms | 31 March 2020 | Complete |

|    |  |   |                  |          |
|----|--|---|------------------|----------|
|    | Volunteers and community groups have been involved in the Patient Led Assessment of the Care Environment (PLACE) at Doncaster and Bassetlaw Teaching Hospitals – their voices and their views identify areas for improvement   |   |                  |          |
| 9  | 1.5– To develop ‘Keeping Well’ pillar of Primary Care<br>This piece of work has been disbanded   | Carolyn Ogle                                  | February 2020    | Complete |
| 10 | 2.1 - Review and evidence that there is improved patient access and experience to the Acute Trust and Community services for all communities<br>The Contracting team are to incorporate Equality and Diversity in contracts and request E&D update reports from provider services  | Shaun Tuplin,<br>DBTHFT<br>Carolyn Ogle, DCCG | 31 March 2020    | Ongoing  |
| 11 | 2.2 - Gain evidence that people are informed and supported to be as involved as they wish to be in decisions about their care<br>Healthwatch Doncaster has worked in partnership with NHS Doncaster CCG to engage and talk to local people about the Integrated Health and Social Care Commissioning Strategy. Choice for All Doncaster has been involved in the development of the LD strategy locally. | Healthwatch                                   | 31 December 2019 | Complete |