

EQUALITY, DIVERSITY AND INCLUSION

DONCASTER METROPOLITAN BOROUGH COUNCIL

Due Regard Statement

Doncaster place plan

How to show due regard to the equality duty in how we develop our work and in our decision making.

Due Regard Statement

A **Due Regard Statement** (DRS) is the tool for capturing the evidence to demonstrate that due regard has been shown when the council plans and delivers its functions. A Due Regard Statement must be completed for all programmes, projects and changes to service delivery.

- A DRS should be initiated at the beginning of the programme, project or change to inform project planning
- The DRS runs adjacent to the programme, project or change and is reviewed and completed at the relevant points
- Any reports produced need to reference “Due Regard” in the main body of the report and the DRS should be attached as an appendix
- The DRS cannot be fully completed until the programme, project or change is delivered.

<p>1 Name of the ‘policy’ and briefly describe the activity being considered including aims and expected outcomes. This will help to determine how relevant the ‘policy’ is to equality.</p>	<p><u>Doncaster place plan:</u></p> <p>The Doncaster health and social care community has a long history of working together in partnership to achieve positive change for local people. Each of the health and social care organisations within Doncaster already has plans for the future and these have often been developed in partnership. In some cases, such as the Better Care Fund plan, the plans are jointly owned. However there is a strong view that in order to transform the services to the degree needed to achieve excellent, sustainable services in Doncaster there now needs to be one shared vision and plan for the whole of Doncaster. For this reason the key leaders across health and social care in Doncaster have come together over summer 2016 to develop the Doncaster place plan and within it a shared vision. This is the first time in Doncaster that a shared vision across health and social care has been described in this detail and there has been significant contribution across a wide set of local organisations:</p> <ul style="list-style-type: none"> • Doncaster & Bassetlaw Hospitals NHS Foundation Trust (DBH) • Doncaster Children’s Services Trust (DCST) • Doncaster Local Medical Committee (LMC) • Doncaster Metropolitan Borough Council (DMBC) • Fylde Coast Medical Services (FCMS) • NHS Doncaster Clinical Commissioning Group (NHS Doncaster CCG) • Rotherham, Doncaster & South Humber NHS Foundation Trust (RDASH) • Emerging GP Federations <p>In developing the Doncaster place plan existing local plans and development plans have been considered. The place plan is also set in the context of the wider South Yorkshire & Bassetlaw Sustainability and Transformation Plan (STP). The place plan, the STP and other local plans will in totality address the challenges that the health and social care community face.</p> <p>The vision for the place plan is based around the development of an agreed set of design principles and a description of a future landscape for health and social care services in</p>
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		<p>Doncaster. The joint vision is:</p> <p>Care and support will be tailored to community strengths to help Doncaster residents to maximise their independence, health and wellbeing. Doncaster residents will have access to excellent community and hospital based services when needed.</p> <p>Progress will be monitored on an on-going basis through the Health and Wellbeing Board and supporting structures.</p>
2	<p>Service area responsible for completing this statement.</p>	<p>Adults, Health and Wellbeing and Learning and Opportunities.</p>
3	<p>Summary of the information considered across the protected groups.</p>	<p>Information relating to relevant protected groups will be considered for each project within the overall programme as the projects are developed and it is evident that decisions will be required.</p>
4	<p>Summary of the consultation/engagement activities</p>	<p>The place plan is proceeding to through the Boards of partner organisations before wider consultation with the public in December 2016 and January 2017, and with staff within each organisation.</p> <p>The outputs from the revised BME health needs assessment will help inform this work too.</p> <p>It is recognised that the consultation process will be essential in a programme such as this; therefore a detailed communications plan will be developed to make sure that people in the borough are kept informed of the changes that affect them and that Councillors and staff are kept up to date with developments. Furthermore, consultation on each of the projects will be undertaken as and when it is required as the programme progresses. Each consultation will be implemented and registered via the corporate consultation process.</p>

		<p>Consultation taken to date includes: Doncaster CCG governing body October 2016 RDaSH Board October 2016 DBHFT Board October 2016 Doncaster Health and Wellbeing Board 03/11/16 DCST November 2016</p>
<p>5</p>	<p>Real Consideration:</p> <p>Summary of what the evidence shows and how has it been used</p>	<p>As outlined in the Adults Health and Wellbeing report to Cabinet in March 2016, the UK is facing significant pressure on its health and social care services as a result of its increasing and ageing population.</p> <p>Demand for Adult Social Care is expected to rise each year. Analysis of data shows that people are living longer and there are more people living with long term conditions, particularly dementia. This increased demand comes at a time of unprecedented financial pressure with an overall reduction in the finance settlement for Doncaster from Government and with no removal or reduction in the statutory obligations and legal responsibilities that are incumbent on the Council. The introduction of the Care Act, has in fact increased the breadth and scale of these obligations and responsibilities both in the short and longer term.</p> <p>To meet increased demand it was recognised that the council needed to radically change their approach by; signalling a different and more tailored offer to everyone; providing opportunities for the market to develop and enabling people to access services earlier and more directly where appropriate. We must build and harness the contributions that individuals and communities can make to support themselves.</p> <p>However, action by individual organisations will not be sufficient and the entire health and care systems needs to be able to respond to a series of ‘gaps’ i.e. the health and wellbeing gap the quality gap and the finance gap, the details of these are included in the place plan.</p>

		<p>Doncaster has a population of 304,000 (mid-year 2013 estimate). This is forecast to grow to 308,600 by 2021.</p> <p>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.</p> <p>Overall health and wellbeing is improving in Doncaster for both men and women. However, too many people still experience poor health with too many dying prematurely (i.e. before the age of 75). In fact, 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 2 years for men and 1.6 years for women. However, 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. Where people live, as well as education, housing, work, crime and the environment all contribute to health and wellbeing.</p> <p>As the programme develops, further real consideration will be developed as individual projects are scoped and business cases developed.</p>
6	Decision Making	<p>No decisions on service provision affecting individuals are required at this stage. The recommendation is to</p> <p>Agree the Doncaster Place Plan for internal and external consultation.</p>
7	Monitoring and Review	<p>The projects will, in most cases, run over a 2 to 3 year period to deliver savings and improvements through to 2021/22. The performance of the programme outcomes will be rigorously managed through the Health and Wellbeing Board's joint structures.</p> <p>A governance review is underway to support the effective delivery of this programme and</p>

		this will include the development and monitoring of a single outcomes framework.
8	Sign off and approval for publication	Cabinet – 13 th December 2016.