

# **EQUALITY, DIVERSITY AND INCLUSION**

## **DONCASTER METROPOLITAN BOROUGH COUNCIL**

### **Due Regard Statement Template: Doncaster Health and Wellbeing Strategy (March 2015 - 2021)**

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 needs 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.

1	<p><b>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.</b></p>	<p><b>Name:</b> Doncaster Health and Wellbeing Strategy 2016-2021</p> <p><b>Aim:</b> To refresh the Doncaster Health and Wellbeing strategy through stakeholder and community wide engagement and consider that due regard is given to all the protected groups within Doncaster.</p> <p><b>Activity:</b> To consult on the draft consultation document across a broad cross section of the Doncaster community including the voluntary sector and key stakeholders through a comprehensive consultation process.</p> <p><b>Expected Outcome:</b> Doncaster Health and Wellbeing Strategy will be completed and published in line with statutory requirements by January 2016.</p>
2	<p><b>Service area responsible for completing this statement.</b></p>	<p>Doncaster Health &amp; Wellbeing Board/Public Health Directorate.</p>
3	<p><b>Summary of the information considered across the protected groups.</b></p> <p><b>Service users/residents</b></p> <p><b>Doncaster Workforce</b></p>	<p><i>To undertake the HWB strategy refresh process utilising a wide range of demographic information and service mapping from the following areas:</i></p> <ul style="list-style-type: none"> <li>• <i>JSNA – current demographic profiles and data already available through Public Health intelligence including protected groups (Doncaster Council website)</i></li> <li>• <i>Doncaster Census 2011</i></li> <li>• <i>Outcomes Based Accountability (OBA) mapping through workshops and consultation – approach endorsed by Team Doncaster</i></li> <li>• <i>Existing data sets around protected groups</i></li> <li>• <i>Existing data sets around services and previous consultations/workshops – user</i></li> </ul>

*feedback; consultation reports; telephone research (baseline data established in 2012);*

- *Health watch data*
- *Local account data*

*The Equalities & Inclusion Plan includes a number of Service Specific Equality Objectives including 6: To improve health and wellbeing by reducing health inequalities. A [factsheet](#) has been published on the Team Doncaster website including the key data.*

*Published information from the [Census 2011](#)*

**Age and Demographics:**

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

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

**Disability:**

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

**Ethnicity:**

Based on Census 2011 data, the proportion of total population in Doncaster classified as ‘White British’ equates to 91.8% (4.7% less than in 2001), and the national average is 80.45%. Those from Black & Minority Ethnic (BME) backgrounds represent 8.2% of the total population. Young people from BME backgrounds represent 10.2% of the total 0-19 population. The working age population from a BME background represent 8.8%, and older people from BME backgrounds represent 2.9%.

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

White	British	91.8%
	Other	3.4%
Mixed	White & Black Caribbean	0.5%
	White & Black African	0.1%
	White & Asian	0.3%

	Other	0.2%
Asian / Asian British	Indian	0.6%
	Pakistani	0.9%
	Bangladeshi	0%
	Chinese	0.4%
	Other	0.6%
Black / Black British	African	0.4%
	Caribbean	0.3%
	Other	0.1%
Other	Arab	0.1%
	Other	0.3%

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

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

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

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

**Gender:**

The gender ratio in Doncaster is very similar from birth up until 65+. From the 2011 Census the ratio between the ages 0-17 are Male 50.51% and Female 49.49%. Between the ages of 18-64 the ratio is Male 50.31% and Female 49.69%. However at 65+ the ratio becomes Male 44.37% and Female 55.63%.

**Gender Reassignment:**

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

**Marriage and Civil Partnership:**

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

**Pregnancy and Maternity:**

Doncaster has a higher proportion of babies born with low birth weight at 9.7% compared to the national average of 7.4%. Teenage conceptions in Doncaster were at a rate of 39.7

per 1000 women, this is above the national rate of 30.0 per 1000 women.

**Religion and Belief:**

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

**Sexual Orientation:**

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


**A picture of Doncaster (Census 2011)**

	<b>Category</b>	<b>Doncaster population</b>
<b>Gender</b>	Female	50.6%
	Male	49.4%
<b>Age</b>	0 – 19	24.0%
	20 – 39	25.2%
	40 – 59	27.6%
	60 – 79	18.6%



		80+	4.5%
<b>Ethnicity</b>	White	British	91.8%
		Other	3.4%
	Mixed	White & Black Caribbean	0.5%
		White & Black African	0.1%
		White & Asian	0.3%
		Other	0.2%
	Asian / Asian British	Indian	0.6%
		Pakistani	0.9%
		Bangladeshi	0%
		Chinese	0.4%
		Other	0.6%
	Black / Black British	African	0.4%
		Caribbean	0.3%
		Other	0.1%
	Other	Arab	0.1%
		Other	0.3%

		-----	Prefer not to say	Not given as option
	<b>Disability</b>	Declared disability		21.6%
	<b>Religion / Belief</b>	No religion / Atheism		24.4%
		Christianity		65.9%
		Buddhism		0.2%
		Hinduism		0.3%
		Judaism		0.03%
		Islam		1.7%
		Sikhism		0.4%
		Any other religion		0.3%
		Prefer not to say		24.4%
	<b>Sexual orientation</b>	Bisexual		Not asked in 2011 Census.
		Gay man		
		Gay Woman / Lesbian		
		Heterosexual		
		Other		
		Do not wish to declare		

<p><b>4 Summary of the consultation/engagement activities</b></p>	 <p>HWB strategy consultation planning</p> <ul style="list-style-type: none"> <li>• Online consultation (survey monkey) – a 12 week public and stakeholder consultation</li> <li>• 28 protected groups contacted; 11 groups responded and consultation sessions were held, including third sector organisations</li> <li>• Social media – press release; Facebook; Twitter; internal bulletins; external bulletins</li> <li>• Partnership boards and elected members – internal boards and bulletins; Team Doncaster will be used as the umbrella partnership for wider consultation</li> <li>• Community – through current events and existing consultations</li> <li>• Stakeholder Engagement through wide dissemination <ul style="list-style-type: none"> <li>○ 415 stakeholders emailed four times over the consultation period.</li> <li>○ Hard copies distributed on request</li> <li>○ On line copies distributed to GPs and Libraries</li> </ul> </li> <li>• Various easy read documents were developed in conjunction with service users to support people with learning/physical disabilities</li> </ul>
<p><b>5 Real Consideration:</b></p> <p><b>Summary of what the evidence shows and how has it been used</b></p>	<p>Following the consultation a number of key themes have emerged, the main four themes are:</p> <ul style="list-style-type: none"> <li>• Substance misuse including legal highs <ul style="list-style-type: none"> <li>○ As a result of this theme we are now adding substance misuse into the strategy within the areas of focus section with an OBA template.</li> <li>○ This theme covers the drugs aspect of the alcohol area of focus set out in the strategy</li> </ul> </li> <li>• Children and young people (families) <ul style="list-style-type: none"> <li>○ As a result of this theme we are now adding children to the families section as an area of focus. This is to highlight the importance of childrens health and</li> </ul> </li> </ul>

	<p>wellbeing.</p> <ul style="list-style-type: none"> <li>○ This theme covers the childrens aspects of the families area of focus.</li> <li>● More support needed for minority groups eg. disability, immigrants, refugees, sex workers, veterans       <ul style="list-style-type: none"> <li>○ A veterans health needs assessment has been produced, endorsed and is available on the website.</li> <li>○ Feedback from the consultations with asylum seekers and refugees highlighted the need for better provisions on entering Doncaster i.e. welcome pack/induction process. Other issues highlighted from this consultation included housing, education and awareness/access to services. This has been fed back to the Engagement And Experience Management Group</li> <li>○ Issues pertaining to sex workers will be considered through the sexual health partnership.</li> <li>○ This theme covers the reducing health inequalities section of the strategy. (theme 4)</li> </ul> </li> <li>● Make the documents easier to understand (less jargon)       <ul style="list-style-type: none"> <li>○ A variety of documents were available including easy read, easy read dictionary, an easy read powerpoint. All of these documents were developed in conjunction with service users and have been well received.</li> <li>○ A strategy summary was added to the website and was used for consultations and made available in the libraries.</li> <li>○ Resources were tailored to each consultation based on group and individual needs.</li> <li>○ Although this is a theme that we need to consider there were conflicting views between the general public and professional stakeholders. This is because the documents were intended as a high level strategic plan.</li> </ul> </li> </ul> <p>Other areas highlighted were:</p> <ul style="list-style-type: none"> <li>● Theme 1 Wellbeing       <ul style="list-style-type: none"> <li>○ A minority of respondents (3%) believed that “wellbeing means different things to different people”. Comments suggested that cultural and spiritual wellbeing had not been represented in the Doncaster five domains of wellbeing. In</li> </ul> </li> </ul>
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		<p>response to this we have added this to the social and emotional wellbeing domain.</p> <ul style="list-style-type: none"> <li>• Theme 4 Reducing Health Inequalities <ul style="list-style-type: none"> <li>○ See previous comments. Further work will be developed around veterans and other protected groups.</li> </ul> </li> </ul>
<b>6</b>	<b>Decision Making</b>	<ul style="list-style-type: none"> <li>• The due regard statement for this Health and wellbeing strategy commenced in March 2015 and continues throughout the process until the report is finalised and published in January 2016.</li> <li>• The Health and Wellbeing Board are the accountable body for the completion and publication and implementation of Doncaster's Health and Wellbeing strategy. Local commissioners including Board members and wider partners are responsible for considering the implications of this strategy and for the implementation and delivery of its priorities and vision. The report will be shared at full council for information.</li> </ul>
<b>7</b>	<b>Monitoring and Review</b>	<p>Performance for all areas of the HWBB strategy refresh will be monitored through quarterly and annual reports and also through the regular monitoring of the action plans/Outcome based accountability plans. The delivery of the strategy will also be monitored through the Transformation Board Programme, the health Improvement framework action plan and through the quarterly report mechanisms at Board meetings. Equality implications are a standard consideration for all papers presented to the board and should be included in all Partnership papers. This will also be monitored through an internal Equality audit.</p>
<b>8</b>	<b>Sign off and approval for publication</b>	<p>*To be completed post consideration at the November 2015 Health and Wellbeing Board and approved for publication in January 2016.</p>

