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 revelent 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	**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.**	**Name**: Doncaster Health and Wellbeing Strategy 2016-2021 **Aim**: 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. **Activity**: 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. **Expected Outcome**: Doncaster Health and Wellbeing Strategy will be completed and published in line with statutory requirements by January 2016.
2	**Service area responsible for completing this statement.**	Doncaster Health & Wellbeing Board/Public Health Directorate.
3	**Summary of the information considered across the protected groups.** **Service users/residents** **Doncaster Workforce**	*To undertake the HWB strategy refresh process utilising a wide range of demographic information and service mapping from the following areas:* • *JSNA – current demographic profiles and data already available through Public Health intelligence including protected groups (Doncaster Council website)* • *Doncaster Census 2011* • *Outcomes Based Accountability (OBA) mapping through workshops and consultation – approach endorsed by Team Doncaster* • *Existing data sets around protected groups* • *Existing data sets around services and previous consultations/workshops – user 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	Indian	0.6%
	Pakistani	0.9%

British	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)

	Category		Doncaster population
Gender	Female		50.6%
	Male		49.4%
Age	0 – 19		24.0%
	20 – 39		25.2%
	40 – 59		27.6%
	60 – 79		18.6%
	80+		4.5%
Ethnicity	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
	Disability	Declared disability		21.6%
	Religion / Belief	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%
Sexual orientation	Bisexual	Not asked in 2011 Census.
	Gay man	
	Gay Woman / Lesbian	
	Heterosexual	
	Other	
	Do not wish to declare	

From the recent JSNA findings the following facts and information have been highlighted to the HWBB and provide a local picture:

Inequalities in life expectancy

		Since the early 1990's the gap between Doncaster and England has widened from about a year to around 2 years in men and from around a year to 1.6 years in women. It should also be noted that since 2009-11 life expectancy at birth has not improved at all in men and women in Doncaster. **Premature mortality rates** (deaths under the age of 75) have been falling in Doncaster. Premature deaths now account for around 35% of all deaths. Most premature deaths are caused by cancer, circulatory disease, respiratory disease and liver disease. Premature mortality rates from cancer have not improved since 2008-10, and while recently there has been a narrowing in the gap between premature deaths from liver disease in Doncaster and the national rate, Doncaster still has a statistically significant high mortality rate. **Disability** Recent data published by the Office for National Statistics (ONS) shows that in England men's Disability Free Life Expectancy (DFLE), that is the number of years on average that men can expect to live without a 'long standing illness or infirmity' is 64.1 years. In Doncaster the DFLE is 60.1 years. For women the story is similar, in England as a whole DFLE is 65 years and in Doncaster 61.8 years. **Areas of Focus:** **Alcohol** prevalence in Doncaster is approximately 40,000 harmful, 14,000 hazardous and 5,600 dependent drinkers. The Local Alcohol Profiles for England show a relatively high rate of alcohol related morbidity and mortality across a range of indicators. **Opiate/crack use** prevalence is approximately 3000 in Doncaster. However fewer young people are presenting to treatment with opiate/crack use, and the treatment population is ageing, with more complex health needs. **Obesity** represents a significant challenge in Doncaster. The Sport England sponsored

		Active People Survey found that Doncaster was one of the areas with the highest prevalence of adults who were overweight or obese. The survey found that almost ¾ of the population was in this category compared to around 64% in England as a whole. Amongst children excess weight has remained at around 32% in 10-11 year olds and 23% in 4-5 year olds. **Mental Health** Evidence from the National Adult Psychiatric Morbidity Survey shows that around 23% of adults have experienced at least one psychiatric disorder, and more than7% have had two or more. In Doncaster the prevalence of **mental health** problems is more difficult to discern. If the national figures are applied to the Doncaster population then almost 55,000 people living in the borough have experienced some form of mental health problem. There is some tentative evidence that, for at least some mental health conditions, prevalence might be higher than the national rate in Doncaster. Several national surveys have found that Doncaster has slightly higher rates of depression than England. **Age and Dementia** Doncaster, in common with most areas of the country, has an ageing population. On average over the next 15 years the number of people aged 65+ is forecast to increase by 1,200 each year, and the number of people aged over 90 will have doubled by 2030. The implications of these changes are difficult to predict. However, it is possible that the numbers of people in the borough aged over 64 and living with dementia could increase from around 3,900 to almost 6,000 by 2030. Diagnosis rates of dementia are now beyond the national ambition of 67% (currently 73.4%). **Pregnancy and maternity** Each year there are around 3,700 live births in Doncaster, while infant mortality rates have generally been falling the numbers of underweight births has been increasing in Doncaster. One of the causes of low weight births is smoking in pregnancy. In Doncaster

		around 20% of women were smoking at the time of delivery. This figure has fallen slightly recently but remains almost double the national rate. Smoking in the adult population is also significantly higher than the national rate and is around 2 % points higher than areas with a similar level of deprivation. **Information collated from the HWBB consultation with reference to protected characteristics**: **Age and demographics** – the consultation highlighted the growing issue around carers and an ageing population; increasing burden on health and social care services and the need to involve young carers. The consultation also highlighted the need to demonstrate more prevention work with children and young people. **Disability –** there were no specific issues raised in relation to disability however direct links and work with the learning disabilities groups enabled us to tailor the consultation and provide easy read options. We intend to build on this for future work and also wider Public health initiatives have resulted from this. **Ethnicity –** a number of issues were raised from the consultation around access to services (veterans); gaps in services for minority groups around housing/homelessness (asylum seekers and refugees) and also issues around access to education and English courses to improve pathways to training and employment for all minority groups. Although engagement did take place with minority groups from both genders and across some groups, the intention is to undertake further work to look at local needs of minority groups and to address the health inequalities and to look at wider approaches with communities of interest. **Gender –** the consultation did not highlight any specific gender issues but the intention is for the Health and wellbeing strategy to explore wider inequalities between gender groups through its delivery plan.

		Gender re-assignment – although there were no specific issues raised in this consultation around this group, there were general responses from this group and they have been taken on board with other comments. **Marriage and Civil partnership –** there were no specific issues highlighted in relation to this from this consultation. **Pregnancy and maternity –** there were no specific issues raised in relation to this **.** **Religion and Belief –** the main issue issue highlighted in the consultation was around the wellbeing section and the need to explore 'spiritual' and cultural wellbeing. The wider definition of welbeing needs to be explored in relation to different minority groups and individual needs.
4	**Summary of the consultation/engagement activities**	 HWB strategy consultation planning • Online consultation (survey monkey) – a 12 week public and stakeholder consultation • 28 protected groups contacted; 11 groups responded and consultation sessions were held, including third sector organisations • Social media – press release; Facebook; Twitter; internal bulletins; external bulletins • Partnership boards and elected members – internal boards and bulletins; Team Doncaster will be used as the umbrella partnership for wider consultation • Community – through current events and existing consultations • Stakeholder Engagement through wide dissemination ○ 415 stakeholders emailed four times over the consultation period.

		○ Hard copies distributed on request ○ On line copies distributed to GPs and Libraries • Various easy read documents were developed in conjunction with service users to support people with learning/physical disabilities
5	**Real Consideration:** **Summary of what the evidence shows and how has it been used**	Following the consultation a number of key themes have emerged, the main four themes are: • Substance misuse including legal highs ○ 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. ○ This theme covers the drugs aspect of the alcohol area of focus set out in the strategy • Children and young people (families) ○ 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 wellbeing. ○ This theme covers the childrens aspects of the families area of focus. • More support needed for minority groups eg. disability, immigrants, refugees, sex workers, veterans ○ A veterans health needs assessment has been produced, endorsed and is available on the website. ○ 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 ○ Issues pertaining to sex workers will be considered through the sexual health partnership. ○ This theme covers the reducing health inequalities section of the strategy. (theme 4) • Make the documents easier to understand (less jargon)

		○ 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. ○ A strategy summary was added to the website and was used for consultations and made available in the libraries. ○ Resources were tailored to each consultation based on group and individual needs. ○ 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. Other areas highlighted were: • Theme 1 Wellbeing ○ 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 response to this we have added this to the social and emotional wellbeing domain. • Theme 4 Reducing Health Inequalities ○ See previous comments. Further work will be developed around veterans and other protected groups. **Health and wellbeing Issues highlighted from the consultation included:** **Minority Groups** **Hospitality and signposting** – need better support for new arrivals into Doncaster; talked about need for a welcome pack with right information and some kind of induction for new arrivals into Doncaster (quoted examples from elsewhere) **Single people accessing services when have no family/job etc – problems**

		accessing housing and the transition period between M25 support and obtaining own accommodation. Highlighted legal aspects and barriers with services – need to be more joined up; need a central access point on entry as new arrivals and clear information/support regarding accessing housing and other services **Access to college courses including English** – not enough; too short and not always free. Importance of gaining English competence to access jobs and further training highlighted as a need. It was confirmed that the Changing lives centre do offer free ESOL courses for women but it was thought by the group that wider options at other venues such as DEMRP may not be free. Need to highlight inequalities for males and to raise awareness of what is available in Doncaster and what support is available to access other education courses. 1 individual expressed concern that they could not continue their training to become a dentist. **Homelessness** – when granted immigration status (in transition period) – Council should take a leadership role in ensuring that people have somewhere to live (good examples shared from Huddersfield and Sheffield); mentioned Council rules and exception clauses regarding acquisition of housing (3 year rule); M25 only short term option and then nothing available particularly if a single person; if have no house and no job can't think about the other things that affect health and wellbeing (basic needs). **NHS Primary Health Care – Doncaster Veteran access** "Progress and engagement with the 43 Doncaster NHS Practice Surgeries has been extremely slow. Despite the 2013 armed forces commissioning requirement relating to veterans and their families accessing local primary care, significant barriers exist. Asking the veteran question and use of the national veteran "Reed Code" for new GP Practice surgery registrants remains unknown. The potential negative implications for ex-service personnel and their families can be significant." " A review of the veteran pathway to primary health provision is required to confirm compliance with NHS armed forces commissioning legislation and community covenant,

		to identify and remove disadvantage." **Children and young people** "Mental health services are not adequate to meet the needs of young people in Doncaster" "…don't just aim the campaigns at adults - start young - get children involved - let them educate their parents and grandparents - teach them what they should and shouldn't be doing and how to do it - including relationship management - assertiveness, not blame, taking responsibility.' **Carers issues** What if you are a carer for an elderly relative and you are the only person doing this - how can Doncaster help these people to do things differently if everything falls on their shoulders? What about the practicalities of implementation - or are they just words to tick a box?" " We need more home carers" "We have high-lighted the negative impact caring can have on young people and yet I cannot see them included in this plan. Surely the impact of caring, especially for children hits every aspect of your priorities and yet they do not feature in this plan - surely this is an oversight?" "Focus on carers - with higher thresholds for accessing support for adult the pressure is falling on children and young people within families and adult carers. How is a plan missing the opportunity to support the people who save Health so much money?" **Mitigation and Development of the Health and Wellbeing Strategy Implementation Plan** As the HWB strategy is a living document and the delivery implementation plan is

		evolving, it is intended that the issues highlighted throughout the HWBB consultation will be considered in light of future work streams and actions. The implementation plan will pick up the areas which have been highlighted as gaps or unmet needs and there will be furher work around this following the DPH report in 2016. Future workshops and action plans will also pick up the inequalities highlighted and more work will be focused around the needs of protected and minority groups . This will include a commitment to updating the BME Health needs assessment in the near future.
6	**Decision Making**	• 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. The Statement is a living document throughout the life of the HWBB strategy and will be updated accordingly. • 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 implementationand delivery of its priorities and vision. The report will be shared at full council for information.
7	**Monitoring and Review**	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.
8	**Sign off and approval for publication**	*To be completed post consideration at the January 2016 Health and Wellbeing Board and approved for publication in January 2016.