



North Hampshire
Clinical Commissioning Group

NORTH HAMPSHIRE CLINICAL COMMISSIONING GROUP
EQUALITY AND DIVERSITY ANNUAL REPORT 2020

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1. INTRODUCTION

This report sets out how North Hampshire Clinical Commissioning Group (referred to in this reports as “the CCG”) has demonstrated due regard to the Public Sector Equality Duty of the Equality Act during 2020.

This report refers to equality and diversity information that is contained within other published papers and reports. These are: the CCG’s Equality and Diversity Strategy, workforce reports, patient and public engagement reports and commissioning plans.

In order to provide organisational context, background information is provided from published papers relating to system-wide plans to improve the health and well-being of local populations through partnership working and joint decision-making.

2. LEGAL CONTEXT

The legal context in which this report is based is described in Appendix 1.

3. ORGANISATIONAL CONTEXT

Since April 2018 the CCG has worked in partnership with Fareham and Gosport CCG, South Eastern Hampshire CCG and Isle of Wight CCG, and until 1 December 2019 North East Hampshire and Farnham CCG when the Accountable Officer for that CCG was passed from Hampshire and Isle of Wight to Frimley Commissioning Collaborative. The Governing Bodies of each CCG meet in common. The resulting group is known as the Partnership Board. There is a single chief executive whose role also covers the separate statutory bodies of Southampton City CCG and West Hampshire CCG.

In September 2020 the governing bodies of the Partnership of CCGs, Southampton City CCG and West Hampshire CCG submitted an application which was subsequently agreed by NHS England to create a new commissioning organisation across their combined geographical footprint from 1st April, 2021.

4. PROGRESS AGAINST 2020 REPORT ACTIONS

MEASURE	OUTCOME
1. Adopt an equality and diversity training plan	Delayed due to COVID-19 and application of CCGs to merge from April 2021.
2. Ensure all policies and guides are up-to-date and, relevant to CCG Partnership staff who can easily access them.	Review of policies and guides is ongoing with three new policies during 2020 to cover annual leave and sickness absence and annual performance appraisal. Partnership and legacy policies are available to all staff via the Partnership of CCGs’ Intranet site.
3. Ensure HR policies that govern employment practices are equality impact assessed.	Equality impact assessed as part of individual HR policy review.
4. Ensure progress against equality objectives.	Review undertaken as part of annual equalities reporting.
5. Develop new equality objectives that are aligned across the Partnership of CCGs.	Development of new organisational equality objectives postponed due to COVID-19.

5. THE CCG'S WORKFORCE

As at December 2020 the CCG employs **120** staff (**91.92** full time equivalent). As the CCG has less than 150 employees, it is not required to publish detailed information relating to its workforce in accordance with the specific duties of the Equality Act 2010.

Each member of staff can self-administer their own record on the Electronic Staff Record (ESR) system, and is encouraged to do so. This is because the CCGs recognise that individual circumstances can change and people may begin or cease to identify with certain characteristics. This may relate to pregnancy or maternity or because an individual has become disabled.

The information is used collectively and anonymously to inform internal workforce monitoring and ensure no protected characteristic is disadvantaged in the experience of the workforce. Protected characteristics that are recorded in all cases are age and sex. To a lesser extent staff record disability, ethnicity, religion, sexual orientation and marital status.

Employee rights not to be discriminated against at work are governed by a range of Human Resources policies. As individual CCG policies become due for review they are being replaced by policies for the Partnership of CCGs. All policies are available on the Human Resources portal ConsultHR which may also be accessed via the Partnership CCG intranet site. Partnership Human Resources policies relate to:

- Automated Annual leave Guidance
- COVID-19 Absence on ESR
- Employee Volunteering
- Homeworking Protocol
- Learning and Development Policy
- Partnership Performance
- Pay Progression
- Probation
- Secondment
- Sickness Absence – How to enter on ESR
- Supporting Your Mental Health While Working from Home
- Virtual Meeting Etiquette

Legacy policies for the CCG are:

- Alcohol and Substance Misuse at Work
- Concerns and Whistleblowing
- Domestic Violence and Abuse
- Leave and Flexible Working
- Lone working
- Organisational Change
- Recruitment and Exit Procedure
- Relocation Policy and Procedure
- Sickness Reporting Guidance
- Travel and Expenses

Staff are required to complete essential training on equality and diversity on a three-yearly basis. This is mainly accessed online via ConsultOD, the CCGs' learning management system. The training covers equality legislation, health inequalities, understanding people's backgrounds and prejudice and discrimination. It is also available as a face-to-face session.

77.7% of CCG teams are up-to-date with essential equality and diversity training. Staff also complete equality and diversity training relevant to the organisations and specific to their roles. This includes completion of equality impact assessments on commissioning projects and plans and ongoing support has been provided to individuals and teams. This support has been delivered virtually during the COVID-19 pandemic.

The adoption of an equality and diversity training plan following development in 2019 was delayed due to the COVID-19 pandemic and application of Hampshire and Southampton City CCGs to merge. The final equality and diversity training plan will be integrated in a wider Human Resources and Organisational Development Strategy for the new organisation from April 2021.

In the autumn staff were invited to complete the NHS Staff Survey together with colleagues across the Hampshire and Isle of Wight Partnership of CCGs. The results and analysis of this survey will be available early in 2021. This will inform the new organisation that is formed from April 2021 with the merger of the CCGs and with West Hampshire and Southampton City CCGs.

2019/20 assessment against the Indicators of the NHS Workforce Race Equality Standard (WRES) was undertaken and the findings reported to NHS Digital for national analysis and to the CCGs' Clinical Delivery Group. The report was contained as an annex to a report on the combined findings of the Partnership of CCGs. To comply with Data Protection legislation, the findings of this report are not in the public domain.

The CCG's workforce statistics were also included in the combined workforce figures for the Hampshire and Isle of Wight Partnership of CCGs to analyse and report against the Metrics of the NHS Workforce Disability Equality Standard (WDES). This was in preparation for the introduction of the WDES to NHS commissioning organisations from 2021.

6. THE POPULATION SERVED*

The population served by the CCG is around **217,000**. It is an ageing population. The ratio of people of state pension age is increasing compared with the working age population. Life expectancy is significantly better than the England average for males and females, and the area covered by the CCG is the **14th** least deprived CCG in the country with an index of multiple deprivation (IMD) score of **10.7**. There are pockets of deprivation. These may be found in Ham, Popley East and Chineham electoral wards in Basingstoke and in parts of Alton.

In the main the ethnicity is White British (**89.1%**) followed by White Other (**4.5%**) Asian (**3.5%**), mixed multiple race (**1.6%**), Black (**1.0%**) and Arab (**0.1%**). "Other" races account for **0.2%** of the population. The main language is English (**95.6%**) followed by Polish (**1.0%**), and Nepalese (**0.5%**). Of all households, **2.6%** have no English.

The highest recorded religion is Christian (**61.1%**) followed by Hinduism (**1.0%**), Muslim (**0.8%**), Buddhist (**0.5%**), Sikh (**0.2%**) and Jewish (**0.1%**). "Other" religions are recorded for **0.4%** of the population. A significant number of people state they have no religion (**28.8%**) or do not state a religion (**7.2%**).

* References:

- Hampshire County Council (2017) Joint Strategic Needs Assessment North Hampshire CCG
- Hampshire County Council 2011 Census Equality & Diversity Profile for North Hampshire CCG
- Hampshire County Council (2018) Joint Carers Strategy 2018-2023

Daily activities are limited a lot for **5.6%** and a little for **8.0%** of the population. The main impacts on health are hypertension and asthma followed by diabetes, coronary heart disease, chronic obstructive pulmonary disease, stroke and dementia

The gender profile for the CCG is largely the same **49.1%** of the population being male and **50.9%** female. Life expectancy is significantly better than the England average for males and females.

Currently there is no best source of information on sexual orientation or gender re-assignment. In the South East Region **2.2%** of the population is estimated to be lesbian, gay or bisexual (LGB). Young LGBT are at risk of homelessness because of family rejection. One in 10 LGB people and one in 19 transgender people experience domestic abuse from a partner.

Unpaid carer, those who provide care for a relative or friend may be found in all age groups. Unpaid carers aged 0-15 account for **2%** of the population. The percentage gradually rises with age to **37%** before falling to **26%** of unpaid carers in the 65 and over age range.

7. EMBEDDING EQUALITY IN THE COMMISSIONING CYCLE

Completion of Equality Impact Assessments (EIAs) is integral to the CCG programme and project management procedure. During 2020 the CCG's Programme Management Office worked in close collaboration with Mid Hampshire Directorate of West Hampshire CCG to develop a combined programme management process which ensures Equality Impact Assessments are embedded into the commissioning cycle.

The CCG has developed a North and Mid Hampshire Transformation programme, which covers five main pillars of integrating services, processes and systems. Impact Assessments (quality, equality and privacy) are part of the systematic process aligned to all programme areas where there is a service transformation or redesign, ensuring impact assessments are at the start of the process, shaping and scoping out new programmes of work and linked through the Programme Management Office.

The CCG has an Impact Assessment guidance resource which covers all aspects of the completion of EIAs, Quality Impact Assessments (QIAs) and Privacy Impact Assessments (PIAs). Impact assessment forms are provided as appendices with signposting for additional support to appropriate leads.

Over the next year the CCG, as part of an emerging Integrated Care Partnership, will roll out a cloud based project management system, Vertex, and all completed forms will be uploaded to project management system. The system will also be designed to track the progress of impact assessments across all projects, allowing for comparisons and consistencies to be undertaken.

The CCG have been working in stronger partnership with providers and other CCGs across Hampshire and the Isle of Wight in recognition of the transformation into an Integrated Care System from April 2021. This has required alignment of process and systems that cover impact assessments.

The CCG's Equality, Diversity and Inclusion Lead meets regularly with the Deputy Head of Quality and the Senior Planning and Projects Manager to review projects and plans and advise as required.

8. CONSULTING AND ENGAGING WITH PATIENTS AND LOCAL PEOPLE

From February 2020, the Communications and Engagement Teams for Hampshire and the Isle of Wight Partnership of CCGs, Southampton City CCG and West Hampshire CCG agreed to start working together as a combined team. This was to support development of the Hampshire and Isle of Wight Integrated Care System (ICS). This combined approach has provided an opportunity to build on good practice in place across the area. It has been accelerated by and taken into account learning from the COVID-19 pandemic.

Meetings of North Hampshire Communications, Engagement and Involvement Forum and Patient Participation Group were re-started and taken place virtually having been cancelled because of COVID-19 earlier in the year.

Meetings have focused on the NHS's response to COVID-19. Themes from discussions included the following which are being taken into account during the restoration and recovery of services:

- Continue and boost partnership working between different organisations
- Give patients more of a wrap-around service
- Increase the number of health and wellbeing coaches to support people coming to terms with the impact of the pandemic
- Provide mental health support for people who have been shielding
- Improve communication between the CCG and patient groups
- Primary Care Networks (general practices working together) need to have a high profile in future service provision
- Build on the success of social prescribing
- The impact on mental health should not be underestimated and so the need to increase capacity
- Look at ways on how to support people to use technology as part of their health care
- Continue and enhance joint working across the health care sectors (primary, acute and community care) to avoid duplication and ensure patients receive the support they need in the most effective way

The combined Communications and Engagement Team has undertaken a scoping exercise of current approaches to consulting and engaging with patients and local people across Hampshire and the Isle of Wight. This has highlighted the following key areas for development:

- Develop a consistent approach to evaluate the range of mechanisms used to consult and engage with patients and local people
- Raise staff awareness and understanding of the value and importance of consulting and engagement with patients and local people
- Better understand and ensure the voices of "seldom heard" communities are heard so that their views inform the work of the CCGs

Four existing specific initiatives have also been identified for development across Hampshire and the Isle of Wight to enhance consultation and involvement of patients and local people. These are:

- North Hampshire CCG's Community Ambassador scheme where volunteers support consultation and engagement on specific projects in local communities
- Southampton City CCG's jointly funded post with the City Council of a dedicated engagement officer/community involvement practitioner who works directly with communities in Southampton
- Partnership working with local voluntary and community services by all CCGs

- Development of an engagement and involvement toolkit with introduction supported by masterclasses for staff to implement consultation and engagement as part of their CCG role

Discussions are taking place on how to take this work forward in 2021 and to develop a consultation and engagement model across the local health economy that includes patient experience. The aim will be to enable system partners (NHS, local authority and voluntary and community sector organisations) to align pro-actively in listening to the experiences of local people and engagement widely on the themes that emerge from those discussions.

9. PATIENT EXPERIENCE

From January to November 2020 the CCG received 176 contacts from members of the public about NHS commissioned services. These contacts are received as either complaints, concerns, compliments or enquiries. Examples of issues raised by contacts have included:

- Autistic Spectrum Condition (ASC) waiting time for assessment and timeliness of these results
- Concerns raised by patients with communication disability who encountered barriers when communicating with general practice via the E-consult service
- Vulnerable adults living in the community and the difficulties experienced in accessing health services due to Covid-19

The CCG has seen a reduction in the number of returned equality monitoring questionnaires since March 2020 which could be linked to the COVID-19 pandemic and the reduction in activity in some areas of planned care. The CCG is taking steps to improve the return rates of the equality monitoring forms by creating an online version of the questionnaire. Patients can use this online form when providing feedback. The CCG will also be expanding the data capture of equality monitoring for all contacts and not solely for formal complaints.

Between January and November 2020, eight complaints were received by the CCG of which 3 complainants returned the equality monitoring questionnaire. This is a similar picture when compared to the 2019 return (n=9 complaints/3 questionnaires returned).

Gender		Ethnicity	
Male	1	White	2
Female	2	Asian	0
Religion		Not stated	1
Christian	0	Age Group	
Muslim	0	18 - 27	0
Not stated	0	27 – 50	0
Other	1		
No belief	2	51 – 65	1
Sexual Orientation		66 – 75	2
Heterosexual	0	Over 75	0
Prefer not to say	1	Disability*	
Carer		Yes	2
Yes	1	No	1
No	2	Not stated	0
Not stated	0		

* Disability includes mental and physical impairment and long term conditions.

Since March 2020 there have been no face-to-face contacts. Meetings are available remotely and reasonable adjustments will be made to meet patient needs where disability has been disclosed. The CCG helped to facilitate a resolution meeting via video conference between a patient and the multiple organisations involved with their care.

10. SAFEGUARDING

West Hampshire CCG hosts the Safeguarding Adults, Safeguarding Children and Looked After Children Team on behalf of the five Hampshire CCGs of West Hampshire, North Hampshire, North East Hampshire and Farnham, Fareham and Gosport and South Eastern Hampshire.

The safeguarding team is multi-professional and includes nurses, doctors (GPs and paediatricians) and administrators. These professionals work collegiately with NHS provider organisations, such as hospitals, community services and care homes in the areas served by the CCGs. They support, guide, liaise and seek assurance regarding all aspects of safeguarding within these provider organisations. They also work alongside police and the Local Authority as statutory partners for safeguarding.

Effective safeguarding arrangements seek to prevent and protect individuals from harm, neglect or abuse, regardless of their circumstances. The foundations of safeguarding legislation are held within the United Nations Convention on the Rights of the Child for Children and the European Convention on Human Rights for Adults and to that effect, must underpin core business.

Key areas of work within the safeguarding team include upholding the rights of children and adults at risk to ensure these groups are safeguarded and protected from harm. The context of safeguarding continues to change in line with societal risks both locally and nationally

Safeguarding children and adults at risk of neglect or abuse is a collective responsibility and remains a statutory duty during the pandemic. Children and adults at risk have been found to be at particular risk of hidden harm during the pandemic nationally and this is being monitored locally.

11. MONITORING CONTRACTS WITH NHS PROVIDER ORGANISATIONS

Contracts with provider organisations are monitored at monthly and quarterly clinical quality review meetings with representatives of each provider organisation.

Metrics relating to equity of access and non-discrimination are included in contracts with provider organisations. Equality reports are submitted to commissioners via formal monthly and quarterly contract quality review meetings and reviewed by the CCG's equality lead.

The main providers are:

- Hampshire Hospitals NHS Foundation Trust
- Southern Health NHS Foundation Trust
- BMI Healthcare
- Virgin Care
- North Hampshire Urgent Care

The CCG also liaises with partner CCGs that lead on contracts with other providers of the population it serves. These are:

- Frimley Health Foundation NHS Trust
- South Central Ambulance NHS Foundation Trust

- Sussex Partnership Foundation Trust
- Royal Surrey County Hospital NHS Foundation ~Trust
- Royal Berkshire NHS Foundation Trust
- University Hospitals Southampton NHS Foundation Trust
- Portsmouth Hospitals NHS Trust
- Salisbury Healthcare NHS Foundation Trust
- Solent NHS Trust

12. NHS EQUALITY DELIVERY SYSTEM 2 AND PROGRESS AGAINST EQUALITY OBJECTIVES

The CCG's re-assessment against the Goals and Outcomes of the NHS Equality Delivery System 2 (EDS2) in 2020 was postponed due to the COVID-19 pandemic. This was because it would not have been possible to undertake robust consultation and engagement of patients, the public and stakeholders including staff necessary for effective re-assessment and development of new organisational equality objectives.

However, there has been continued progress made against existing equality objectives and as part of plans for CCGs to merge in 2021.

Objective 1: Reducing Health Inequalities

Objective 1.1 Ensure the CCG is legally compliant with the Equality Act 2010, Human Rights Act 1998.

Objective 1.2 Ensure agreed equality objectives feature in all aspects of the CCG's commissioning service activities.

Objective 1.3 Undertake timely equality impact assessments whenever new projects, proposals or policies, commissioning and strategies are being developed.

Objective 2 Building Relationships and Partnership Working in the Community

The information contained within this report evidences how work has continued to achieve each of the three objectives relating to reducing health inequalities. This is being achieved by embedding equality and diversity in all aspects of the work of the CCG. An action plan to this report seeks to build on progress made.

Objective 2.1 Engage with diverse communities and consult with them when undertaking equality impact assessments and other commissioning activities.

During 2020 the CCG has:

- Continued to develop engagement mechanisms as part of assessment of equality impact of commissioning projects and plans. This has included detailed consideration on the impact of all protected characteristics in Covid-19 local pathway changes to maximise inpatient and critical care capacity
- Continued to work collaboratively with partner CCGs and NHS Trusts to implement best practice in the provision of information and communication support to strengthen consultation and engagement with people who have sensory and/or cognitive impairment or loss.
- Sought the views of patients who have used the NHS 111 First Service to inform roll out of this initiative across the local health economy
- Sought the views of local people on their use of NHS digital solutions during Covid-19

- Continued to support Primary Care Networks with a focus on primary care access and winter resilience
- Continued to proactively offer information and engagement materials in alternative formats and languages other than English

Objective 2.2 Work in partnership with local stakeholders and embed a multiagency approach to the delivery of healthcare services.

The CCG continues to develop working relationships with local authority partners for Basingstoke and Deane, Hart and East Hampshire. During 2020 health based questions have been included in citizen surveys. The CCG worked with the equalities officer for Basingstoke and Deane District Council to engage local communities in a virtual event during Black History month. This work included CCG and NHS Trust organisations from across the Hampshire and Isle of Wight area. The event supported organisational and community events to celebrate Black History Month with the aim of launching a proactive approach to strengthening consultation and engagement with Black and Minority Ethnic communities .

The CCG has also worked in partnership Hampshire Hospitals NHS Foundation Trust, West Hampshire CCG and statutory and voluntary sector organisations. This has been to seek the views of key stakeholders and local people on plans to deliver a new hospital to serve the people of north and mid Hampshire and the range of healthcare benefits as set out in the government's Health Infrastructure Plan to modernise NHS hospitals.

Objective 3 Empowering staff and developing talent

Objective 3.1 Create a supportive environment where staff feel empowered

The Staff Partnership Forum (SPF) has met six times during 2020; from March and the COVID-19 pandemic this has been virtually. HR managers attend SPF meetings. Policies discussed related to Home working, Performance improvement and Organisational Change. Health and Wellbeing is now a standing item on the SPF's agenda.

The SPF Chair attends a Partnership of CCGs' SPF which has met twice during 2020, once face-to-face and once virtually. Meetings focused on aligning individual CCG SPF and Partnership-wide SPF Terms of Reference.

The SPF with partner CCG SPFs has been involved in discussions on CCG Staff Reform and Future Ways of Working. SPF feedback has informed wider staff communications and updates. Ongoing work will include dedicated focus groups to look at specific areas relating to staff reform and future ways of working.

Membership of the Partnership of CCGs' wide SPF has been extended to the Chairs of West Hampshire and Southampton City CCGs' SPF Chairs in view of the merger of the CCGs in April 2021. This group will meet again in January 2021 to discuss organisational change and CCG Reform, TUPE and health and wellbeing

Objective 3.2 Undertake a skills audit and talent management strategy to develop and grow staff from within.

A skills audit has been completed and a talent management strategy is now being developed. This work will form part of the wider Human Resources and Organisational Development Strategy for the new organisation from April 2021 with the merger of the Hampshire and Isle of Wight Partnership of CCGs, West Hampshire and Southampton City CCGs.

13. THE CCG'S ACTION PLAN 2021

MEASURE	ACTION	BY WHOM	WHEN	OUTCOME
1. Adopt an equality and diversity training plan	Agree and integrate a final equality and diversity training plan as part of a wider HR and OD Strategy for the new organisation from April 2021.	Equality, diversity and inclusion leads working with OD leads.	Q1 2021/22	Equality and diversity training integrated within a wider HR and OD Strategy
2. Develop an action plan in response to analysis of NHS Staff Survey responses. .	<ul style="list-style-type: none"> a. Review NHS Staff Survey results when these become available in early 2021. b. Work with staff to develop actions as indicated by NHS Staff Survey results. c. Work with staff to implement actions arising from NHS Staff Survey results. 	HR and OD leads working with staff.	Q2 2021/22	Staff feel they are valued and their views inform organisational development.
3. Ensure the NHS WDES is implemented as it is applied to NHS commissioning from 2021.	<ul style="list-style-type: none"> a. Keep a watching brief on implementation of WDES to NHS commissioning organisations. b. Implement actions identified in baseline WDES reporting 	Equalities leads liaising with HR and workforce leads.	Q4 2021/22	The NHS WDES is implemented in line with NHS England requirements.
4. Roll out a cloud based project management system, Vertex.	Joint working between Project Management Offices within the Integrated Care Partnership.	Project Management Officers within the North and Mid-Hampshire Integrated Care Partnership.	Q1 2021/22	Centralised electronic system in place to manage commissioning projects and plans.
5. Ensure equality, diversity and inclusion is integral to consulting and engagement patients and the public.	<p>Incorporate good practise in the development of a communications and engagement model across all CCGs identified:</p> <ul style="list-style-type: none"> a. At individual CCG level. b. During the COVID-19 pandemic nationally, regionally and locally 	Equality, diversity and inclusion leads working with communication and engagement leads.	Q2 2021/22	Equality, diversity and inclusion is integral to the CCGs' communications and engagement model.
6. Complete re-assessment	c. Conduct self-assessment against	Equality, diversity and	Q4 2021/22	Organisational Equality objectives

MEASURE	ACTION	BY WHOM	WHEN	OUTCOME
against the NHS EDS2.	<p>the Goals and Objectives of EDS2 by locality.</p> <p>d. Consult and engagement with patients, the public, statutory and voluntary community sector partners and staff to:</p> <p>i. Assess achievement against the Goals and Objectives of EDS2</p> <p>ii. Develop equality objectives.</p>	inclusion leads working with communications and engagement and HR and OD leads.		that are aligned to business objectives.

APPENDIX 1: Legal Context

Equality Act 2010

The Equality Act 2010 (the Act) simplified, strengthened and harmonised previous equality legislation into one single Act. The Act provides a legal framework to protect individuals from unfair treatment and promote a fair and more equal society.

The Act introduced the Public Sector Equality Duty (to be referred to forth with as “the equality duty”). The equality duty changed the emphasis of equality legislation from rectifying cases of discrimination and harassment after they occurred to preventing them happening in the first place. The equality duty also moved the obligation to positively promote equality rather than just avoiding discrimination from individuals to organisations. The purpose of the equality duty was to integrate equality and good relations into daily practice, organisational policies and service delivery. The equality duty consists of a general duty and specific duties.

The General Equality Duty of the Equality Act 2010

The general equality duty applies to public authorities and public, private or voluntary organisations carrying out public functions. In the exercise of their functions public authorities must have “due regard” to the need to:

- Eliminate unlawful discrimination, harassment and victimisation
- Advance equality of opportunity between different groups by:
 - i. Removing or minimising disadvantages suffered by people with a protected characteristic due to having that characteristic
 - ii. Taking steps to meet the needs of people with protected characteristics that are different from people who do not have that characteristic (including taking account of a disability)
 - iii. Encouraging protected groups to participate in public life and in any other activity where participating is disproportionately low
- Foster good relations between different groups by:
 - i. Tackling prejudice
 - ii. Promoting mutual understanding

Compliance with the equality duty may involve treating some people more favourably than others.

There are nine protected characteristics under the Act. These are:

- Age
- Disability
- Pregnancy and maternity
- Religion or belief
- Race
- Sex
- Sexual orientation
- Gender reassignment
- Marriage and civil partnership (but only for the first aim of the duty to eliminate unlawful discrimination, harassment and victimisation)

The Specific Duties of the Equality Act 2010

The specific duties require public bodies to publish relevant proportionate information showing how they meet the General Equality Duty by 31 January each year. In addition, they require public bodies to set specific measurable equality objectives by 6 April every four years from 2012.

Public authorities with 150 or more employees are required to publish information on how their activities as an employer affect people who share different protected characteristics. Public authorities with less than 150 employees should collect workforce information to help develop organisational objectives and assess the impact of employment policies on equality.

Human Rights Act 1998

The Human Rights Act 1998 provides a complementary legal framework to the anti-discriminatory framework and the public duties.

The Human Rights Act applies to all public authorities and bodies performing a public function. It places the following responsibility on public sector organisations:

- Organisations must promote and protect individuals' human rights. This means treating people fairly, with dignity and respect, while safeguarding the rights of the wider community.
- Organisations should apply core human rights values, such as equality, dignity, privacy, respect and involvement, to all organisational service planning and decision making.

Human Rights are intrinsic to the principles of equality and diversity. They are the basic rights and principles that belong to every person in the world. They are based on the core principles of Fairness, Respect, Equality, Dignity and Autonomy, also known as the FREDA principles (Equality and Human Rights Commission 2008). They protect an individual's freedom to control their day-to-day life (subject to criminal law), and effectively participate in all aspects of public life in a fair and equal way.

Human rights help individuals to flourish and achieve potential through:

- Being safe and protected from harm
- Being treated fairly and with dignity
- Being able to live the life they choose
- Taking an active part in their community and wider society

Health and Social Care Act 2012, Part 1, Section 13G

Related to equalities legislation is the CCGs' duty to have regard to the need to:

- Reduce inequalities between patients with respect to their ability to access health services; and
- Reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services.

Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014: Regulation 13

The intention of this regulation is to safeguard people who use services from suffering any form of abuse or improper treatment while receiving care and treatment. Improper treatment includes discrimination or unlawful restraint, which includes inappropriate deprivation of liberty under the terms of the Mental Capacity Act 2005.

To meet the requirements of this regulation, providers must have a zero tolerance approach to abuse, unlawful discrimination and restraint. This includes:

- Neglect
- Subjecting people to degrading treatment
- Unnecessary or disproportionate restraint
- Deprivation of liberty.

Providers must have robust procedures and processes to prevent people using the service from being abused by staff or other people they may have contact with when using the service, including visitors. Abuse and improper treatment includes care or treatment that is degrading for people and care or treatment that significantly disregards their needs or that involves inappropriate recourse to restraint. For these purposes, 'restraint' includes the use or threat of force, and physical, chemical or mechanical methods of restricting liberty to overcome a person's resistance to the treatment in question.

Where any form of abuse is suspected, occurs, is discovered, or reported by a third party, the provider must take appropriate action without delay. The action they must take includes investigation and/or referral to the appropriate body. This applies whether the third party reporting an occurrence is internal or external to the provider.

CQC can prosecute for a breach of some parts of this regulation (13(1) to 13(4)) if a failure to meet those parts results in avoidable harm to a person using the service or if a person using the service is exposed to significant risk of harm. We do not have to serve a Warning Notice before prosecution. Additionally, CQC may also take any other [regulatory action](#). See the [offences section](#) for more detail.

CQC must refuse registration if providers cannot satisfy us that they can and will continue to comply with this regulation.

Cited reference: <https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-13-safeguarding-service-users-abuse-improper>