Fareham and Gosport
and South Eastern Hampshire
Clinical Commissioning Groups

FAREHAM AND GOSPORT AND SOUTH EASTERN HAMPSHIRE CLINICAL COMMISSIONING GROUPS

EQUALITY AND DIVERSITY ANNUAL REPORT 2020

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1. INTRODUCTION

This report sets out how Fareham and Gosport and South Eastern Hampshire CCGs (referred in this paper as "the CCGs") 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 or 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 CCGs have worked in partnership with Isle of Wight CCG, North Hampshire 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 CCGS' WORKFORCE

As at December 2020 the combined workforce for the two CCGs is **109** (**94.22** full time equivalent). The CCG is therefore 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
- 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 CCGs are:

- ESR Recording Absence User Guide
- Exit Interview Guidance
- Leave and Flexible Working Policy
- On Call Policy
- Organisational Change Policy
- Sickness Reporting Guidance
- When a Concern Arises Policy incorporating procedure and management for: Investigation, disciplinary, suspension, performance management, absence management, grievance, harassment and bullying at work and whistleblowing.

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.

74.7% 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. It has included specific support on COVID-19 related projects and in the light of inequalities emerging from the 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 POPULATIONS SERVED*

The population served by each CCG is around **200,000**. These populations are ageing. The ratio of people of state pension age is increasing compared to the working age population. This is higher in Fareham, East Hampshire and Havant. Fareham, Gosport and Havant have the highest concentration of armed services veterans in the Solent area. Veterans are more likely to have sensory impairment or loss and experience musculoskeletal conditions than the general population; they also experience poor mental health including anxiety and depression and post-traumatic stress disorder.

Fareham and Gosport CCG is the **34**th least deprived area and South Eastern Hampshire CCG **50**th least deprived area in England. There are pockets of deprivation in Gosport and Havant.

In the main, the population is White British, with **5.6%** non-White British in Fareham and Gosport and **5.7%** non-White British in South Eastern Hampshire. Of these, White other account for **2.0%** and **2.5%** respectively. Polish (**0.3%)** is the next most common language to English in both CCG areas. No English households account for **0.7%** in Fareham and Gosport and **1.2%** in South Eastern Hampshire.

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*References

- Hampshire County Council (2017) Joint Strategic Needs Assessment Fareham and Gosport CCG
- Hampshire County Council (2017) Joint Strategic Needs Assessment South Eastern Hampshire CCG
- Hampshire County Council 2011 Census Equality & Diversity Profile for Fareham and Gosport CCG
- Hampshire County Council 2011 Census Equality & Diversity Profile for South Eastern Hampshire CCG
- Hampshire Country Council (2019) Joint Carers' Strategy 2019-2023.
- Public Health England (2019) Public Health Profiles

The main religion is Christian in both CCG areas (**61.7%** and **61.3%** respectively). In Fareham and Gosport the next biggest religion is Muslim (Islam) at **0.5%** followed by Hinduism at **0.3%**, Buddhist at **0.2%** and Jewish at **0.1%.** In South Eastern Hampshire **0.4%** of people record their religion as Muslim (Islam), **0.3%** as Buddhist, **0.2%** as Hinduism and **0.1%** as Jewish. Other religions account for **0.5%** in each CCG area. A large percentage of people state they have no religion (**29.7%** and **29.9%** respectively), and a significant percentage do not state any religion (**7.0%** and **7.3%**) respectively.

Daily activities are limited a lot for **7.2%** of people in Fareham and Gosport and **7.8%** of people in South Eastern Hampshire. For a further **9.7%** of people in both CCG areas, their daily activities are limited a little.

The main impacts on health in both CCG areas are circulatory disease, cancer and respiratory disease. Respiratory disease is notable for women in Fareham and in Havant. In Gosport circulatory disease is notable in women and alcohol related disease in men. Long term conditions in both CCG areas relate to diabetes, cardiovascular disease, mental health including dementia, musculoskeletal disorders and coronary pulmonary heart disease.

The gender profile is largely the same in both CCG areas with **49.2%** of the population being male and **50.8%** female in the Fareham and Gosport area and **48.6%** being male and **51.4%** female in South Eastern Hampshire. Life expectancy is significantly better than the England average for males and females in the area served by South Eastern Hampshire, and significantly better than the England average for females in the area served by Fareham and Gosport CCG.

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 in19 transgender people experience domestic abuse from a partner.

Unpaid carers, that is those who provide care for a relative or friend, may be found in all age groups. Unpaid carers aged 0-15 account for **2.0%** of the populations in the Fareham, East Hampshire and Havant areas and **3.0%** in Gosport. The percentage gradually rises with age to **40.0%** in each of Fareham and Havant, **37%** in Gosport and **39%** in East Hampshire in the age range 50 to 64. This percentage falls amongst unpaid carers aged 65 and over to **27.0%** in each of Fareham and Havant and **26.0%** in each of Gosport and East Hampshire.

7. EMBEDDING EQUALITY IN THE COMMISSIONING CYCLE

Completion of equality impact assessments (EIAs) is integral to the CCGs' project management procedure. During 2020 commissioning project Planning Guidance was updated to include new governance procedures relating to the Integrated Care Partnership (ICP) of Portsmouth, Fareham and Gosport and South Eastern Hampshire CCGs.

The 2020 Planning Guidance covers all aspects of the project planning process including completion of EIAs, Quality Impact Assessments (QIAs) which contain equality screening questions and Privacy Impact Assessments (PIAs). Impact assessment forms are provided as appendices with signposting for additional support to appropriate leads. All completed forms are uploaded to our electronic project management system, Pentana, which is administered by the Planning and Performance Team which is hosted on behalf of the ICP by Portsmouth CCG. These will be found within the Planning directory on Pentana which the team ensures all documents are saved.

Equality impact assessments (EIAs), Quality impact assessments (QIAs) and Privacy Impact Assessments for all COVID-19 related projects are collated and saved within the Planning directory on Pentana.

The CCGs' Equality and Diversity Manager meets monthly with the Planning and Performance Team administrator to review projects and plans and follow up with individual members of staff 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 Fareham and Gosport and South Eastern CCGs' Community Engagement Committee, Fareham Locality Patient Group, Gosport Locality Patient Group, South Eastern Hampshire Locality Patient Group and Fareham and Gosport Voluntary Sector Health Forum 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 CCGs 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, acknowledging the existence of digital poverty in access to devices and, in some cases, to broadband
- 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

The CCGs ask complainants to complete an equalities monitoring form. A form is sent out with the complaint acknowledgement letter and includes an explanation of why this information is being requested. Eleven (as at 20 November 2020) complaints were handled by the CCGs in 2020. Of these, six complainants completed and returned equality monitoring data (table 1):

Gender		**Age Group**	
Male	0	Under 18	0
Female	6	18 - 27	0
Religion		27 – 50	0
Christian	2	51 – 65	2
Buddhism		66 – 75	3
Judaism	1	Over 75	1
No belief	3		
Sexual Orientation		**Ethnicity**	
Heterosexual	4	White	6
Prefer not to say	2	Asian	0
Gay man	0	Not stated	0
Carer		**Disability***	
Yes	0	No	5
No	6	Yes	1

*Disability includes mental and physical impairment, hearing, vision and long term conditions.

Table 1: Equality Monitoring Data

The CCGs received one specific request in respect of the provision of a response in large font format. As at of 20th November, 2020 the patient experience team also received **415** contacts from members of the public relating to complaints, concerns, comments and compliments of these **132** were related to the protected characteristics. These included:

- **5** complaints, concerns and comments about accessing hearing aids services from the audiology service and access to micro suction services at Portsmouth Hospitals NHS Trust.
- **38** complaints, concerns and comments from patients with long term conditions including wheelchair users and clients who have spinal conditions. Also two compliments were received pertaining to the new wheelchair provider.
- **6** comments and concerns relating to a persons with a learning disability. One of which also related to autism and another trying to access easy read leaflets.
- **33** complaints, concerns and comments about barriers to accessing care packages, including for continuing healthcare, mental health and neurological services.
- **2** comments from people who have a sensory impairment and asking how to access a second opinion.
- **5** complaints, comments and concerns about accessing assessment of children and adults with Autism Spectrum Disorder (ASD).
- **4** complaints, comments and concerns raised concerns about the commissioned gender pathway.
- **3** comments and concerns raised about accessing Individual Funding Request (IFR) for IVF treatment in line with the clients' religious beliefs and age restrictions.
- **5** comments related to end of life care and accessing funding
- **1** comment related to a Freedom of Information request. The client wished to make their request verbally regarding the Accessible Information Standard and what work the CCGs were undertaking with partner organisations to implement the Standard. The client also requested the response in a large font

Complaints and issues were passed to the provider organisation in each case to manage and resolve with the patient/member of the public. In each case they were informed that they could return to the CCG to gain further advice and/or support should this be required.

10. SAFEGUARDING AND VULNERABLE ADULTS

The CCGs have a combined quality and safeguarding team. Safeguarding nurses and Clinical Quality Facilitators identify inequalities relating to individual people and their protected characteristics. Key protected characteristics that face inequalities which are often identified by safeguarding nurses are those faced by people with mental health needs, individuals who have a learning disability and older persons. This is captured in the CCGs' Safeguarding Policy 2019-2021.

Inequalities encountered by those who care for adults at risk are also addressed by the team. The Modern Slavery and Human Traffic Statement has been updated annually and published on the CCG website to demonstrate the work undertaken by the organisation to reduce inequalities under the Modern Slavery Act (2015). An example of this being implemented in practice was evident in 2020 was the CCG identified that modern day slavery was potentially taking place with a patient who was attending primary care following supervision with a GP. This case continues to managed and reviewed through working with partners in the Local Authority Quality and Safeguarding Team, the Care Quality Commission and Police. In addition, CCG and Primary Care staff have been provided Safeguarding Level 3 Training and peer supervision throughout 2020. This included how to recognise Modern Day Slavery and how to report it. The CCG participated in National Safeguarding Week with daily learning events for staff to talk about the themes adult grooming and exploitation.

A key area of work undertaken by the quality team is the learning disabilities mortality review (LeDer) programme. This national programme focuses on reviewing the care of individuals with a learning disability. This aligns positively with the statutory Safeguarding Adults

Reviews (SAR) which outputs refer to action plans to assure equity and quality of health and social care. The LeDer lead for the CCGs has worked closely with the Hampshire Safeguarding Children's Board Child Death Overview Panel to ensure that deaths of children with a known learning disability were reviewed in line with the Learning Disabilities Mortality Review (LeDer) programme guidance. The LeDer learning is now also included within the Hampshire Safeguarding Adult Board quarterly assurance meeting.

The safeguarding children's service is hosted by West Hampshire CCG and both CCGs have access to designated professionals and named GPs for Safeguarding Adults and Children. CCG teams work together to ensure quality and safety of children and young people that access commissioned services.

The safeguarding children's team works closely with the Hampshire Safeguarding Children's Partnership (HSCP) to ensure that children (especially those with disabilities, mental health, gender identify issues and suffering from impact of) are safeguarded .A significant aspect of the safeguarding children's lead role is to ensure that the CCGs fulfil their Section 11 responsibilities as set out within the "Children's Act 2004". The Section 11 audit for 2018 was co-ordinated by the designated nurse on behalf of the listed CCGs (South East Hampshire, Fareham and Gosport and North East Hampshire and Farnham CCGs). The Section 11 audit request for 2020 is being co-ordinated by the designated nurse for safeguarding children. This is due to be submitted to the Local Authority Health Overview and Scrutiny Committee in January 2021.

The designated nurse for safeguarding children works closely with the CCGs' patient experience officer to ensure complaints involving children are managed appropriately so that the needs of the child is paramount. The designated nurse for safeguarding children also works closely with the CCG leads to ensure incidents and serious incidents involving children are managed appropriately.

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.

Equality metrics are included in annual review of contracts with provider organisations from which the CCGs commission services on behalf of the population we serve. These are monitored via monthly and quarterly reports from providers at monthly and quarterly contract review meetings. The main providers are:

- Portsmouth Hospitals NHS Trust
- Southern Health NHS Foundation Trust
- South Central Ambulance Service NHS Foundation Trust
- Practice Plus Group (formerly Care UK) which runs St Mary's NHS Treatment Centre and Havant Diagnostics Centre
- Solent NHS Trust

The CCGs also liaise with partner CCGs that lead on contracts with other providers of services to the populations they serve. These are:

- Western Sussex Hospitals NHS Foundation Trust
- Royal Surrey County Hospital NHS Foundation Trust
- University Hospital Southampton NHS Foundation Trust
- Partnering Health Limited (GP Out of Hours)

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

The CCGs' 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 as part of business as usual and in response to the COVID-19 pandemic.

Objective 1: Improve access to healthcare for everyone routinely and when they need medical help fast but it is not a life-threatening situation. Achieve year on year improvement in bringing primary, community and adult social care together with specialists from local hospitals and third sector organisations as a single extended primary care team. We will continue to engage with statutory and voluntary sector stakeholders, patients and members of the public.

During 2020 the following initiatives have been rolled out to improve access for all patients:

- Recruitment of social prescribers across all Primary Care Networks plays a vital role in connecting vulnerable people in a healthcare setting with community and voluntary sector.
- All practices have access to an acute visiting service. This means that patients have access to reactive and proactive home visits promptly during the day and by the most appropriate health care professional to meet their needs. This joint working also means that the number of visits to a patient may be reduced by one health professional meeting their needs. For example, a community nurse visiting a patient with complex needs can combine that proactive call with administering the patient's annual 'flu vaccination.
- Roll out of e--consult ensuring that all patients have an electronic route into primary care delivering equitable access and supporting COVID compliant safety measures.
- Programme of work identifying and coding BAME population to improve healthcare to this cohort.
- Implementation of Primary Care Network Directed Enhanced Service works to deliver this objective by bringing together primary and community to develop a single extended primary care team. Each Primary Care Network in the CCGs has committed and engaged clinical lead who meets regularly with community clinical and management leads; this ensures parity of care across the population.
- Aa part of the Primary Care Network Direct Enhanced Service all care homes have a nominated clinical lead responsible for ensuring good clinical care of all patients in a home; weekly ward rounds/check ins have been implemented to support people in most need.
- Health and Wellbeing Boards (or equivalent) have been re-established in localities and Primary Care are actively involved in and engaged with local authority developments.

NHS commissioners have continued to work closely with provider organisations. As a result they have increased their usage of advice and guidance (A&G) functionality available via eRS and NHS Digital with the following benefits:-

- Improved waiting times for patients – those who can be managed via A&G now receive secondary care responses within 2-3 days as opposed to 20+ weeks for a standard/routine face to face outpatient appointment.

- Streamlined pathways and reduced waste in the system – opportunities to reduce pathway "touch points" by removing non-value adding contacts and ensuring patients who need further input are seen in the right place, first time

The national NHS 111 First project was piloted in Portsmouth and rolled out across Hampshire by December 2020. Through this initiative patients seeking emergency care speak to a GP within thirty minutes for assessment. The GP has access to the patient's primary care records which provides for accurate assessment of their clinical needs.

If the Emergency Department (ED) or an Urgent Care Centre (UTC) is considered the best place for the patient to receive care then an appointment is arranged for the patient. This allows ED or UTC to plan patient flow and avoid crowding and, notably, nosocomial spread.

Objective 2: Strengthen our consultation and engagement to ensure all protected characteristics have a voice in our work. Ensure consideration is given to any likely impact on equality before deciding on policy or making commissioning decisions.

During 2020 the CCGs have:

- Ensured 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.
- Worked collaboratively with NHS and local government partner organisations to promote and celebrate Black History Month through a range of virtual community and staff engagement events
- Worked with local authority partners to include health based questions in citizen surveys
- Worked with NHS and local authority partners to promote and undertake a range of events as part of Black History Month with both staff and patients and the public to launch a proactive approach to strengthening consultation and engagement with Black and Minority Ethnic Communities.
- 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 work with local groups on how to develop engagement approaches with local communities. During Covid-19 this has taken place through virtual meetings of the CCGs' Community Engagement Committee and Locality Patient Groups
- 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 3: Work with all levels of staff to ensure the CCG has a representative and supported workforce and inclusive leadership. Build on current work to strengthen staff partnership arrangements.

The Staff Partnership Forum (SPF) has met twice during 2020; since 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

13. THE CCGS' 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. .	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.	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. Ensure equality, diversity and inclusion is integral to consulting and	Incorporate good practise in the development of a communications and engagement model across all CCGs	Equality, diversity and inclusion leads working with communication and	Q2 2021/22	Equality, diversity and inclusion is integral to the CCGs' communications and engagement model.

MEASURE	ACTION	BY WHOM	WHEN	OUTCOME
engagement patients and the public.	identified: a. At individual CCG level. b. During the COVID-19 pandemic nationally, regionally and locally	engagement leads.		
5. Complete re-assessment against the NHS EDS2.	a. Conduct self-assessment against the Goals and Objectives of EDS2 by locality. b. Consult and engagement with patients, the public, statutory and voluntary community sector partners and staff to: i. Assess achievement against the Goals and Objectives of EDS2 ii. Develop equality objectives.	Equality, diversity and inclusion leads working with communications and engagement and HR and OD leads.	Q4 2021/22	Organisational Equality objectives 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