Isle of Wight Clinical Commissioning Group

ISLE OF WIGHT CLINICAL COMMISSIONING GROUP

EQUALITY AND DIVERSITY ANNUAL REPORT 2020

Contents

1. INTRODUCTION

This report sets out how Isle of Wight Clinical Commissioning Group (referred to in this report as "the CCG") has demonstrated ""due regard"" to the public sector equality duty of the Equality Act 2010, during 2020.

This report refers to equality and diversity information that is contained within other published papers and reports. These are the CCG's Annual Report and Accounts 2019/20 and commissioning strategy, workforce reports and commissioning projects and 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 CCG has worked in partnership with Fareham and Gosport CCG, South Eastern Hampshire CCG, North Hampshire CCG and until 1 December 2019 North Eastern Hampshire 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.
1. 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.
2. Ensure HR policies that govern employment practices are equality impact assessed.	Equality impact assessed as part of individual HR policy review.
3. Ensure progress against equality objectives.	Review undertaken as part of annual equalities reporting.
4. 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 **90** staff (**74.59** whole time equivalent). As the CCG has less than 150 employees it is not required to publish detailed workforce information (as describe in Appendix 1) in accordance with the Specific Duties of the Equality Act 2010.

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

The ESR allows individual staff to record up to seven of the nine protected characteristics as described under the Equality Act 2010 of: Age, Disability, Sex, Race, Religion or Belief, Sexual Orientation, Marriage and Civil Partnership.

The information may be used collectively and anonymously to inform internal workforce monitoring and ensure no protected characteristic is disadvantaged in experience of the workforce. Protected characteristics that are recorded in all cases are age and sex. To a lesser extent staff record ethnicity, religion or belief and marriage and civil partnership.

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 Partnership CCG policies. All policies are available on the Human Resources portal ConsultHR which may also be accessed via the Partnership CCG internet site. Partnership Human Resources policies related 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:

- Assisted Relocation Expenses
- Assisted Relocation Procedure
- Concerns Policy: incorporating procedure and management for: Investigation, disciplinary, suspension, performance management, absence management, grievance, and harassment and bullying at work.
- ESR Recording Absence User Guide
- Leave and Flexible Working
- Organisational Change
- Recruitment Exit Procedure
- Recruitment Premia Policy
- Standards of Business Conduct

88.5% of CCG teams are up-to-date with essential equality and diversity training. This includes staff from wider associated teams of clinical leads, Emergency Preparedness, Resilience and Response, Sustainability and Transformation Partnership executive team, chair and non-executive directs.

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 all 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 CCG's 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 was also included in the combined analysis 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*

Equality and diversity data is largely derived from census data which was last completed in 2011. General population data is drawn from public health information provided by Public Health England and the Isle of Wight Public Health Team

The CCG serves a population estimated to be **141,538** people. The ratio of males (**49.0%**) to females (**51.0%**) is largely the same and similar to that both regionally and nationally. The Island has a higher proportion of older people (**27.8%**) than regionally (**19.3%**) and national (**18.2%**). This is influenced by a combination of inward net migration of older adults

*References

- Public Health England, Isle of Wight Local Authority Health Profile 2019 https://fingertips.phe.org.uk/profile/health-profiles/data#page/12/gid/1938132696/pat/6/par/E12000008/ati/202/are/E06000046/cid/4
- Isle of Wight Council (2019) Joint Strategic Needs Assessment: Demographics and Population 2018/19 updated February 2020:
- https://app.powerbi.com/view?r=eyJrIjoiOTI2YjU0NWItZWQ1Yi00NzJkLWE4YzQtZjY5MmJiYjQwNjVjIiwidCI6IjUxMzdjNzA3LTU5N2QtNGEyMC1hMzg5LTRjOTE1YTk0YTA0NSJ9
- Survey of LGBTQI+ Hampshire and Isle of Wight 2019/20 in partnership with Chrysalis (gender identity) Matters and Isle of Wight LBGTQI+ Domestic Abuse and Hate Crime Support Officer

from the mainland and outward net migration of young adults to the rest of the United Kingdom and abroad. Older age groups are concentrated in traditional rural and coastal retirement areas such as West Wight, Sandown, Nettlestone, Seaview and Bembridge.

Life expectancy for men and women is similar to the England average. The age profile of the Island, though, means there is a smaller proportion of economically active adults when compared to regional and national averages. Life expectancy is **6.1** years lower for men and **4.3** years lower for women in the most deprived areas of the Island than in the least deprived.

Day-to-day activities are limited by a health problem or disability which lasted or was expected to last 12 months of more for **22.6%** of the Island's population. Main impacts on health relate to hypertension and asthmas followed by diabetes, coronary heart disease, chronic obstructive pulmonary disease, stroke and dementia.

The population of the Island is in the main White British (**94.8%**) White other accounts for **2.4%** of the Island's population, followed by mixed race (**1.3%**), Asian/Asian British (**1.1%**), Black/Black British (**0.2%**), Gypsy/Irish Traveller (**0.1%**) and "Other" (**0.1%**) The main language is English followed by Polish (**0.2%**) and Tagalog/Filipino (**0.2%**).

The majority of the Island's population (**60.5%**) indicate they are Christian, followed by no religion (**29.6%**) and religion not stated (**8.2%**). A small proportion (**1.7%)** indicate other religions, the largest of these being Muslim (**0.4%**) and Buddhist (**0.3%).**

There is a higher proportion (**32.7%**) of one-person households on the Island than regionally (**28.8%**) and nationally (**30.2%**) and in the main these are pensioners. Lone parent households account for **9.2%** of all households. **18%** of all children live in low income families and the Island has a higher proportion of younger mothers (**14.6** mothers aged under 20 years per 1,000 females) than both regionally (**9.8**) and nationally (**12.5**).

There is currently no best source of information for sexual orientation or transgender In February 2017 Public Health England estimated LGB in over 18s to be just over **3,100** on the Island. This was based on age as the characteristic which shows the greatest variation on the Island.

There is also no best source of information on marriage and civil partnership. Figures available from 2018 show a decline in the number of ceremonies after a three-year rise. Same sex marriages became legal in March 2014 and since 2018 have been listed under marriages total. Available data does show that four civil partnerships and two conversions from civil partnerships to same sex marriages took place in 2018.

7. EMBEDDING EQUALITY IN THE COMMISSIONING CYCLE

The CCG has adopted the Equality Impact Assessment (EIA) template used across the Partnership of CCGs and by West Hampshire CCG. The Partnership of CCGs' Equality and Diversity Manager supports individual members of staff on completion of EIAs on commissioning projects and plans.

The CCG has a project management framework which enables a centralised view of projects and reporting. The process that sits with the development of projects includes capturing all appropriate impact assessments including equality. These are updated as projects change as appropriate. The phase 3 recovery programme across HIOW has captured equality requirement.

The management and governance around the framework was bolstered in Quarter 3 2019/20 (October to December 2019) as new posts were appointed to in the transformation team. In addition, in Quarter 2 2019/20 (July to September 2019) the Isle of Wight system invested in a programme management framework. The system programme management office (PMO) has been established that brings together the programme and project management of all COVID-19 recovery and transformation plans and project management resource into one place for the Island. This means there is a single oversight from a governance perspective and processes in place to use common templates and approaches to developing, delivering and monitoring our priorities. EIAs together with Quality Impact Assessments and Data Protection Impact Assessments are captured in one place consistently.

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.

Isle of Wight Healthwatch GP practice patients feedback quarterly reporting was re-started and meetings have 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:

- Enable patients access to 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
- 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

An Equalities Monitoring form is sent to clients wishing to make a complaint. This may be related to the work of the CCG or about services commissioned by the CCG from service providers which will be led by the CCG. Provider complaints are generally, with the consent of the client, forwarded to the provider to take forward and monitor.

The CCG received two CCG complaints during 2020 and no (zero) CCG led provider complaints. The monitoring form was sent out with the complaint acknowledgement letter and included an explanation of why this information was being requested.

Of the two CCG complaints received during this period, 2 (100%) completed monitoring forms were returned to the CCG (table 1):

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

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

Table 1 - Equality Monitoring Data

Access to the patient experience service is supported by a plain English leaflet which is available on request and via the CCG's website. An Easy Read version of the complaints policy is also available. The CCG Complaints and Quality Officer liaises with other organisations to ensure equity of access to health care services.

During the 2020 reporting period the patient experience service received a further 120 contacts from members of the public. Of the contacts received, 11 were specifically related to equalities. These included:

- 5 concerns and comments regarding the Accessible Information Standard all of which were received from the same individual
- 2 concerns regarding the NHS Coronavirus App
- 1 concern regarding GP prescribing for a vulnerable adult
- 3 concerns regarding provision of and access to services for adults and children with Autism Spectrum Disorder (ASD)

Clients with complaints or concerns passed to provider organisation 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 CCG has a statutory duty to keep children and adults safe, by safeguarding and promoting the welfare of adults, children and young people with health and care needs who may be at risk of harm and/or abuse. The CCG's Designated Nurse and/or Director for Quality and Nursing is consulted as part of the procurement and contracting process. This is to seek assurance from potential and existing providers that they have safeguarding policies and adequate safeguarding governance arrangements in place. The CCG also seeks evidence as part of contract monitoring of how providers of healthcare services to the population of the Island meet essential safeguarding standards.

The CCG has a combined quality and safeguarding team, which works closely with the medicines optimisation team. The quality team includes Infection Prevention and Control and a Lead for Care Home Quality Improvement Support who works very closely with the Quality Managers in the Local Authority Commissioning Team. The Safeguarding Team at full complement consists of a Designated Doctor for Safeguarding Children, a Designated Doctor for Looked After Children, a CCG Head of Safeguarding and Designated Nurse for Safeguarding Adults, Children and Looked After Children, A Named GP for Safeguarding Children, a Named GP for Safeguarding Adults (an addition in 2020) and a Lead Nurse for Safeguarding in Primary Care.

The Quality and Safeguarding team works closely with colleagues across health and social care, as well as with other key partners and non-statutory providers. The safeguarding team provides training, advice and support with routine and serious/complex safeguarding enquiries. This supports practitioners to fulfil their roles and responsibilities in line with legislation and their duty of care. The senior quality manager for mental health and learning disability is the local area co-ordinator for the learning disabilities mortality review (LeDer) programme and the Lead Nurse for Safeguarding in Primary Care has also undertaken LeDer reviewer training.

Key protected characteristics that have faced inequalities relate to people with learning disabilities, mental health presentations and/or dementia and frailty. Generally, the safeguarding team has responded to fewer hate/mate crimes in 2020 raised through safeguarding processes. Similarly there seem to have been fewer concerns/referrals to the police for suspected modern slavery. However, contact with or enquiries related to

individuals presenting with mental health issues who are at risk of and/or experiencing homelessness or significant self-neglect has increased, with the local Safeguarding Adult Board supporting the commissioning of a thematic review for this in 2020. Also increased, is the number of neuro diverse children and young people and adults who have needed support to access a range of services, or whose families have required additional support to access these. Commissioning across the health and social care sector has supported improvements and is supporting future developments in local services meeting the needs of these groups and individuals.

This year, the COVID-19 pandemic has notably had a substantial impact on safeguarding and the demands associated with it; some of which is directly related to changes in service delivery models across health and social care. Access to health and social care services has needed to respond to the pandemic risk. Equality impact assessments have been undertaken and some individuals have been supported where reasonable adjustments have been required. The pandemic continues to have a significant effect on people's mental health and the safeguarding team have seen a rise in concerns as a result of this, an outcome of which includes self-neglect. The CCG will be collaborating with the Safeguarding Adult Board in undertaking a high level review of hidden harm as a result of COVID, trying to identify both direct and indirect effects, consulting service users about their experience and identifying lessons to be learned.

The implications of trends and themes and lessons learned from this review process along with others will be shared through partnership, organisational, locality and practise-based meetings, as well as via the multidisciplinary training and practitioner events delivered by the Safeguarding Adult Board and Local Safeguarding Children Partnership, supported by the CCG and other partners.

11. MONITORING CONTRACTS WITH NHS PROVIDER ORGANISATIONS

Service specifications for the main health care services commissioned by the CCG are contained within an NHS Standard Contract. This contract is held with Isle of Wight NHS Trust. Services commissioned under this contract are as follows:

- Acute
- Community
- Mental Health
- Ambulance
- NHS 111

The CCG receives copies of the Isle of Wight NHS Trust's annual equalities report, NHS Workforce Race Equality Report and Gender Pay Gap Report. Each report provides an update on the progress that has been made in the last year within the organisation and outlines next steps and key actions for all areas.

The CCG also has a number of contracts with the local voluntary and community sector. These include contracts with Mountbatten Hospice, community rehabilitation and the wheelchair service. There are also a small number of section 256, NHS Act 2006 agreements for mental health services.

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

Objective 1: Ensure the CCG fully understands and fulfils its responsibilities for equality and diversity.

The CCG continues to include narrative on reducing inequalities in health and equality and diversity in reports to the CCG's Clinical Delivery Group. Individual staff undertake equality, diversity and inclusion training relevant to their CCG roles.

Equality impact screening is undertaken as part of quality impact assessment of commissioning projects and plans. Full assessment on equality impact is undertaken on all new projects and plans and where services are reviewed. Equality impact assessment (EIA) includes consultation and engagement with key stakeholders and patients and the public. The CCG's equality, diversity and inclusion lead supports completion of EIAs.

Key projects during 2020 have been on the following projects:

- Type 2 Structured Diabetes Education Programme
- Commissioning Primary Care eye Services Ltd to deliver a community Covid-19 Urgent Eye Service with specific focus on those shielding and housebound
- Public Engagement and Co-production Strategy for maternity and children's services. This project has been extended to the Maternity and Children's collaborative (MACH) for Hampshire and representatives of disabled children have been involved in the completion of the EIA

Objective 2: Reduce inequalities in health status and access to care amongst Islanders with serious mental health conditions and learning disability.

Further development and expansion of community based services has significantly reduced the Community Mental Health Team caseloads and continues to improve access for people with more acute needs. Additionally, work with partners to expand the Community Mental Health Wellbeing Service has improved access for those on a recovery pathway with a range of opportunities to empower individuals to achieve sustainable wellbeing.

In response to COVID-19, crisis services have been bolstered to include direct mental health advice through NHS 111 and self-supported help through the Isle of Wight Safe Haven and Isle of Wight Positive Minds.

The co-produced Living with a Learning Disability on the Isle of Wight strategy was implemented and plans continue to develop an integrated health and social care Learning Disabilities Service.

The CCG and its partners continue to build upon the successes seen across a number of joint Isle of Wight Council and Isle of Wight CCG initiatives, including increased in supporting living placements, expansion of the safe places scheme and in 2021, a review and update of the Islands Autism Strategy which will be co-produced.

Mental health practitioners are now in each of the three island localities, providing direct mental health services in primary care and improving access for those with mental illness.

Objective 3: Reduce inequalities in life expectancy and experience of healthcare through the development of self-help programmes.

COVID-19 has impacted on the Islands ability to deliver individual patient access to some services at primary care level. Planned improvements include increasing the number of people receiving an annual health check in primary care.

The recognition of the value of meaningful engagement in daily life as an antecedent to good physical and mental health continues and has led to an increase in Employment Advisor support.

This support is being provided within an Individual Placement and Support framework through the Adult Improving Access to Psychological Therapies service, including direct in-reach support to the Early Intervention in Psychosis service.

Expansion of community based resources and primary care mental health practitioners have improved local accessibility within localities. 2020 has also seen the launch of a dedicated mental health website for the Island to ensure that everyone can find accurate and up to date information, guidance, advice and support.

Isle of Wight Positive Minds has been commissioned to deliver confidential, direct self-guided support accessible through a simple request via the Isle of Wight Safe Haven. This valuable resource which was implemented in response to COVID-19 and is now being implemented as part of our IAPT expansion is accessible across a range of online platforms and complements our responses to the need for social isolation and shielding.

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. .	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	a. Keep a watching brief on implementation of WDES to NHS commissioning organisations.	Equalities leads liaising with HR and workforce leads.	Q4 2021/22	The NHS WDES is implemented in line with NHS England requirements.

MEASURE	ACTION	BY WHOM	WHEN	OUTCOME
commissioning from 2021.	b. Implement actions identified in baseline WDES reporting			
4. Ensure equality, diversity and inclusion is integral to consulting and engagement patients and the public.	Incorporate good practise in the development of a communications and engagement model across all CCGs identified: 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.
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