

Partnership Board

Title of Paper	Annual Equality and Diversity Reports 2019		
Agenda Item	7.	Date of meeting	
Exec Lead	Julia Barton, Executive Director Quality and Nursing HIOW Partnership of CCGs		
Author	Claire Pond, Equality and Diversity Manager		

Purpose	For Decision	
	To Ratify	X
	To Discuss	
	To Note	

Executive Summary

This paper provides an update to the Partnership Board on the duty on public sector organisations to have “due regard” to the *Public Sector Equality Duty of the Equality Act 2010*.

As distinct corporate identities, each of the CCGs that comprise the Hampshire and Isle of Wight Partnership of CCGs is required to demonstrate compliance with that duty. This includes North East Hampshire and Farnham CCG whose accountable officer transferred to the Frimley Commissioning Collaborative on 01 December 2019.

The first three appendices to this paper include each CCG’s publishable report, which set out how they demonstrated compliance with that duty during 2019. The fourth appendix is a summary of the legal framework supporting the equalities agenda, and will be included as an appendix in each CCG’s individual reports.

There are no matters of concern or lacking progress to escalate to the Partnership Board. A summary of the proactive work being undertaken across the CCGs includes:

- **Essential training compliance** is at 87% for Fareham and Gosport and South Eastern Hampshire (FGSEH) CCG, 77% for North Hampshire (NH) CCG and 92% for the Isle of Wight (IOW) CCG. Both online and innovative face to face training opportunities were provided in 2019. Actions planned for 2020 include the development of a comprehensive equality and diversity training plan across the Partnership
- **Equality and diversity is fully embedded in the commissioning cycle**, with equality impact assessments being undertaken for all transformation projects and plans. Commissioning project planning guidance has been updated in FGSEH to this effect. The equality and diversity officer also meets monthly with the planning and performance team to review forthcoming project plans.
- **Provider compliance** – CCGs monitor commissioned provider equality and diversity compliance through contractual processes.
- **Involving the public** approaches include through community engagement committee and practice participation group engagement. There have been specific consultations on transformation programmes e.g. NHS111/Integrated Urgent Care. FGSEH have undertaken the second part of their “Big Health Conversation” and have specifically sought the voice of people from hard to reach groups in the design of local services. NH CCG have recruited to

community ambassador roles to help engage diverse communities.

- **Monitoring experience and feedback** – all CCG complaints teams monitor equalities. There have also been more specific support initiatives for vulnerable adults and children including people with a learning disability.
- **Staff engagement** – there is a focus on equality and diversity at all staff partnership fora, and through staff surveys.

The information provided in this report includes information relating to people with protected characteristics as defined under the Equality Act 2010 who are employees and who access services or are affected by the CCGs' policies and practices.

Each CCG report includes updates against the equality objectives set for 2019. Board members should note the progress being made and the continuation of some ongoing actions into 2020 plans.

Recommendations

That the Partnership Board:

1. Note that the detailed content of the report has been considered and discussed at the Partnership Quality Performance and Finance Committee in February 2020, where approval to publish individual CCG report was given.
2. Ratify the Partnership Quality Performance and Finance Committee decision that each CCG's individual report be published.

INTRODUCTION

1. This paper explains the duty on public sector organisations, and so CCGs, to have “*due regard*” to the Public Sector Equality Duty of the Equality Act 2010. Appendices to this paper set out how each CCG of the Hampshire and Isle of Wight Partnership of CCGs have demonstrated that duty during 2019, in accordance with the legislation.

ORGANISATIONAL CONTEXT

2. Clinical Commissioning Groups were created on 1 April 2013 across England and replaced Primary Care Trusts. They are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local areas.
3. In April 2017, Fareham and Gosport CCG, South Eastern Hampshire CCG, North Hampshire CCG and North East Hampshire and Farnham CCG started working in partnership. A single Chief Executive was appointed to be the Accountable Officer for all four CCGs. In April 2018, partnership working was extended to include the Isle of Wight CCG.
4. In November 2018 the governing bodies of Fareham and Gosport CCG, South Eastern Hampshire CCG, North Hampshire CCG and Isle of Wight CCG, agreed to hold their governing body meetings in common; this is referred to as the Partnership Board. This has simplified decision making, freed up clinicians and managers to focus on delivery and reduced duplication.
5. North East Hampshire and Farnham CCG has been represented on the Partnership Board but has maintained its own accountable governing body because it is working increasingly closely with partners in the Frimley integrated care system.
6. On 1 December 2019 formal accountability for North East Hampshire and Farnham CCG was passed from the Accountable Officer for the Hampshire and Isle of Wight Partnership of CCGs to the Accountable officer (Designate) of the Frimley Commissioning Collaborative. The Hampshire and Isle of Wight Partnership of CCGs will continue to work closely with North East Hampshire and Farnham CCG and the wider Frimley system for the benefit of all the communities across Hampshire.

DEMONSTRATION OF COMPLIANCE WITH THE DUTY TO HAVE “DUE REGARD”

7. The general duty of the public sector equality duty requires public authorities (as defined under the Equality Act 2010) to have ““due regard”” to:
 - Eliminate unlawful discrimination, harassment and victimisation.
 - Advance equality of opportunity between different groups.
 - Foster good relations between different groups.

Specific duties of the public sector equality duty support compliance with the duty to have “due regard”. These are:

- Prepare and publish one or more objectives they think they should achieve to do any of the things mentioned in the aims of the general equality duty. This had to be done for the first time by 6 April 2012, and then at least every four years thereafter.
 - Ensure that those objectives are specific and measurable:
 - Publish those objectives in such a manner that they are accessible to the public.

- Publish information on how its activities as an employer affect people who share different protected characteristics if 150 or more people are employed by the organisation.
 - Collect workforce information to help develop organisational objectives and assess the impact of employment policies on equality if less than 150 people are employed by the organisation.
 - Publish information to demonstrate compliance with the general equality duty. This had to be done for the first time by 31 January 2012. The regulations advise that the content of the information to be published should take into account:
 - Equality issues in relation to employees.
 - Equality issues in relation to the population served.
 - Engagement with people who share relevant protected characteristics as defined under the Equality Act 2010.
 - Assessments of impact on equality, demographic information from the Census information published by the Office for National Statistics and national surveys such as the Joint Strategic Needs Assessment.
8. Annual compilation of equality information is useful for assessing relevance, setting objectives, planning engagement and for assessing the impact of an organisation's policies and services on equality and good relations. It can be used across functions, across the aims of the general equality duty and across the protected characteristics. Finally by identifying any information gaps an organisation can take steps to fill those through an established timeframe for collecting any new data.

PARTNERSHIP OF CCGS EQUALITIES REPORTING

9. A report on the combined results of the Partnership of CCGs' annual assessment against the indicators of the NHS Workforce Race Equality Standard 2018/19 has been published on each CCG's website. An action plan is being taken forward across the Partnership.
10. As each CCG has less than 250 employees, there is no requirement to publish annual gender pay gap reports. However, at the request of the Partnership CCGs' Remuneration Committee, a report on the combined workforce of the Partnership of CCGs was compiled on data as at 31 March 2019. A deep dive review of the data will be conducted to identify key themes and develop an action plan.
11. A staff survey was undertaken during 2019 and included a question for staff to indicate employing CCG. Overall Partnership results were published in graph form on the Partnership Staff Intranet.

Overall results showed general satisfaction with the CCG/Partnership as an employer with just over half responders indicating they would recommend the CCG/Partnership as a place to work in terms of work-life balance, strategic leadership and communication. Less satisfaction was indicated with line management with just under half responders satisfied with appraisal, training and development opportunities.

Responses analysed by CCG and cross-referenced with age, ethnicity and gender highlighted areas of concern. These were:

- Age (younger groups) *I am treated with respect by my colleagues.*
- Ethnicity: *The organisation provides equal opportunities for all.*
- Gender:
 - *I would recommend the CCG as a place to work.*
 - *Communication within the organisation is good.*

- *My job provides me with opportunities to develop.*
- *The Organisation provides opportunity for all.*

An action plan has been developed. It is focusing on areas of concern highlighted in individual CCG results.. Focus groups will be held in each CCG area review findings in depth from which a Partnership improvement Plan will be developed.

12. A training needs analysis has been undertaken by the Partnership of CCG's equalities lead and an action plan developed. This will be discussed with Human Resources and Organisational Development leads in 2020. In the meantime, equality and diversity development sessions have been offered to staff and delivered at different CCG sites during the latter part of the year. The aim of these sessions has been to promote a culture which values individual differences and one which challenges any threat to an individual's dignity and wellbeing.

13. As health bodies with distinct corporate identities, each CCG is required under the public sector equality duty (Equality Act 2010) to publish an annual equalities information report. Annual equalities information for the calendar year 2018 for each CCG is set out in an Annual Equality and Diversity Report as follows:

- Appendix 1: Fareham and Gosport and South Eastern Hampshire CCGs
- Appendix 2 North Hampshire CCG
- Appendix 3 Isle of Wight CCG
- Appendix 4 Legal Context (for inclusion in all CCGs' reports)

KEY ISSUES ARISING FROM THE REPORTS

Whilst there is some variation in how partnership CCGs delivers their equalities duties, there are many commonalities across the partnership's approach resulting in key actions that will reinforce partnership working and align the equalities agenda across the Partnership of CCGs. These actions relate to:

- An Equality and Diversity Training Plan.
- HR policies that are aligned across the Partnership of CCGs and appropriate equality impact assessed
- Development of new equality objectives that are relevant to each CCG and are aligned across the Partnership.

These actions differ for North East Hampshire and Farnham CCG as it reviews procedures and processes with new working relationships in the Frimley Commissioning Collaborative.

APPENDIX 1

**FAREHAM AND GOSPORT AND
SOUTH EASTERN HAMPSHIRE
CLINICAL COMMISSIONING GROUPS**

EQUALITY AND DIVERSITY ANNUAL REPORT 2019

(NB : Index removed for partnership board reporting purposes).

1. INTRODUCTION

This report sets out how Fareham and Gosport and South Eastern Hampshire CCGs (referred in this paper as “the CCGs”) have demonstrated “due regard” to the public sector equality duty of the Equality Act during 2019.

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 5 of this report.

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 CCG and West Hampshire CCG.

4. THE CCGS’ WORKFORCE

As at December 2019 the combined workforce for the two CCGs is 132 (71.54 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:

- Employee Volunteering
- Partnership Performance and Pay Progression
- Probation
- Secondment

Legacy policies for the CCGs are:

- 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.

87% of core CCG teams are up-to-date with equality and diversity essential training; **91%** of core CCG teams plus wider associated teams. Associated teams comprise Clinical Leads, Governing Body members and members of the Hampshire and Isle of Wight Sustainability and Transformation Partnership (STP).

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. Offers of training are extended to external teams, and the implications of the NHS Accessible Information Standard were explained as part of a training session for care home staff during the year.

A training needs analysis has been undertaken by the Partnership of CCG's equalities lead and an action plan developed. This will be discussed with Human Resources and Organisational Development leads in 2020.

In the meantime, equality and diversity development sessions have been offered to staff and delivered at different CCG sites during the latter part of the year. These sessions have covered the statutory requirements of essential equality and diversity training and concentrated on promoting a culture which values individual differences and challenges any threat to an individual's dignity and wellbeing. Ten members of staff from the CCGs attended one of these sessions.

A staff survey was undertaken during 2019 by CCG across the Partnership of CCGs.. Overall Partnership results were published on the staff intranet. These showed general satisfaction with the CCG/Partnership as a place to work

Key questions were analysed by cross referencing with responses to age, ethnicity and gender. This analysis highlighted areas of concern for Fareham and Gosport and South Eastern Hampshire CCGs. This was in terms of staff aged 16 to 25 not feeling they were treated with respect, BME staff who considered there was a lack of organisational opportunities, and the percentage of staff, male and female, who preferred not to indicate whether or not their job provided them with opportunities to develop. A Partnership improvement Plan is being compiled from focus groups held in each CCG in December.

The results of the CCG's annual assessment against the NHS Workforce Race Equality Standard (WRES) are not in the public domain due to low staff numbers. However, the combined results of the Hampshire and Isle of Wight Partnership of CCGs with an action plan may be found on the CCG's website.

5. THE POPULATION SERVED

The population served by each of the CCGs is largely white, and the main language is English (over **94%** in each case). The main religion is Christian (just over **60%** in each of the CCG areas), and religion is unstated in a significant percentage (over **29%** in each CCG area). (Source: 2011 Census.)

Life expectancy at birth for both males and females is good in each CCG. In the Fareham and Gosport CCG area this is significantly better than the England average for males but not for females. In the South Eastern Hampshire CCG this is better than the England average for both males and females. (Source: Joint Strategic Needs Assessment July 2017.)

Diversity lies in the higher number of people aged under **20** compared with those aged over **65** years in the Fareham and Gosport CCG area, and a higher birth rate than the national average in Gosport. (Source: Joint Strategic Needs Assessment July 2017.)

Conversely, the population served by South Eastern Hampshire CCG has a lower than average number of young people, and a lower birth rate. Those aged between 45 and 60 years is higher than the national average (Source: 2011 Census.)

In the population served by South Eastern Hampshire CCG health inequalities mainly relate to circulatory disease, cancer and respiratory disease, and in Havant, respiratory disease in women. (Joint Strategic Needs Assessment, July 2017.)

In both areas served by the CCGs the life expectancy at birth for both males and females is better than the England average. The population is changing with slow growth and reducing proportion of working aged population putting pressure on services and caring. There are pockets of socio-economic deprivation (Joint Strategic Needs Assessment, July 2017.)

6. EMBEDDING EQUALITY IN THE COMMISSIONING CYCLE

Completion of equality impact assessments (EIAs) is integral to the CCGs' project management procedure. During 2019 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 2019 Planning Guidance covers all aspects of the project planning process including completion of EIAs, Quality Impact Assessments which contain equality screening questions and Privacy Impact Assessments. 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.

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.

7. CONSULTING AND ENGAGING WITH PATIENTS AND LOCAL PEOPLE

The CCGs have continued to seek the views of local people on a range of topics and through ongoing engagement routes. A number of engagement approaches are used including surveys, focus groups and attendance by CCG officers at meetings of local groups and events.

Both CCGs have Community Engagement Committees which provide a two-way flow of information from key stakeholders to the CCG and back as well as assuring the CCGs on the public involvement and engagement they undertake. The Committees are chaired by the CCG Lay Members with responsibility for Patient and Public Involvement who have direct links to the CCG Partnership Board. Committee members include local councillors and council officers, the voluntary and third sector, patient representatives, Hampshire Healthwatch and NHS provider organisations.

The CCGs share the feedback received through ongoing engagement routes and subsequent action through quarterly engagement reports which are published on the websites with highlights published on dedicated 'You said, we did' web pages.

During 2019 the CCGs sought the views of local people on how NHS111, ambulance services, GP services and community services work together so that local people are provided with the right care in the right place at the right time. This work includes developing access to healthcare professionals through NHS111 who can advise on the most appropriate clinical care, including callers with mental health problems, medication requirements and children's health issues. The feedback from local people is analysed to identify key themes which are considered by the programme leads.

Phase two of 'Your Big Health Conversation' have been analysed and the themes from the four specific areas (mental health care, frailty, same-day services and long-term conditions) shared with leads across the CCGs to take into consideration in their work. A further engagement programme has been held – 'Your Big Health Conversation – GP Services' was held during 2019. This sought the views of local people on the way in which GP services are developing with the feedback being analysed and published in early 2020.

The CCGs work to ensure that engagement opportunities are widely available to members of local communities. Surveys and engagement materials are available on request in alternative formats and languages and are promoted through a number of routes including the voluntary sector.

As part of the CCGs' engagement work, local people are asked to share their protected characteristics. The equalities monitoring form is used in the engagement programmes to help inform the extent to which engagement opportunities are reaching all sections of the communities served by the CCGs.

In early 2019 the STP Quality Board received a paper and viewed a presentation by Dr Clare Mander, Accessible Information Lead for Solent NHS Trust. An inaugural workshop on a Hampshire and Isle of Wight Accessible Information Collaborative was subsequently held in July 2019. Progress in implementing the NHS Accessible Information Standard (AIS) was discussed and a way forward in which all organisations would work together. A further meeting was held in November which focussed on embedding staff training, screening and data and audit and evaluation. The STP Quality Board will receive a progress report from Dr Mander in 2020.

8. 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. Thirty (as at 30 November 2019) complaints were handled by the CCGs in 2019. Of these, eight complainants completed and returned equality monitoring data (table 1):

Gender		Age Group	
Male	5	Under 18	0
Female	3	18 - 27	0
Religion		27 – 50	1
Christian	5	51 – 65	2
Buddhism	1	66 – 75	3
Judaism	1	Over 75	2
No belief	1		
Sexual Orientation		Ethnicity	
Heterosexual	5	White	8
Prefer not to say	2	Asian	0
Gay man	1	Not stated	0
Carer		Disability*	
Yes	2	No	2
No	6	Yes	6

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

Table 1 - Equality Monitoring Data

Access to the patient experience service has now adopted an *easy read* version of the patient experience leaflet which can be accessed from the CCGs websites. The CCG have received one specific request in regards to providing a response in another format. As at 30th November 2019 the patient experience team also received **469** contacts from members of the public relating to complaints, concerns, comments and compliments. These included:

- **19** complaints, concerns and comments about the delay in the provision of hearing aids from the audiology service and access to micro suction services at Portsmouth Hospitals NHS Trust.
- **45** complaints, concerns and comments from patients with long term conditions including wheelchair users and clients who have spinal conditions. Also one compliment was received.
- **One** complaint related to a person with a learning disability.
- **30** complaints, concerns and comments about barriers to accessing care packages, including for mental health and neurological services.
- **6** complaints, concerns and comments from people who have a sensory impairment and one compliment.
- **4** complaints, comments and concerns about accessing assessment of children and adults with Autism Spectrum Disorder (ASD).
- **5** complaints, comments and concerns raised concerns in being access services due to their age.

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.

9. SAFEGUARDING

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.

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 2019 was the CCG identified that modern day slavery was potentially taking place within a nursing home. This case continues to be 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 throughout 2019 which includes how to recognise Modern Day Slavery and how to report it. The CCG participated in National Safeguarding Week, which included daily learning events for staff to talk about the themes of Modern Slavery, as well as self-neglect and domestic abuse.

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 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 and gender identity issues) 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 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.

10. PROGRESS AGAINST EQUALITY OBJECTIVES

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 2019 the following initiatives have been rolled out to improve access for all patients:

- All practices in Gosport have worked with Southern Health NHS Foundation Trust to implement leg wound and diabetes clinics. This sharing of resources allows for equity of service across Gosport.
- The same day access service to GP practices continues to provide urgent care for people in Fareham and Gosport
- All GP practices except those within the Havant and Waterlooville Primary Care Network(PCN) have signed up to the acute home visiting service which was implemented in 2018 in liaison with Southern Health NHS Foundation Trust. The Havant and Waterlooville PCN will join the scheme in January 2020. 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.

Implementation of the e-referral service has continued during 2019 with the aim of improving the patient experience by ensuring they are referred to the correct service in a timely manner. All first consultant outpatient referrals from GPs to hospital and community service consultants are now being made electronically. E-referral is available to patients online or they can contact a telephone booking line. General practices are able to support patients who require assistance booking an appointment.

NHS commissioners and provider organisations also continue to work with NHS Digital to ensure effective management of direct and speedy electronic transfer of referrals. Ongoing monitoring identifies any specific considerations that may apply to more patient groups such as those with long terms conditions.

The NHS app is now available and patients can access their medical record and record their preferences in relation to data and organ donations. They can also check symptoms, book appointments and order repeat prescriptions.

Work is progressing to deliver an integrated urgent care service via NHS111. The resulting outcomes are intended to be that urgent health advice and care are increasingly provided in a way that offers a personalised and convenient service that is responsive to people's health care needs when they:

- Need medical help fast, but it is not a 999 emergency.do not know who to contact for medical help.
- Think they need to go to A&E or another NHS urgent care service.need to make an appointment with an urgent care service.
- Require health information or reassurance about how to care for themselves or what to do next.

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 2019 the CCGs have continued to:

- Consider impact on the nine protected characteristics as part of *Quality Impact Assessments* and how any negative impacts may be mitigated or removed.

- Complete detailed Equality Impact Assessments with evidence of patient and public engagement, working in partnership with local people to transform and develop healthcare services that meet the needs of the communities we serve.
- Encourage local people to complete equalities monitoring as part of our engagement work.
- Build on how engagement mechanisms to ensure local people from all communities are able to share their views. This includes:
 - Proactive reference to the availability of alternative formats in engagement materials, including surveys. These include: Easy Read, audio format (CD or MP3 player) and languages other than English.
 - Proactive reference to the availability of communication support at engagement events, including loop systems, British Sign language interpreters and Deaf/Blind interceptors.

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.

Staff Partnership Forums (SPFs) have continued to strengthen during 2019. Each team is represented on their respective CCG SPF. The Chair of each SPF is elected by the representatives and two-way communication is facilitated by the presence of HR managers.

SPF agenda items include ideas, initiatives and HR policies. During 2019 a Partnership report on the gender pay gap and results of the staff survey were shared with SPFs together with Partnership papers and policies on: The People Plan, Annual leave guidance, annual performance appraisal and probation policy.

Work on compliance by the governing body and senior leaders on demonstrating transparent commitment to promoting equality in and outside the CCGs has continued during the year.

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
- Care UK which runs St Mary's NHS Treatment 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. THE CCGS' ACTION PLAN 2020

MEASURE	ACTION	BY WHOM	WHEN	OUTCOME
1. Adopt an equality and diversity training plan	Agree and put in place a final equality and diversity training plan.	Equality and Diversity Manager working with Partnership of CCGs HR and OD leads.	Q2 2020/21	Partnership of CCGs equality and diversity training plan in place.
2. Ensure all policies and guides are up-to-date and, relevant to CCG Partnership staff who can easily access them.	<ul style="list-style-type: none"> a. Review and update legacy policies and guides b. Upload all policies and guides to the ConsultHR portal and signpost staff via the intranet. 	Partnership of CCGs HR Manager	Q4 2020/21	Relevant and up-to-date Human Resources policies and guides that are relevant to all Partnership CCG staff are available directly on ConsultHR or via the staff intranet.
3. Ensure HR policies that govern employment practices are equality impact assessed.	Equality impact assessment undertaken against each HR policy that governs employment practice.	HR Manager liaising with equalities lead and CCG Staff Partnership Forums.	Q4 2020/21	HR policies that govern employment practices are adequately equality impact assessed.
4. Ensure progress against equality objectives.	Monitor and review on at least an annual basis.	CCG equalities lead liaising with CCG commissioning leads.	Ongoing.	Business objectives meet the needs of the population served.
5. Develop new equality objectives that are aligned across the Partnership of CCGs.	Re-assess the CCGs' performance against the Goals of NHS Equality Delivery System 2.	Equality and Diversity Manager working with communications and engagement and HR leads.	Q1 2021/2022	Equality objectives that aligned and relevant to stakeholders across the Partnership of CCGs.

APPENDIX 1: Legal Context

This section will be included in each CCG's published report but can be found once in Appendix 5 of this partnership board report

APPENDIX 2

NORTH HAMPSHIRE CLINICAL COMMISSIONING GROUP
EQUALITY AND DIVERSITY ANNUAL REPORT 2019

(NB : Index removed for partnership board reporting purposes).

1. INTRODUCTION

This report sets out how North Hampshire Clinical Commissioning Group (referred to in this report as “the CCG”) demonstrated “due regard” to the Public Sector Equality Duty of the Equality Act during 2019.

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 5 of this report.

3. ORGANISATIONAL CONTEXT

Since April 2018 North Hampshire CCG has worked with Fareham and Gosport CCG, South Eastern Hampshire CCG, 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 CCG and West Hampshire CCG.

4. THE CCG’S WORKFORCE

As at December 2019 the CCG employs 126 (91.93 full time equivalent) staff. 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 record on the Electronic Staff Record (ESR) system, and is encouraged to do so. This is because the CCG recognises 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 with Partnership CCG policies. 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 related to:

- Employee Volunteering
- Partnership Performance and Pay Progression
- Probation

- Secondment

Legacy policies for the CCG are:

- Alcohol and Substance Misuse at Work Policy
- Domestic Violence and Abuse Policy for CCG Staff
- Electronic Staff Recording Absence User Guide
- Leave and Flexible working Policy
- Lone working Policy
- Maternity, Paternity, Adoption Leave and Shared Parental leave and Pay Guidance
- Organisational Change Policy
- Performance and Development Reviews and Pay Progression Policy
- Recruitment and Exit Procedure
- Relocation Policy and Procedure
- Sickness Reporting Guidance
- Travel and Expenses Policy

Staff are required to complete essential training on equality and diversity on a three-yearly basis. This is mainly accessed online via ConsultOD, the CCG's learning management system. The training covers equality legislation, health inequalities, understanding people's backgrounds and prejudice and discrimination. It is also available in a face-to-face session and two of these sessions have been delivered during the year.

77% of core staff are up-to-date with equality and diversity essential training; **72%** of core CCG teams plus wider associated teams are up-to-date with equality and diversity essential training. Wider associated teams comprise Clinical Leads, Governing Body members and the Counter Fraud Team which is hosted by the CCG.

A training needs analysis has been undertaken by the Partnership of CCG's equalities lead and an action plan developed. This will be discussed with Human Resources and Organisational Development leads in 2020.

In the meantime, equality and diversity development sessions have been introduced in 2019 and delivered to staff at different CCG sites during the latter part of the year. These sessions covered the statutory requirements of essential equality and diversity training and concentrated on promoting a culture which values individual differences and one which challenges any threat to an individual's dignity and wellbeing. Eleven members of CCG staff attended one of these sessions.

Face-to face training sessions have also been delivered during the year on the Equality and Quality Impact Assessment (EQIA) procedure for Commissioning, Transformation and Quality Teams. Support to individuals and teams on the completion of equality impact assessments (EIAs) has been ongoing

Training is also offered to wider teams and a presentation to and discussion on the NHS Accessible Information Standard took place at a meeting of the CCG's General Practice Managers in early 2019.

A staff survey was undertaken during 2019 by CCG across the Partnership of CCGs. Overall Partnership results were published on the staff intranet. These showed general satisfaction with the CCG/Partnership as a place to work.

Key questions were analysed by cross referencing with responses to age, ethnicity and gender. This analysis highlighted areas of concern for North Hampshire CCG in the

percentage of male employees who strongly disagreed with the statements that the CCG was a good place to work and that communications within the organisation were good. A Partnership improvement Plan is being compiled from focus groups held in each CCG in December.

The results of the CCG's annual assessment against the NHS Workforce Race Equality Standard (WRES) are not in the public domain due to low staff numbers. However, the combined results of the Hampshire and Isle of Wight Partnership of CCGs with an action plan may be found on the CCG's website.

5. THE POPULATION SERVED

The population served by the CCG is largely White (**89.1%**) and the main language is English (**95.6%**). A significant percentage of residents are recorded as from other ethnic groups (**10.9%**, "White Other" accounting for **4.5%**). Christianity is the largest religion (**61.1%**). A significant percentage (**28.8%**) of people report no religion. (Source: 2011 Census.)

Life expectancy at birth for males and females is good and significantly better than the England average. The population is becoming more diverse and is ageing. The proportion of working aged adults is reducing and there is increasing pressure on services and caring. (Source: Joint Strategic Needs Assessment, July 2017.)

The main impacts of health inequalities are in circulatory disease, cancer and respiratory disease. The notable exception is in Hart where they are cancers and digestive disease including alcohol related disease in women.

6. EMBEDDING EQUALITY IN THE COMMISSIONING CYCLE

During 2019, work has continued to embed a system-wide approach to quality and equality impact assessments. Following an informative training session for staff in April 2019, key resources and agreed templates were added to shared drives and made accessible to staff. Over the next 12 months there will be a series of workshops, surgeries and individual support tailored to meet the needs of the organisation, recognising the different requirements for projects.

The CCG Programme Management Office (PMO) has continued to advise programme leads where impact assessments are required and a system of central collation of all completed quality and equality impact assessments has been introduced. The CCG's delivery plan matrix (a comprehensive list of programmes of work being progressed by the CCG) continues to be the main determinant for requirements of impact assessments.

Impact Assessments are now part of the systematic process aligned to all programme areas where there is a service transformation of redesign, ensuring impact assessments are at the start of the process, shaping and scoping out new programmes of work and linked through the PMO. A key example of this in practice is the procurement of the musculoskeletal serviced and the robust processes around impact assessments undertaken that were a key part of ensuring the new service will support the CCG's quality and equality agenda.

Equality analysis on 2020/21 Improving Values Schemes will be taking place jointly across the North and Mid Hampshire local care system, benefiting from a uniform approach to impact assessments across the local care system. This will reduce duplication and ensure providers receive a consistent response and requests for any action.

7. CONSULTING AND ENGAGING WITH PATIENTS AND LOCAL PEOPLE

The CCG has continued to seek the views of local people on a range of topics and through ongoing engagement routes. A number of engagement approaches are used including surveys, focus groups and attendance by CCG officers at meetings of local groups and at events.

The CCG has a Communications, Engagement and Involvement Forum and a General Practice Patient Participation Group (PPG) which provide two-way flow of information from key stakeholders to the CCG and back as well as assuring the CCGs on the public involvement and engagement they undertake. The Forum is chaired by the CCG Lay Member with responsibility for Patient and Public Involvement who has direct links to the CCG Partnership Board. Forum members include local councillors, council officers, patient representatives, CCG Community Ambassadors and Hampshire Healthwatch. All CCG member general practices have a representative on the PPG which is chaired by one of its membership.

During 2019 the CCG has continued to seek the views of local people on how NHS111, ambulance services, GP services and community services work together so that local people can be provided with the right care in the right place at the right time. This work includes developing access to healthcare professionals through NHS111 who can advise on the most appropriate clinical care, including callers with mental health problems, medication requirements and children's health issues. The feedback from local people is analysed to identify key themes which are considered by the programme leads.

Engagement on the North Hampshire Transformation Plan has also continued during 2019. This is a key topic for engagement events held by the Primary Care Networks (PCN) with support from the CCG. The themes from these events inform future planning.

Engagement with local people during the year on musculoskeletal and physiotherapy services also informed the re-procurement and new contract with providers for these services.

The CCG works to ensure that engagement opportunities are widely available to members of local communities. Surveys and engagement materials are available on request in alternative formats and languages and are promoted through a number of routes including the voluntary sector.

As part of the CCG's engagement work, local people are asked to share their protected characteristics. The equalities monitoring form is used in the engagement programmes to help inform the extent to which engagement opportunities are reaching all sections of the communities served by the CCG.

In early 2019 the Hampshire and Isle of Wight Strategic Transformation Partnership (STP) Quality Board received a paper and viewed a presentation by Dr Clare Mander, Accessible Information Lead for Solent NHS Trust. An inaugural workshop on a Hampshire and Isle of Wight Accessible Information Collaborative was subsequently held in July 2019. Progress in implementing the NHS Accessible Information Standard (AIS) was discussed and a way forward in which all organisations would work together. A further meeting was held in November which focussed on embedding staff training, screening and data and audit and evaluation. The STP Quality Board will receive a progress report from Dr Mander in 2020.

8. PATIENT EXPERIENCE

During 2019 the complaints team implemented the easy read guide to ‘Compliments, Comments, Complaints or Concerns to enable improvements of NHS services’ to support better engagement with the patient experience service. This guide is available on request and can be found on the CCG’s website. The CCG has received no specific requests for a response in an alternative format.

From January to November 2019 the CCG received 198 contacts from members of the public about commissioned services. These contacts are received as either complaints, concerns, compliments or enquiries. Examples of contacts received have included:

- Complaints in relation to accessing mental health and autism services within the North Hampshire area
- An enquiry related to vulnerable adults living in the community and the difficulties experienced in accessing health services due to barriers encountered with the emergency provided patient transport.
- A number of concerns raised by patients with communication disability who encountered barriers when communicating with general practice

The complaints team has introduced monitoring of complainants’ protected characteristics through review of returned equalities monitoring forms which are set out with the complaint acknowledgement. There has been an improvement in the number of completed forms returned to the CCG.

Between January and the end of November 2019, nine complaints were received by the CCG of which 3 complainants completed and returned the equality monitoring questionnaire. The capture of additional demographic information and protected characteristics as illustrated in Table 1 has been obtained during ongoing correspondence with complainants.

Gender		Ethnicity	
Male	5	White	4
Female	4	Asian	0
Religion		Not stated	5
Christian	0	Age Group	
Muslim	0	18 - 27	0
Not stated	9	27 – 50	6
No belief	0	51 – 65	2
Sexual Orientation		66 – 75	1
Heterosexual	2	Over 75	0
Prefer not to say	7	Disability*	
Carer		Yes	5
Yes	2	No	4
No	3	Not stated	0
Not stated	4		

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

Table 1 - Equality Monitoring Data

Reasonable adjustments have been made in relation to meeting the needs of complainants where disability has been disclosed. This has included steps taken to support a complainant

with a pre meeting to help with familiarisation of the environment and individuals they would be meeting with in advance of the complaints meeting. Further adjustments were made to accommodate the needs of a complainant who was unable to travel by setting up a conference call to discuss their concerns with commissioners, clinicians and the complaints team.

9. SAFEGUARDING

West Hampshire CCG hosts the Safeguarding Adults, Safeguarding Children and Safeguarding and Looked After Children Teams on behalf of the CCGs. The teams are multi-professional teams and include nurses, doctors (GPs and paediatricians) and administration support. The safeguarding nurses and doctors liaise with colleagues who work within NHS provider organisations such as hospitals, community settings and care homes in the area served by the CCGs.

All safeguarding work is underpinned by the Human Rights Act 1998 to ensure the rights of individuals are upheld at all times. The need to balance the rights under the articles set out in the act is key to safeguarding work.

Key areas of work within the safeguarding teams include upholding the rights of pregnant women and their unborn babies, and protecting those who are unable to communicate by virtue of their age, ability or capacity.

During 2019 the safeguarding team has ensured the CCG has maintained compliance with its Modern Slavery statement and development of Modern Slavery Policy. Mandatory training has been introduced for all CCG staff. Full equalities impact analyses are undertaken for newly developed policies. During 2019 new policies have been agreed and adopted across the five Hampshire CCGs. These are a combined Adults and Children's Safeguarding Policy with a family approach concept, and a PREVENT Policy.

The safeguarding adults team works with a caseload of complex safeguarding cases and, where appropriate, has sought legal remedy, both civil and criminal, to ensure the rights of individuals are upheld.

Related to the work of the safeguarding team is the Learning Disabilities Mortality Review (LeDer) programme. This national programme focuses on reviewing the care of individuals with a learning disability.

10. PROGRESS AGAINST EQUALITY OBJECTIVES

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

As evidenced in this report, work has been ongoing 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.

The CCG has recruited ten people to a volunteer community ambassador role. Ambassadors are sought from all areas within the CCG's geographical boundaries.

During 2019 the Community Ambassadors have worked with the CCG to produce a leaflet entitled "The Future of Healthcare in your Community" which sets out the CCG's five-year plan. The involvement of the Community Ambassadors has helped identify the different communities across the CCG. This is informing planning of engagement events and forums. The Community Ambassadors will continue to be actively involved in this work going forward.

One Community Ambassador shared her experience of personal care as a patient story at a meeting of the Partnership Board held in public. Actions identified through discussion mirrored those made at national level by the King's Fund. This is to employ care co-ordinators, improve public information on websites and consideration of how a patient returns home on discharge. This Community Ambassador is a member of the New Models of Care Steering Group.

Ongoing engagement with the CCG member General Practices continues through each practice's Patient Participation Group (PPG). The PPGs inform CCG business through bi-monthly meetings of PPG representatives with members of the CCG's primary care team. Topics covered during 2019 have included mental health, eConsult and digital updates, the formation of primary care networks, medicines management and sharing best practice between PPGs.

The CCG has also undertaken an engagement programme to support the development of the future contractual arrangements for the Rooksdown and Beggarwood Practices. The CCG held open meetings and ran a survey to gain the views of patients, and representatives of the CCG attended patient and public groups.

Public engagement events have taken place as part of the introduction of Primary Care Networks (PCNs). These joint events between PCNs and the CCG have been held at neighbourhood level and have been well attended. They have included question and answer sessions on a range of topics to include the need for change and development of PCNs, appointment waiting times, and travel to new sites. Patients and members of the public attending these events have welcomed the prospect of access to a range of different specialists in community settings.

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 Basingstoke and Deane Borough Council, Hart District Council and East Hampshire District Council. There is very clear alignment with Basingstoke and Deane Borough Council, within the boundaries of which most of the population served by the CCG live. Information is frequently exchanged with representative from Basingstoke and Deane and they have close links with seldom heard groups.

Each of the three District Councils has a Health and Wellbeing Partnership through which the CCG takes an active role in working in collaboration with key stakeholders in developing

local strategy. There is a strong focus on prevention and self-care, of physical and mental health needs with a shared commitment to promote healthier lifestyles in local communities.

Our work with local stakeholders includes recognising the needs of vulnerable patient groups such as people with mental health needs, learning disabilities, older adults and those at risk of substance misuse and/or criminal activity. The CCG is currently participating in a public engagement process facilitated by company Mutual Gain to work with the local community to reduce violent crime.

Objective 3 Empowering staff and developing talent

Objective 3.1 Create a supportive environment where staff feel empowered

The CCG's Staff Partnership Forum (SPF) has met twice during 2019. Each CCG team is represented on the SPF and nominated by the SPF membership. It is attended by HR managers. Papers and policies discussed include the Partnership People Plan, Partnership gender pay gap report, annual leave guidance, annual performance appraisal and probation policy. SPF members were involved in a Partnership-wide discussion on types of values and behaviours that staff considered important. Online final "testing" following workshops at CCG sites resulted in the adoption of five values at the Partnership Board held in October. These five values will be launched in early 2020 across the Partnership with workshops embedding them into practice.

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

A full appraisal cycle using the new appraisal documentation has been completed. The new documentation was launched in April 2019. The newly adopted Partnership values will become integral to the appraisal process for the 2019/2020 annual appraisal process. Work is currently underway to establish an internal register of coaches and mentors within the Partnership to identify gaps as part of forward planning on a learning and development prospectus.

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. THE CCG'S ACTION PLAN 2020

MEASURE	ACTION	BY WHOM	WHEN	OUTCOME
1. Adopt an equality and diversity training plan	Agree and put in place a final equality and diversity training plan.	Equality and Diversity Manager working with Partnership of CCGs HR and OD leads.	Q2 2020/21	Partnership of CCGs equality and diversity training plan in place.
2. Ensure all policies and guides are up-to-date and, relevant to CCG Partnership staff who can easily access them.	c. Review and update legacy policies and guides d. Upload all policies and guides to the ConsultHR portal and signpost staff via the intranet.	Partnership of CCGs HR Manager	Q4 2020/21	Relevant and up-to-date Human Resources policies and guides that are relevant to all Partnership CCG staff are available directly on ConsultHR or via the staff intranet.
3. Ensure HR policies that govern employment practices are equality impact assessed.	Equality impact assessment undertaken against each HR policy that governs employment practice.	HR Manager liaising with equalities lead and CCG Staff Partnership Forums.	Q4 2020/21	HR policies that govern employment practices are adequately equality impact assessed.
4. Ensure progress against equality objectives.	Monitor and review on at least an annual basis.	CCG equalities lead liaising with CCG commissioning leads.	Ongoing.	Business objectives meet the needs of the population served.
5. Develop new equality objectives that are aligned across the	Re-assess the CCGs' performance against the Goals of NHS Equality	Equality and Diversity Manager working with communications	Q1 2021/2022	Equality objectives that aligned and relevant to stakeholders

MEASURE	ACTION	BY WHOM	WHEN	OUTCOME
Partnership of CCGs.	Delivery System 2.	and engagement and HR leads.		across the Partnership of CCGs.

APPENDIX 1: Legal Context – included in appendix 5 of this report

APPENDIX 3

ISLE OF WIGHT CLINICAL COMMISSIONING GROUP EQUALITY AND DIVERSITY REPORT 2019

(NB: Index removed for partnership board reporting purposes).

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 2019.

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 2018/19 and commissioning strategy, workforce reports and commissioning projects and plans.

2. LEGAL CONTEXT

The legal context on which this report is based is described in the appendix 5 of this report

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 CCG and West Hampshire CCG.

4. THE CCG’S WORKFORCE

As at December 2019 the CCG employs 91 (74.69 whole time equivalent) staff. As the CCG has less than 150 employees it is not required to publish detailed workforce information (as described 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 identify 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:

- Employee Volunteering
- Partnership Performance and Pay Progression
- Probation
- Secondment

Legacy policies for the CCG are:

- Assisted Relocation Expenses Policy
- 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 Policy
- Maternity, Paternity and Adoption shared Parental Leave and Pay Guidance
- Organisational Change Policy
- Recruitment Exit Procedure
- Recruitment Premia Policy IoW
- Standards of Business Conduct Policy

Staff are required to complete equality and diversity training online once. This training covers equality legislation, health inequalities, understanding people's backgrounds and prejudice and discrimination.

- **92.0%** of core CCG teams are up-to-date with equality and diversity essential training;
- **85.5%** of core CCG teams plus wider teams of senior leadership, non-executive directors, clinical leads and an Emergency Preparedness, Resilience and Response (EPRR) Manager hosted on behalf of the Partnership of CCGs.

Five face-to-face training sessions were delivered to CCG teams during the year. Three sessions related to equality and diversity development and two sessions related to Equality and Quality Impact Assessment procedure.

A staff survey was undertaken during 2019 by CCG across the Partnership of CCGs. Overall Partnership results were published on the staff intranet. These showed general satisfaction with the CCG/Partnership as a place to work.

Key questions were analysed by cross referencing with responses to age, ethnicity and gender. This analysis highlighted areas of concern for Isle of Wight CCG. This was in terms of:

- The percentage of staff by gender (male, female, prefer not to say) who did not agree with the statements:
 - The communication within the organisation was good
 - The job provided them with opportunities to develop
 - The organisation provided equal opportunities for all.
- The percentage of staff by ethnicity (White British, Any other ethnic group, Prefer not to say) who did not agree with the statement that the organisation provided equal opportunities for all.

A Partnership action plan has been developed and focus groups with staff in each CCG took place in December to inform a Partnership Improvement Plan.

The CCG undertook assessment against the indicators of the NHS Workforce Race Equality Standard (WRES) for the financial year 2018/19. The results of this assessment are not in the public domain due to low staff numbers. However, the combined results of the Hampshire and Isle of Wight Partnership of CCGs with an action plan may be found on the CCG's website.

5. THE POPULATION SERVED

The CCG serves a population of almost 141,000. A key feature of the Island is that it has a significant proportion of older adults. More than one in four is aged over 65 compared with the England average of less than one in five, and is higher than all most similar local authorities. The main influencing factor for this is the migration of older adults from other parts of the country compared with the number of young adults migrating from the Island.

Older age groups are more concentrated in the rural and coastal areas such as the West Wight, Sandown/Lake areas and Nettlestone, Seaview and Bembridge. These are traditional retirement areas.

Younger age groups are concentrated in the main urban areas. This is especially in the centre of the Island. Factors influencing differences in age group distribution include work, employment opportunities and available housing.

The age profile on the Island means there is a smaller proportion of economically active adults when compared to the South East region and the national average. This together with disparity between areas on the Island means there are corresponding inequalities in health and life expectancy. Life expectancy is 5.3 years lower for men and 5.4 years lower for women in the most deprived areas of Isle of Wight than in the least deprived areas.

The impact on health of an older and aging population is the number of people living with long term conditions such as diabetes, and an increase in dementia. Key issues impacting on health are the higher than England average rate of people killed and seriously injured on roads and the rate of statutory homelessness. However, the rate of alcohol-related harm hospital admissions is better than the average for England as are the estimated levels of physically active adults (aged 19 and over).

20% of all households are made up of couples with children, and **18%** of all children live in low income families. 2017 data shows a small increase in live births on 2016 data (1,142 to 1,230). The Island has a higher proportion of younger mothers than both regionally and nationally (14.6 mothers aged under 20 years per 1,000 females of that age compared with 9.8 for South East England and 12.5 for England). (Isle of Wight Council Equality & Diversity update January 2019.)

Impacts on health and wellbeing of single, younger mothers are cited as lack of access to information, peer support, friends with children, and family networks. For children impacts on health relate to lower rates than regionally and nationally of breast feeding initiation. Levels of GCSE attainment are low and in Year 6 **20.8%** of children are classified as obese. Alcohol-specific hospital stays for those aged under 18 is higher than for England.

-
- i. Isle of Wight Council and NHS Isle of Wight (2019) Equality and Diversity Fact Sheet. Joint Strategic Needs Assessment. January. <https://www.iow.gov.uk/azservices/documents/2552-Equality-Diversity-Factsheet-Jan-2019-v2.pdf>
 - ii. NHS Right Care (2018) Equality and Health Inequalities Pack: NHS Isle of Wight CCG. December. <https://www.iow.gov.uk/azservices/documents/2552-Health-Profile-Isle-of-Wight-2018.pdf>
 - iii. Joint Strategic Needs Assessment Equality & Diversity update January 2019: <https://www.iow.gov.uk/azservices/documents/2552-Equality-Diversity-Factsheet-Jan-2019-v2.pdf>
 - iv. Public Health England Isle of Wight Local Authority Health Profile 2019 <https://fingertips.phe.org.uk/static-reports/health-profiles/2019/e06000046.html?area-name=isle%20of%20wight>

The ratio of females (**51.1%**) and males (**48.9%**) on the Island is similar to that nationally (50.6% and 49.4% respectively). Males outnumber females for each year of age from 0 to 26 apart from ages 2, 15 and 18. Females outnumber males in each year of age from 39 upwards apart from ages 52 and 59. This is similar to England overall where males outnumber females each year from 0 to 32, apart from 30, and females outnumber males from age 33 upwards.

The Island is less ethnically diverse when compared with other regions. **5.2%** of the population were born outside the United Kingdom and **2.7%** of these are of non-white ethnicity. Non-white groups tend to live in the urban areas of Cowes, Newport, Ryde and Ventnor.

Ethnicity can sometimes overlap with religion or belief. The majority of the Island's population (**60.5%**) indicated they were Christian, followed by no religion (**29.6%**) and religion not stated (**8.2%**). A small number (**1.7%**) indicated other religions, the largest of these being Muslim (**0.4%**) and Buddhist (**0.3%**).

A significant number (**22.6%**) of the Island's population indicated in the 2011 Census that their day-to-day activities were limited by a health problem or disability which lasted or was expected to last 12 months or more.

There is currently no best source of information for sexual orientation or transgender. Public Health England modelling at February 2017 estimates using age estimated the lesbian, gay and bisexual (LGB) population in over 18s at 3,100. Stonewall, a leading equal rights charity for LGB recognises levels to be under reported. Based on estimates of around 3.7 million gay people in Britain, Stonewall estimates the figures for the Island to be nearer 8,000.

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.

6. EMBEDDING EQUALITY IN COMMISSIONING

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.

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 software solution which is now at the stage of starting to be utilised across the CCG, Trust and Local Authority following its configuration and structural development. This system facilitates governance checkpoints to support the governance around all projects in development and delivery to include equality assessments. The transition to this system will occur over Quarter 4 2019/20 (January to March 2020).

7. CONSULTING AND ENGAGING WITH PATIENTS AND LOCAL PEOPLE

The CCG consults and engages with patients and the public in a variety of ways to encourage engagement from all communities in the population served. In addition, the CCG works closely with Healthwatch Isle of Wight and has regularly sought support from Healthwatch in engagement activity, most recently to encourage the role of GP patient participation groups across the Island.

As a member of the Hampshire and Isle of Wight Partnership of CCGs the CCG has hosted one Partnership governing board meeting on the Island. These meetings are held in public and provide opportunities to update members of the public on progress with the development of local services. This is particularly in relation to the Island Health and Care Plan which was published in 2019. This Plan sets out a programme of transformation that will take place over the next three years. It takes account of feedback from Island residents has been gathered from engagement programmes over the past couple of years.

A range of inclusive approaches and methods of engagement is used to meet the needs of the local population. These are promoted in a number of ways. The CCG has sought to provide better information about how it can offer materials in a range of different formats on request such as Easy Read and publicises this on the CCG website. Documents such as the CCG's Urgent Care Guide and a summary of its annual report are available as a printed document online and promoted via social media. The CCG has also updated the "Get involved" section of its website to help the public better understand the ways and means by which they can make their views known about existing services or the transformation programme.

The CCG considers equalities and health inequalities in planning, targeting and undertaking public engagement. Key areas of work have been undertaken at community venues across the Island to shape commissioning intentions for services that affect people with specific protected characteristics. There are as follows:

- Primary care mergers and changes. Engagement with a broad range of patients linked to practices on the Island that are merging or, in one case, closing as a result of GP retirement. The CCG has held a series of patient forum sessions and developed a survey to help patients share their views and concerns in relation to changes to primary care in Brading and Lake. The CCG has also supported GP practices in undertaking engagement with patients where mergers are taking place in the Newport area and in Sandown and Shanklin.
- Mental health transformation programme. The CCG, in conjunction with the Isle of Wight council and the Isle of Wight NHS Trust, has worked closely with mental health service users to develop a blueprint for mental health. The vision behind this blueprint will result in a series of service improvements being developed over the next few years. This has started with the introduction of a new community mental health wellbeing service on the Island. It is supported by people with lived experience of mental health issues which is one of the things service users identified as being important to them in this situation.
- Autism service for children. Families of children awaiting an autism assessment have been invited to update sessions to help them find out more about the planned long-term service for the Island and help shape its future. The service was previously provided by a mainland provider who withdrew from the contract. This meant the CCG was required to put in place interim and longer term solutions. A number of families raised concerns about how the transition process was handled initially but significant improvement has been made over the past 12 months. This is particularly in terms of direct involvement of affected families.
- Improving NHS wheelchair services. During the summer engagement with service users was undertaken to better understand their views on the current service and what they would want to see improve. This was part of a contract re-procurement. Questions

related to issues such as the hours of opening, waiting times, service location and whether people would use digital methods to contact the service. Service users were able to choose whether to fill in an online survey, a paper copy or attend a focus group.

In early 2019 the STP Quality Board received a paper and viewed a presentation by Dr Clare Mander, Accessible Information Lead for Solent NHS Trust. An inaugural workshop on a Hampshire and Isle of Wight Accessible Information Collaborative was subsequently held in July 2019. Progress in implementing the NHS Accessible Information Standard (AIS) was discussed and a way forward in which all organisations would work together. A further meeting was held in November which focussed on embedding staff training, screening and data and audit and evaluation. The STP Quality Board will receive a progress report from Dr Mander in 2020.

8. PATIENT EXPERIENCE

The CCG received 13 complaints during 2019. The CCG asks complainants to complete an equalities monitoring form. The post of CCG complaints and quality officer was vacant for some time until successful appointment in August 2019 and implementation of an equalities monitoring form. The form is sent out with the complaint acknowledgement letter and includes an explanation of why this information is being requested.

Of the 13 CCG complaints received during this period, 2 have completed and returned equality monitoring data (table 1):

Gender		Ethnicity	
Male	1	White	2
Female	1	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	0
Sexual Orientation		66 – 75	1
Heterosexual	2	Over 75	1
Prefer not to say	0		
Carer		Disability*	
No	0	No	1
Not stated	0	Yes	1

*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 each CCG's website. An *easy read* version of the complaints policy has also been developed. The CCG Complaints and Quality officer also liaise with other organisations to ensure that there is no inequity in access to health care services.

During the 2019 reporting period the patient experience service also received a further 129 contacts from members of the public. Specifically related to equalities, these included:

- 6 complaints, concerns and comments about the accessible information standard; 5 of these originated from the same individual.
- 1 complaint and 1 concern regarding wheelchair services.

- 1 concerns relating to transgender speech therapy.
- 2 complaints about accessing assessment of children with Autism Spectrum Disorder (ASD).

Complaints and issues were passed to the provider organisation in each case to manage and resolve with the patient or 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.

The CCG also received two compliments during this period, one directly relating assessment of children with Autism Spectrum Disorder (ASD).

9. SAFEGUARDING

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 (IPC) Primary Care workforce development and a strong Integrated (CCG/LA) Care Home Quality and support 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 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 their legislation and their duty of care. The senior quality manager for community mental health, learning disability and primary care 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. The safeguarding team has responded to fewer hate/mate crimes in 2019 raised through safeguarding processes. Similarly there seem to have been fewer concerns/referrals to the police for suspected modern slavery and PREVENT. 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. Also increased, is the number of neuro diverse children and young people and adults who have needed support to access a range of services. Commissioning across the health and social care sector has supported improvements over the year in the capacity of local services to meet the needs of these groups and individuals.

The implications of trends and themes and lessons learned from enquiry processes are shared through 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.

10. MONITORING CONTRACTS OF 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.

11. THE CCG'S EQUALITY OBJECTIVES

The CCG has three equality objectives which were approved and adopted by the CCG's governing body at the end of October 2013.

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

The CCG seeks to embed the principles of equality and diversity into day-to-day business in a number of ways. These include:

- Narrative on reducing inequality is provided in reports to the Hampshire and Isle of Wight Partnership governing body and its sub-committees.
- CCG staff complete essential training on equality and diversity training every three years.
- CCG staff equality impact assesses commissioning projects and plans.
- CCG workforce policies and procedures seek to protect employee rights at work.
- A range of inclusive approaches and methods are used to engage the population and different languages and formats, such as Easy Read, are available on request.
- Integrated teams work closely with colleagues across health and social care to address safeguarding concerns and protect vulnerable adults and children.
- The reporting requirements on equity of access and non-discrimination are being clarified in contracts with provider services.

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

During 2019, the CCG has worked with local system partners at the Trust and Council to commence implementation of the Mental Health Blueprint as part of the overall Isle of Wight Health and Care Sustainability Plan. These plans were developed through extensive co-

production and consultation with statutory and voluntary and community sector partners and service users and this work continues into 2020/21 as part of our long term plan for sustainable mental health for the Island.

Phase 2 of the Community Mental Health and Wellbeing Service is due to be implemented. This has already reduced the Community Mental Health Team caseload by half and continues to improve access for people with more acute needs waiting to access the Community Mental Health Service and reduced waiting times for the service.

The co-produced Living with a Learning Disability on the Isle of Wight strategy is now being finalised and plans are being developed to implement an integrated health and social care Learning Disabilities Service in 2020. Success has already been seen in a number of joint Isle of Wight Council and Isle of Wight CCG initiatives, including increasing the number of supporting living placements, improving the island performance for annual health checks, securing funding for safe places scheme and moving forward to deliver an integrated health and social care learning disabilities team over the next two years. Plans are also advancing for the implementation of a new Dementia Outreach Service in spring 2020 to ensure that there is a more effective community service to directly support people who historically may have been admitted to receive the support they need in community settings.

Plans are being developed to improve access and to increase capacity within Primary Care for those with serious mental illness through deployment of a locality based mental health framework of support focussed on expediting individual patients to the most appropriate, safe resource and thus reducing the risk of a relapse in mental wellbeing or a mental health crisis.

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

The Island has recognised the need to provide support at a locality level to improve individual patient access to services at primary care level. Improvements in services have been planned for 2020/21 and include increasing the number of people receiving an annual health check in primary care, ensuring access to a wider range of psychosocial support frameworks and implementing Phase 2 of the Island mental health sustainability plan. In addition, the CCG is developing plans for service users who have received treatment in a clinical setting for a mental health recovery and rehabilitation model through a supported living framework of support.

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.

The recognition of the importance of self-help and is supporting exploration of opportunities to expand this resource through web based, easily accessed support. Expansion of the Community Mental Health and Wellbeing service will include meaningful, robust signposting to community resources as well as opening up the resources more widely beyond the scope of those currently supported by the Community Mental Health Teams.

12. ISLE OF WIGHT CCG'S ACTION PLAN 2020

MEASURE	ACTION	BY WHOM	WHEN	OUTCOME
1. Adopt an equality and diversity training plan	Agree and put in place a final equality and diversity training plan.	Equality and Diversity Manager working with Partnership of CCGs HR and OD leads.	Q2 2020/21	Partnership of CCGs equality and diversity training plan in place.
2. Ensure all policies and guides are up-to-date and, relevant to CCG Partnership staff who can easily access them.	e. Review legacy and update policies and guides f. Upload all policies and guides to the ConsultHR portal and signpost staff via the intranet.	Partnership of CCGs HR Manager	Q4 2020/21	Up-to-date Human Resources policies and guides that are relevant to all Partnership of CCG staff are available directly on ConsultHR or via the staff intranet.
3. Ensure HR policies that govern employment practices are equality impact assessed.	Equality impact assessment undertaken against each HR policy that governs employment practice.	HR Manager liaising with equalities lead and CCG Staff Partnership Forums.	Q4 2020/21	HR policies that govern employment practices are adequately equality impact assessed.
4. Ensure progress against equality objectives.	Monitor and review on at least an annual basis.	CCG equalities lead liaising with CCG commissioning leads.	Ongoing.	Business objectives meet the needs of the population served.
5. Develop new equality objectives that are aligned across the Partnership of CCGs.	Re-assess the CCGs' performance against the Goals of NHS Equality Delivery System 2.	Equality and Diversity Manager working with communications and engagement and HR leads.	Q1 2020/2021	Equality objectives that aligned and relevant to stakeholders across the Partnership of CCGs.

APPENDIX 4: LEGAL CONTEXT - EQUALITY AND DIVERSITY IN THE NHS

NB: to be included in all CCGs' annual equalities reports, but presented once here for brevity.

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:
 - Removing or minimising disadvantages suffered by people with a protected characteristic due to having that characteristic
 - 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)
 - 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:
 - Tackling prejudice
 - 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>