

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

EQUALITY AND DIVERSITY ANNUAL REPORT 2019

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1. INTRODUCTION

This report sets out how Fareham and Gosport and South Eastern Hampshire CCGs (referred in this paper as “the CCGs”) demonstrated due regard to the Public Sector Equality Duty of the Equality Act during 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 1.

3. ORGANISATIONAL CONTEXT

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.

In April 2017, the CCGs started working in partnership with North Hampshire CCG and North East Hampshire and Farnham CCG. 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.

In November 2018 the CCGs’ governing bodies agreed to hold their meetings in common with North Hampshire CCG and Isle of Wight CCG. 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.

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.

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.

4. THE CCGS’ WORKFORCE

As at December 2019 the combined workforce for the two CCGs is 132 (71.54 full time equivalent). As the CCGs do not have a combined workforce of 150 or more employees, they are 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 internet 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. This is with the exceptions of Havant where health inequalities mainly relate to respiratory disease in women, and in Winchester* where this is digestive disease including alcohol related disease in women. (Joint Strategic Needs Assessment, July 2017.)

In both areas served by the CCGs the proportion of working age adults is reducing and there is increasing pressure on services and carers. (Joint Strategic Needs Assessment, July 2017.)

*A small area of South Eastern Hampshire CCG lies within the district of Winchester.

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 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.

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 with a further meeting in November at which the focus would be on embedding staff training, screening and data, and audit and evaluation. The STP Quality Board will receive a progress report from Dr Mander in January 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 respect of the provision of 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 to 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.

The CCGs continue to make progress against the three equality objectives agreed following engagement with stakeholders in 2017 and approved by the Governing Bodies in early 2018. As the CCGs work as partner CCGs, collaborative review of equality objectives in 2020 would re-fresh equality objectives that align across the Partnership of CCGs. This would be undertaken through engagement with stakeholders against the Goals of the NHS Equality Delivery System 2. A unified approach would also be beneficial in avoiding duplication of effort and over consultation of patients, the public and CCG staff.

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 2020/2021	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 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.	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

Equality Act 2010

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

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

The General Equality Duty of the Equality Act 2010

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

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

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

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

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

The Specific Duties of the Equality Act 2010

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

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

Human Rights Act 1998

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

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

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

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

Human rights help individuals to flourish and achieve potential through:

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

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

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

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

Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014: Regulation 13

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

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

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

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

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

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

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

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