

Public sector equality duty

Annual report 2018



Working together – a healthier Richmond for everyone

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1 INTRODUCTION

This report for the period January to December 2017 brings together information and evidence which demonstrates how NHS Richmond Clinical Commissioning Group (CCG) is meeting its statutory duties under the Equality Act 2010.

This report will cover the following core business areas:

- Commissioning
- Primary care
- Contracts, tenders and performance
- Engagement and consultation
- Partnerships and public health
- PALS and complaints
- Serious incidents (SIs)
- Safeguarding
- Workforce

The CCG aims to commission health services which are fair and personal to the needs of the local population. Improving quality includes the promotion of equality and the reduction of inequalities. This is a key driver to the development of our commissioning plans.

The CCG's corporate objectives for 2017/18 are:

- to deliver a financially sustainable health economy balancing the need for effective use of resources and the need for innovation
- to work in partnership with local health providers and commissioners to commission quality integrated services that achieve good health outcomes, are accessible and promote equality for local people
- to support the development of the CCG as a continually improving and clinically led commissioning organisation
- to enable local people, patients and stakeholders to have a greater influence on services we commission and develop a responsive and learning organisation
- to deliver our statutory and organisational duties and ensure the CCG is a highly effective membership organisation

2 LEGISLATIVE CONTEXT

The Equality Act (2010) imposes a duty on all public bodies carrying out public functions to promote equality and eliminate discrimination.

There are nine protected characteristics covered by the duty: age, sex, race including nationality and ethnicity, gender reassignment, sexual orientation, religion or belief, disability, marriage & civil partnership and pregnancy & maternity.

Specific duties that need to be undertaken by Richmond CCG:

- Annually publish **relevant, proportionate information** demonstrating compliance with the Equality Duty. The information must be published by **31 January each year** and in an easily accessible format. Consideration needs to be given to the following:
 - Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
 - Advance equality of opportunity between people from different groups; and
 - Foster good relations between people from different groups
- Set **specific, measurable equality objectives** based on the evidence submitted.
- Subsequent objectives must be published every four years.

3 EQUALITY OBJECTIVES

Following an equality delivery system (EDS2) audit in 2016 the CCG agreed the following equality objectives for the period 2016 – 2020:

- To work with providers to establish a more informed reporting procedure that provides relevant protected characteristics information.
- To work with local providers to develop a more strategic joined up approach to annual EDS reviews.
- To ensure the implementation of Workforce Race Equality Scheme (WRES).
- To work with HR to ensure full protected characteristic information is available in order to monitor how protected groups fare in relation to recruitment, (application, shortlisting and appointment) training and development and flexible working.
- To support staff and governing body members to understand their role in supporting the EDS goals and seeking assurance on CCG's equalities obligations.

The EDS2 is a tool developed by NHS England to help organisations, in partnership with local stakeholders, to review and improve their performance for people with characteristics protected by the Equality Act 2010.

Richmond and Kingston CCGs carried out EDS audits in 2016 and will be exploring a joint approach to equalities work across the Kingston & Richmond local health and care partnership to include working with our key NHS, council and voluntary sector partners from 2018 onwards.

4 ABOUT RICHMOND

Richmond has a population of 193,585¹ and on the whole is healthy. However, the population is ageing and with this comes the challenge of caring for increasing numbers of people living with multiple long-term conditions. The numbers of local people who have adopted unhealthy behaviours that increase the risk of disease are rising. These include smoking, being inactive, eating a poor diet and drinking too much alcohol. However, a significant proportion of long-term conditions are avoidable with the adoption of healthy behaviours, which we continue to promote.

¹ JSNA The Richmond Story

The challenges we face in Richmond:

- Like elsewhere, cost pressures in the health and care system are due to the rise in numbers of people with multiple long-term conditions.
- An ageing population with a significant number of older people living alone.
- A rising number of patients with dementia-related health problems.
- Unhealthy behaviours, as well as poor emotional and mental wellbeing, are responsible for at least a third of ill health.
- Cardiovascular disease and cancer remain the two leading causes of death, but an increasing burden of disease and suffering is also due to mental ill health.
- Increasing emotional, self-esteem and wellbeing issues in our school age population.

A snap shot²:

- The numbers and proportions of men (49%) and women (51%) are roughly equal.
- 14% of Richmond's residents belong to black and minority ethnic (BME) communities. The proportion of BME groups in Richmond has risen from 9% to 14% between 2001 and 2011.
- Heathfield and Whitton wards have higher proportions of BME populations, mainly from Asian communities.
- In Richmond compared to the age distribution of England there are more people in the 0-4 years and 30-49 years age groups and less in the 10-24 years age group.
- 55% of Richmond's population identified itself as being Christian, followed by 28% reporting no religion and lower proportions of other religions e.g. Muslim 3%.
- 12% of people based on data and estimates report that they have some form of disability or health problem that affects their day to day activities. 2% of people aged 16-74 years consider themselves to be economically inactive due to a permanent sickness or disability.
- Estimates of the LGB&T population in Richmond vary. Of the total population 5% (9,500) are estimated to be lesbian, gay or bisexual.

5 ORGANISATIONAL CONTEXT

The CCG is a membership organisation made up of the 28 GP practices serving people living and working across the borough of Richmond.

The CCG commissions community services with Hounslow and Richmond Community Healthcare NHS Trust and is also a partner commissioner in contracts with:

- Kingston Hospital NHS Foundation Trust
- West Middlesex University Hospital NHS Trust
- St George's University Hospitals NHS Foundation Trust
- South West London & St George's Mental Health NHS Trust

² JSNA Quarterly Newsletter/ Issue 11

On 1 April 2016 the CCG took over delegated commissioning of primary care medical (GP) services.

NHS England provides strategic policy guidance and performance monitoring through its national equality and health inequalities team.

5.1 Kingston & Richmond CCGs

From April 2017, Richmond CCG combined working arrangements with neighbouring Kingston CCG as part of the South West London Alliance. Whilst still retaining their own governing bodies and remaining accountable for their own populations, Richmond and Kingston are managed under one senior management structure across the two CCGs.

6 CCG GOVERNANCE

The CCG's governing body has a collective responsibility to ensure compliance with the public sector equality duty both as an employer and commissioner of healthcare services.

The director of corporate affairs and governance is the executive lead for equality and diversity reporting into the executive team, quality and safety committee and governing body.

The director of public health is one of the representatives of Richmond Council on the governing body and helps to ensure that concerns relating to health and wellbeing are shared between the CCG and the council. The CCG is a partner on the Health and Wellbeing Board (HWB) which is responsible for Richmond's Health & Wellbeing Strategy and the Joint Strategic Needs Assessment (JSNA).

7 COMMISSIONING

All commissioning projects (from strategy through to procurement) are required to have due regard to the potential impacts of the project on our local communities and in particular groups with protected characteristics.

The CCG has an equality impact needs assessment (EINA) process to ensure a proportionate response informed by the impact and sensitivity of each project. The assessment process includes review and oversight by the CCG's community involvement group (engagement and equalities reference group) and approval by the quality & safety committee.

The EINA process should be followed for all projects where the CCG has been identified as the lead organisation. For joint projects across health and social care, with other CCGs or providers the lead organisation's equality analysis process will be used.

In developing the EINA process it became clear that findings from EINAs were not routinely referred to in governing body/committee reports. Further that there is a lack of evidence of challenge or request for assurance of equalities by governing body/committee members. It is anticipated that having a clear EINA process will improve this situation. Equalities training for governing body members was also identified. As part of the joint approach to working

across Kingston & Richmond CCGs a single EINA process is currently being developed and equalities training for both Kingston & Richmond CCG governing bodies is planned for May 2018.

The CCG's programme management office (PMO) is a central support structure that provides support and quality assurance for Richmond CCG's priority commissioning programmes, which include Quality, Innovation, Productivity and Prevention (QIPP) programme. QIPP is about ensuring that each pound spent in the NHS is used to bring maximum benefit and quality of care to patients. As part of the project management process both equality and quality impact assessments are included to ensure an overview of the potential impact of each project is considered on groups with protected characteristics and other locally identified communities. Stakeholder analysis is also included to ensure relevant stakeholders are identified and engaged as part of the process.

Equality is also promoted through the NHS standard contract framework which details current legislation and includes service specifications that cover access, service delivery, etc. The National NHS standard contract framework service condition SC13 (equity of access, equality and non-discrimination) outlines the requirements on providers to meet the Equality Act 2010.

Providers are expected to comply with the equality outcomes and demonstrate their compliance against these, through publication of an annual equality duty report as noted in the contract particulars schedule 6 reporting requirements.

As part of the regular performance and quality monitoring of NHS trusts, there are monthly clinical quality review groups (CQRGs) between CCGs and NHS trusts. The CQRG is a platform to bring together clinical leads, commissioners and quality leads from CCGs and the trusts to discuss and make decisions on aspects of quality and safety which will include equalities.

The following are some of the commissioning projects undertaken during the year that highlight how the CCG has paid due regard to impact on local communities and groups with protected characteristics and other locally identified groups.

7.1 Choosing Wisely

During 2016/17 the CCG was required to deliver £11m of savings and a further £13m net savings in 2017/18. Due to the significant financial challenge faced by the CCG, a review of commissioned services took place to identify where savings could be achieved. The following proposals emerged from the review as part of the Choosing Wisely programme:

- To change the access criteria to IVF (In-Vitro Fertilisation) so that cycles are offered 'on an exception only' basis.
- To review prescribing of gluten free foods, vitamin D, baby milk and self-care medications which are now widely available at a reasonably low cost, both online and in local shops. We are asking for feedback on the extent to which the local NHS should prescribe items that can be bought more cheaply and directly by the patient.

- For GPs in Richmond to help encourage patients who smoke or have excess weight to make some lifestyle changes before they have surgery.

The CCG undertook patient and public engagement on these proposals between December 2016 and February 2017 and feedback from this engagement demonstrated that people were concerned about:

- The longer term impact on both patients and NHS services if individuals did not have access to treatment.
- The protection of vulnerable groups within Richmond's population and the continuation of access to care.
- The potential negative impact on health inequalities across the borough
- Potential lack of understanding around allergic conditions such as cow's milk protein allergy (CMPA).
- The need for the CCG to support and provide clear information to patients, public, service providers and healthcare professionals about the implementation of agreed proposals.

The Choosing Wisely engagement report can be found [here](#).

As a result of this stage of engagement the CCG decided to move to an 8 week consultation on specific proposals for IVF & ICSI services and to change the proposal to support patients to be surgery ready to guidance only. The equality impact assessments undertaken for IVF & ICSI and the prescribing proposals were also informed by this stage of engagement.

Prescribing of gluten free foods, vitamin D, baby milk and self-care medications

The CCG considered the findings from the engagement and also the equality impact needs assessments undertaken and took the decision that it no longer supports the routine NHS prescribing for gluten free food; vitamin D maintenance and medicines which are available over the counter.

Equality impact needs assessments were undertaken for each of these prescribing proposals assessing the impact for the protected groups as well as carers which the CCG routinely includes. It also assessed socio- economic impact in response to the findings of the Choosing Wisely engagement. The groups with the highest potential impact were age, race, disability and those on low incomes with mitigating actions identified including the need for accessible patient information about the changes.

Prescribing for baby milk

The CCG also looked at the option of reducing prescriptions for baby milks and specialist infant formula. The equality impact needs assessment considered the impact for protected groups, carers and also assessed the socio- economic impact in response to the findings of the Choosing Wisely engagement. The groups with the highest potential impact were age, race, and those on low incomes with mitigating actions identified.

Feedback received during the engagement highlighted the complex nature of milk allergy. As a result the CCG took the decision to focus on developing improved guidelines and education for GPs and other healthcare professionals to advise when prescribing is suitable or not.

In-vitro fertilisation (IVF) and intra-cytoplasmic sperm injection (ICSI)

Alongside an 8 week public consultation (February – April 2017) on the proposal to change the access criteria for IVF and ICSI so that it is funded in limited circumstances only, an equality impact needs assessment (EINA) was undertaken which examined the potential impacts of the proposal on groups with protected characteristics. It also considered socio-economic impact in line with ability to pay for treatment privately as an alternative to the NHS as this was highlighted as an area of concern in both the initial engagement and public consultation. The groups with the highest potential impact were age, disability and those on low incomes. An additional risk raised during the consultation was the possible unintended impact of potentially increasing the number of patients that receive multiple embryo transfers while undertaking self-funded fertility treatment abroad.

Consultation responses suggested that the CCG consider other options, or further restrict the current eligibility criteria in order to maintain a level of IVF services in the borough. This was also supported in discussions with the Assisted Conception Unit at Kingston Hospital who suggested that access should be based on clinical evidence associated with successful outcomes of fertility. The CCG considered the findings from both the engagement and consultation alongside the equality assessments and took the decision to support a further option developed as a result of patient and public feedback by adding the following eligibility criteria to the current policy:

- No previous self-funded cycles of IVF
- Reduce the IVF age to <39 (the evidence shows that successful outcomes reduce with age)
- Reduce access to people with an AMH level of <5.4pmol/l (this is an indicator of fertility and below this level there is less likelihood of success).

The IVF and ICSI consultation report can be found [here](#).

7.2 Community services

The CCG and Richmond Council have set a long term vision to improve the quality of care for individuals, carers and families living in the borough of Richmond. To deliver the outcomes that matter to them by encouraging providers to break down organisational boundaries to deliver health and social care in a way that is seamless, proactive, efficient and centred on the patient or service user.

A most capable provider (MCP) process took place during 2015/16 with the result of Richmond Community Health in Partnership (RCHiP) being established between Hounslow & Richmond Community Healthcare NHS Trust (HRCH) and the Richmond GP Alliance (RGPA) taking on a new outcomes based contract for integrated out of hospital health and social care for adults.

The new out of hospital health and care contract includes the requirement for RCHiP to comply with equality legislation and to ensure that they are able to meet the needs of all of Richmond's population: in particular that they are meeting the needs of protected groups. RCHiP will be required to undertake further equality analysis and engagement to inform any resulting service changes/pathway redesign.

7.3 Primary care

Primary care in Richmond aims to deliver a high standard of care to all, across all protected characteristics. Primary care is often the first point of contact for people with the NHS and has a significant role to play in empowering people to look after their own health, stay healthy and well and enable them to become an active part of their local communities.

When people are not well, or living with long term conditions, such as diabetes, it is a primary care professional that will be providing the majority of their care and advice. If we do not ensure that our primary care service and staff are treating all with equality, respect, dignity and understanding this will have a direct impact on a person's health.

The results of the 2017 GP Patient Survey show that 87% of respondents from Richmond rated their experience at the last GP appointment as good or very good.

The results from the GP Patient Survey would indicate a very high level of satisfaction overall with GP care locally. However, the results are not disaggregated by protected groups. We are aware that there are some variances in access to primary care services, which impact on patient experience and outcomes. The CCG has been taking a partnership approach to provide targeted outreach to ensure that all local communities receive the best primary care and achieve the best outcomes. The CCG has been working with NHS England and specific local GP practices and other stakeholders to ensure offenders being released are able to register with a GP enabling them to access primary care services. This is being achieved by working with the probation offices to remove the barrier of registering with a practice without a fixed address. In addition primary care has focused on supporting the homeless community to access primary care services during the year. We have continued to support a locally commissioned service in GP practices to ensure individuals with learning disabilities are identified and have their annual health check, as required.

The CCG has been working with Richmond General Practice Alliance (RGPA), a partnership of all the GP practices in the borough, over the last two years to offer extended access to primary care for our local population. The extended access service is 8am – 8pm 7 days a week. This means patients contact their GP in the usual way but may be offered a daytime or evening appointment in the nearest available location to their home. Same day GP appointments are available for children aged 5 and under.

The CCG has been also working with practices to promote GP Online services to patients registered with a GP practice in Richmond. This enables patients to book appointments, order prescriptions and access elements of their patient records online. Some concerns have been expressed by community groups representing people with a disability that whilst recognising greater use of technology as a positive step it could be a barrier for some people with a disability. There is therefore a need to ensure the NHS continue to invest and value face to face consultations and appointment booking systems.

We routinely review the services we commission locally for primary care to ensure that these services are the right services to meet the changing needs of our local population, are available on a population-wide basis, deliver the best health outcomes for patients and provide value for money.

Kingston & Richmond CCGs are working together to develop a set of service pledges and patient responsibilities for GP practices and pharmacies, to help us achieve consistently

good services across the boroughs. We are undertaking a programme of engagement particularly targeting communities with protected characteristics to ensure their views are represented in the feedback. We have so far engaged with young people with additional needs, refugees/asylum seekers, older people, people with long term conditions and those recovering from drug/alcohol addictions.

7.4 Commissioning across south west London

The NHS, local councils and the voluntary sector in south west London are working together as the South West London Health and Care Partnership to deliver better care for local people. Organisations providing health care in six London boroughs are working together as four local partnerships to improve health services in Croydon, Sutton, Kingston & Richmond, and Merton & Wandsworth.

Since the publication of the south west London sustainability and transformation plan (STP) in November 2016, we have continued to work together across south west London to engage with our stakeholders and local people. We have listened and taken into account the feedback received and are currently refreshing our strategy for health and care in south west London.

In December 2017 we published a [discussion document](#) reflecting the feedback we have received over the last year. It shows a strengthened focus on partnership, prevention and keeping people well; recognizing the greatest influences on our health and well-being are factors such as education, employment, housing, healthy habits in our communities and social connections.

Across Kingston & Richmond a local transformation board has been established to develop and deliver the south west London plan at a local level. Equalities and health inequalities will need to be considered as part of the development of the local health care plan.

8 PARTNERSHIPS

The CCG works collaboratively with a range of local organisations and agencies to strengthen its commissioning for the local population.

8.1 Richmond Health and Wellbeing Board

Richmond Health and Wellbeing Board (HWB) is a forum where representatives from the CCG, council, Healthwatch and the voluntary sector work together to improve the health and wellbeing of their local population and reduce health inequalities. Richmond HWB is responsible for developing [Richmond's Health and Wellbeing Strategy](#) and the [Joint Strategic Needs Assessment \(JSNA\)](#).

8.2 Healthwatch Richmond

We continue to work with and develop our relationship with our local Healthwatch which has representation as a non-voting member on the CCG's governing body, the community involvement group and on a number of commissioning projects including the outcomes based commissioning (OBC) programme and mental health strategy groups.

Healthwatch Richmond has supported the CCG in its engagement to develop an outcomes framework for commissioning community services. The CCG's children & young people's mental health plan has been informed by the results of [Healthwatch's emotional wellbeing survey](#) for young people.

8.3 Community involvement group

The Community Involvement Group (CIG) acts as an engagement and equalities reference group for the CCG. The group is a valuable source of insight and input from key voluntary sector and community organisations about local patient and public involvement in commissioning. Membership is drawn from local organisations and groups from key population groups including Richmond Carers Centre, Mencap, Mind, Ethnic Minorities Advocacy Group (EMAG), Richmond LGB&T forum, Richmond users and carers group, Age UK, Integrated Neurological Services (INS), Richmond Advice & Information on Disability (RAID), RUILS working together for independent living, plus Richmond Council, Richmond Council for Voluntary Services (CVS) and Healthwatch Richmond.

8.4 PPG network

We have continued to support the development of a patient participation group (PPG) network to bring together representatives from practice PPGs across the borough. PPGs are made up of volunteers, who meet on a regular basis to discuss their GP practice services and how improvements can be made to benefit patients.

9 ENGAGEMENT AND CONSULTATION

9.1 Grassroots engagement programme

The six CCGs in south west London provided each local Healthwatch with a pot of money to fund local organisations to run activities for their client group - with a focus on 'protected characteristics'. The programme encourages people who would not normally get the chance to express their views about local services and engage with the NHS, for example, children and young people, LGB&T communities, people for whom English is not a first language, carers and socio-economically deprived communities.

A summary of the feedback from across south west London for 2016/17 is available on the [CCG's website](#).

The programme was independently evaluated to assess the success of the engagement approach. [View grassroots evaluation report 2016/17](#)

In Richmond, this programme has enhanced our existing community engagement. During the year we attended 18 sessions, had in-depth conversations with over 379 individuals and reached over 888 people from some of the most seldom heard groups – the majority of whom would not have been engaged in this programme. The insight gathered from this programme will ensure that seldom heard voices also inform commissioning at both a local CCG level and across south west London. Some examples of the engagement activities which took place in the borough include:

Whitton True Access – young people with disabilities

In February 2017, Richmond CCG had face to face conversations with 31 young people with disabilities. During this engagement event, individuals expressed their difficulties in booking a GP appointment and felt that they did not feel supported during the appointment. Individuals also stated that the psychiatric support offered in the borough is generally poor and that there is a lack of consistency around care.

Ethnic Minority Advocacy Group (EMAG) – BME communities

In March 2017 we engaged with 121 individuals from the BME communities at a multicultural event organised by EMAG. Feedback from individuals included difficulties when accessing appointments and the perception that appointment availability was dependent on the mood of the receptionist staff. Individuals also noted the length of time to receive therapeutic support which may cause people's conditions to escalate further.

SEND Family Voices

We engaged with 60 families with children with disabilities during a fun activity day. Feedback highlighted that the waiting times to see a GP can be long and that the length of time of appointments are not long enough. Individuals also stated that there are long waiting lists regarding referrals for specialist support and expressed that the access to specialist support should be quicker.

9.2 Transforming mental health

To ensure that the patient and carer voice informs the commissioning of an [outcomes based mental health service](#) experts by experience have worked alongside commissioners in the selection of providers and the evaluation of the providers' submission. Richmond CVS has evaluated the quality of the involvement of the experts by experience and the evaluation is available on the [CCG's website](#).

The CCG has worked with Healthwatch Richmond to provide local people, service users and carers with an interest in mental health to find out more about the plans for transforming mental health at a public event in December 2017. This was an opportunity to hear first-hand from the providers and commissioners about progress so far in improving mental health services and to give their feedback and share ideas about future plans.

10 PUBLIC HEALTH

The CCG and the public health team in Richmond work together to ensure health inequalities are reduced and healthcare needs are met through robust evidence gathering. Public health's commissioning responsibilities include prevention, sexual health, health visiting and substance misuse services.

There are many positive examples available which demonstrate how public health is supporting the CCG's commissioning or working together to improve the health of local people in the borough and a few are detailed here:

10.1 Joint Strategic Needs Assessment

Producing the Joint Strategic Needs Assessment (JSNA) is a statutory duty of the Health and Wellbeing Board (HWB). It is a joint effort by all relevant stakeholders, analysing

information and evidence to enable councils and CCGs to commission services effectively and efficiently.

Richmond's JSNA is made up of a number of needs assessments for different groups of the population, each being updated on a regular basis. The JSNA also provides in-depth analysis of the protected characteristic groups and of carers in the borough. This resource is designed to assist commissioners, providers and staff to understand the different and sometimes similar needs of the diverse groups within the borough. [JSNA profiles on groups and communities.](#)

10.2 Supporting the clinical networks

As part of public health's core offer to the CCG, the public health intelligence team produces an annual locality profile. This provides an overview of the differences between populations at a GP, locality and clinical network level, compared to the overall CCG population. The information presented in the profile aim to help the CCG understand variation in patient needs and outcomes between practices and networks, and stimulate discussions as to whether variation is warranted or unwarranted.

10.3 Sexual health

As part of the process of procurement for a new joint sexual health service across Richmond and Wandsworth Councils the equality impact needs assessment (EINA) was updated to take into account any impact on equalities groups. Amendments made to the EINA included detail on the location of the new service, where a clinic no longer exists in Whitton, which may affect the deprived community and other equalities groups within this area. However, a more robust service exists in the neighbouring ward in Twickenham and an additional clinic in Sheen, although a reduced service also extends the offer for local residents. The new service commenced in October 2017.

10.4 Child sexual exploitation (CSE)

Public health led on the development of a CSE needs assessment, following similar work in Kingston, given the shared Achieving for Children (AfC) services and interest from the joint local safeguarding children board (LSCB).

The needs assessment was informed by risk factors such as young people with learning disabilities or mental health issues, those who are looked after or leaving care, young carers, victims of trafficking and BME and populations. It provided data and information relating to the local picture, taking into account demographics from at risk groups, as above and including those in households with domestic violence and parental mental health and substance misuse issues and young people with sexual health and substance misuse issues.

A CSE task and finish group including sexual health, community safety and public health was established and met in October 2017 to start developing recommendations which were approved by LSCB. These recommendations now form part of the CME/CSE action plan and will be monitored by the LSCB.

10.5 Young people's health - risky behaviour review

A risky behaviour review of young people's services across Richmond started in September 2017. This project follows the results of the WAY survey 2016 that showed young people aged 15 years in the borough were more likely to engage in three or more risky behaviours than their peers across the capital. Public health is leading the review in partnership with the CCG, LSCB, Achieving for Children (AfC) and Kingston public health. Focussing on health related risky behaviours (sexual health, drugs and alcohol and smoking), 22 interviews were held with local services (including local schools, mental health services, youth services, voluntary sector, social care and police) working with 13-19 year olds, and were compared to literature on best practice interventions for young people and analysis of local service data. The aim of the project is to establish the gaps in and challenges to services and how they met best practice.

The initial findings were presented to the quality assurance subgroup of the Richmond LSCB in November. Initial priorities were presented to a specific Scrutiny Panel in December and a final report will be presented at the Richmond Health and Wellbeing Board and the joint Richmond and Kingston LSCB in early 2018. The final report will be shared across the wider children's partnership including with AfC, LSCB, CCG and Richmond council officers.

10.6 Children's health - health visiting

A new health visiting service will be launched in early 2018 for Richmond and Wandsworth councils. Health visiting aims to provide improvements in health and wellbeing outcomes for families and reduces health inequalities. An EINA was undertaken to inform the new service specification and to have due regard for any impact on protected groups. It considered vulnerable children such as children in need (CiN) and looked after children (LAC), children of teenage parents, needs of families from BME communities including those practising female genital mutilation (FGM) and those with additional needs. Part of the service specification makes reference to additional targeting for families where additional support may be required, including parental and infant mental health, nutrition, safeguarding and antenatal. The provider is required to comply with the Equality Act (2010) and monitor equality in the service delivered.

11 PALS AND COMPLAINTS

The Patient Advice and Liaison Service (PALS) and complaints team deal with enquiries, concerns and formal complaints relating to local health services commissioned by the CCG. There has been an increase in the number of PALS contacts and complaints since the CCG has taken over the provision of the continuing healthcare service in July 2016. These predominantly relate to the processes for Richmond CCG's retrospective claims.

The PALS is provided across Kingston and Richmond CCGs which provides a greater opportunity for patient feedback. [The complaints and PALS policy](#) and the standard operating procedures set out the process for accessing the PALS and complaints service to ensure flexibility, access and provision of patient information.

Information on PALS and complaints is available on the [Richmond CCG website](#).

11.1 Advocacy provision in Richmond

Patients and members of the public are able to access local advocacy services within the borough provided by Cambridge House who provide information, advice, support and advocacy to eligible adults with health and social care issues. The local service includes: independent mental capacity advocacy, independent mental health advocacy, NHS complaints advocacy and advocacy under the Care Act.

The independent NHS complaints advocacy service is available to all patients with a complaint or grievance related to healthcare including complaints about poor treatment.

12 SERIOUS INCIDENTS

The CCG monitors all serious incidents for providers of healthcare to patients in south west London. This is done through scrutiny of notifications and attendance at clinical quality review groups (CQRG) and serious incident review groups with providers.

The CCG focuses on the quality of service provision; how providers report and manage incidents and demonstrate how learning is shared, applied and reviewed. When the CCG is not the lead commissioner the quality lead will request to review the Root Cause Analysis (RCA). This enables the CCG to monitor providers and supports Richmond residents to receive the best care possible.

The CCG lead a monthly serious incident review group (SIRG) with Hounslow and Richmond Community Healthcare NHS Trust (HRCH). This group reviews the RCA of serious incidents related to Richmond residents. The CCG's quality lead meets with the authors of the RCA prior to the SIRG to support and challenge the author's findings and their action plan. This assists in ensuring that the report identifies the causes and the action plan will help reduce the likelihood of the incident happening again. The action plans are reviewed at intervals in the SIRG to ensure that learning is shared and implemented.

The serious incident processes along with PALS and complaints contacts and general practice notifications (amber warning cards) enables the CCG to monitor themes and challenge providers to improve care for Richmond residents.

13 SAFEGUARDING

The CCG ensures that it complies with its equality duties by making sure that all services it commissions have safeguarding at their core.

The duties and functions in relation to safeguarding for the CCG are set out in NHS England's safeguarding accountability and assurance framework (June 2015). This document sets out clearly the safeguarding roles, duties and responsibilities of all organisations commissioning NHS health and social care.

Richmond Safeguarding Children's Board and Safeguarding Adults Board are supported with appropriate health representation to provide advice, recommendations and support action.

The CCG's safeguarding leads work closely with providers to seek assurance that policies and procedures are in place to effectively safeguard children and adults at risk. There are structured mechanisms in place for further scrutiny via the CCG's quality, safety and performance committee.

The internal safeguarding policies have been reviewed to ensure that they are in keeping with the equality duty requirements.

Richmond GPs receive quarterly safeguarding adults and children's training update sessions which are facilitated and/or delivered by the adults and children's safeguarding leads. During the year these included topic such as modern slavery, domestic violence and the Mental Capacity Act.

13.1 Safeguarding adults

All commissioned services work together to support safeguarding of adults and have policies and procedures in place that meet their legal requirements. The CCG gains assurance that our providers safeguard adults at risk, through structured mechanisms that are then monitored via the Richmond Safeguarding Adults Board (SAB).

Richmond SAB and its communications sub groups are supported with appropriate health representation to provide advice, recommendations and to support and deliver actions.

13.2 Safeguarding children

The designated nurse for safeguarding children has delivered training sessions alongside a survivor of female genital mutilation (FGM) to local GPs and multi-agency network to increase awareness within the borough of Richmond regarding this important agenda. FGM is also included in the internal training to CCG staff.

Richmond Safeguarding Children's Board has comprehensive training around diversity and safeguarding children which is offered to the multi-agency workforce. This training helps professionals explore how their biases can affect work with children and families.

The CCG has reviewed and improved the accountability of the role of designated nurse for children looked after. This role helps to provide a strategic and professional lead on all aspects of the health service contribution by the CCG which includes those children who are placed out of borough.

Following on from an increase in under 18 suicides nationally and across south west London we held a learning event focusing on this issue. A psychiatrist, a young expert by experience and the CCG's designated nurse facilitated a role play session to a multi-agency audience including GPs, social workers, school counsellors, school nurses. The role play included a vignette of differing scenarios of how to talk to a young person regarding suicidal ideation. This was the first time this type of learning event had taken place locally and it was very successful in breaking down the myths regarding suicide in young people and started to reduce the risk of suicide by talking about it.

14 CONTRACTS, TENDERS AND PERFORMANCE MONITORING

The CCG is mandated to use the NHS standard contract for clinical services. This includes provider requirements around ‘equity of access, equality and no discrimination’ and ‘pastoral spiritual and cultural care.’

During the year the quality and commissioning teams have continued to work closely to ensure the quality aspects of contract monitoring including equalities is given a high profile within the contract monitoring process. The quality team has developed a more proactive approach using the clinical quality review groups to enable the CCG to seek assurance from its providers about equality and diversity.

15 WORKFORCE

In September 2017, the CCG employed 53 people. The staff profile broadly reflects the borough’s demographic profile* in terms of ethnicity but has a slightly more diverse workforce. The tables below represent the workforce data for ethnicity and religious beliefs respectively.

Table 1 workforce data for ethnicity

	Richmond CCG (%)	Richmond borough (%)*
White British	50.9	71.4
Asian	7.8	7.3
Black	3.9	1.5
Mixed	3.9	3.6

* Borough data is taken from 2014 demographics information

Table 2 workforce data for religious beliefs

	Richmond CCG (%)	Richmond borough (%)*
Atheism	9.8	28.4
Christianity	43.1	55.3
Islam	1.9	3.3
Sikhism	1.9	0.8
Other	5.8	0.4

* Borough data is taken from 2014 demographics information.

The CCG employs more female staff than male, with 72.5% of staff female and 27.4% male, compared to 51% female and 49% male in the borough. With regards to disability, 70.5% of staff do not have a disability and 1.9% have a disability.

15.1 Workforce race equality standard (WRES)

Implementing the [Workforce Race Equality Standard](#) (WRES) is a requirement for NHS commissioners and NHS healthcare providers including independent organisations, through the NHS standard contract. The WRES is there to ensure employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

The WRES information provided in the table below sets out responses received to specific questions from the NHS national staff survey. In order to preserve the anonymity of individual staff, a score is replaced with a dash if the staff group in question contributed fewer than 11 responses to that score.

			Your Organisation in 2016	Average (median) for CCGs	Your Organisation in 2015
KF25	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White BME	17% -	8% 10%	0% -
KF26	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White BME	41% -	17% 25%	9% -
KF21	Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	White BME	95% -	90% 67%	100% -
Q17b	In the 12 last months, have you personally experienced discrimination at work from manager/team leader or other colleagues?	White BME	0% -	4% 13%	0% -

Any issues highlighted in the survey, both in relation to the WRES questions or any other areas, are reviewed with the CCG's Ways of Working Group (staff liaison group) and the senior management team who will agree a way forward.

In the table above 17% of staff indicated having experienced harassment, buying or abuse from patients or relatives: when investigated further this was found to be as a result of telephone enquiries relating to continuing healthcare and mental health services. Following discussion with the Ways of Working Group the CCG provided training to all staff on dealing with difficult people and promoted and shared information about the employee assistance scheme. 41% of staff indicated having experienced harassment, bullying or abuse from staff: when investigated further it was noted that staff where not formally reporting such issues using the CCG's bullying and harassment policy. Following discussion with the Ways of Working Group the CCG promoted the policy and produced a quick guide for all staff and introduced a programme of "lunch and learn" sessions for line managers covering a range of people management topics.

16 NEXT STEPS

During 2018 Kingston and Richmond CCGs will be exploring joint approaches for equalities across both CCGs and where it adds value across the wider Kingston & Richmond local

health and care partnership - working with our key NHS, council and voluntary sector partners. This will include:

- Developing a shared process and templates for equality analysis across both CCGs
- Exploring shared equality objectives across both CCGs
- Opportunities for a shared approach to EDS2 across both CCGs and where appropriate with our providers
- Leadership session for Governing Body members and senior staff to seek assurance and promote and champion equality in all aspects of CCG work.

17 GLOSSARY

Term	Abbreviation	Explanation
A		
Achieving for Children	AfC	A social enterprise company which provides children's social care and education support services in the borough.
Advocacy		Where a person acts as a champion for a patient or carer. An advocate could be one of a range of people including pharmacists, doctors, voluntary workers or the carer themselves.
Anti-Müllerian hormone	AMH	Used as an indicator of fertility. An AMH level of <5.4pmol/l indicates a lower likelihood of success regarding IVF.
C		
Children in need	CiN	A child in need is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled.
Clinical quality review groups	CQRGs	Brings together clinical leads, commissioners and quality leads from CCGs and trusts to discuss and review and make decisions on aspects of quality and safety about local services commissioned by the CCG.
Commissioning		Commissioning in the NHS is the process of ensuring that health and care services are provided effectively to meet the needs of the population.
H		
Healthy Child Programme	HCP	A national Department of Health programme providing comprehensive advice on health and social care throughout a child's life
Healthwatch		Established by the Health and Social Care Act 2012. The aim of Healthwatch is to give local people and communities a stronger voice to influence and challenge how health and social care services are provided. There is a Healthwatch in each borough.
I		
In-vitro fertilisation	IVF	In-vitro fertilisation is a technique by which eggs are collected from a woman and fertilised with a man's sperm outside the body.
Intra-cytoplasmic sperm injection	ICSI	Intra-cytoplasmic sperm injection is a variation of IVF in which a single sperm is injected into an egg
L		

Local Safeguarding Children's Board	LSCB	The Board ensures that the local community are working together for the safety and wellbeing of children and young people. the board brings together all agencies and organisation who work with children and their family in Richmond. Organisations represented on the board include the CCG, Council, Metropolitan Police, Achieving for Children and local schools
Looked after children	LAC	The definition of looked-after children (children in care) is found in the Children Act 1989. A child is looked after by a local authority if a court has granted a care order to place a child in care, or a council's children's services department has cared for the child for more than 24 hours.
M		
Most capable provider	MCP	A competitive process for selecting a provider(s) identified by the commissioner as being the most capable of providing a particular service (s)
O		
Outcomes based commissioning	OBC	Outcomes based commissioning (OBC) is an approach to commissioning health and social care services which rewards both value for money and delivery of better outcomes that are important to patients using the service..
P		
Patient Advice Liaison Service	PALS	The service handles enquiries, concerns and formal complaints relating to local health services commissioned by the CCG.
Patient participation group	PPG	A patient participation group (PPG) is based in a GP practice and is made up of volunteers, who meet on a regular basis with practice staff to discuss their GP practice services and how improvements can be made to benefit patients.
Programme management office	PMO	The programme management office (PMO) is a group or department within an organisation that maintains the standards for project management.
R		
Richmond Council for Voluntary Services	CVS	Richmond Council for Voluntary Services (RCVS) provides a volunteering service, training and support to help charities, community groups and social enterprises.
Richmond GP Alliance	RGPA	Richmond GP Alliance (RGPA) is the federation of 28 general practices in Richmond.
Richmond Safeguarding Adults Board	SAB	The Richmond Safeguarding Adults Board is a strategic lead body for safeguarding adults with care and support needs who may be suffering, or at risk of abuse or neglect. The

		Board's membership includes senior members of the Council, Metropolitan Police and the CCG.
Root cause analysis	RCA	A method used to identify the underlying issues and/or causes of an incident/event.
S		
Serious incident	SI	Some examples of a serious incident include: <ul style="list-style-type: none"> • Unexpected or avoidable death of one or more patients, staff, visitors or members of the public • Serious harm to one or more patients, staff, visitors or members of the public • A scenario that prevents or threatens to prevent an organisation's ability to continue to deliver healthcare services • Allegations of abuse • Adverse media coverage or public concern about the organisation or the wider NHS
Serious incident review group	SIRG	Is a group led by the CCG's quality team that meets regularly to review serious incidents reported by providers relating to services commissioned by the CCG and/or where a Richmond patient is involved.
South West London Alliance	SWL	The Alliance brings together five CCGs in south west London, Kingston, Richmond, Wandsworth, Merton and Sutton who are working together to maximise health outcomes for local populations.
Sustainability and transformation plan	STP	These are five year plans developed by local NHS organisations and local authorities for the future of health and care services in their area.
W		
Workforce Race Equality Standard	WRES	The Workforce Race Equality Standard (WRES) is a requirement for NHS organisations to demonstrate equal access to career opportunities and that all staff receive fair treatment in the workplace.
Q		
Quality, innovation, productivity and prevention	QIPP	Quality, innovation, productivity and prevention (QIPP) is an NHS programme to improve the quality of care whilst making savings.