NHS
Richmond
Clinical Commissioning Group

Public sector equality duty

Annual report 2017

Working together – a healthier Richmond for everyone

Contents

1 INTRODUCTION

This report for the period January to December 2016 brings together information and evidence which demonstrates how NHS Richmond Clinical Commissioning Group (CCG) is meeting its statutory duties under the Equality Act 2010.

In our last report we identified the following actions to improve our approach to equality and diversity:

- implement Equality Delivery System (EDS2) by July 2016
- set measurable equality objectives for the next four years 2016 – 2020 by September 2016
- roll out new equality analysis process by September 2016
- develop a "seldom heard voices" engagement programme to reach out and engage with local communities/groups we are not engaging with. This work will be supported by the south west London collaborative commissioning (SWLCC) grassroots engagement fund.

This report also includes evidence of our progress against these actions over the last 12 months.

Richmond CCG aims to commission health services which are fair, personal and diverse. 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 2016/17 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 and civil partnership and pregnancy and 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 in January.
- Richmond CCG published the following interim objectives in October 2013.
    - Introduce and embed the Equality Delivery System (EDS) equality assurance framework in our governance arrangements by October 2014.
    - Build strong relationships with diverse groups and communities to understand their needs, priorities and experiences.
- Subsequent objectives must be published every four years.

From 1 April 2015, the Equality Delivery System (EDS2) has been mandated in the NHS standard contract. The EDS2 is also being further embedded within the Care Quality Commission's inspection regime, and it features in the 2015/16 CCG Assurance Framework for CCGs. The main purpose of the EDS2 is to help local NHS organisations, in discussion with local partners including local population, review and improve their performance for people with characteristics protected by the Equality Act 2010. By using the EDS2, NHS organisations can also be helped to deliver on the Public Sector Equality Duty.

3 ABOUT RICHMOND

On the whole, Richmond's population 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.

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 shot[1]:

- 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.

[1] JSNA Quarterly Newsletter/ Issue 11 June 2014

- 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 population in Richmond vary. Of the total population 5% (9,500) are estimated to be lesbian, gay or bisexual.

4 ORGANISATIONAL CONTEXT

The CCG is made up of 28 GP practices in the borough of Richmond in two clinical networks – Richmond & Barnes and Twickenham, Teddington & Hampton.

On 1 April 2013 Richmond CCG took over statutory responsibilities for planning and funding a number of NHS services for the borough of Richmond from NHS 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

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.

This report focuses on progress in 2016 and will cover the following core business areas:

- Partnerships and Public health
- Commissioning and QIPP
- Community commissioning
- Contracts, tenders and performance
- Engagement and consultation.
- PALS and complaints
- Serious incidents (SIs)
- Safeguarding

5 CCG GOVERNANCE

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

The governing body nurse champions equality and diversity.

The director of quality and nursing 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 the London Borough of Richmond upon Thames (LBRuT) on the governing body and helps to ensure that concerns relating to health and wellbeing are shared between the CCG and the local authority. The CCG and LBRuT are partners on the Health and Wellbeing Board (HWB) which produced the Health & Wellbeing Strategy and the Joint Strategic Needs Assessment (JSNA)

Implementation of the EDS is being overseen by the CCG's Community Involvement Group (CIG). The CIG reports into the CCG's quality and safety (Q&S) committee bringing together relevant stakeholders from the statutory and voluntary sector and has mechanisms for input from the public and patients as required by EDS.

The CIG also has an opportunity for oversight and input into equality impact needs analysis (EINA) undertaken for CCG commissioning work as part of the EINA approval process.

6 COMMISSIONING

All commissioning projects (from strategy through to procurement) are required to include some equality analysis. This is to ensure that due regard has been given to the potential impacts of the project on our local communities and in particular groups with protected characteristics.

During the year the CCG reviewed the position of the joint commissioning collaborative (CCG and LBRuT) using LBRuT's EINA process as a result a new EINA process was established for the CCG. The process supports a proportionate response to equality analysis informed by the impact and sensitivity of each project. The approval process includes review and oversight by the CCG's community involvement group and final 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. Training for governing body members was also identified during the EDS review for 2016.

6.1 South West London (SWL) 5 year plan (Sustainability and transformation plan)

This five year plan has been produced in collaboration between all the NHS commissioners and providers in SWL, working with our six local authorities and GP federations. The plan sets out collective challenges and how we could transform health and care services, so that local people receive the high quality care they rightfully expect, now and in the future. As well as improving the quality of services and ensuring services meet the needs of our population, the plan describes how these transformational changes will address our financial 'do nothing' challenge of up to £912m by 2020/21. The SWL 5 year plan is available on the CCG's website.

The plan centres around five key areas:

- Prevention and early intervention; supporting people to stay well, identifying those at risk of developing long term conditions, and using model technology and a modern local workforce to develop proactive care and better support people at home and in the community

- Transforming community based care so we deliver right care in the best setting; transforming access to outpatient services, reducing A&E attendances and increasing timely hospital discharge, and helping people to die where they want

- Building capacity and capability in the community; establishing locality teams to provide care to populations of at least 50,000 people and transforming primary care services

- Reviewing the configuration of our acute hospitals; making best use of staff through clinical networking and redesigning clinical pathways, and reviewing the provision of specialised services

- All the above underpinned by a model workforce, making best use of our public estate and delivering an information revolution

Through our Commissioning Collaborative and Acute Provider Collaborative working arrangements, we have established a programme to deliver the five year plan which will be incorporated into commissioning intentions and reflected in contractual arrangements. The following state the 17/18 and 18/19 expected service changes Urgent and emergency care, planned care, cancer, maternity, children and young people, mental health, primary care, prevention and self-care, proactive, management of patients with complex needs, re-commissioning, long term condition management and intermediate care

6.2 Quality Innovation Productivity and Prevention (QIPP)

The Quality, Innovation, Productivity and Prevention (QIPP) programme is all about ensuring that each pound spent is used to bring maximum benefit and quality of care to patients.

The CCG has an established Programme Management Office (PMO) which is a central support structure that provides support and quality assurance for Richmond CCG's priority commissioning programmes, which includes QIPP and the Better Care Fund. As part of the embedded project management process both equality and quality impact assessments are included to provide an overview of the potential impact of any service changes on diverse groups in Richmond. The CCG's new EINA process has been integrated into the QIPP workbook for CCG staff to use. Stakeholder analysis is also included to ensure relevant stakeholders are identified and engaged as part of the process.

6.3 Community services

The CCG and LBRuT 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

To examine the potential impact of the out of hospital health and social care model and commissioning approach on those with protected characteristics - outlined in the Invitation to the coordinating providers Submit Detailed Solutions (ISDS) - Richmond commissioners undertook an equality impact needs analysis (EINA).

All protected groups were considered but the groups identified with the highest potential impact were age, disability, race/ethnicity and carers as set out in section 6. We chose to assess the impact on carers as they were identified as a specific population group for consideration in the development of the outcomes framework to support the new outcomes based commissioning (OBC) contract.

The following positive impacts of the model were identified:

- Services with an increased emphasis on prevention, early identification and self-management of conditions.
- The potential to improve access to services through increasing delivery of services out of hospital and the development of integrated services/teams.
- The development and integration of patient pathways, to provide joined up care for patients, ensuring that they do not have to repeat their story; supporting them and their carer (if they have one) to better navigate the care available.
- Removing the existing fragmentation, variation and duplication in the local health and care system. Supporting the effective use of resources and high quality care available for all.

The following negative impacts were identified:

- Where services may be redesigned and/or provided from a different location, travel and access for the groups identified above may become an issue. In terms of communication and information provided to explain the change and a patient's ability to travel to a different location and the support required to do this. (It is noted that if changes to a service result in shorter distances to travel or easier travel options then this would be a positive impact)
- Accessing services in an unfamiliar environment can cause anxiety for these groups negatively impacting their wellbeing and experience of care.
- Any change programme will raise concerns about access to services being disrupted. Concerns have been expressed about new services in the community needing to be established first before any changes to hospital based services are made.
- Changes to pathways of care: there may be confusion about the changes and how to access services. This could potentially hamper or deter people from accessing services which could lead to their condition deteriorating.
- The feasibility of implementing the new model of care due to capacity and resources (staffing, information management and technology [IM&T]). This could have implications for patients within the groups identified if ongoing care is disrupted or placing additional barriers to accessing care.

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.

6.4 Help us build a new NHS in south west London

As part of the development of the SWL five year plan during 2015 an initial equalities analysis of the early ideas and thinking about how to improve local services. The resulting report sets out the findings of the equalities analysis, first identifying those protected characteristic groups who may have a disproportionate need for the services. It then explores the potential positive and negative impacts which may arise should changes to services be suggested in the future. A set of suggested mitigating actions are then outlined for further work and consideration. This work will inform projects at both a local CCG level as well as across south west London. It has already been used to understand more about which groups will be most impacted by any changes to acute services. On the basis of this information, a wider reference group has been set up, comprising representatives from voluntary and community sector organisations and key patient groups, to inform how decisions will be made about potential changes to local acute services. The full report of the initial equality analysis is available on the SWLCC website

In Autumn 2016, further equalities analysis was conducted in Surrey Downs to understand the impact of possible changes to services on their population. This is due to be published shortly.

To support the programme to meet its equalities duties, in April 2016 a campaign of engagement started with seldom heard groups, including communities with protected characteristics. The initial funding came from NHS England and enabled the programme to extend its reach to communities it wouldn't normally hear from by setting up a grassroots led project. In partnership with local Healthwatch organisations, local groups have been encouraged to apply for funding to run activities that were enjoyable to their community. A key criteria was that the community had to be from one of the nine protected groups, carers or from areas of high social economic deprivation. Local engagement leads attend each session to listen to the experiences local people. To date, the team have attended over 60 sessions across south west London and Surrey Downs, with a further 30 in the pipeline before the end of March 2017. All the feedback is being captured and fed into the SWL programme and also shared with the local CCG to ensure that it can also influence local services. In the spring of 2017, the programme will publish a report that details how the feedback has influenced its work.

In Richmond the programme has included sessions with homeless and socially isolated individuals, BME women, a local residents association, older people, families of children with hearing impairments, mental health and at a GP practice flu jab clinic and Barnes Green Fair. The feedback from these local events is informing the CCG's transformation programmes e.g. primary care.

7 PARTNERSHIPS

Richmond CCG works collaboratively with a range of local organisations and agencies to strengthen its patient and public participation.

7.1 Health and Wellbeing Board

Richmond Health and Wellbeing Board (HWB) is a forum where representatives from the CCG, local authority, 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).

7.2 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 board 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.

7.3 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), and Richmond Advice & Information on Disability (RAID), RUILS working together for independent living, plus LBRUT, Richmond Council for Voluntary Services (CVS) and Richmond Healthwatch.

7.4 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.

7.5 South West London Collaborative Commissioning (SWLCC)

The CCG is part of the SWLCC which is made-up of the six south west London CCGs and NHS England. The SWL CC was formed to develop a five-year strategy for the local NHS in south west London to address the rising demand for healthcare in the region and the quality and financial gaps that exist in the current provision.

8 CONSULTATION AND ENGAGEMENT

Some of the key engagement activities undertaken during 2016 included:

8.1 Listening to people with a learning disability

Following on from the successful Big Event for people with a learning disability in 2015 a similar event took place in March 2016. The theme was supporting individuals to look after their health and wellbeing with a particular focus on living well. The CCG wanted to find out people's experience of going to the GP, their knowledge of health checks/action plans and their experience of going to the hospital. This insight was gathered through an easy read questionnaire given out at the event. The questionnaire was developed with input from the Working Together Group - services users who are also members of Richmond's learning disability partnership board. There were many activities to get involved in during the event and the completion of the questionnaire was low. The decision was therefore taken to follow up after the event with all who were invited and attended by sending them the health questionnaire.

One hundred and thirty five questionnaires were completed from a mail out to 436 adults with a learning disability plus carers and residential and supported housing.

The high return rate demonstrates the importance of taking the time and effort to develop easy read materials in order to give individuals an opportunity to provide valuable feedback.

8.2 Outcomes that matter – community mental health

As the CCG's OBC programme has progressed the traditional separation between physical and mental health & care services became very clear and it was obvious that current services were designed around this historical divide, rather than services that are focused on the health outcomes that matter most to people. The CCG decided to extend the OBC programme to include adult community mental health services and a further set of user and carer outcomes were developed for mental health.

To ensure the patient voice in the mental health OBC programme the CCG has established an experts by experience group to work with the CCG to select and evaluate future providers for adult mental health services in the borough. During July there was a call out for service users and carers with experience of local services that support mental health to express an interest in being part of the group. Ten individuals expressed an interest and attended an induction session after which all confirmed their continued interest and became members of the group.

In early September the experts by experience group took part in the selection of providers to start the most capable provider process. Five members of the group were available to take part in a group evaluation session where they were asked to evaluate the response to two of the questions from the submission. We have asked Richmond CVS to gather feedback from the experts by experience group on their ongoing involvement in this programme to inform how we support the group to effectively participate with us. Recruitment to the group will continue throughout the OBC programme and the group will be supported to take part in any service development work with the selected group of providers and provide the user and carer voice in the evaluation of the provider's final submission.

8.3 Most capable provider process for a new out of hospital health and care contract

During the year we worked with Richmond CVS to establish a user and carer evaluation group (UCEG) to be involved in the assessment and evaluation of the coordinating providers. At the UCEG's request all available members of the UCEG took part in the final evaluation of the coordinating providers' submission in February. The UECG members received the CPs written submission in advance to review and consider feedback. On the day members met as a group with the CCG's engagement manager and RCVS' community involvement coordinator to discuss and share their feedback on the submission. The group then received a separate presentation from the CPs followed by questions before the CPs presented to the wider evaluation panel. The UCEG had the opportunity to debrief with the OBC programme director and feedback following the presentation. A UCEG representative supported by the engagement manager joined the wider evaluation panel to hear the CPs final presentation and share the UECG's feedback as part of the wider evaluation feedback discussion.

The UCEG had an overarching concern that the contract should not be awarded to the CPs without the condition being met of demonstrating plans for specific patient-centred work and a robust patient and public engagement plan. As a result the

CCG's governing body approved the award of the OBC out of hospital health and social care contract to RCHiP with a number of caveats including development of robust engagement plan.

OBC work streams – cardiology

The CCG and RCHiP are collaborating on a number of work programmes as part of the out of hospital health and social care contract. For example the cardiology work stream group wanted to work with a small group of patients/carers with recent experience of local cardiology services to provide the patient perspective for this work stream. A call out for interested individuals was sent via the providers, local voluntary and community organisations, Healthwatch and the CCG's own database. A core group of five individuals with experience of a range of cardiology services came forward. In early March a session was held with them to map their patient journeys under the phases - symptoms, tests, diagnosis, treatment, follow up and back to day to day life; gather insight on their experience of care and identify areas for improvement. This session provided the individuals with an opportunity to share their experience of services and care received in a safe and empowering environment. The insight captured from this session has fed into the cardiology redesign process mapping and meetings. It is also acting as a reference for the individuals to return to and highlight when participating in the redesign process.

8.4 Children & young people's mental health services (CAMHS) plan

In order to refresh and update the information on which the CAMHS transformation plan is based, and because of our ongoing commitment to engagement and involvement the CCG developed an engagement programme which included the following activities:

- A baseline assessment against the Children and Young People's (C&YP) Mental Health Taskforce Future in Mind recommendations, completed by a broad range of stakeholders including parent/carers and voluntary organisations

- Engagement activities

    - A Health and Wellbeing Board listening event
    - Young people focus groups carried out in five secondary schools and with young people from a young people's community counselling organisation
    - A CAMHS transformation planning workshop involving a range of stakeholders
    - With young people who have special educational needs and disability (SEND) and those using tier 3 CAMHS
    - Questionnaires circulated to special educational needs coordinators (SENCOs) in order to ascertain the key issues for schools in the borough
    - Feedback from the National Autistic Society local branch on parent experience and views
    - GP follow-up poll to previous survey on CAMHS in 2013

The overall themes from the engagement were:

- **Children & young people** want**:** Access to counselling at early stage; they want to know where to go

- **Parents** want**:** A quick response once a referral has been made; help and guidance quickly; access to treatment quickly
- **Schools** want: visibility and ease of access to tier 2 services; community clinics with appointment; fast feedback from referrals
- **GPs** are concerned about: access to specialist CAMHS; want to feel confident that referrals are appropriately assessed

The results of the overall engagement indicated a very similar picture to that highlighted through, Future in Mind. The traditional model of CAMHS needs to be changed in order to ensure that children and young people do not experience long waits and have to retell their story as they move between tiers, teams and different professionals. The insight from this engagement informed a refreshed CAMHS transformation plan 2015-17.

8.5 Developing a joint carers strategy

A focused engagement programme started in March 2016 to inform the refresh of the CCG and LBRuT's carers' strategy. The engagement was guided by the carers strategy reference group which has a membership of local carer focused organisations and carer members. Following a desk top review of insight gathered from carers from recent health and social care engagement it was decided that the engagement activity should focus on areas that had not been explicitly covered by other relevant engagement and establishing any new issues around assessments and IT post the Care Act implementation.

The main engagement activity during March and April 2016 was via an online and paper survey. Local carer-focused organisations were also encouraged to use the survey as a basis for discussion at carer groups/forums taking place during that time.

Key findings:

- Most respondents to the survey had access to the internet with the most common reason for use being keeping in touch with family/friends or to save time using online shopping/banking.
- Use and knowledge of assistive technology was not widespread.
- Over 70% of people surveyed knew about carers' assessments but only half had had an assessment but seven in ten said they had found it useful.
- Three quarters of respondents said that their caring responsibilities had affected their financial situation with over half having to pay additional costs to do with caring.
- The most common local service used was 'advice and information about caring' followed by 'advice about the person cared for'.

The results of the survey were used to inform the refreshed strategy.

9 PUBLIC HEALTH

The CCG and Public Health at the LBRuT 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, 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:

9.1 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 local authorities 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.

During 2016, Public Health undertook a review of the Richmond Story to streamline key messages and improve accessibility. A set of infographics were produced to support the narrative and feedback to date from stakeholders has been positive.

A wide range of local stakeholders took part in a JSNA seminar in February to discuss the relationship between health and housing, with a focus on the homeless. The JSNA was promoted a number of local events during the year including Richmond's Full of Life fair (over 55s) and the Health and Wellbeing Board's schools listening event.

9.2 **Supporting the clinical networks** As part of Public Health's core offer to the CCG, the public health intelligence team produces a quarterly data packs for the CCG's two clinical networks – Richmond & Barnes and Teddington, Twickenham and Hampton. The data packs give an overview of the differences between the clinical networks and between practices within the network. The information presented in the packs aim to help the clinical networks understand variation between practices and networks, and stimulate discussions as to whether variation is warranted or unwarranted. It is suggested in the packs that the clinical networks may want to discuss the following points:

- Where there is there variation within the clinical network - how might this be explained?
- Does this data pack highlight any areas where a clinical network can add value by working together to reduce unwarranted variation and improve patient outcomes?
- What health intelligence support would the clinical network require to take any such project/s forward?

The Public Health products provided for the clinical networks are being continually refined with feedback from constituent practices and network leads.

9.3 Health and wellbeing strategy

A refreshed version of Richmond's health and wellbeing strategy was launched in April 2016. The full equality analysis is available on LBRuT's website. The strategy aims to be concise and purposeful; a tool to influence commissioning, strategies and action plans. It sets a direction for health, social care and the wider system within the

borough of Richmond. The strategy is owned by the HWB which recognises the value of involving the community and local stakeholders in shaping decisions about health and social care and the services they receive.

To support implementation of the strategy the HWB take part in seminars and 'listening events' to draw out themes and priorities and identify how the HWB both as a collective and as constituent partners, can drive forward its strategy. Public listening events in 2016 included launch of the strategy, schools and well-being and implementing the primary care strategy.

View evaluation report: HWB listening event - launch of the HWB strategy
View evaluation report: HWB listening event- schools
View evaluation report: HWB listening event - launch of the joint primary care strategy

9.4 Prevention strategy

The Richmond prevention framework 2015-18 is the local joint prevention strategy developed in response to the Care Act 2014. The aims of the framework are to prevent the development of long term conditions; reduce hospital admissions and re-admissions and delay the need for nursing and residential placements.

There are key links between the protected characteristics groups and health and wellbeing. People with disabilities or long term conditions, carers, and people who are alone and feel isolated are found in all social groups and in all areas. The likelihood of being in one or more of these groups increases with age.

The framework identifies where we need to focus to reduce the inequalities in the borough and work to build healthy communities. An overview of local health needs assessments and population health statistics informs the framework. These identified needs can best be addressed by having a systematic, targeted approach to prevention and self-care.

The strategy is anticipated to have largely positive impacts on most of the protected characteristics groups. Potential negative impacts may be observed due to the targeted nature of commissioned services. This may result in some groups not engaging with services, or the offer not being suitable for the group's needs. This risk may be mitigated by i.e. increased monitoring and evaluation, increase on-going engagement with key groups for example, carers.

The strategic framework has high level commissioning intentions which will inform the continuation, redesign, decommissioning or shifting of resources as appropriate.

The focus in 2016 has been on delivering LBRuT's community access strategy (CAS) to link up frontline health and social care services with community services and assets, such as, our local sports and leisure facilities. This programme of work is linking up with the CCG's primary care strategy proactive care project to run a social prescribing pilot in the Barnes area of the borough. This will include working with two local GP practices, local community organisations, patients and carers to develop a social prescribing pathway for the borough.

View the prevention framework and full EINA

9.5 Lifestyle prevention services

The prevalence of Type 2 diabetes is expected to rise dramatically over the next 30 years. Managing the condition and its complications will put unprecedented strain on

the NHS. In Richmond, 5,865 people are recorded on diabetes registers[2], and it's estimated that 15,033 people have non-diabetic hyperglycaemia (9.6% of population)[3]. A focus on prevention will stop or delay people getting Type 2 diabetes, as well as reduce their risk of other conditions (e.g. cardiovascular disease) and reduce costs throughout the pathway. There is strong international evidence for intensive lifestyle change programmes, showing 30-60% reductions in type 2 diabetes incidence in high risk adults[4].

The Healthier You: NHS Diabetes Prevention Programme (NDPP) is a joint initiative between NHS England, Public Health England and Diabetes UK, which aims to identify people at high risk of type 2 diabetes and refer them into evidence-based behavioural interventions to help them reduce their risk. In February 2016 Richmond CCG and LBRuT have signed up to be part of the first wave of the NDPP as part of a south London partnership with CCGs and local authorities.

The NDPP offers people identified with non-diabetic hyper glycaemia intensive help, covering four key programme areas: health awareness, taking control of behaviours, nutrition, and physical activity. Richmond has a commitment to refer 210 patients in 2016-17 (i.e. 30 per month) for September 2016-March 2017, and 398 patients (i.e. 33 per month) in 2017-18.

9.6 Dementia strategy

During 2016 the CCG and LBRuT launched a Joint Dementia Strategy 2016-21, which sets out a five year vision for people with dementia and their carers. The strategy was developed through extensive stakeholder engagement from across the local statutory, voluntary sector, patient groups and carer representation to understand current services and to investigate what the future could and should look like.

Engagement to inform the strategy took place during April and May 2016 which included discussions with specific groups, including Ethnic Minorities Advocacy Group (EMAG) Older People's Group, Health and Social Care Coproduction Group (social care service-users and carers), and members of the Richmond Dementia Action Alliance.

View dementia strategy

View dementia strategy equality analysis

Dementia Action Alliance

The Dementia Action Alliance has gone from strength to strength during 2016 with over eighty-three organisations now working to make the borough of Richmond a dementia friendly community. Membership is across health and social care, the voluntary sector, arts and heritage organisations, retail businesses, churches and faith groups, schools, care homes, GP practices and the emergency services. The annual report outlines some of the key successes that members have had in making this vision a closer reality. As well as increasing the membership there is a diversity

[2] QOF 2015

[3] Public Health England, National Cardiovascular Intelligence Network, Prevalence estimates of non-diabetic hyperglycaemia, July 2015.

[4] Edwardson C, Gray LJ, Yates T, Barber SR, Khunti K, Davies MJ. (2014) Detection and early lifestyle intervention in those at risk of type 2 diabetes. European Medical Journal. 2:48-57

of partners such as Hampton Court Palace, Ham House, Orleans Gallery and Kew Gardens. These arts and heritage organisations have all embraced dementia friendly practices helping to create a greater understanding of dementia within the community and offer a wider range of opportunities to people with dementia and their carers.

View Dementia Action Alliance annual report

10 PALS AND COMPLAINTS

The 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 predominately relate to communication of changes in care and contact.

A review of the PALS and complaints processes is nearing completion, this will enable the effective collection and analysis of patient experience data, including equalities monitoring.

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.

Advocacy provision in Richmond

Patients and members of the public are able to access a number of advocacy services within the borough including independent advocacy provided by POhWer who provide information, advice, support and advocacy to people who experience disability, vulnerability, distress and social exclusion.

Mental health advocacy services are provided by Kingston Advocacy Group for people with learning disabilities, or lack mental capacity or have other mental health issues.

The independent NHS Complaints advocacy service is available to all patients with a complaint or grievance related to healthcare including complaints about poor treatment. The service is provided through Voice Ability who will ensure that any other support e.g. interpreters, is also available to our patients.

11 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).

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) prior to sign off. 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 within HRCH. 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 actions 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.

12 SAFEGUARDING

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

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

The safeguarding leads within the CCG 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 and safety committee.

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

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 safeguarding team have highlighted their concerns to the domestic abuse steering group in regards to adult mental health not being sufficiently represented at this meeting which has the primary aim is to develop strategies to safeguard adults and children at risk. This has been escalated to the provider and will continue to be addressed.

The designated nurse for children attended the mental health provider organisation in December 2016 to seek assurance that adult mental health services are adequately assessing the children within the family and adhering to the Think Family[5] agenda. The adult safeguarding lead continues to chair the mental health steering group to seek further assurance from the provider that adults at risk are being adequately safeguarded.

In December 2016 the CCG has one patient on the Winterbourne[6] list and a monthly assurance report is submitted NHS England. The case is currently on a discharge transition plan from hospital to a community setting which we hope is completed by the end of January 2017.

[5] Think child, think parent, think family: a guide to parental mental health and child welfare. SCIE Accredited Guide 30. (updated December 2011)

[6] Transforming care: A national response to Winterbourne View Hospital Department of Health Review: Final Report (December 2012)

The CCG oversees two categories' of patient placements:

1. Joint funded placements with the local authority which are regularly reviewed by their care managers
2. Continuing healthcare placements which the CCG has recently taken over the care management role and we are reviewing cases to ensure consistency of review process.

Richmond GPs received training on domestic abuse taking into account the prevalence rates of ethnicity and race within the borough, which was delivered by the Named GP for safeguarding children

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 in Richmond CCG which includes those children who are placed out of borough.

In response to feedback on local health services' response to young people questioning their gender and wider evidence that indicates that these young people often experience wide ranging safeguarding issues the CCG commissioned Gendered Intelligence to provided tailored training and development for health professionals working with young people who are questioning their gender. This was well received and further sessions will be delivered in 2017.

13 CONTRACTS, TENDERS AND PERFORMANCE MONITORING

During the period there were two procurements for a top phlebotomy service in GP practices and NHS continuing healthcare. The phlebotomy service was re-procured, via competitive tendering in September/October 2016. This included an equity and access assessment as part of the options appraisal for re-procurement. The new service started at the end of 2016 and the CCG is now working with the new provider to undertake an equality analysis for this service to complement the Department of Health's current equality analysis covering the GP contract. The overarching management of NHS continuing healthcare (CHC) was also re-procured via competitive tendering. This included assessment and review, brokerage and case management. It did not include the individual care providers for patients. An evaluation of CHC management is now due which will look at quality aspects of the service including quality, privacy and equality assessments.

The CCG uses the NHS standard contract. This includes provider requirements around "equity of access, equality and no discrimination' and 'pastoral spiritual and cultural care.'

During the year the quality team has begun to work more closely with the commissioning team to ensure the quality aspects of contract monitoring including equalities is given a higher profile within the contract monitoring process. The quality team is developing a more proactive approach using the clinical quality review groups to enable the CCG to seek assurance from its providers about equality and diversity. This includes developing consistent Richmond requirements within the NHS standard contract under 'equity of access, equality and no discrimination' and 'pastoral spiritual and cultural care.'

14 WORKFORCE

Under the Equality Act, organisations employing 150 or more staff are required to report annually on their workforce profile. In June 2015 Richmond CCG employed 33 people:

equality data is not being published due to the small numbers reported for our staff group.

In June 2015 Richmond CCG's staff profile broadly reflects the borough's demographic profile* in terms of ethnicity but has a slightly more diverse workforce. In the workforce 52% of staff identify themselves as White British as compared to 71.4% of Richmond's population; 10% of staff are Asian as compared to 7.3% of the population; 2% identify themselves as Black as compared to 1.5% and 5% state their ethnicity as mixed compared with 3.6% of the borough population. The CCG employs more female staff than male, with 71.43% of staff female and 28.57% male, compared to 51% female and 49% male in the borough. * Borough data is taken from 2014 demographics information.

Workforce race equality standard (WRES)
The CCG is required to provide information with regard to the workforce race equality standard (WRES) metrics as they relate to the CCG's workforce. The CCG is committed to creating a positive culture of respect for all individuals, including staff, patients, their families and carers as well as community partners. The WRES metrics include the responses received to some specific questions from the NHS National Staff Survey. The CCG took part in the 2016 Staff Survey and is in the process of analysing the survey results. Any issues highlighted in the survey, both in relation to the WRES questions or any other areas, will be raised with the CCG's Ways of Working Group (staff liaison group) and the senior management team who will agree a way forward.

15 IMPLEMENTING THE EQUALITY DELIVERY SYSTEM (EDS2)

The CCG began implementing EDS in September 2015. Learning disabilities and children and young people were the service areas identified for the EDS review following an initial evidence gathering exercise. The original implementation timeline was extended as a result of challenges in prioritising this work within the context of changing work priorities and changes in staffing within the commissioning team and the final grading process took place in July 2016.

The results of the internal self-assessment grading and the external grading with stakeholders were in line with each other. The overall grading against the EDS goals are set out below and are fully detailed in the EDS report:

Service area	EDS goals			
	Better health outcomes	Improved patient access & experience	Representative and supported workforce	Inclusive leadership
Learning disabilities	Developing	Undeveloped		
Children & young people	Developing	Undeveloped		
Richmond CCG			Developing	Undeveloped

While the gradings are primarily undeveloped or developing it should be noted that these grades are not about the quality of the service provision or that there is not a good standard of service for the diverse communities in Richmond.

The above results were as expected. The process involved the collation of a huge amount of general information that allowed the CCG to assess the quality of services provided, however there were gaps in accessible data and evidence to be able to assess specifically for equality and the protected groups. This does not necessarily

mean that the data does not exist but in many cases was due to the CCG not asking its providers to supply relevant data in an accessible form to enable monitoring against the EDS2 outcomes. The lack of useable data hampered the CCG's ability to answer the question: "how well do people from protected groups fare compared with people overall?"

The final EDS report sets out the action points for each service area together with learning from this year's EDS review. These have informed an improvement plan for 2017 together with equality objectives for the next four years 2016-2020 as required by the Public Sector Equality Duty.

View EDS report 2016

16 NEXT STEPS

The following equality objectives and improvement plan resulting from the EDS review will form the equalities work programme for the next year.

Equality objectives:

1. To work with providers to establish a more informed reporting procedure that provides relevant protected characteristics information enabling progress to be measured against EDS2.
2. To work with local providers to develop a more strategic joined up approach to annual EDS review.
3. To ensure the implementation of Workforce Race Equality Scheme (WRES).
4. To work with HR to ensure full protected characteristic information is available in order to monitor how protected groups fair in relation to recruitment, (application, shortlisting and appointment) training and development and flexible working.
5. To support staff and governing body members to understand their role in supporting the EDS2 outcomes and seeking assurance on CCG's equalities obligations.

EDS improvement plan 2016/17	
Liaise with service providers to ensure they provide specific data required around protected characteristics to be able to adequately test progress against the EDS2 outcomes	August 2017
Provide support to commissioners to use the equality audit framework to ensure that equality data is routinely reported and updated for each service area.	Ongoing
The CCG links up with the relevant local partners e.g. providers, Council and neighbouring CCGs to enhance joined up working around equalities work and EDS in particular – possibly run joint stakeholder events in future.	October 2017
Routinely ask for and monitor equalities information to report how protected characteristics fair in relation to applications, shortlisting and appointments.	April 2017
Routinely ask for and monitor equalities information to report how protected characteristics fair in relation to flexibly working and training and development for staff.	April 2017
Add equality training to CCG's mandatory training programme for staff to further their understanding of the subject area and how it impacts on their job function	March 2017
Run a leadership session for governing body members on their	March 2017

role in supporting the EDS2 and seeking assurance on CCG's equalities obligations.	
Discussion with CCG's community involvement group and other relevant stakeholders to inform next areas of scrutiny for the EDS2 as this should in part be decided on by local need and demand.	March 2017
Confirm that Workforce Race Equality Standards (WRES) is fully implemented and plan ahead for other equality standards that may become mandatory shortly.	January 2017
Broaden involvement of local patient and community organisations to further improve the diversity of attendees at the next external grading event.	September 2017
Monitor use of equality impact needs assessment to support due regard for protected characteristics in CCG projects and to support evidence gathering for EDS outcomes.	Ongoing