NHS
Richmond
Clinical Commissioning Group

# Public sector equality duty
# Annual report 2019

Working together – a healthier Richmond for everyone

## Contents

## 1 INTRODUCTION

This report for the period January to December 2018 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.

Kingston and Richmond CCGs agreed the following joint corporate objectives in May 2018:

- Enable local people, patients, carers and stakeholders to have greater influence on the services we commission and keep the patient voice at the centre of what we do.

- Improve the quality, safety and effectiveness of healthcare services and ensure that national performance targets are met and that people experience high quality care.

- Work in partnership with local health and care providers, commissioners and the voluntary sector to improve and transform services that achieve better health outcomes, are accessible and reduce inequalities.

- Ensure the continued development of the CCG as a clinically-led and well governed organisation with strong leadership, effective membership and staff engagement.

- Achieve a financially sustainable health economy balancing the need for effective use of resources and better value for money with the need for innovation.

## 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 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.

## 4 ABOUT RICHMOND

Richmond has a projected population of 199,419[1] and overall, 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[2]:

- 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 The Richmond Story https://www.datarich.info/
[2] 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&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
- East London Foundation Trust

The CCG also has delegated commissioning responsibility for 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 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 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.

The process should ensure that findings from EINAs are referenced in decision making papers for governing body/committee, to provide assurance that the CCG pays due regard to equalities in its commissioning decisions. Equalities training for governing body members and staff is also part of the process.

As a commissioning organisation, we have a role in promoting equality across the local health system through our contracts with providers to ensure they are aware of their duty under the Equality Act 2010. That service specifications for the commissioned services clearly set out the requirements for protected groups where there is a need to do so.

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. The aim of QIPP is to ensure that each pound spent in the NHS is used to bring maximum benefit and quality of care to patients.

The project management process includes both equality and quality impact assessments 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.

We look forward to using the recently published Right Care Packs which consider at a CCG level, measures of health inequality. This information will support us to design and deliver services that will further reduce health inequalities in access to services and health outcomes for our local population.

### 7.1 Community Commissioning

The CCG is responsible for commissioning community health services on behalf of the Richmond GP registered population in line with their health needs and to ensure that the services commissioned are accessible and available to all those who are referred to them including those patients from protected groups, including carers.

The services commissioned are based on evidence based best practice to ensure that the care and treatment delivered is effective and assessments consider the individual needs of patients within the context of best practice and outcomes, as well as deliver value for money.

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 schedule 6 reporting requirements.

Richmond's most significant community provider is Hounslow and Richmond Community Healthcare NHS Trust (HRCH). They are subject to monthly performance reviews against agreed performance targets and key performance and quality indicators, providing a mechanism for demonstrating compliance.

### 7.2 End of life care

During the year we worked with Kingston CCG and other local health and care partners including the voluntary sector, patients and carers to develop an end of life care strategy. Every resident in Kingston and Richmond deserves to be confident that the health and care system will give them and their families the support they need when they are coming to the end of their life.

Over the next 3 years the strategy aims to support the CCG to commission adult and childrens's end of life and palliative care services and support community development that draws on current best evidence. It will also consider the support needs of those affected by the impact of death in different circumstances such as suicide, sudden death, maternal death or loss of a child.

The strategy's objectives are:

- compassionate community development
- person-centred and holistic advance care planning
- improving experience for patients and those important to them as well as frontline staff
- reducing inequalities and
- effective commissioning for end of life care

We will work with specialist paediatric teams, social care and other relevant agencies to ensure that the end of life care needs of neonates, children and young people are met through a comprehensive model of palliative care for children and young people. Training will be provided for staff supporting patients with dementia who are at the end of life.

Training will be available for staff covering the diversity of beliefs for various groups and to ensure that these are at the forefront of providing end of life care. We will endeavour to ensure any patient information produced is accessible to all patient groups in line with the Accessible Information Standard.

### 7.3 People with complex needs

A key focus for the CCG is working with providers to ensure that care for patients who are frail and/or have complex needs is tailored to individual needs and that no-one is disadvantaged.

This includes establishing teams made up of health and care professionals from primary, community, hospitals, mental health and voluntary sector organisations. Working together the team will plan and manage care to support people with complex needs in managing their conditions, avoid crisis and reduced unplanned admissions in their local area. These areas cover a 50,000 population, aligned to GP practices.

The teams will support early discharge from hospital and end of life care for those requiring care in hospital.  This is about organisations working together to support involves developing care plans that supports individuals to manage their conditions, avoid crisis and reduce unplanned care needs using risk stratification.

### 7.4 Musculo-skeletal services (MSK)

We have been working with Kingston CCG to redesign and improve how local people access MSK services to ensure consistency with other CCGs in the South West London Alliance.

In phase one, we expanded and improved the MSK single point of triage (SPT) service in response to local need and because NHS England identified MSK services as a high impact intervention.

We also made changes during the year to streamline pain management referrals and it is anticipated that the scheme will deliver benefits during 2019.

The introduction of the e-RS system (e-referral) means that a virtual triage now takes place and the patient should see the right person, in the right place, first time.

### 7.5 Effective commissioning initiative

In 2018 with other CCGs in south west London we refreshed the Effective Commissioning Initiative that covers 55 treatments and procedures against which the CCGs have considered evidence of clinical practice, the clinical cost and the cost effectiveness of the treatments .

We need to make sure that NHS funded treatments are evidenced-based, clinically effective and safe and that access to treatments across south west London is equitable for patients with similar clinical need, which reduces variation in care.

The ECI policy makes provisions for clinicians to apply on behalf of their patient to a south west London wide funding panel for individual funding where they consider that the patient need is exceptional or has a rare condition.

### 7.8 Mental health

The CCG's most significant mental health provider is South West London and St George's Mental Health NHS Trust (SWLStG). The CCG is the lead commissioner for SWLStG on behalf of several CCGs.

SWLStG provides safe and effective mental health care and other services for the benefit of the communities it serves. The trust is commissioned to provide a wide range of mental health services including in-patient and community-based services for children, adults, older adults and individuals who have been through the criminal justice system.

SWLStG presents its Equality and Diversity Toolkit to the monthly clinical quality review group (CQRG) which brings together clinical mental health leads, commissioners and quality leads from the trust and CCGs across south west London as well as service user and carer members. The CQRG then monitors the agreed actions with the Trust.

Services commissioned are based on best practice evidence to ensure that the care and treatment delivered is effective. Assessments must consider the individual needs of service users within the context of best practice and outcomes. We recognise that people with mental health needs can be adversely affected and have worse health outcomes in terms of both their physical and mental health. The CCG is committed to working towards parity of esteem for people with mental health needs, and is investing in mental health to meet the improvements set out in the Five Year Forward View.

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.

**Richmond mental health transformation programme**

We are working with an alliance of local providers to transform services for people with mental health needs. We carried out initial engagement with people who use the service and their carers to identify the overarching health outcomes that they felt were important. The programme aims to improve access to services for people with mental health needs, especially within the community and in times of crisis; have clear pathways into services and a “no wrong door” approach to improve access for people with mental health issues. In doing this together with achieving the ambitions of the 5 Year Forward View we are seeking to address the health inequalities often experienced by people with mental health needs.

**Physical health checks for people with serious mental illness (SMI)**

We are working with SWLStG and primary care to improve the physical health outcomes of people with mental health needs. People diagnosed with an SMI have a lower life expectancy and do not routinely access screening which supports early diagnosis of serious physical health problems. The aspiration is for 60% of people diagnosed with an SMI to have a full physical health check within 2018/19. The CCG has commissioned support to achieve this within primary care.

**Increasing access to psychological therapies (IAPT)**
The CCG has continued to increase the number of people with common mental illnesses (CMI) and will meet the national target in 2018/19. The IAPT service is providing a service to support people wherever possible within primary care and receive secondary care services only when needed. This is in line with delivering equality with physical health services and is how people have told us they prefer their care to be delivered. The service has also begun to deliver dedicated programmes for people with long term conditions such as diabetes, where improved mental wellbeing can support better management and recovery of physical health conditions.

**Child and adolescent mental health services (CAMHS)**
Working in partnership with Kingston CCG we are funding the CAMHS transformation programme designed to transform mental health care for children and young people.

Key themes underpinning the transformation programme:

- Promoting resilience, prevention and early intervention
- Improving access to effective support – a system without tiers
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce

It also addresses the mental health issues for key vulnerable groups that are nationally recognised as being at risk of the effects of health inequalities. These are children and young people:

- In the justice system
- With autistic spectrum disorders and or learning disabilities
- Looked after children
- With conduct disorders and/or attention deficit hyperactivity disorder (ADHD)

We have also introduced some new service developments:

- Reduced the waiting times from over 18 weeks for children due to have autism assessments.
- Worked with parents, carers, local authority colleagues, clinicians and the voluntary sector to both understand the needs of families and carers locally and planning how to better support them.

A series of consultation meetings led by parents and carers from groups representing special educational needs and disabilities (SEND), ADHD and the

National Autistic Society was attended by 60 parents across Richmond and Kingston. This was followed by co-designed and co-delivered workshops with SEND Family Voices and ADHD Richmond (our parent/carer groups). The workshops reviewed the current Autism spectrum disorder (ASD) and ADHD pathways and redesign a new local pathway to provide specialist assessments to ensure that waiting times are improved for those aged 6-18 with suspected autism (without complex co-morbid problems, such as additional physical and / or mental health problems).

As a result of this engagement autism assessments are now available locally through a specialist clinic in the borough. Patients will be able to have their assessments locally rather than having to go to hospital. Feedback from the pilot has demonstrated that children and young people are receiving ASD or ADHD assessments within 4 weeks of referral as compared to 12 weeks for the current service that is provided at hospital. So far, 100% of families would recommend the local service to a friend.

Engagement and involvement is a key part of the CAMHS transformation programme to ensure that the focus of mental health support addresses a very broad spectrum of need. An example of this are the conversations held across south west London boroughs with children and young people during the year to develop and implement a whole systems approach to reducing the number of children self-harming and improve the support provided across south west London boroughs. More detail about this engagement and its impact is set out on page 18.

The CCG level analysis included in NHS England's recently published Equality and Health Inequality Right Care Packs will help us to continue to design and deliver services that will reduce health inequalities in access to services and health outcomes for our local population. The packs cluster CCGs with similar social determinants together, and then explore how effective similar CCGs are at addressing social determinants of inequality ('risk conditions' e.g. poor educational attainment or unemployment and 'psycho-social risks' e.g. poor social networks or low self-esteem). The CCGs identified as similar to Richmond CCG are:

| | |
|---|---|
| NHS North & West Reading CCG | NHS Wokingham CCG |
| NHS North West Surrey CCG | NHS Kingston CCG |
| NHS Sutton CCG | NHS Crawley CCG |
| NHS North East Hampshire & Farnham CCG | NHS Surrey Heath CCG |
| NHS Bracknell and Ascot CCG | NHS Surrey Downs CCG |

## 8. PRIMARY CARE

Primary care in Richmond aims to deliver a high standard of care to all.

Primary care is often the first point of contact 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 unwell, temporarily or if they are living with a long-term condition, it is a primary care professional who will be providing most care.

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 August 2018 GP Patient Survey show that 87% of respondents from Richmond rated their experience at the last GP appointment as good or very good. This would indicate a very high level of satisfaction with GP care, though we are conscious these results are not disaggregated by protected groups. There are some variances in access to primary care services which can impact on patient experience and outcomes.

We work with our partners to provide targeted outreach to ensure that all local communities receive the best primary care and achieve the best outcomes:

- Working with NHS England, the probation service and specific local GP practices and other stakeholders to ensure offenders being released can register with a GP enabling them to access primary care services by removing the barrier of being unable to register with a practice without a fixed address.
- Working with the local charity SPEAR to improve access to primary care services for homeless people.
- We have continued to support a locally commissioned service in GP practices to ensure individuals are identified and have their annual health check as required.

We are working with the Richmond General Practice Alliance (RGPA) a partnership of all GP practices in the borough to offer extended access to GPs. This offers appointments 8am-8pm 7 days a week and same day appointments for children aged under 5.

**Teddington urgent treatment centre**

We have been working with Hounslow and Richmond Community Healthcare (HRCH) and RGPA to integrate two separate services - a walk-in centre and an extended access hub at Teddington Memorial Hospital site into an urgent treatment centre (UTC) which provides both appointments and a walk-in service. This is an important access point to services for a range of vulnerable people.

We undertook an equality impact needs assessment (EINA) examining the potential impacts of the proposal on groups with protected characteristics. To reflect the patients using the services we also considered unpaid carers, people experiencing

homelessness and students. The assessment identified there would be minimal impact on protected groups but to make sure that local people were aware of the changes the following actions were identified:

- The communication plan to support the changes will consider the different groups using the services and the most effective ways to reach these groups. This was achieved by working with GP practices, health and care partners and community groups to get the information to local people e.g. Using community notice boards, student unions, libraries and community centres.
- The CCG ran drop in sessions at the service before the changes took place for patients to visit and ask questions about the new service.
- The quality and performance of the service will be monitored via monthly activity statistics and patient feedback. This will help the CCG and service provider understand any potential impacts on patient groups.
  Provision of meaningful data: Richmond CCG will ascertain what data is required to monitor the service and to review the service for protected groups. Data produced by the service provider will be reviewed regularly by the CCG through the contract monitoring meeting and clinical quality review group (CQRG).
- Patient feedback and experience will be monitored via the CQRG.

We continue to work 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 is 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.

## 9. PARTNERSHIPS

### 9.1 Commissioning across south west London

The NHS, local councils and the voluntary sector in south west London are working together as the South West 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 and Richmond and Merton and 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.

Following on from the draft refreshed strategy document published in November 2017 we have been undertaking further engagement to develop a local health and care plan for Kingston during 2019. This will focus on how we can work in partnership to meet the local challenges we have set out in the discussion document and provide the best care for people with complex needs. We will continue to work together with local people, community organisations and our partners to put these plans into action in the months and years to come.

### 9.2 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).

As a statutory partner on the HWB, we can play our part in addressing wider determinants of health through the health and wellbeing strategy. These will include issues such as education and skills, unemployment, income and debt and housing.

### 9.3 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, primary care commissioning committee, the community involvement group and on several commissioning projects.

Healthwatch Richmond has supported the CCG's 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.

### 9.4 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.

The CCG has also started to develop links with Richmond Council's Equality Stakeholder Scrutiny group.

## 10. PATIENT AND PUBLIC ENGAGEMENT

It is a key priority for us to engage with and ensure the views of our community are heard. There are groups within our local population who face specific barriers to being involved in our work and whose specific needs must be considered. These include those with protected characteristics as well as those groups that experience less access to services and poorer health outcomes e.g. Insecurely housed or homeless people, gypsy traveller groups, refugees and asylum seekers, sex workers, people with disabilities and people with drug and alcohol problems.

We have established strong links with community groups and networks through our local community outreach programme and the grassroots programme over the past year.

### 10.1 Community outreach

We regularly visit community groups and organisations to listen to people about their experiences of local services and to help them to shape future service provision. Through our outreach we have had meaningful conversations with local communities who do not always feel their voice is heard or face specific barriers to being involved in our work.

**Grassroots**
As part of the South West London Health and Care Partnership we are working with Healthwatch Richmond to engage with local community groups as part of the grassroots outreach programme

The programme encourages organisations or community groups to apply for small grants to run an event or activity of their choice. We attend these sessions to engage with people we do not usually hear from about their experiences of local services and enable them to help shape future service provision. The programme encourages people who would not normally get the chance to express their views about local services to 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.

Through both our regular outreach and the grassroots programme, we attended 15 events and spoke to over 300 people during 2018. Some of the communities or groups we engaged were:

**Easter afternoon tea** - Ham & Petersham SOS – March 2018
We had an Easter afternoon tea with 40 older and/or disabled people from the Ham and Petersham area. They shared insights about changes in the locations of the services they use as well as general information about their GP practices and the social value of the services provided by this community organisation.

**Pamper evening** - Twickenham Twins – March 2018
Twickenham twins are a group of mothers with twins who meet up regularly. We went along to their pamper evening and spoke to them in small groups about the issues they had with healthcare – specifically around maternity and post-natal care for twin births.

**Focus group** - Richmond children in care council – May 2018
Richmond's Children in Care Council is a group of young people who have experienced living in the care system. We had a focus group with them as part of our engagement around mental health and self-harm amongst young people.

**Richmond Carers Wellbeing Event** – Richmond Carers Centre – June 2018
Over 70 carers from across the borough attended this wellbeing event and took part in a range of activities. These included a discussion group with the CCG about carer friendly GP practices. We also took the opportunity to share information about local GP extended access, PPGs, GP online and changes to the walk-in centre at Teddington Memorial Hospital.

**5th Birthday Party –** Pictologue – October 2018
Pictologue supports parents and children who have a delay in their communication development. We joined them at their 5th birthday party so families could share their experience of health care services and winter health.

**Full of Life Fair –** Richmond Council - October 2018
The full of life fair is for over 55s living in the borough and has over 1000 visitors. We spoke with several hundred of them about our winter campaign and listened to their views on our priorities for ageing well in Richmond.

Learn English at Home – November 2018
We met with 8 women at Barnes Children's Centre who are new to living in the UK. They told us about their experiences of navigating a very different health system to the ones in their homes.

### 10.2 Child and adolescent mental health services (CAMHS)

To support the development of a comprehensive approach to reducing the number of children self-harming and improve the support provided across south west London a range of engagement took place during the year. These included face-to-face focus groups in each borough and online surveys for children and young people; parents and carers and teachers. In total 1252 people across south west London boroughs responded to the three surveys: 428 young people responding, 647 parents and carers, and 192 teachers. An additional 42 participants took part in five focus group discussions.

**Survey respondents by borough**

| | Children & Young People | Parents & Carers | Teachers | Total |
|---|---|---|---|---|
| Croydon | 28 | 32 | 1 | 61 |
| Kingston | 56 | 109 | 19 | 184 |
| Merton | 109 | 77 | 70 | 256 |
| Richmond | 128 | 341 | 20 | 485 |
| Sutton | 14 | 21 | 66 | 101 |
| Wandsworth | 43 | 21 | 18 | 82 |
| Other | 41 | 41 | 1 | 83 |

For the children and young people survey, 55% of respondents identified as White British and 45% as other self-reported ethnicities. For the parent and carers survey 68% identified as White British and 32% as other self-reported ethnicities. The gender of the children respondents to parents and carers were evenly balanced, but slightly more females responded to the children and young people survey than males (56%, 42% respectively).

In total, 31% of young people respondents had self-harmed and 18% of parent/carer respondents had a child who they were aware had self-harmed. Forty-three per cent of teacher respondents had supported a child who self-harmed.
Some of the key themes to emerge included:

- Ensure any initiatives complement CAMHS rather than acting as a substitute for their services;
- Think carefully about whether initiatives should be targeted at individuals in need or be open to all children;

- Co-design the initiatives with young people and those who have experienced the issues;
- Work to de-stigmatise mental health problems, without normalising self-harm.

As a result, additional support has been identified for a group of local schools in the borough, through the south west London emotional wellbeing programme. This will include: development of a directory of services for emotional wellbeing and resilience available to children and young people through a digital app. access to an online peer support programme and use of additional online tools/resources

### 10.3 Quality in primary care

During the year, we worked with Kingston CCG to understand local people's perception of quality for GP practices and community pharmacies.

We asked local people for their views in a variety of ways e.g. comment cards in GP practices, pharmacies and other locations across the borough and an online survey. We also had conversations with individuals or groups that we would not routinely engage with e.g. young people with additional needs, people experiencing homelessness, refugees and people with English as not their first language. We heard from over 1,154 local people registered with a GP in Kingston or Richmond. We also asked staff working in GP practices and community pharmacies via an online survey and discussions at staff forums.

We asked local people what was important to them when they visit their GP practice or community pharmacy and how they could help their GP practice continue to deliver a quality service for all patients. We asked GP practice and pharmacy staff about what good quality primary care looks like and what matters most to them about the services they deliver.

**What did we find out?**

- Common themes across local people and primary care staff included the skills and patient management of the GP, the appointment booking process and having quick access to appointments.
- Local people understand that GPs are under pressure and there is a shared view about the patient's role and responsibility in helping practices deliver a quality service.
- Quality for community pharmacies focused on the skills and knowledge of the pharmacist, having a good stock of medication, a prompt and efficient prescription service and advice on alternatives to replace medication.

The insight from this and previous engagement shows that there are specific aspects of GP services which patients with additional needs e.g. those for whom English is

not their first language or those with a disability would need to have in place to ensure they receive a quality service.

These include:

- A choice of GP for continuity of care and empathy – *My husband* [multiple conditions and visually impaired] *prefers to see a GP who is empathetic. It can be difficult for him to communicate and get his point across as he also has slight hearing difficulties.*
- Support for communication with GP during the consultation and reception staff when booking and arriving for an appointment for those for whom English is not their first language. – *At my practice you ring at 8 am and you usually get to see a GP on the same day. However it's not possible to arrange an interpreter at such short notice. Sometimes I's difficult to understand the recorded voice on the telephone. You are not able to book in advance and therefore plan around your life.*
- Ensure sensory and language needs are catered for when communicating with patients e.g. when being called to see the GP, information during the consultation and follow up action – *Ordering online prescriptions is not accessible for those that are visually impaired. Traditional communication should always be available for those that need it particularly, for those whose first language is not English.*
- Offer of flexible appointments for patient and their carers – *Carers should have more flexibility when visiting their GP practice. Carers should be flagged up on the system so that they are identifiable within GP practices.*
- More time to see their GP to discuss a range of issues for those who have existing conditions and multiple health needs – *A willingness to cover more than one problem. My GP always gives me time as I have quite a few medical issues.*
- Basic awareness training amongst staff to understand different conditions and patient needs. For example, carer awareness and disability awareness training – *There is not enough awareness of ME and there is generally a misunderstanding due to NICE guidelines. Student GPs are not taught about ME as part of their studies. I need to push my GP for the support that I need. I feel as though I need to prove myself and do my own research, be my own advocate. The attitude of the GP is important.*

**Use of technology**

There was a positive response towards the use of technology in GP practices and respondents would welcome online systems that are easier to use. Some issues for us to consider regarding technology e.g. online consultations and booking systems for specific patient groups area:

- Older patients may not have access to the internet or be less confident with an online booking system so may need greater support in using this.

- Patients with limited English skills and disabilities may be unable to access online services, if they do not cater for their language or support needs.

View the detailed findings in the engagement review.

We will:

- use the findings from this work to inform the development of service pledges and patient responsibilities for GP practices, working with practices and local people by September 2018.
- work with our Local Pharmaceutical Committee (LPC) to take forward the findings relating to community pharmacy.
- Inform other local and south west London primary care projects.

## 11. PUBLIC HEALTH

We work with the Council's public health team to ensure health inequalities are reduced and healthcare needs are met for our local population 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:

### 11.1 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 several 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 other groups e.g. 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.

### 11.2 Supporting the clinical networks

As part of public health's 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.

### 11.3 Sexual health

As part of the development of a new sexual health strategy, an equality impact needs assessment (EINA) and a strategic needs assessment were undertaken. The assessments showed that there was disproportionate and poor sexual health amongst young people, people in lower socio-economic groups, BME groups, men who have sex with men and lesbian and bisexual women. The strategy specifically focuses on prevention and reducing health inequalities, so no negative impact on any groups is anticipated. It is expected that the strategy, related action plan and the EINA will be signed-off by Cabinet CCG Governing Body in early 2019.

### 11.4 Substance Misuse

In April, public health began the process of refreshing the substance misuse strategy for the borough. The aim is to conduct a comprehensive needs assessment and develop alcohol and substance misuse strategies for Richmond to:

- Inform the commissioning of adult alcohol and substance use service in both boroughs
- Influence the development of Richmond's alcohol licensing policy
- Inform the prevention of substance misuse and alcohol abuse behaviours across ages and population groups

The project will do the following:

- Review current service provision
- Map gaps in services and treatment pathways across the borough
- Conduct brief CLeaR alcohol evaluation in Richmond
- Identify under serviced populations and areas
- Identify new issues and trends in alcohol abuse and substance misuse which need to be considered to inform prevention and treatment across the life span
- Use high quality available evidence to recommend strategies for prevention, treatment and enforcement efforts to reduce burden among our residents

The health needs assessment has been completed and EINA and strategy is currently in development for approval in mid-2019.

### 11.5 Young people's health - risky behaviour review

A risky behaviour services review was undertaken during the year focussing on health-related risky behaviours (sexual health, drugs and alcohol and smoking) of

young people. Interviews were undertaken 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 findings are now being embedded into our work and that of Achieving for Children, the council and wider partners. Key actions relate to LGBTQI populations, reducing impact of social media / internet usage on overall wellbeing and exposure to drugs and sexualised images and supporting parents.

### 11.6 Social prescribing and prevention

We are working with public health and adult social care to understand the synergies between social prescribing and the voluntary services offer in Richmond. This has supported a new service specification for the Community Independent Living Service, to ensure access from healthcare to a local social prescribing service.

One of the desired outcomes of social prescribing is for older people to gain access to support that will enable them to develop ongoing social connections and therefore reduce the risk of the negative health effects of loneliness and isolation.

An additional aim of a social prescribing service is to strengthen the connection with voluntary sector organisations who engage under-served groups who experience health inequalities.

Together we are developing referral pathways from primary care to culture and leisure activities to provide access to those with the greatest need for support. Public health's commissioning model enables ongoing monitoring of service use against the protected characteristics and redirecting of the service to ensure that services are used by those who need them the most.

## 12 PATIENT ADVICE AND LIAISON SERVICE (PALS) AND COMPLAINTS

Our customer care team deal with PALS and complaints 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 the CCG's continuing healthcare.

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.

### 12.1 Advocacy provision in Richmond

Patients and members of the public can access local advocacy services 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.

## 13 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 (SIRG) with providers.

Kingston and Richmond CCGs lead on serious incident management for

- South West London St George's Mental Health NHS Trust
- Kingston Hospital NHS Foundation Trust
- Hounslow and Richmond Community Healthcare NHS Trust
- Your Healthcare Community Interest Company (CIC)

Where the CCG is lead commissioner the quality lead will run a serious incident review panel or attend the trusts/provider serious incident review group. The purpose of these groups is to provide scrutiny of the serious incident processes, the outcomes and themes; to challenge and support the providers to embed the learning from incidents across the organisation.

Where the CCG is an associate commissioner we work with the lead commissioning CCG to assure us that the trust/provider has robust processes to manage and imbed learning from serious incidents.

The serious incident processes along with PALS, complaints and general practice notifications enables the CCG to monitor themes arising from the trusts/provider. We triangulate information from these sources to support and challenge providers to provide assurance to our Governing Body to ensure services are safe, high quality and to improve care for borough residents.

## 14 SAFEGUARDING

One of the ways the CCG ensures that it complies with its equality duties is by ensuring that the services commissioned 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.

Kingston and Richmond Safeguarding Children's Board and Safeguarding Adults Boards are supported with appropriate health representation to provide direction, advice, recommendations and support actions. CCGs are statutory members of both safeguarding adults and children's board.

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

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

We promote equality and aim to address any health inequalities where these have been identified and highlighted.

Richmond GPs are provided with quarterly safeguarding adults and safeguarding children's training update sessions which are facilitated and/or delivered by the adults and children's safeguarding leads. These sessions incorporate diversity and equality as core components of the training.

**Safeguarding adults**

Kingston and Richmond boroughs both have safeguarding adult's boards. Richmond has a joint safeguarding adults board with Wandsworth borough. The safeguarding adult's boards have equality and diversity at their core and both safeguarding adult's boards give due regard to the need to eliminate discrimination, harassment and victimisation. The work of the CCG safeguarding leads ensures that there is equality of opportunity to foster good relations between people who share protected characteristics.

**Safeguarding children**

The Kingston and Richmond Local Safeguarding Children Board (LSCB) has diverse safeguarding children multi agency training programme which is available to both CCG and provider services staff. This includes comprehensive training around diversity, equality 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.

## 15 CONTRACTS, TENDERS AND PERFORMANCE MONITORING

Equality is important when contracting and tendering for health services to ensure that no part of the population is disadvantaged in terms of access and health outcomes. The CCG follows procurement rules in the tendering of services and all contracts are secured using the NHSE standard contract template which includes specific sections around the responsibility of providers with respect to equality. (Service Conditions SC13 equity of access, equality and non-discrimination)

Patient representatives should be involved in:

- Service reviews and redesign
- The production of service specifications
- Procurement panels

All new contracts, tender documents and service specifications should be informed by an equality impact needs assessment.

For any proposed service changes, we need to work to ensure EINAs are completed appropriately to ensure the CCG identifies the impact of the proposed changes for patients and those from protected groups.

### 15.1 Performance monitoring

Achievement of outcome measures and the intelligent analysis of information provide assurance that the commissioning activity the CCG is engaged in has and will improve the health outcomes of the population in Richmond. Whilst performance has been successfully maintained over recent years, it is still imperative that any performance standards seek to improve healthcare outcomes across the whole of Richmond.

The JSNA is an integral part of establishing whether all parts of the population are accessing services and contributing to the achievement of performance targets equally. Where there are apparent differences amongst populations in accessing services, targeted work aimed at improving access is carried out.

Detailed information on accident and emergency attendances, outpatient attendances and operations that take place in a hospital setting are sent to commissioners via the Secondary User Service (SUS) portal, which contains information on ethnicity, gender and age by which we ascertain how services are being utilised:

Richmond reports on achievement against the performance measures across the whole organisation on a monthly basis:

In addition, Improving Access to Psychological Therapies (IAPT) services submit data to NHS Digital, which are reported over several measures such as numbers of referrals, the number of people that drop out and the numbers of people that recover. These are shown by ethnic group, disability and age band.

Areas to address include:

- Lack of ability to drill down in some performance data to identity the profile of patients who contribute to the achievement of the performance to ensure equity of access for all parts of the population.

- Inability to interrogate qualitative information from national surveys (such as the national GP practice survey or the Friends and Family Test) to ensure that there is no disparity in patient experience between differing groups.

- The population of some of the data fields for equality information within SUS needs to be improved (e.g. marital status), and some equality characteristics would need to be added to ensure a better understanding of any potential differential access to services, without small numbers making the information potentially identifiable upon publication. There is also a lack of national benchmarks pertaining to acute activity for equality information which could be used to understand where there are outlying areas within Richmond.

Below are examples of performance measures that reflect improved outcomes for groups with protected characteristics.

Achievement of performance measures that reflect improvements in health outcomes for historically disadvantaged parts of the population such as:

- Ensuring early access to treatment, both for elective operations (18 weeks) and diagnostic waits (under 6 weeks, and ensuring that mental health service users are also seen by South West London and St George's Mental Health Trust within the 18-week referral to treatment standards)
- Ongoing compliance with people experiencing a first episode of psychosis treated with an approved care package within two weeks of referral
- Ensuring attainment of the 6 and 18 week IAPT waiting times standards in 2016-17.
- Improved access to psychological therapy services (IAPT services) by people from BME groups (NHS Outcomes Framework 2.10).
- Minimal mixed sex accommodation breaches

- Health-related quality of life for carers, aged 18 and above (NHS Outcomes Framework 2.15).

The attached charts show the types of information that can be generated from SUS or the IAPT dataset.


RCCG.docx

## 16. WORKFORCE

As at October 2018 the CCG employed 54 people. The staff profile has a more diverse workforce in terms of ethnicity than the borough's demographic profile*. The tables below represent the workforce data for ethnicity and religious beliefs respectively.

**Table 1 Ethnicity**

| | Richmond CCG (%) | Richmond borough (%)* |
|---|---|---|
| White | 59.3 | 86 |
| Asian | 11.1 | 7.3 |
| Black | 11.1 | 1.5 |
| Mixed | 5.5 | 3.6 |
| Other | 3.7 | 1.6 |

* Source: 2011 Census data, ONS (Richmond JSNA)

**Table 2 Religious beliefs**

| | Richmond CCG (%) | Richmond borough (%)* |
|---|---|---|
| Atheism | 11.1 | 28.4 |
| Hinduism | 3.7 | 1.6 |
| Christianity | 48.1 | 55.3 |
| Islam | 1.9 | 3.3 |
| Sikhism | 3.7 | 0.8 |
| Other | 5.8 | 0.4 |

* Source: 2011 Census data, ONS (Richmond JSNA)

The CCG employs more female staff than male, with 79.6% of staff female and 20.4% male, compared to 51% female and 49% male in the borough. With regards to disability, 1.85% of staff have declared that they have a disability.

### 15.1 Workforce race equality standard (WRES)

Implementing the Workforce Race Equality Standard (WRES) is a requirement for NHS commissioners and 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. 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. Due to this, the WRES data reflects the results for all CCG staff.

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.

| | | | Your organisation in 2017 | Average (median) for CCGs | Your organisation in 2016 | Average (median) for CCGs |
|---|---|---|---|---|---|---|
| | | | | | | |
| **KF25** | Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months | White<br>BME | 16%<br>- | 9.48%<br>9% | 17%<br>- | 8%<br>10% |
| **KF26** | Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months | White<br>BME | 45.83%<br>- | 17.86%<br>31.25% | 41%<br>- | 17%<br>25% |
| **KF21** | Percentage of staff believing that the organisation provides equal opportunities for | White<br>BME | 87.5%<br>- | 87.3%<br>60% | 95%<br>- | 90%<br>67% |

| | | | | | | |
|---|---|---|---|---|---|---|
| | career progression or promotion | | | | | |
| **Q17b** | In the last 12 months, have you personally experienced discrimination at work from manager/team leader or other colleagues? | White<br>BME | 0<br>- | 4.7%<br>15% | 0%<br>- | 4%<br>13% |

The above table shows that no staff reported experiencing discrimination at work from either managers or colleagues and 87% of staff believe that the CCG provides equal opportunities for progression. Sixteen per cent of staff indicated having experienced harassment, buying or abuse from patients or relatives: when investigated further this was found to be because of telephone enquiries relating to continuing healthcare and mental health services. Forty-five per cent of all staff indicated having experienced harassment, bullying or abuse from staff. Following discussion with the Ways of Working Group the CCG promoted the policy and produced a guide for all staff. The CCG also appointed an anti-bullying guardian who staff can contact confidentially to discuss any concerns.

### 16.2 Workforce Disability Equality Standard (WDES)

During 2019, all NHS organisations will be required to complete a set of specific metrics that will enable NHS organisations to compare the experiences of their disabled and non-disabled staff. The information provided about their employees' experience will enable Richmond CCG to develop a local action plan to support positive change for employees and enable a more inclusive environment for disabled people working in the NHS. As all NHS organisations, will be undertaking the WDES, it will also allow for the sharing of best practice between employers to further support any change.

## 17 NEXT STEPS

During 2019 Kingston & Richmond CCGs will build on our joint approach for equalities e.g. shared equality objectives and equality analysis process. We will explore joint working 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:

- Review effectiveness of our shared process for equality analysis across both CCGs

- Identify opportunities to run EDS2 across both CCGS and where appropriate with our providers
- Explore sharing staff training and development opportunities with NHS partners, including those in primary care.
- Review our community outreach programme to ensure the focus is on patients and local people who face barriers to who face specific barriers to being involved in our work and whose specific needs must be considered.
- Implement Workforce Disability Equality Standard

## 18 GLOSSARY