NHS
Richmond
Clinical Commissioning Group

Public sector equality duty
Annual report 2020

Working together – a healthier Richmond for everyone

Contents

1 INTRODUCTION

This report for the period January to December 2019 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

The following objectives were identified for 2018 – 2021 based on the work across both Kingston and Richmond CCGs:

- To engage with our diverse communities ensuring their needs are taken into account when commissioning, designing and co-producing services.
- To embed equality and diversity principles by developing and supporting staff and governing body members to promote and champion equality in all aspects of the CCG's work.
- The CCG will demonstrate and report in the annual report each year that it is a fair and inclusive employer that recognises the value of diversity.
- Maintain good governance to improve equality and diversity performance through the Equality Delivery System (EDS2).

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 resident population of 200,703 [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, dementia and cancer remain the 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.
- 16% of Richmond's residents belong to black and minority ethnic (BME) communities. The proportion of BME groups in Richmond has risen from 9% to 16% between 2001 and 2019[3].
- Heathfield and Whitton wards have higher proportions of BME populations, mainly from Asian communities.
- In Richmond compared to the age distribution of London there are more people in the 5-14 years and the over 40 age group and less in the 15-39 years' age group[4].

[1] GLA Housing-led population projection (2016-based). 2016
[2] JSNA Quarterly Newsletter/ Issue 11 June 2014
[3] GLA Housing-led ethnic group projections
[4] DataRich , population https://www.datarich.info/population/

- 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%[5].
- 12% of people based on data and estimates report that they have some form of disability or health problem[5] that affects their day to day activities. 18.3% of people aged 16-64 years are economically inactive within the borough which was lower than the London average of 21.8%. 11% of people who were long-term sick were economically inactive.[6] Over the last five years, the proportion of the UK population identifying as lesbian, gay or bisexual (LGB) has increased from 1.5% in 2012 to 2.0% in 2017. [7] Between 2013-2015, results from the Annual Population Survey estimated that there were 3,000 lesbian, gay and bi people living in Richmond. This makes up 1.8% of the population, which is a lower percentage to London (2.6%).

5 ORGANISATIONAL CONTEXT

The CCG is a membership organisation made up of the 25 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 with other CCGs in contracts with:

- Kingston Hospital NHS Foundation Trust
- Chelsea & Westminster NHS Foundation Trust (West Middlesex University Hospital)
- 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 Richmond CCG

We have been working as part of the South West London Alliance with our partners Kingston, Sutton, Wandsworth and Merton CCGs for two years. We share a senior

[5] Census, 2011.
[6] DataRich. Economy and Employment.
[7] Office for National Statistics, Sexual Orientation, UK. 2017

management structure with Kingston CCG whilst retaining our own governing body and remaining accountable for our own population.
Following publication of the NHS Long Term Plan in January 2019, CCG governing bodies in south west London began discussing a potential merger of all six south west London CCGs. All six agreed in October 2019 to the merger, with the ambition to implement the change from April 2020.

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 commissioning 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.

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 for QIPP 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 have identified that the PMO process for QIPP ensures equality impact assessments are systematically undertaken for all QIPP projects. However, this is not the case for other CCG commissioning projects where the PMO doesn't have oversight.

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

Equality is 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.

An example of how we work with our providers on equalities is the CCG being a member of Kingston Hospital's equality & diversity committee. The committee enables the Trust Board and Executive Committee to carry out its responsibilities for the equality and diversity agenda and provide strategic direction, leadership and support for promoting and maintaining equality, diversity and human rights issues across the Trust. It monitors the Trust's performance in relation to equality and diversity and enables the CCG to be assured it is meeting its equality and diversity responsibilities. Having CCG representation on the committee also provides an opportunity to share best practice and identify opportunities for joint working between the organisations.

The CCG level analysis included in NHS England's 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 like 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

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.

Richmond's main 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 Acute Care

Richmond CCG patients mainly receive acute care at Kingston Hospital NHS Foundation Trust (KHFT) and Chelsea & Westminster Foundation Trust (West Middlesex University Hospital). Kingston CCG is the lead commissioner for Kingston Hospital NHS Foundation Trust (KHFT) responsible for commissioning services from the trust on behalf of Richmond patients. Richmond and Kingston CCGs work together to ensure the services commissioned are accessible and available to all those referred to them including individuals in any of the protected characteristic

groups. Where patients attend other hospitals, the lead commissioner for those hospitals is responsible for demonstrating compliance with the equality outcomes.

Our services are commissioned on evidence based best practice to ensure 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 delivering value for money.

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.

Monthly clinical quality review group (CQRG) meetings between KHFT and the SWL CCGs bring together clinical leads, commissioners and quality leads from each of the CCGs and the Trust to discuss and make decisions on aspects of quality and safety which includes equality and diversity. As previously mentioned the CCG is a member of the KHFT's Equality & Diversity Committee.

The following are examples of projects where we are focusing on improving services for people with long term conditions who could identify as having a disability or age specific services.

7.3 End of life care

We continue to work with Kingston CCG and other local health and care partners including the voluntary sector, patients and carers to deliver the joint end of life care strategy. Every resident 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.

The strategy aims to support the CCG to commission adult and childrens' 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 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.

We will work with colleagues in primary, community and secondary care to ensure that everyone who is entering the final stage of life has a care plan detailing their personal preferences at the time of their death.

Training is available for staff covering the diversity of beliefs and cultures 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.

7.4 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 health 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 by identifying those at most risk of hospital admission.

7.5 Transformation of outpatient services

During the year, we have been working closely with Kingston hospital and partners in both primary and secondary care to improve the way that outpatient services work. The programme is exploring different technological approaches to improve accessibility which will help patients with some disabilities, whilst being mindful of

ensuring traditional approaches are still available for patients with visual and hearing impairments.

7.6 Mental health

The CCG commissions mental health services 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, learning disabilities and/or autism 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 such people and is investing in services to meet the improvements set out in the NHS Long term plan and the Richmond health and care plan.

The CCG's main mental health provider is South West London and St George's Mental Health NHS Trust (SWLStG).

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.

In addition, the CCG is part of the mental health transformation programme across South West London. There are currently four work streams underpinning this programme:

- Crisis Service Response and Home Treatment
- Access and Assessment Services
- Community Mental Health Teams and Recovery
- Complex and Specialist Services

These work streams are looking at best practice with a view to reconfiguring care pathways and introducing revised service models to ensure all services are working to optimum clinical efficiency and to deliver the best health outcomes for service

users. The programme is likely to take up to three years to fully embed change across local services.

These work streams report into the Clinical Reference Group who will scrutinise any proposed change from a Primary Care as well as Secondary Care perspective to ensure alignment across the local health economy.

Anticipated outcomes are as follows-

- Consistent evidence based clinical models
- to ensure users, carers and families are effectively supported by introducing the most appropriate operating models
- Effective processes for referrals, discharge joint working and shared care
- Sustainable workforce model
- Effective management, governance, performance and contracting across services

In this Programme services users and carers have been involved in workshops relating to the four work streams. Service users and carers have been part of two redesign workshops as part of the Mental Health Transformation programme. They have also been invited to be part of the four work stream groups. Further service user and carer workshops are currently being planned.

Older People's Mental health

Richmond CCG acknowledges the health and wellbeing of older people is more important than ever as we continue to have an increasing older population in the borough. SWLSTG provides services for this population in Richmond. The services have access to interpreters to ensure older people unable to speak English can express their needs through an interpreter.

To ensure parity with working age adults, we are working with Age UK and our local IAPT service to ensure this service is available and accessible to older people and encourage older people to use the services.

Dementia Care

The CCG has implemented initiatives to maintain the dementia diagnosis rate in the borough. It continues to work with local health and care partners to support people with a diagnosis of dementia and to work with primary care in improve identification.

The CCG is working with the Alzheimer's Society providing support for people with early onset dementia. Services are delivered in line with the Alzheimer Society's equality and inclusion policy. The service completes annual Equality Impact Assessments (EIAs) to analyse local demographic data, including anonymised service user data to understand who is and isn't using services, and identify reasons why. Findings inform local action plans to improve the inclusiveness of its services.

HRCH is working with primary care colleagues to support people pre and post a dementia diagnosis as well as their carers.

The CCG's focus in 2019 is to continue working with providers and the voluntary sector to ensure people with dementia are well supported. This will include supporting people where English is not their first language by having access to interpreting and translation services.

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

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

The CCG is 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 and appropriate follow up interventions in 2019/20. The CCG has commissioned support to achieve this within primary care.

b) **Increasing access to psychological therapies (IAPT)**

East London Foundation Mental Health Trust provides psychological therapies and primary care liaison (PCL) service in the borough meeting all national targets for access and recovery. The service is working towards improving access to psychological therapies for underrepresented groups within the borough by targeting specific areas:

- By 2019 - 22% of people with common mental health conditions will have access to psychological therapies.

- The service has developed long term condition (LTC) pathways and offers psychological therapies for physical health conditions such as diabetes, cardiac and respiratory conditions and medically unexplained symptoms.

- The service aims to support people wherever possible within primary care so they can receive care in a non-stigmatising setting closer to home or within a GP practice. This is in line with delivering equality within physical health services and is where people have told us they prefer to receive their care.

Some of service materials are available in different languages, Interpreters are available to support patients where English is not their first language at assessment and in therapy sessions.

7.7 Services for people with a learning disability and autism

The CCG ensures parity of care for people with a learning disability and their carers by commissioning high quality, person centred, transformational, and cost-effective services.

The CCG has recently appointed a clinical learning disability and autism lead to ensure services are tailored to meet the needs of people with a learning disability and that their views are well represented within services.

The CCG commissions neuro-developmental services from Your Healthcare CIC which support people with learning disabilities and autism. The service works to reduce inequalities and to ensure that people receive services appropriate to their needs and adjusted to facilitate good access. Examples of project undertaken by the service that reflect this include:

- Autism awareness sessions - for service providers and teams to impart information on the range of additional needs someone with autism is likely to present with, as well as practical information about how best to offer support for people with autism and a mental health problem.
- STOMP project - working in partnership with community pharmacists to reduce polypharmacy for people with a learning disability and additional mental health problems in line with the national STOMP programme of work.

The CCG is working with the wider south west London Transforming Care Programme to ensure patients with a learning disability and/or autism who are in hospital are reviewed every 6 months to facilitate stepping back into community closer to home as quickly as possible.

Annual physical health check for people with a learning disability - A draft action plan relating to annual health checks is in place focussing on awareness and practicalities of timetabling in reviews regularly. This includes looking at best practice across south west London.

7.8 Child and adolescent mental health services

Working in partnership with Kingston CCG we are funding child and adolescent mental health services (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:

- Those in the youth justice system
- Those with ASD, ADHD and learning disabilities
- Those with Special Education Needs
- Looked After Children
- Young people in transition from CAMHS to Adult Mental health services
- Improve and develop crisis care services in partnership with other SWL CCGs.

We have also introduced and consolidated new service developments:

- Worked with children, young people, parents/carers as well as colleagues from the local authority, schools, health providers and the voluntary and community sector to undertake a joint review of the therapies offer for special educational needs and disabilities
- We have also successfully embedded local assessment pathways for children and young people with autistic spectrum disorders (ASD) and attention deficit hyperactivity disorder (ADHD)

Richmond CCG along with the other SWL CCGs was successful in securing £1.85m of national funding to deliver the Mental Health Support Teams(MHST) to provide support for emotional wellbeing and deliver resilience programmes to a local cluster of schools consisting of approximately 8000 pupils/students.

8. PRIMARY CARE

There are currently 25 general practices across Richmond and during 2019 in line with the NHS long term plan have started to work collaboratively across 6 new primary care networks (PCNs) and as a Federation of general practice providers.

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 services and staff are treating all with equality, respect, dignity and understanding this will have a direct impact on a person's health.

To address inequalities and improve services for protected groups, over the last year the CCG has been developing the following programmes:

Improving quality and reducing variation in primary care

Primary care services are strong in Richmond. 24% of GP practices have received a “Good” or” Outstanding” rating from the Care Quality Commission. We have 1 practices with a “Inadequate” or “Requires Improvement” rating, and are working pro-actively to support quality improvement and share examples of good practise across the borough. We know these results are not disaggregated by protected groups and that variances in access to primary care services can impact on patient experience and outcomes.

We are committed to improving quality and reducing variation across practices in Richmond. We are working with practices and clinicians to implement a consistent quality framework across south west London.

Extended access

To support growing demand and to provide more flexible, responsive services, we continue to commission Extended Access Hubs to provide an 8 am till 8 pm, 7 days a week service providing additional primary care appointments each month. These include same day appointments and provide more opportunities for working age adults to access appointments at evenings and weekends.

Expanding digital services in primary care

There is a growing demand for practices to provide a greater range of digital services to improve access to clinicians, prescriptions, appointments and health advice. GP practices will be supported to improve the digital services available to registered patients including online consultations. This is a positive step for many patient groups including those with a disability and those with mobility issues where attending a clinic in person may present a barrier to access. This will also ensure that the traditional ways of accessing GP practice in person and telephone will be maintained and more accessible for those patients who face barriers to using digital services.

Social prescribing

Following learning from pilots that have had a demonstrable positive impact for patients, we will continue to expand our social prescribing programme in collaboration with the Council, Richmond GP alliance and local voluntary sector.

Social prescribing seeks to address people’s needs in a holistic way and support individuals to take greater control of their own health. Social prescribing schemes can involve a range of activities typically provided by voluntary and community organisations such as volunteering, arts activities, gardening, befriending, cookery, healthy eating advice and sports. The most common model involves a link worker who will work with people to understand what they want and help to access local activities and sources of support.

Often community based support can be more effective than more traditional health services in improving the health and wellbeing of marginalised groups and vulnerable individuals. They are key element of reducing health inequalities within local communities.[8]

Primary Care Networks

We now have 6 Primary Care Networks (PCNs) across the borough. These PCNs are delivering additional appointments to 100% of the borough population, and will be developing shared quality improvement approaches across their community as part of Quality Outcomes Framework (QOF). PCNs have the potential to benefit patients, particularly those in protected groups, by offering improved access and extending the range of services available to them, and by helping to integrate primary care with wider health and community services.

Locally Commissioned Services (LCS)

We routinely review the primary care services we commission locally to ensure that these services can continue 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.

Patient participation groups (PPGs) network

A PPG is made up of volunteers who meet up on a regular basis to discuss their GP practice services and how improvements can be made to benefit patients. The PPG network is a forum for representatives from local PPGs and is an opportunity for them to engage, communicate and strengthen the patient voice and feedback to the CCG.

9. PARTNERSHIPS

9.1 South West London Health and Care Partnership

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. Aligned to this health and care organisations in south west London are starting to work together in local health and care partnerships for Croydon, Sutton, Kingston & Richmond and Merton & Wandsworth.

Partnership working in Richmond

[8] https://www.gov.uk/government/publications/social-prescribing-applying-all-our-health/social-prescribing-applying-all-our-health

Health and care organisations in Richmond are working more closely together as to make services better connected and more joined up.

The NHS, Council, voluntary sector and Healthwatch have come together to look at what's important for health and care in Richmond, what the challenges are and how if different organisations work more closely together we can make a difference. The Richmond health and care partnership includes:

- Local people
- Achieving for Children
- Chelsea & Westminster NHS Foundation Trust (West Middlesex University hospital)
- London Borough of Richmond upon Thames
- Hounslow and Richmond Community Healthcare NHS Trust
- Your Healthcare Community Interest Company
- Community pharmacists
- Kingston Hospital NHS Foundation Trust
- NHS Richmond CCG
- South West London and St George's Mental Health NHS Trust
- Richmond Council for Voluntary Service (*for local voluntary and community organisations and groups)*
- East London Foundation Trust
- Central London Community Healthcare NHS Trust
- Richmond GP Alliance / Richmond GPs
- Healthwatch Richmond

Richmond Health and Care Partnership's aspiration for the people of Kingston is that they start well, live well and age well. The Richmond Health and Care Plan describes our vision, priorities and actions to meet the health and care needs of local people and deliver improvements in their health and wellbeing. It is a two-year (2019–2021) plan focusing on the actions which no single organisation could achieve alone.

Kingston and Richmond communications and engagement group

This group brings together communications and engagement professionals working in Kingston and Richmond across the NHS, council, Healthwatch and the voluntary sector. The group works with health and care leaders across the boroughs to ensure delivery of quality, integrated communications and engagement, that is aligned to and supports integrated health and care delivery in both boroughs. The group has delivered integrated engagement to shape the health and care plans, and promote the winter campaign, focusing on flu vaccination uptake groups including children aged 2-3 and older people

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, integrated quality and governance committee, the community involvement group as well as several transformation programmes. Healthwatch Richmond is a key member of the Kington & Richmond communications and engagement group

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 local people are heard and able to inform our work. 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 several community groups and networks through our local community outreach programme.

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 accessing services or being involved in our work. The feedback we receive is used to inform commissioning of related services both locally and across south west London, and in the development of Richmond's Health and Care Plan.

Through our close working with Kingston CCG we can also use the insight from its community outreach with groups we are not linked with in Richmond to inform our work, and support our partners to deliver engagement on our behalf, where it makes sense.

Through both our local outreach programme, we attended 15 events and spoke to over 180 people during 2019. Some of the communities or groups we engaged with were:

Alzheimer's co-production group in Richmond (May 2019)

We visited a local Alzheimer's Society support group for people who have been diagnosed with dementia before the age of 65, who gave us feedback on their post diagnosis support. They noted the only way to receive regular monitoring of their condition is to be involved in clinical trials which not everyone qualifies for. This means there is inequity in the system. The ongoing support currently available caters more for older people with dementia, though they appreciate this is because it is more common in this age group. They would value more activities for their own age group and fitness levels.

The feedback we received has informed the development of the local health and care plan priorities for age well, and shared with our local primary care team.

Parents who do not speak English as their first language focus group in Kingston (May 2019)

We had a group discussion with 12 parents who do not speak English as their first language. They explained some of the barriers they face because of language, including not being aware of some health initiatives such as the 'daily mile'. They felt this was a good initiative and a particularly good way to include those from low income families. There was concern that a reduction in school break time may have a negative impact on a child's physical and mental health, although they all felt school enables their children to participate in physical activity such as swimming.

The group discussed support for children's mental wellbeing and the need for them to be more aware of the impact the internet may have on their health, and asked what 'healthy' screen time is.

The feedback we received has informed the local health and care plan priorities for start well, and shared with children and young people's commissioners and local school clusters.

Discussion group with MENCAP (May & November 2019)

We took part in a discussion group with people with physical and learning disabilities covering a wide range of topics including access to health services, health checks and support services.

They told us that health professionals should have learning disability training and that they want to have their voice heard, feel valued and be listened to by health professionals. The group discussed access to health services and described issues with some buildings where access to departments is difficult without support from a porter and wheelchair to access the area.

The feedback we received has informed the local health and care plan priorities, and we later revisited the group to tell them how their input has shaped the local plan.

10.2 Children & young people – from addressing self-harm to developing emotional resilience across Kingston and Richmond

Across South West London we have a high number of children who are self-harming, and we want both to address and prevent this by developing consistent wellbeing support and early intervention.

We set out to engage with young people around the language they use to describe mental health and emotional wellbeing, to develop effective communication about mental health services and wider support available to them. When communicating with children and young people we must speak in a language they understand, using words they associate with their own lives and experiences. If we are encouraging

them to seek support and change their behaviour, we need to do this in a way which resonates with them.

Insight work with young people in all six boroughs was carried out in May and June 2019 through two rounds of focus groups, ten in total. The objective of the first sessions was to explore how young people understand mental health, how they deal with it and language they associate with it. Focus groups were held with year 5s and year 8s. In Richmond, we worked with Christ's School in East Sheen and focused on year 8. We asked them broad questions about how they feel about the world around them and what 'health' and 'mental health' mean to them. To support this an online survey for children and young people, parents, carers and teachers was also completed. Richmond respondents made up over 40% of responses from across south west London to the survey.

The application of this learning was to develop a campaign to encourage 11-18 year olds to use an online mental health services called Kooth through schools. We used the learning from the sessions with year 8s to develop messaging. We used the second round of focus groups to test these messages and design propositions for the campaign materials in the form of posters. A toolkit for teachers has now been distributed to all secondary schools across the borough, advising them how to let pupils know the service is available and how to access it with posters and animation.

10.3 Richmond health and care plan

Working with local health and care partners our aspiration for the people of Richmond is that they start well, live well and age well. The Richmond Health and Care Plan describes our vision, priorities and actions to meet the health and care needs of local people and deliver improvements in their health and wellbeing. It is a two-year (2019–2021) plan focuses on the actions which no single organisation could achieve alone

Patient and public engagement took place between June 2018 and May 2019 to hear from and test ideas with local people at different stages in the development of our local health and care plan (HCP).

We wanted to make sure we spoke to a wide range of local people either directly, or through local patient groups and community organisations. We wanted to hear from those who would be most impacted by proposals in the HCP.

We were also pleased to test our proposals with young people through the Youth Council and Youth Out Loud! representing 13-17 year olds across Richmond and Kingston. Joining EMAG's elders group and attending the Council's Full of Life Fair gave people over 55 the opportunity to have their say on our developing ideas. While organisations like Integrated Neurological Services (INS), the Alzheimer's Society, Mencap and events like the TAG transitions fair helped us to hear from

people with long term conditions, and adults and young people with a learning disability or special educational need (SEN).

The engagement was divided into the following stages:

- Using local insight to inform our early thinking around health and care priorities
- Testing our early thinking and draft health and care priorities to inform the actions and impact to support our priorities.
- Targeted engagement with groups potentially affected or involved in actions and impacts identified in our draft health and care plan.

Using local insight to inform our early thinking: Richmond's health and care partners considered the views of local people gathered over the last two years to shape our thinking as we developed our early ideas about what health and care priorities for Richmond would look like. This included hearing from communities and groups who do not always feel their voice is heard or may face specific barriers to involvement. Between June and October 2018, we shared our initial ideas at some local events and forums across the borough to hear what local people had to say.

Testing our early thinking and draft priorities: We used the feedback we received from local people to refine our early ideas into a set of draft priorities. In November 2018, we held an engagement event for local people, health and care staff, and representatives from community organisations. The event was an opportunity for us to hear from the 'silent majority' people who have not previously been involved with us in sharing their views on local health and care services.

To do this we used a recruitment company to find a selection of people broadly representing the local population of Richmond. We used a framework to recruit primarily by age, gender, ethnicity, where people live in the borough, long term conditions if any, age of children if any and if they provide unpaid care for someone that has a condition that limits their daily activity. We made sure that our chosen venue was accessible to people from all parts of the borough and could cater to all accessibility needs so that we could have as wide range of people there as possible. Due to restricted numbers, it was not possible to recruit a sample of people that truly reflected the full breakdown of local demographics. We worked with quotas to reflect the key demographics where they were large enough to recruit a sample from and who would be most impacted by changes to local services. Other protected groups were reflected through targeted invites from local voluntary and community organisations and groups who represented that community.

Fifty- three people were recruited to attend the event. Of these 14 were male and 39 were female. Twenty-three identified as having a health condition. Six identified as being carers, four of whom were also living with long term condition. Attendees also came from across the borough with most postcodes represented. Recruiting local

people to attend in this way resulted in an increase in representation from men who are traditionally underrepresented in our engagement activities; the under 35 age group which included some attendees who were under 19 years which we traditionally struggle to engage at such events.

At the event, we talked about the kinds of things which no single organisation can achieve alone. About how organisations could work better together to tackle children's mental health resilience, supporting people to live at home independently and how we can make best use of local assets such as parks and walking routes. It was clear that people were passionate about health and care in our borough and wanted to support us.

Targeted engagement with groups potentially affected by the health and care plan proposals In March 2019, a mix of health and care professionals from statutory and voluntary sector organisations came together to build on what we had heard from local people and the information we already had about Richmond and agree the key actions and impacts to support our health and care priorities. These were then collated into a health and care plan (HCP) discussion document.

During May 2019, we used the discussion document to sense check the HCP proposals with targeted groups in start well, live well and age well who may be affected by or involved in this work. We did this through a mix of face to face discussions, online survey and direct feedback from individuals.

Nearly 300 people engaged with our HCP proposals during May – approximately 200 face to face; 70 survey respondents and 12 written submissions.

The survey also included some demographic questions to understand how representative of the borough's population respondents were and to highlight groups or areas that may have been over or under represented.

Most respondents were female 79.4%, 19.1% were male and 9.1% preferred not to answer the question. The low response rate from men reflects a similar response in previous engagement activities. From our targeted recruitment approach for the HCP event we know that we can increase representation from men by targeting them specifically and offering an incentive.

12% of Richmond's population based on data and estimates report that they have some form of disability or health problem that affects their day to day activities. The number of respondents identifying as having a disability is overrepresented at 17.9% in comparison with 12% for the whole population. However, we would expect to see a higher response rate from people identifying as having a disability as we targeted groups who may be affected or involved in the HCP which includes people with a long-term health condition.

People told us that they were supportive of a health and care plan which had a strong focus on prevention, that puts the person at the centre and of health and care

working closer together to deliver joined up care for local people. However, they wanted to see more information on enablers – the things that will enable us to deliver our plan, implementation, monitoring and evaluation, how local people will be kept informed about progress and how they can continue to be involved.

People welcomed a priority to improve identification and recognition of carers but felt that the plan was missing any specific actions to explain how this would be achieved.

For more information on the engagement, the feedback received and how we used the feedback to inform the final plan you can read the Richmond Health and Care Plan engagement report. on the CCG's website.

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). Richmond's JSNA is made up of several needs assessments for different groups of the population, each being updated on a regular basis Work is underway to update the JSNA 2020. This is taking a collaborative approach. It will identify and provide understanding of current and future health and wellbeing needs of the populations are identified and understood, ensure needs of protected characteristics are examined, look at inequalities and areas of unmet need.

It is a joint effort by all relevant stakeholders, analysing information and evidence to enable councils and CCGs to commission services effectively and efficiently.

Joint strategic needs assessments (JSNAs) analyse the health needs of populations to inform and guide commissioning of health, well-being and social care services within local authority areas. The JSNA should guide decisions around where to invest or reduce spending. This is then used to inform the priority setting for the Joint Health and Wellbeing Strategy and provides an evidence base for service planning and commissioning.

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 2020.

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-2020.

11.5 Suicide and self-harm prevention strategy

Local government has a central role in reducing suicide and Public Health is leading this work through the development of a local Suicide and Self-harm Prevention Strategy. The strategy reflects objectives identified through the national strategy, local engagement and the Crisis Care Concordat multi-agency group. The national strategies ambition is to reduce suicides by at least 10% by 2020 and the local strategy is aiming to replicate this objective.

Local Authorities have been asked to increase the transparency around their plans by publishing them online and submitting them to their Overview and Scrutiny Committees. In 2019, the strategy was reviewed by both the Adult Social Services, Health and Housing Committee and the Health and Well-being Board.

The strategy sets out the following objectives:

- Improve understanding of local need
- Challenge the stigma and discrimination associated with mental disorder
- Improve access to information and Prevention Support - for those concerned or affected by suicide
- Prevent self-harm amongst young people
- Improve access to services
- Improve crisis responses and pathways

Annual progress updates will be provided for the Health and Well-being Board.

11.6 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. These findings will also inform the JSNA 2020.

11.7 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. CILS were launched in October 2020.

Public Health with Richmond Social Prescribing Steering Group Partners have co-produced a new Richmond Social Prescribing System. This embeds both the new NHSE Long-Term Plan and Richmond Community Access Strategy (CAS). This transformational approach aims to empower residents to improve their health and wellbeing whilst preventing, reducing and delaying their need for health and social care services, realising savings. It also aims to cocreate social value and sustainability of the health, social care, community and voluntary sector organisations both large and small. This is all achieved by delivering a seamless whole systems approach to social prescribing across Richmond.

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.

11.8 Healthy lifestyles

Preventing ill health and long-term conditions through healthy life style services such as smoking cessation, health checks is led by public health. Public Health commission these services from primary care – GPs and pharmacies to ensure that a diverse range of the population is reached.

Diabetes prevention and management is a joint priority with the CCG. A new Diabetes Steering Group supported by the South West London Health and Care Partnership has been formed for Kingston and Richmond. Membership includes various stakeholders such as GPs, Diabetes Specialist Nurses, Diabetes UK, Commissioners and Public Health. The group was established to work in partnership with a range of stakeholders responsible for influencing and overseeing a whole system approach to the delivery of Diabetes care and support in Kingston and Richmond**.**

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

are processes in place to ensure the CCG captures the relevant information and systematically records formal complaints and concerns raised through the customer care team.

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. The service can be accessed by phone, email or by face to face appointment. Information on PALS and complaints is available on the Richmond CCG website.
When a formal complaint is made equalities information is requested when a written acknowledgement is sent.

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 Kingston and Richmond. 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 Trust
- Kingston Hospital Foundation Trust
- Hounslow and Richmond Community Healthcare 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 healthcare provider's serious incident review group. The purpose of these groups is to provide scrutiny of the serious incident processes and to challenge and support the providers to embed the learning from incidents across the organisation, improving care for residents. Where the CCG is an associate commissioner we seek this assurance from the lead commissioning CCG.

The serious incident processes along with PALS, complaints, patient and public feedback and general practice notifications enable the CCG to monitor themes in care or service delivery from healthcare providers. We bring information from these sources to support and challenge providers to improve, this then enables the quality team to provide assurance to our Governing Body that services are safe and high quality.

Providers must present evidence of compliance with the Equality Act as part of CQRG and SIRG monitoring of the broader quality agenda. They also review training needs and compliance with statutory and mandatory training, including equality and diversity in the workplace.

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 (updated August 2019). This document sets out clearly the safeguarding roles, duties and responsibilities of all organisations commissioning NHS health and social care.

Local Partners in Kingston and Richmond have responded to the statutory changes outlined in the Wood Review (May 2016) by refreshing local partnership safeguarding children arrangements. The Strategic Leadership Group (SLG) are responsible for the multi-agency safeguarding arrangement. The CCG has shared responsibility alongside the police and children's social care to ensure the effectiveness of these arrangements.

The Partnership is now known as Kingston and Richmond Safeguarding Children Partnership and will ensure that everyone working in Kingston and Richmond with children and their families, as outlined in Working Together 2018. The Director of Quality, Designated Nurse for Richmond CCG and Designated Doctor for Kingston CCG are members of the SLG. The CCG is a statutory member of the SLG.

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 Safeguarding Children's Partnership (KRSCP) has a 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

15.1 Contracts and tenders

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)

Patient representatives are involved in:

- Service reviews and redesign

- The production of service specifications
- Procurement panels

All new contracts, tender documents and service specifications complete an equality impact needs assessment.

The CCG uses the NHS Standard framework for all existing and newly awarded contracts, which promotes equality under service condition SC13 (equity of access, equality and non-discrimination) and outlines the requirements on providers to meet the Equality Act 2010.

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

15.2 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 gender, ethnic group, disability and age band. These can be shown upon request, or can be found on the NHS Digital website (https://digital.nhs.uk/)

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 for elective operations (18 weeks), diagnostic waits (6 weeks) and early cancer treatment (62 days). 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, and that people are followed up and supported after being discharged from mental health inpatient services.
- Improved access to psychological therapy services (IAPT services) by people from BME groups (NHS Outcomes Framework 2.10), and that access to phycological therapies is representative across all age groups. Ensuring attainment of the 6 and 18-week IAPT waiting times standards in 2018-19.
- Minimising mixed sex accommodation breaches
- Health-related quality of life for carers, aged 18 and above (NHS Outcomes Framework 2.15).
- Ensuring that people who have a learning disability, autism or both who are in an inpatient bed inappropriately will be placed in more appropriate accommodation

- That an increasing level of people will be offered a Personal Health Budget to allow personalisation and to support ongoing care needs.
- Ensuring that people who have a learning disability or a serious mental illness receive a comprehensive health check annually and are supported to receive one.

16. WORKFORCE

As at October 2018 the CCG employed 49 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	61.2	86
Asian	12.2	7.3
Black	14.2	1.5
Mixed	6.1	3.6
Other	6.1	1.6

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

Table 2 Religious beliefs

	Richmond CCG (%)	Richmond borough (%)*
Atheism	9.84	28.4
Hinduism	3.28	1.6
Christianity	45.9	55.3
Islam	1.00	3.3
Sikhism	3.28	0.8
Other	4.92	0.4
Not disclosed	31.15	10.2

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

The CCG employs more female staff than male, with 79.5% of staff female and 20.4% male, compared to 51% female and 49% male in the borough. With regards to disability, no staff declared they have a disability, 2% of staff preferred not to answer.

16.1 Workforce race equality standard

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 2018	Average (median) for CCGs	Your organisation in 2017
KF25	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	White BME	0% 9.1%	9.4% 10%	16% -
KF26	Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	White BME	28.6% 27.3%	18.9% 29.8%	45.8% -
KF21	Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	White BME	73.9% -	88.1% 59.3%	87.5% -
Q17b	In the last 12 months, have you personally experienced	White BME	2.9% 9.1%	4.6% 14%	0% -

	discrimination at work from manager/team leader or other colleagues?				

Seventy-four percent of staff believe that the CCG provides equal opportunities for progression compared to eighty-seven percent in 2017. During 2018, there has been a general reduction in the number of staff who indicated having experienced harassment, bullying or abuse from patients or relatives. This stands at 9.1% for BME respondents but there is no data from 2017 to be able to compare if this has improved or worsened. Incidents that have occurred relate to continuing healthcare and mental health services.

In 2017, 45.8% of staff indicated having experienced harassment, bullying or abuse from staff. This compares to 28.6% for white respondents and 27.3% for BME respondents in 2018. Again, the figure for the latter was not available in 2017 as less than eleven colleagues responded.

Following discussion at the CCG's ways of working group and in conjunction with colleagues across south west London, we have implemented several initiatives as detailed below:

- Our values have been framed and placed around the office and in meeting rooms
- Anti-bullying champion appointed
- An anti-bullying poster has been produced
- Our managing director has clearly articulated a zero-tolerance approach to bullying & harassment at all staff meetings
- Our values have been added to our appraisal process
- Expectations around behaviours have been added to the noticeboard
- Developed a 'buddy process' for new and existing members of staff which WoW reps are sharing
- South west London wide 'navigating conflicts at work' training rolled out in May & October 2019
- Established line manager training for all line managers to be better able to identify and address bullying and harassment issues earlier
- New south west London-wide dignity at work policy being written

17. CONCLUSIONS

We are committed to reducing health inequalities, promoting equality and valuing diversity as part of everything we do. This report demonstrates how our work

considers equality and diversity and our compliance with the Public Sector Equality general and specific duties. We are committed to commissioning for equal access to health care for protected groups and improving health outcomes. For example, our programme management office (PMO) ensures all QIPP projects include equality impact assessments to identify an overview of the potential impact of each project on groups with protected characteristics. Non QIPP commissioning projects do not use the same process however, and therefore equality analysis is adhoc. We have also identified we do not have robust demographic information about who we are engaging with.

18. NEXT STEPS

During 2020 Kingston & Richmond CCGs will continue to work jointly in our approach to equalities, as well as considering how equality and diversity will be further developed through one south west London (SWL) CCG. Locally our next steps will include:

- Ensure good governance is in place across our health and care partners to evaluate and improve our equality and diversity performance in delivering the Kingston health and care partnership's aspiration that Kingston residents start well, live well and age well
- Local input into SWL CCG review of CCG equality objectives (due 2021)
- Review the process for non-QIPP commissioning projects to ensure equality analysis is undertaken for all commissioning projects
- Test the revised evaluation form at all engagement events to ensure we collect robust demographic information so we know who we are engaging with
- Review our community outreach programme to ensure the focus is on patients and local people who face specific barriers to being involved in our work and whose specific needs must be considered
- Implement the Workforce Disability Equality Standard in line with SWL CCG
- Using the Kingston & Richmond communications and engagement group we will identify priority equalities groups to engage with, including delivering on the suggestion from our Integrated Quality Governance Committee to focus on those with learning disabilities and people experiencing homelessness in the borough