



Kingston
Clinical Commissioning Group

Public sector equality duty

Annual report January 2020



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1. INTRODUCTION

This report, for the period January to December 2019, brings together information and evidence which demonstrates how NHS Kingston 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
- Patient Advice and Liaison Service and Complaints
- Serious Incidents
- Safeguarding
- Workforce

In May 2018, Kingston and Richmond CCG agreed joint corporate objectives:

1. 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.
2. Improve the quality, safety and effectiveness of healthcare services and ensure that national performance targets are met and that people experience high quality care.
3. 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.
4. Ensure the continued development of the CCG as a clinically-led and well governed organisation with strong leadership, effective membership and staff engagement.
5. 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 Kingston CCG are:

- Annually publish relevant, proportionate information demonstrating compliance with the Equality Duty. The information must be published by January 31 each year 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 different 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 are identified for 2018 – 2021 based on the work across both 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 protected characteristics protected by the Equality Act 2010.

4. ABOUT KINGSTON

Kingston is a small outer London borough with a population of 180,600 (Annual Public Health report 2019). Of these, 22% are children/young people, 64.2% are people of working age and 13.8% are aged 65 or over. Like much of London, in contrast to England, Kingston has a young population with a median age of 36 years.

Although the majority of Kingston is not deprived, some pockets of deprivation do exist. Overall Kingston is considered to be an affluent borough.

The physical health of people in Kingston reflects the overall affluence of the area with a lower prevalence of many diseases than London as a whole. The increase in life expectancy has important implications for the health and social care system.

The challenges we face in Kingston:

- Cost pressures in the health and social care system due to the rise in an ageing population - requiring more extensive health and social care interventions.
- An increasing number of older people living alone. Projected figures show that the population will grow by 11% between 2019-2029, with the biggest growth in the 80+ age groups.
- The leading causes of deaths in people of all ages in Kingston are cancer, diseases of the circulatory system and dementia, followed by respiratory system diseases.
- Many of these deaths have preventable risk factors such as smoking, diet, exercise and excess alcohol consumption.
- The gap between healthy life expectancy and life expectancy in Kingston for men is 14.2 years and for women 17.7 years. Whilst this is less than the national average, Kingston residents still spend a considerable number of their older years in poor health, potentially needing additional care and support.

A snap shot of Kingston:

- Almost one-third (33%) of Kingston residents are from black, Asian and minority ethnic (BAME) communities, this is projected to increase to 38% over the next decade (to 2029).
- 41% of children and young people aged 19 years and under are from BAME groups and this cohort is projected to increase to 46% by 2029.

- The 2011 census showed that 12% of the Kingston population has a limiting long-term illness. 2.5% of Kingston residents claimed Disability Living Allowance (DLA) in February 2016, compared to 3.6% for England as a whole.
- With regards to diverse religious beliefs, the 2011 census found that the largest groups are Christian, Muslim, Hindu and no religion.
- Kingston has a lower than the England and London average number of people claiming carers allowance.
- Nationally, it is estimated that lesbian, gay and bisexual people constitute 5-7% of the total adult population.

5. ORGANISATIONAL CONTEXT

The CCG is a membership organisation, made up of 21 local GP practices serving people across the Royal Borough of Kingston upon Thames.

The CCG commissions community services with Your Healthcare CIC and is lead commissioner for Kingston Hospital NHS Foundation Trust. We are also a partner commissioner for:

- St George's University Hospitals NHS Foundation Trust
- South West London & St George's Mental Health NHS Trust
- Camden and Islington NHS Foundation Trust

Kingston CCG has delegated responsibility for commissioning of primary care medical (GP) services.

5.1 Kingston CCG

We have been working as part of the South West London Alliance with our partners Richmond, Sutton, Wandsworth and Merton CCGs for two years. We have shared a senior management structure with Richmond CCG since 2017 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 1 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, integrated governance committee and there is a GP member lead for equality and diversity on the governing body.

The CCG is a partner on the Health and Wellbeing Board (HWB) which is responsible for Kingston 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 particularly 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 referred to in governing body/committee reports, to enable challenge and request for assurance of equalities by governing body/committee members. Equalities training for governing body members 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 Kingston and Richmond CCGs priority commissioning programmes, which include Quality, Innovation, Productivity and Prevention (QIPP) programme. QIPP aims 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 that providers are aware of their duty under the Equality Act 2010 and that the 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.

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 Kingston CCG are:

NHS Sutton CCG
NHS Windsor, Ascot and Maidenhead CCG
NHS Barnet CCG
NHS North East Hampshire and Farnham CCG
CCG
NHS Surrey Heath CCG

NHS Crawley CCG
NHS Richmond CCG
NHS Hillingdon CCG
NHS Bracknell and Ascot
NHS North West Surrey CCG

Kingston Race Equality Scorecard

The [Race Equality Scorecard](#) brings together quantitative evidence on six different key indicators to help inform the decision making process of public authorities, and to equip local communities with the tools necessary to hold them to account.

7.1 Community commissioning

The CCG is responsible for commissioning community health services on behalf of the Kingston GP registered population in line with their health needs and to ensure that the services commissioned and provided are accessible and available to all those who are referred into 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.

Kingston's most significant community provider is Your Healthcare – a community interest company which is commissioned to provide a wide range of community health services. 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

Kingston CCG is the lead commissioner for Kingston Hospital NHS Foundation Trust (KHFT) responsible for commissioning services from the trust on behalf of Richmond, Sutton, Merton and Wandsworth CCGs as well as several associate CCGs. We are responsible for the services commissioned and for making sure they 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.

The CCG sits as a member of the KHFT 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 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.

End of life care

We continue to work with Richmond CCG and other local health and care partners including the voluntary sector, patients and carers to deliver the 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.

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

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 existing 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 most at risk of hospital admission.

7.3 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.

7.4 Mental health

The CCG commission 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 Long-Term Plan and Kingston's local health and care plan.

The CCG's main mental health provider is South West London and St George's NHS Mental Health Trust (SWLStG). Kingston CCG is the lead commissioner for SWLStG's on behalf of SWL 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's 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 SWLStG's, CCGs across South West London and has service user and carer representation. The CQRG then monitors the agreed actions of SWLStG's.

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. A one-off workshop is due to be held with Health Watch Kingston on the MHTP and the JSNA in early February 2020.

Older People's Mental health

Kingston CCG acknowledges the health and wellbeing of older people is more important than ever as we continue to have an increasing older population within Kingston. SWLSTG provides services for this population in Kingston. The service has access to interpreters to ensure the older person 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.

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

- **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.

- **Thrive Kingston**

Kingston's mental health strategy ([Thrive Kingston](#)) sets out to improve and enhance the mental wellbeing of people in Kingston by supporting better prevention, preventative services and early intervention, and to transform the experience and care of people with mental health problems, their families, friends and carers.

It covers prevention and wellbeing in all age groups and is focused on mental health services for adults (aligned with children's mental health service plans). This means people with mental health problems, however severe or mild, can live their lives as fully as possible. Over 200 people participated in co-producing the strategy. The Priority areas are as follows-

- Improving Mental Health and Prevention
- Early Intervention
- Community Connection
- Access to services
- Joined up care and support

The Mental Health Strategy Planning and Implementation Group was tasked with overseeing the Implementation of the Strategy, but the Group has not met for some time. However, a sub group has now met on two occasions and is preparing an update on where all agencies are in relation to the THRIVE

recommendations with a view to re-launching the main group with renewed impetus in January 2020.

- **Increasing Access to Psychological Therapies (IAPT)**

Kingston iCope delivers psychological therapies to Kingston residents within a community and primary care setting. The service continues to promote access and is on target to meet the 22% national access target for 2019/20. The service provides support to people within primary care and people 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 continues to deliver dedicated programmes for people with long term conditions such as type 1 and type 2 diabetes and musculoskeletal problems where improved mental wellbeing can support better management and recovery of physical health conditions.

Kingston iCope is prioritising work in 2019/20 to increase referrals from and support for those groups that have been identified to be less inclined to access mental health services including BAME communities, men, older adults, people with physical disabilities. Champions in the service have been identified for each group with the aim of developing referral pathways into the Service, linking with local groups, communities and services. The service has an urgent pathway for pregnant and perinatal clients who are prioritised for assessment and treatment with the aim of assessment taking place within two weeks of referral.

Dementia Care

The CCG has implemented initiatives to improve the dementia diagnosis rate in the borough. Work has been undertaken to ensure patients are being assessed in care homes and the CCG has been working with Kingston Council to implement dementia awareness training within the Korean community.

The CCG and Kingston Council have recommissioned Dementia Development and Support Services in 2019/20 and are being provided by the Alzheimer's Society. The service supports adults with dementia and their carers to receive the services, support, information and advice they require to live well, stay independent and to feel connected to the community. They are also 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.

Services for People with learning disability and autism

The CCG ensures parity of care provision for this population group 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 which support people with learning disabilities, autism and ADHD. 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.

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, 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 Long-Term Plan and the Kingston health and care plan.

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.

7.5 Child and Adolescent Mental Health Services (CAMHS)

Working in partnership, Kingston and Richmond CCGs fund CAMHS transformation programmes 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
- Children excluded from education
- 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)
- Kingston 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 21 General Practices across Kingston. During 2019 in line with the NHS Long term plan our practices have started to work collaboratively across 5 new primary care networks (PCNs) and 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 Kingston. 21% GP practices have received a "Good" or "Outstanding" rating from the Care Quality Commission. We have no practices with a "Inadequate" or "Requires Improvement" rating, and continue to work 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 Kingston. We are working with practices and clinicians to implement a consistent quality framework across SWL.

Extended Access

To support growing demand and to provide more flexible, responsive services, we have continued with commissioned Extended Access Hubs to provide an 8 am till 8 pm, 7 days a week service. Through our hubs we are providing additional primary care appointments. 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 for people to improve access to clinicians, prescriptions, appointments and health advice. GP practices will be supported to enhance a digital offer to registered patients and 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.

Social Prescribing

Connected Kingston is a website dedicated to helping Kingston residents find local activities and navigate local services, run by Kingston Council and Kingston Voluntary Action. Training is available to people including clinicians who regularly meet people that may be struggling to navigate or find local activities or services. The CCG is working with Connected Kingston and will continue to expand social prescribing in Kingston with the primary care networks to help people access a range of local, non-clinical services.

Primary Care Networks

We now have 5 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 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.

Primary Care Forum

The Primary Care Forum continues to meet and is an opportunity for practice patient participation groups (PPGs) to engage, communicate and strengthen the patient voice and feedback to commissioners. Support has been provided to PPGs to help them function as effective feedback groups including a best practice guide to

help practices set up a PPG, and individual practice support for establishing virtual PPGs.

9. PARTNERSHIPS

Kingston CCG works collaboratively with a range of local organisations and agencies to strengthen its commissioning work.

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. 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 Kingston

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

- Local people
- Achieving for Children
- Royal Borough of Kingston upon Thames
- Your Healthcare Community Interest Company
- Community pharmacists
- Kingston Hospital NHS Foundation Trust
- NHS Kingston CCG
- South West London and St George's Mental Health NHS Trust
- Kingston Voluntary Action (*for local voluntary and community organisations and groups*)
- Camden & Islington Mental Health NHS Trust
- Kingston GP Chambers / Kingston GPs
- Healthwatch Kingston

Kingston Health and Care Partnership's aspiration for the people of Kingston is that they start well, live well and age well. The Kingston 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 Kingston Health and Wellbeing Board

Kingston Health & Wellbeing Board (HWB) brings together the CCG, council, Healthwatch, NHS partners and the voluntary sector to manage the Council's public health functions and ensure that health services within the borough are properly integrated between providers. Kingston HWB is responsible for developing [Kingston'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 Kingston

We continue to work with and develop our relationship with Kingston Healthwatch who have representation as a non-voting member of the CCG's governing body, and who work with us as partners on several projects. Healthwatch Kingston is a key member of the Kingston & Richmond communications and engagement group.

9.4 Kingston Voluntary Action (KVA) Health and Wellbeing Network

The Health & Wellbeing Network is an open network of community and voluntary organisations and is an opportunity for organisations with an interest in health and wellbeing to come together and hear about developments in local work and plans from partners in health and care. The CCG is continuing to develop its relationship with the network and working through it to hear feedback on our engagement and

equalities work and to facilitate engagement with seldom heard groups. This year we presented the health and care plan at the network at key stages in its development.

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 local community groups and networks through our local community outreach programme over the past year.

Through our close working with Richmond CCG we can also use the insight from its community outreach to inform our work, and support our partners to deliver engagement on our behalf, where it makes sense.

10.1 Outreach programme

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 people who do not always feel their voice is heard or who 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 Kingston's Health and Care Plan.

Through both our local outreach programme, we attended 16 events and spoke to over 200 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.

Tamil elders' empowerment group (May 2019)

Together with Kingston Staywell, we visited over 35 members of the older Kingston Tamil community in May. We heard about some of the barriers they face in terms of accessing information to find out about social groups at libraries and community centres, or how to access them if not being referred by their GP.

The group highlighted how important living the last years of life well and with a quality of life were to them, and the importance of groups to help reduce social isolation.

The feedback we received has informed the local health and care plan priorities for age well.

Advance equality and reduce health inequality

As part of our ongoing review of our work we identified that we do not have robust demographic information about who we are engaging with. The only time we were collecting this information was at large scale events or surveys but not for smaller scale activities such as our outreach to groups.

We have therefore included some demographic questions in our revised evaluation form which is currently being tested at all engagement activities. This should ensure we have a more detailed picture of who we are engaging with to help us improve and target our engagement activities more effectively.

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 Kingston, we worked with Tolworth Girls School 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.

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 Kingston health and care plan

Working with local health and care partners our aspiration for the people of Kingston is that they start well, live well and age well. The Kingston 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 pleased to test our proposals with young people through the Youth Council and Youth Out Loud! representing 13-17 year olds across Kingston and Richmond. Joining the Elders' Empowerment group, the Pensioners Forum and Staywell sheltered housing group gave people aged over 55 the opportunity to have their say on our developing ideas. While organisations such as Fast Minds, Kingston Carers Network, TAG youth club and Mind helped us to hear from people with long term conditions, those with learning disabilities and mental health conditions, as well as their carers.

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: Kingston'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 the health and care priorities for Kingston 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’ of 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 Kingston. 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. In Kingston, we specifically asked that the Korean population were represented. Other protected groups were reflected through targeted invites from local voluntary and community organisations and groups who represented that community.

Sixty-six people were recruited to attend the event. Of these 21 were male and 46 were female. Forty-four identified as having a health condition and 10 identified as being carers. 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 and the under 35 age group who are traditionally underrepresented in our engagement activities.

At this event, we talked about the kinds of things 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 our parks and walking routes. It was clear that people were passionate about health and care in our borough and wanted to support us in our plans to work together.

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 Kingston so that we could agree the key actions and anticipated impacts to support the 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.

We had face to face engagement with around 200 local people and health and care professionals, with a further 450 accessing the discussion document through the online portal, 'Kingston Let's Talk' and of these 32 completing the online survey.

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 survey respondents were female – 76.7%, 20% were male and 3.3% preferred not to say. The low response rate from men reflects a similar response in previous engagement. 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.

Twelve people who replied to our survey said that they had a long-term physical, mental health or other condition or disability, this means that 40% of people who responded considered themselves to have a disability which is higher than the general population in Kingston. However, we would expect to see a higher response rate from people identifying as having a disability as during this stage of engagement, we targeted groups who may be affected or involved in the HCP which includes people with a long-term condition.

People told us they were supportive of the health and care plan and of us working closer together to deliver health and care across the borough and that they wanted us to build on the community initiatives already present in the borough.

For more information on this programme of engagement, the feedback received and how used the feedback to inform the final plan you can read the [Kingston Health and Care Plan engagement report](#) on the CCG's website.

11. PUBLIC HEALTH

The CCG and public health team at Kingston Council work together to improve the health of the local population of Kingston.

Over the last year the public health team worked jointly with the CCG and other partners to develop the Kingston health and care plan, focusing on reducing health inequalities for the next two years. The public health team

led on developing the live well and prevention sections of the plan, and working also with the voluntary sector, planned the co-production and community engagement responsibilities.

The health and care plan also forms a priority part of Kingston Council's corporate plan.

Joint Strategic Needs Assessment

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 the local authority and CCG to commission services effectively and efficiently.

Kingston's JSNA is made up of a number of needs assessments for different groups of the population, each being updated on a regular basis. It also provides in-depth analysis of the protected characteristic groups and 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.

During the year, public health and the CCG carried out work which specifically responds to specific protected equality groups. This work included leading on the response to published local needs assessments and delivering on their recommendations including; oral health, air quality, young carers, Gypsies and travellers and the local Korean population. Multi agency strategies and action plans, including the [Refugee and Migrant Strategy, Prosperous Lives for All \(2016-19\)](#), have also been a core part of public health's work and supported by the CCG.

We have also jointly started work on a new Mental Health Needs Assessment for Kingston. The CCG is a member of the mental health JSNA steering group which aims to ensure that the report identifies and considers any equalities issues related to mental wellbeing in Kingston and how these may be addressed in future planning.

Public Health provides information to the CCG to support work in reducing health inequalities. Data requests have covered asthma, vaccination issues and aspects of child health.

Health Protection

Public health has worked jointly to support vaccination uptake and reduction in health inequalities related to lack of uptake. Over 2019, this work has included joint

communications to support national campaigns, joint work to promote shingles vaccine uptake and joint borough level work through the Kingston Immunisation Steering Group.

We have jointly planned winter flu communications with the CCG and carried out targeted campaigns, including social media for people over 65, pregnant women, children, people with a long-term condition and carers.

Cancer Screening

Cancer Screening uptake amongst disadvantaged and marginalised groups was identified as a priority locally and funding was secured by NHS England's transformation fund (RM Partners West London Cancer Alliance).

The project has provided outreach to several hundred people from disadvantaged or marginalised groups to advise them on the benefits of breast, bowel and cervical screening. In addition to individuals receiving face to face information, the project has gleaned learning from this engagement of the barriers experienced by disadvantaged communities locally.

Target population groups have included disabled people, people from minority ethnic backgrounds including gypsies and Traveller and those who may do access screening in the most common ways, due to barriers to access such as homeless people. A range of local groups have engaged with the project, for example Refugee Action Kingston, Kingston Mencap, Swallow Park Traveller site, Kingston Chinese Association and the MILAAP Day Centre.

Ethical Procurement and commissioning

Public health has commissioning responsibilities that include prevention services, 0-19 child health, sexual health and substance misuse services. Kingston i Cope service targets groups at higher risk including parents, BME groups and older people. We have also commissioned services such as the Warm Homes and Better Health programme, tackling fuel poverty targeting older people and parents of children under 5.

Kingston Council's new commissioning and contract management toolkit ensures more in depth consideration of equalities and health and wellbeing.

Domestic violence and Trafficking

We work with the CCG as part of the Multi Agency Risk Assessment Conference (MARAC) to support individuals affected by domestic abuse and sexual violence,

and prevention work to address human trafficking, known to impact on vulnerable people including those with a learning disability and migrants.

Social Inclusion and Community Development

Public health and the CCG continue to work together to reduce health inequalities, particularly socially excluded groups such as refugees and people with complex mental health needs, for example through the Vulnerable Persons Resettlement Scheme.

Work has also taken place as part of the Refugee & Migrant and Socially Excluded action plans to support groups including the Korean community, unaccompanied asylum seeking children, gypsies and travellers and communities living in areas of deprivation. Projects improve access to public health lifestyle programmes and wider services including English language, employment and volunteering opportunities, addressing hate crime and giving people a voice.

A refreshed and ongoing action plan will continue to focus on meeting the needs of these groups in 2020 and will incorporate partnership working with Local Primary Care Networks.

12. PATIENT ADVICE & LIAISON SERVICE (PALS) & 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 [Kingston CCG website](#).

When a formal complaint is made equalities information is requested when a written acknowledgement is sent.

12.1 Advocacy provision in Kingston

Patients and residents can access independent advocacy services through POhWer who provide information, advice, support and advocacy to people who experience disability, vulnerability, distress and social exclusion. They can also access 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 & SAFEGUARDING

13.1 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.

13.2 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.

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.

14. CONTRACTS, TENDERS & PERFORMANCE MONITORING

14.1 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.

14.2 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 Kingston. 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 Kingston.

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:

Kingston 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 identify 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 Kingston.

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 psychological 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.

DRAFT

15. WORKFORCE DATA

As of October 2019, Kingston CCG employed 45 people. The workforce data for ethnicity and religious beliefs can be found in Table 1 and 2 respectively.

Table 1

Ethnic Background	Kingston CCG (%)	Kingston borough* (%)
White	66	68
Asian	18	21
Black	2	3
Mixed	2	5

Table 1: Workforce data for ethnicity. *Borough data is taken from GLA projected ethnic make-up of Kingston upon Thames 2019

Table 2

Religious belief	Kingston CCG (%)	Kingston borough* (%)
Atheism	6.78	20.7
Buddhism	1.69	1.1
Christianity	35.59	52.9
Islam	5.08	5.9
Sikhism	6.78	1.5
Other	3.38	0.6
Not disclosed	40.68	N/a

Table 2. Workforce data for religious beliefs *borough data is taken from 2011 ONS Census

Our staff team is 75% female and 25% male. 4.4% of our workforce are disabled.

16. WORKFORCE RACE EQUALITY STANDARD (WRES)

Implementing the [Workforce Race Equality Standard](#) is a requirement for NHS commissioners and NHS healthcare providers including independent organisations,

through the NHS standard contract. The WRES is there to ensure employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

The WRES information provided in the table below sets out responses received to specific questions from the NHS national staff survey. 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.

			Kingston CCG in 2018 (%)	Average (median) for CCGs (%)	Kingston CCG in 2017
KF25	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	White	17.4	9.4	15
		BME	-	6.7	-
KF26	Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	White	13	18.9	21
		BME	-	-	-
KF21	Percentage of staff believing that the organization provides equal opportunities for career progression or promotion	White	89.9	88.1	75
		BME	-	5	-
Q17b	In the last 12 months, have you personally experienced discrimination at work from manager/team leader or other colleagues?	White	0	4.6	0
		BME	-	14	-

In the table, above, no staff reported experiencing discrimination at work from either managers or colleagues and almost 90% of staff believe that the CCG provides equal opportunities for progression.

There has been a slight increase (from 15% to 17.4%) of staff indicating that they have experienced harassment, bullying or abuse from patients or relatives.

A drop of 8% (from 21% to 13%) has been reported of staff indicating they have experienced harassment, bullying or abuse from staff.

Following discussion at the CCG's ways of working group (WoW) 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. CONCLUSION

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 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 equality objectives (local review 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