



Kingston
Clinical Commissioning Group

Public sector equality duty

Annual report January 2018



Contents

Introduction	4
Legislative Content	4
Equality Objectives	4
About Kingston Clinical Commissioning Group	5
Organisational Context	6
Richmond Clinical Commissioning Group	7
Clinical Commissioning Governance	7
Community Commissioning	7
Choosing Wisely	9
Kingston Coordinated Care	11
Mental Health Commissioning	12
Partnerships	14
Health and Wellbeing Board	14
Healthwatch Kingston	14
Kingston Voluntary Action Health and Wellbeing Network	14
South West London Health and Care Partnership	15
Kingston Race Equality Scorecard	15
Engagement	16
Grassroots	16
Refugee Action Kingston	17
Public Health	17
Joint Strategic Needs Assessment	17
Self-care	17
PALS and Complaints	18
Advocacy Provision in Kingston	18
Serious Incidents and Safeguarding	19
Serious Incidents	19
Safeguarding Adults	19
Safeguarding Children	20
Contracts, Tenders and Performance Monitoring	21
Contracts and Tenders	21
Performance Monitoring	21

Primary Care 23

Workforce Data 25

Workforce Rare Equality Standard (WRES) 26

Next steps 26

1. INTRODUCTION

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

Kingston CCG's vision is for people to live longer, healthier lives. The people of Kingston should be supported to look after themselves and those they care for; have access to high quality, joined up physical and mental health and care services, when they need them; and we need to deliver better health outcomes within our budget. We value people being able to say I'm heard, I'm healthier, and I'm cared for.

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.

3. EQUALITY OBJECTIVES

In April 2013, the CCG agreed the following equality objectives for the period 2013 – 2017:

- Patient engagement/communications – changes across services for individual patients are discussed with them, and transitions are made

smoothly to ensure KCCG strategy, campaigns and messages reach all parts of the community, including staff.

- Patient safety – the safety of patients is prioritised and assured.
- Capturing/monitoring data – equality and diversity data is monitored appropriately and used to improve and/or amend services and to identify and address gaps.

The following objectives are identified for 2018 – 2021:

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

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

4. ABOUT KINGSTON

Kingston is a small outer London borough with a population of 173,525 (ONS estimate 2015). Our population is an aging and relatively affluent one, but this hides small pockets of relative deprivation. 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 aging of the population has important implications for the health and social care system.

The challenges we face in Kingston are:

- Cost pressures in the health and social care system due to the rise in an aging population - requiring more extensive health and social care interventions.
- An increasing number of older people living alone.
- A rising number of patients with dementia-related health problems.
- Cardiovascular disease and cancer are the two leading causes of death, followed by respiratory disease.

- All three major causes of death have preventable risk factors such as smoking, diet, exercise and excess alcohol consumption.

A snap shot of Kingston:

- The population has become more ethnically diverse, from 16% Black and Minority Ethnic (BME) groups in the 2001 census to 26% BME in the 2011 census. The school age population is more diverse with 38% BME at the time of the latest school census. The Korean population in New Malden is estimated to be the largest in Europe.
- 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.
- Kingston has a higher than London average number of people aged over 65 years and a higher than England average number of people aged under 18 years.
- 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 average overall live birth rate although has a much higher than the average rates of births to women aged in their late 30's/early 40's.
- 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.

More details on Kingston's health can be found in the Joint Strategic Needs Assessment (JSNA) web pages:
https://www.kingston.gov.uk/info/200365/joint_strategic_needs_assessment

5. ORGANISATIONAL CONTEXT

Kingston CCG is a membership organisation, made up of 22 local GP practices serving people across the Royal Borough of Kingston upon Thames.

The CCG commissions community services with Your Healthcare 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

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

This report focuses on progress in 2017 and will cover the following core business areas:

- Primary care development
- Kingston Coordinated Care
- Engagement and consultation
- Complaints/serious incidents/safeguarding
- Contracts and tenders
- Performance monitoring
- Commissioning

5.1 Kingston & Richmond CCGs

From April 2017, Kingston CCG combined working arrangements with neighbouring Richmond CCG. Still retaining their own governing bodies and remaining accountable for their own populations, Kingston and Richmond are managed under one senior management structure across the two CCGs.

6. CCG GOVERNANCE

The CCG's governing body members have a collective responsibility to ensure compliance with the public sector equality duty both as an employer and commissioner of healthcare services. There is a GP member lead for equality and diversity on the governing body.

Equality and diversity is reported to the integrated governance committee (6 monthly) and governing body.

7. COMMUNITY COMMISSIONING

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

The CCG has an equality impact needs assessment (EINA) process to ensure a proportionate response informed by the impact and sensitivity of each project.

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

In developing the EINA process it 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 identified as part of the process.

As part of the joint approach to working across Kingston & Richmond CCGs a single EINA process is currently being developed and equalities training for both Kingston & Richmond CCG governing bodies is planned for May 2018.

Commissioners have a role in promoting equality throughout the local health system through their 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.

Kingston 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.

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

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

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 thus providing a mechanism for demonstrating compliance.

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

7.1 Choosing Wisely

During 2016/17 due to the significant financial challenge faced by the CCG, a review of commissioned services took place to identify where savings could be achieved. The following proposals emerged from the review as part of the Choosing Wisely programme:

- To consider changing the access criteria to IVF (In-Vitro Fertilisation) so that cycles are offered 'on an exception only' basis
- To review prescribing of gluten free foods, vitamin D, baby milk and self-care medications which are now widely available at a reasonably low cost, both online and in local shops. We asked for feedback on the extent to which the local NHS should prescribe items that can be bought more cheaply and directly by the patient.
- For GPs in Kingston to help encourage patients who smoke or have excess weight to make some lifestyle changes before they have surgery

The CCG undertook patient and public engagement on these proposals between 15 March and 14 July 2017 and feedback from this engagement demonstrated that whilst there was some general agreement with the proposals, people were concerned about:

- The longer term impact on both patients and local NHS services if individuals were not able to maintain the appropriate diet and supplementation.
- To ensure vulnerable groups within Kingston's population are protected and able to continue to access the care they need.
- Potential negative impact on health inequalities across the borough
- Potential lack of understanding around allergic conditions such as cow's milk protein allergy (CMPA)
- The need for the CCG to lead in supporting and providing clear and accessible information to patients, public, service providers and healthcare professionals about the implementation of any of the proposals if agreed.

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

The equality impact assessments undertaken for the proposals were also informed by this stage of the engagement.

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

The CCG considered the findings from the engagement and also the equality impact needs assessments undertaken and took the decision that it no longer supports the

routine NHS prescribing for gluten free food; vitamin D maintenance and medicines which are available over the counter.

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

Prescribing for baby milk

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

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

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

An equality impact needs assessment (EINA) was undertaken which examined the potential impacts of the proposal on groups with protected characteristics. It also considered socio- economic impact in line with ability to pay for treatment privately as an alternative to the NHS as this was highlighted as an area of concern. The groups with the highest potential impact were age, disability and those on low incomes. An additional risk raised was the possible unintended impact of potentially increasing the number of patients that receive multiple embryo transfers while undertaking self-funded fertility treatment abroad.

Respondents suggested the CCG consider other options, or further restrict the current eligibility criteria in order to maintain a level of IVF services in the borough. This was also supported in discussions with the Assisted Conception Unit at Kingston Hospital who suggested that access should be based on clinical evidence associated with successful outcomes of fertility. The CCG considered the findings from the engagement alongside the equality impact assessment and took the decision to not change the criteria for access to IVF/ICSI in Kingston, and to jointly

review the fertility pathway with Kingston Assisted Conception Unit and to consider changes to this pathway based on clinical expectations of successful conception.

7.2 Kingston Coordinated Care

Kingston Coordinated Care (KCC) is a flagship transformation programme comprising of commissioners and providers with the ambition to create a 'whole system' and 'whole life' way of working that puts the individual at the centre of coordinated and integrated support and that helps people maintain independence and achieve the outcomes that matter to them.

The projects within the programme that have been developed have a strong focus on what people have told us is important to them, taking account of the need to have systems and processes that will meet the needs of all the people in the borough of Kingston with an inclusive and sensitive approach.

KCC is a transformation and change programme. The programme is about the transformation of services for some of the most vulnerable people in our community and therefore the potential impact of undertaking this level of change without taking account of diversity within our communities could lead to individuals being disadvantaged in accessing the health and care support they need. To ensure that this is not the case, we have agreed a joint approach to the development of our new ways of working that:

- Puts in place a person centred approach to everything we do that complements our current analysis and understanding of people's needs (all projects are applicable to this aim)
- Builds resilience in Kingston's communities so that people can remain independent and healthy for as long as possible, and are able to access a variety of community support options if and when needed
- Puts in place a new model of integrated services that will deliver what is needed by all people in Kingston, and are simpler, streamlined, and cost effective regardless of whether they may have one or more protected characteristics

As well as ensuring the principles of equality are integral to the development and implementation of the programme, there are number of project areas that focus on improving the way we currently deliver services for people with protected characteristics, for example:

1. **All Age Service for People with Learning Disabilities** - Creating an 'all age' service for people with learning disabilities so that people experience an holistic service throughout their whole life which supports effective transition

at key life stages (including from childhood to adulthood) and are supported to live meaningful lives as part of their local community

2. **Active and Supportive Communities** - Joint commissioning of a 5 year contracts with voluntary and community services to support more vulnerable people:

- Refugees in Kingston
- People with English as a second language
- Women and children at risk of social isolation and abuse
- People with a learning disabilities at risk of isolation
- Elderly and frail people at risk of isolation
- Vulnerable people from particular faith backgrounds
- Vulnerable BME groups
- People in recovery from drug and alcohol addiction
- People with a mental health illness

A minimum data collection framework has been introduced that requires providers to demonstrate that they are working with people with protected characteristics. Regular reporting will enable us to monitor who is accessing and using provision in the borough and to identify any areas where improvements should be made. It will also help to identify if there are groups of people with protected characteristics where provision is coming under significant pressure from increased demand.

What can certainly be noted in the case of KCC and its individual work streams is the continued monitoring of equalities and attempts to always improve and plan ahead for where equality issues may present themselves. This focus is something that will be taken forward into all KCC programme documents, plans, and evaluations.

7.3 Mental health commissioning

Commissioners promote equality through their contracts with providers to ensure that they are aware of their duty under the Equality Act 2010.

Kingston CCG's most significant mental health provider is South West London and St George's NHS Mental Health Trust (SWLStG). Merton CCG, who is responsible for commissioning services from the trust on behalf of Kingston, Richmond, Sutton, Merton and Wandsworth CCGs as well as a number of associate CCGs, ensures that the services commissioned are accessible and available to all those who are referred to them including individuals in any of the protected characteristic groups.

The services commissioned are based on best practice evidence to ensure that the care and treatment delivered is effective, assessments consider the individual needs of service users within the context of best practice and outcomes and the services deliver 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 Particulars Schedule 6 Part A (Reporting Requirements) of the 2017-19 NHS Standard contract with the provider.

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 is subject to monthly performance reviews against agreed key performance indicators and operational standards thus providing a mechanism for demonstrating compliance.

In addition, there are monthly clinical quality review group (CQRG) meetings between SWLStG and the SWL CCGs. The CQRG is a platform to bring together clinical mental health leads, commissioners and quality leads from each of the boroughs and the Trust and includes service user and carer representation, to discuss and make decisions on aspects of quality and safety.

Other significant services that Kingston CCG commissions is the Kingston iCope and Primary Care Mental Health Services provided by Camden & Islington NHS Foundation Trust. These services are accessible to anyone who has a GP in the Royal Borough of Kingston. The iCope service is for people 18+ with mild to moderate depression, anxiety or other common mental health problems. The Primary Care Mental Health Service supports people 18+ with mood or anxiety disorders too complex and/or severe for Kingston iCope, personality disorders likely to benefit from brief intervention work and serious mental illness cared for by primary care. The CCG also commissions a substance misuse service from Camden & Islington NHS Foundation Trust in partnership with the local authority. These services put emphasis on promoting better, more discreet access for different sectors of the community and individuals in any of the protected characteristic groups.

Work is being undertaken by the services to improve access for specific marginalised groups, such as people over 65, the large local Korean population, and people with long-term conditions, men (especially middle-aged men), those with sensory impairments, and others protected by the Equalities Act 2010.

In Kingston iCope, the mode of delivery of initial assessment can be by telephone, or face-to-face, and with an interpreter (both for languages or signing) as necessary. The service actively encourages applications for clinical posts from those who speak other languages. Languages available, if desired, currently include French, Italian, Portuguese, Greek, Farsi, Korean and Bengali.

Online therapy (iCope On-line) is also offered by Kingston iCope which offers a variety of online modules on depression and anxiety, and secure video therapy, which it is anticipated will encourage those afraid of the stigma of mental health in their communities to access the service as well as provide an out of hours service

for working adults unable to attend during the day. A Korean platform is being offered which hopefully will encourage more of this population to access support for those for whom stigma of mental ill-health is strong.

Commissioners meet with the provider on a monthly basis and assess the services against a number of key performance indicators and quality requirements thus providing a mechanism for demonstrating compliance.

In addition, there are quarterly clinical quality review group (CQRG) meetings between Camden & Islington NHS Foundation Trust and the CCG and local authority to discuss and make decisions on aspects of quality and safety.

The CCG also considers referrals to services outside of normal contracting arrangements for individuals that fall into one of the protected characteristic groups if it is felt that a service is likely to better meet their needs and better outcomes are likely to be achieved such as referral to specialist deaf counselling / psychological services.

SWLStG presents its Equality and Diversity Toolkit to the CQRG. This is to provide assurances that there is no discrimination and that equality is promoted. This platform is then used for decisions to be made on what areas require focus. Actions are agreed and the implementation is monitored via the CQRG.

As commissioners we have put in place processes to ensure we are given the evidence to provide assurances that services are not discriminating against individuals in the protected characteristic groups.

8. PARTNERSHIPS

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

8.1 Health and Wellbeing Board

Kingston Health & Wellbeing Board (HWB) brings together the CCG, Council, Healthwatch 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 \(JSNA\)](#)

8.2 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 a number of projects including the Kingston Mental Health Strategy. Healthwatch led the engagement process to co-develop the Mental Health Strategy and also leads on the Kingston grassroots engagement programme with SWL Health & Care Partnership (SWLHCP).

8.3 Kingston Voluntary Action (KVA) Health and Wellbeing Network

The Health & Wellbeing Network replaced the Community Development Network and is an open network of community and voluntary organisations that provide support to local communities that improves the health and wellbeing of Kingston's population. The CCG is developing its relationship with the network and increasingly working through it to hear feedback on our engagement and equalities work and to facilitate engagement with harder to reach groups.

8.4 South West London Health and Care Partnership

The South West London Health & Care Partnership is comprised of the organisations providing health and care in the six south west London boroughs, working together in four local partnerships including Kingston & Richmond.

Following a year of engagement with stakeholders and local people, including the grassroots programme since the publication of the South West London Sustainability and Transformation Plan (STP), a draft refreshed strategy document: [The South West London Health and Care Partnership: One year on](#) was published in November 2017. The document focuses on partnership, prevention and keeping people well, recognising the greatest influences on our health and wellbeing are factors such as education, employment, housing, healthy habits in our communities and social connections.

At a local Kingston and Richmond level the Local Transformation Board (LTB) has been established to drive forward the transformation of the health and care system locally through the development of 'local health and care plans'. Health inequalities and equalities work for example, the Kingston Race Equality Scorecard will need to be considered as part of the development of the local health and care plan.

8.5 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.

The Runnymede Trust and Kingston Race and Equalities Council (KREC) first published the scorecard in 2013 with the purpose of enabling BME communities to enter into a meaningful dialogue with Kingston Council and partners, to assess their performance and help identify what the local priorities for race equality were.

In December 2017 a refresh of the scorecard was launched, reporting on outcomes for different BME groups by sampling data in a number of different areas including health. The full report can be found [here](#), and is also included as an appendix to this report.

9. ENGAGEMENT

It is a key priority for us to engage with and ensure the views of seldom heard groups within the community are heard. We have established strong links with community groups and networks through the grassroots programme, and local community outreach over the past year. Some examples of our engagement activities reaching groups with protected characteristics are outlined below:

9.1 Grassroots

Kingston Healthwatch in partnership with SWL HCP provided grants to grassroots groups to engage with populations who would not usually have the opportunity to do so. The CCG supported this programme and participated in the local engagement which was achieved by face to face conversations, focus groups or group discussions. This included engaging with those with learning disabilities, those who are homeless, affected by social and economic deprivation, social isolation and those with long term conditions.

A summary of the feedback from across south west London for 2016/17 is available in the following reports:

- By the nine work streams: seven day acute services and urgent & emergency care; more care closer to home; prevention and early intervention; mental health services; learning disabilities; children's services; maternity services; cancer; planned care.
- By local CCG areas.

[View summary feedback reports 2016/17](#)

The 2016/17 grassroots programme was independently evaluated to assess the success of the engagement approach.

[View grassroots evaluation report 2016/17](#)

Fast Minds

At an event in March, Kingston CCG engaged with 30 individuals with mental health conditions and learning disabilities. People felt that there should be someone in the community that people could talk to about preventing crisis. People also expressed concerns about GPs not completely understanding mental health conditions.

Taking over the Asylum

In October 2017, Kingston CCG had conversations with 15 people who were mental health carers and people experiencing mental ill health. Feedback from the involvement included that there was a lack of clarity between the treatment of

physical and mental health illness. People also stated that social prescribing should be implemented within GP practices situated in Kingston.

The feedback from each grassroots event will be fed into the nine work streams to influence commissioning of these services across south west London.

9.2 Refugee Action Kingston

This year we have worked in partnership with Refugee Action Kingston (RAK) to provide health advice and support to refugees and asylum seekers resident in Kingston. At an event in August 2017 over 50 refugees/asylum seekers were provided with health advice and information about their rights to register with a GP in Kingston regardless of their immigration status. As an outcome of the event, the process and requirements for registering was the focus of a Practice Managers' Forum to ensure all practices are following NHSE guidance and enabling access to primary care services for this vulnerable group.

A second event was held in November 2017 which highlighted some of the practical difficulties for refugees/asylum seekers who require interpreters for appointments and being able to attend appointments made on the day. Many reported they were able to make an appointment swiftly, but interpreters were not able to be provided at short notice. This is being picked up by the primary care team for action.

10. PUBLIC HEALTH

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

Public health support the CCG's commissioning and work together to improve the health of local people in the borough and a few examples are detailed here:

10.1 Joint Strategic Needs Assessment

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

The JSNA also provides in-depth analysis of the protected characteristic groups and of carers in the borough. This resource is designed to assist commissioners, providers and staff to understand the different and sometimes similar needs of the diverse groups within the borough. [JSNA profiles on groups and communities](#)

10.2 Self-care

Public health and Kingston CCG are working in partnership to support self-care in Kingston. Self-care is about empowering people with the confidence and

information to look after themselves when they can, and know where to go for help, for example from a pharmacist, local community network or voluntary organisation before seeking help from a GP. It gives people greater control of their own health and encourages healthy behaviours that help prevent ill health in the long term. In many cases people can take care of their minor ailments, promoting their independence and reducing the demand made on health and social care services. We have worked in partnership to deliver a range of activities including developing a self-care website, hosted by the Council to signpost individuals, joint social media campaigns and held a cancer awareness information event in November 2017. Jointly we have focused on promoting winter wellness messages and particularly to groups protected under the Equalities Act through community outreach and the grassroots engagement programme. Stay well information has been provided to groups including refugees and asylum seekers, homeless people, and older people.

10.3 Children & young people

Across Kingston & Richmond CCGs and with both public health teams work is ongoing around children and young people such as child exploitation and risky behaviour. This includes the development of a child sexual exploitation (CSE) needs assessment and a risky behaviour review of young people's services across Kingston & Richmond.

11. PATIENT ADVICE & LIAISON SERVICE (PALS) & COMPLAINTS

PALS and complaints deal with enquiries, concerns and formal complaints relating to 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 PALS.

Six formal complaints were received during 2016/17, all were acknowledged within the three working day deadline and all were responded to within the 25 day deadline. Three of the complaints related to continuing healthcare, one concerned mental health treatment and the remaining two were funding disagreements. Learning and improvement actions are taken from complaints to ensure improved services.

When a formal complaint is made equalities questions are included but this is optional, and none were completed during 2016/17.

11.1 Advocacy provision in Kingston

Patients and residents are able to access independent advocacy services within the borough through POhWer who provide information, advice, support and advocacy to people who experience disability, vulnerability, distress and social exclusion.

12. SERIOUS INCIDENTS & SAFEGUARDING

12.1 Serious incidents

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

Kingston CCG is responsible for the serious incident (SI) management function for the providers for which it is lead commissioner namely:

- Kingston Hospital Foundation Trust
- Your Healthcare Community Interest Company (CIC)
- Chambers primary care services

Commissioning responsibility for South West London St George's Mental Health Trust, has transferred to Merton CCG and Kingston CCG attends the Clinical Quality Review Group (CQRG) where SIs and quality matters are reviewed.

As an associate commissioner for other providers i.e. St George's Hospital the relevant lead commissioner (which would be another CCG) will monitor SIs through the appropriate CQRG and liaise with Kingston CCG's Quality Manager.

All SIs from NHS providers are reported onto STEIS and overseen by Kingston CCG's quality manager who uses the NHS England SI framework (2015) for monitoring progress with the investigation, the Root Cause Analysis (RCA) report and action plan. The quality manager reviews the entire SIs for themes which are further discussed at the relevant CQRG and where the action plans are reviewed for organisational learning.

'Never events' receive a deeper level of scrutiny by virtue of being classed as 'avoidable'. These too are monitored at local CQRG level as well as in partnership with NHS England.

Local management of all SIs enables Kingston CCG to scrutinise SI alerts and reports in a timely manner and triangulate with other patient data including PALS, ethnicity and complaints. This allows us to see if any group is disadvantaged or impacted upon.

12.2 Safeguarding Adults

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

Kingston CCG ensures that adult safeguarding is addressed in the NHS Standard Contract 2016/17 Service Conditions in SC13 Equity of Access, Equality and Non-Discrimination. Reporting from health service providers is monitored via Clinical Quality Review Groups.

All commissioned services work together to support safeguarding of adults and have policies and procedures in place that meet their legal requirements. The CCG

gains assurance that our providers safeguard adults at risk through structured mechanisms that are then monitored via the Kingston safeguarding adults board.

Kingston safeguarding adults board and its sub groups are supported with appropriate health representation to provide advice, recommendations and support action.

The CCG safeguarding policies were reviewed in May 2016 and are all up to date and in keeping with the equality duty requirements.

12.3 Safeguarding children

The aim of safeguarding is to support children to live a life that is free from abuse and neglect, involving a range of measures, to protect them in the most vulnerable circumstances.

Kingston CCG is committed to working closely with the Royal Borough of Kingston upon Thames and local healthcare providers to prevent abuse of children in all areas where health and social care is provided for Kingston residents. Partnership working ensures the services we commission are safe and compliant with all statutory safeguarding regulations. Safeguarding procedures have been established and embedded to recognise report and respond to safeguarding issues promptly. Abuse can happen to any individual from any family regardless of their age, culture, disability, gender, racial origin, language, religious belief or sexual orientation. Abuse presents in many ways, physical, emotional, sexual abuse or neglect. Young people may become a victim of or witness domestic violence, forced marriage, be subjected to child sexual exploitation, trafficking or risk of undergoing female genital mutilation (FGM).

All children have a right to grow up safe from harm and to have adequate provision to safeguard and promote their welfare. Abuse and neglect can happen to children from all cultures and social backgrounds. In order to make sensitive and informed professional judgements about an individual child's needs, it is important that all those working with children are sensitive to differing child rearing patterns that vary across different racial, ethnic and cultural groups.

Kingston CCG is mindful that it is only through pro-active commissioning that the reduction and where possible elimination of discrimination on the grounds of race, gender, disability, age, religion, ethnicity or sexual orientation can take place to respect and include the needs of all residents in Kingston. All statutory agencies involved in safeguarding children and young people are committed to the principles of equality, diversity and human rights. It is recognised that equality of opportunity does not mean that all children are treated the same. Contractual arrangements require commissioned service providers to understand, work sensitively and knowledgeably with diversity in order to identify the particular issues for a child and his/her family, taking account of experiences and family context.

The principle of equality of opportunity for all is echoed in all national legislation and guidance underpinning safeguarding work across Kingston. The Children Act 2004 states that the interests of children and young people are paramount in all considerations of welfare and safeguarding and that safeguarding children is everyone's responsibility. It seeks to emphasise the importance of inter-agency work and cooperation in meeting the needs of children; ensure that children's views are ascertained and represented; and improve outcomes for all children by focusing services more effectively around the needs of children, young people and families.

Kingston CCG is a member of the Local Safeguarding Children Board (LSCB) whose function is to improve the overall wellbeing of children in the local area. The board is made up of representatives from across the Royal Borough of Kingston who have a role to play in the welfare of children. Members include representatives from the local authority, and others who have a strategic role in child welfare within their organisation. Statutory members represent organisations who will carry out the functions of the board, for instance, police and fire chiefs, representatives from district councils, NHS trusts, and others.

13. CONTRACTS, TENDERS & PERFORMANCE MONITORING

13.1 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 ensure the CCG identifies the impact of the proposed changes for patients and in particular those from protected groups.

13.2 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 a number of measures such as numbers of referrals, the number of people that drop out and the numbers of people that recover. These are shown by ethnic group, disability and age band.

Areas to address include:

- Lack of ability to drill down in some performance data to 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, both for elective operations (18 weeks) and diagnostic waits (under 6 weeks, and ensuring that mental health service users are also seen by South West London and St George's Mental Health Trust within the 18 week referral to treatment standards)
- Ongoing compliance with people experiencing a first episode of psychosis treated with an approved care package within two weeks of referral
- Ensuring attainment of the 6 and 18 week IAPT waiting times standards in 2016-17.
- Improved access to psychological therapy services (IAPT services) by people from BME groups (NHS Outcomes Framework 2.10).
- Minimal mixed sex accommodation breaches (two in 2015-16, one between April and September 2016), with follow up of providers to ensure learning from breaches is disseminated.
- Health-related quality of life for carers, aged 18 and above (NHS Outcomes Framework 2.15).

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



2017-18 Equality
Charts.docx

14. PRIMARY CARE

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

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

The CCG held engagement events during the unforeseen practice merger of Kingsdowne and Central surgery offering patients who were being transferred from one practice to the other the chance to ask questions of the CCG, NHS England, senior GPs and the practice manager.

KCCG worked in collaboration with NHSE to ensure vulnerable patients had continuing service and repeat routine appointments, providing confidence that their patient notes would be transferred across smoothly.

KCCG in partnership with public health has been working to emphasise the importance of self-care through engagement at Kingston hospital and in Kingston town centre during national self-care week in November 2016. A local pharmacist was in attendance doing health checks and recommending eligible patients to go to their local pharmacy to receive their flu jab.

KCCG has begun working with practices to ensure extended access to primary care services for residents in Kingston throughout the year; this includes working with practices to ensure they are promoting GP OnLine which provides patients with the opportunity to book appointments online. With all practices within Kingston now using the same clinical system it has supported the extended access primary care centres in three localities, enabling us to deliver 8am – 8pm, 7 days a week primary care access across the borough.

Kingston has launched a pilot social prescribing project in partnership with Macmillan cancer charity, and has recruited a lay member who is a cancer survivor to the steering group and an umbrella patient participation group (PPG) representative. As part of this work the social prescriber has been engaging with a number of community groups/organisations in collaboration with adult social care.

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.

The July 2017 GP Patient Survey included the findings that 83% of patients rated their experience at the last GP appointment as either very good or good.

The results from the GP Patient Survey would indicate a very high level of satisfaction overall with GP care locally. However, the results are not disaggregated by protected groups. We are aware that there are some variances in access to primary care services, which impact on patient experience and outcomes. We have been taking a partnership approach to provide targeted outreach to ensure that all Kingston communities receive the best primary care and achieve the best outcomes. KCCG has been working with public health and other stakeholders to ensure offenders being released are able to register with a GP enabling them to

access primary care services. This is being achieved by working with the probation office's to remove the barrier of registering with a practice without a fixed address. In addition primary care has focused on supporting refugee/asylum seekers and the homeless community to access primary care services. The primary care team has also focused on ensuring individuals with learning disabilities are identified and have their annual health check, as required.

Kingston and Richmond CCGs are working together to undertake an engagement programme to develop a set of service pledges and patient responsibilities for GP practices and pharmacies, to help us achieve consistently good services across the boroughs. We are undertaking a programme of extensive engagement particularly targeting communities with protected characteristics to ensure their views are represented. We have so far engaged with young people with additional needs, refugees/asylum seekers, older people, people with long term conditions and those recovering from drug/alcohol addictions.

15. WORKFORCE DATA

The North East London Commissioning Support Unit (CSU) collects staff data for the CCG. The data is used to monitor the profile of staff to identify areas of disproportionality and for workforce planning.

In September 2017, Kingston CCG employed 47 people. The workforce data for ethnicity and religious beliefs can be found in Table 1 and 2 respectively.

	Kingston CCG (%)	Kingston borough (%)*
White British	51	63.1
Asian	13.3	16.4
Black	2.2	2.4
Mixed	2.2	3.9

Table 1. Workforce data for ethnicity. * Borough data is taken from 2014 demographics information.

	Kingston CCG (%)	Kingston borough (%)*
Atheism	6.6	25.7
Budhism	2.2	1.1
Christianity	20	52.9
Islam	4.4	0.5
Sikhism	4.4	0.8

Table 2. Workforce data for religious beliefs. * Borough data is taken from 2014 demographics information.

In terms of disability, 68.8% of staff do not have a disability and 2.2% have a disability.

16. WORKFORCE RACE EQUALITY STANDARD (WRES)

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

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

			Your Organisation in 2016	Average (median) for CCGs	Your Organisation in 2015
KF25	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White BME	6% -	8% 10%	0% -
KF26	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White BME	11% -	17% 25%	5% -
KF21	Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	White BME	93% -	90% 67%	94% -
Q17b	In the 12 last months, have you personally experienced discrimination at work from manager/team leader or other colleagues?	White BME	0% -	4% 13%	0% -

17. NEXT STEPS

During 2018 Kingston and Richmond CCGs will be exploring joint approaches for equalities across both CCGs and where it adds value across the Kingston & Richmond local health and care partnership to include working with our key NHS, council and voluntary sector partners:

- Develop shared process and templates for equality analysis across both CCGs

- Explore shared equality objectives across both CCGs
- Explore opportunities for shared approach to EDS2 across both CCGS and where appropriate with our providers
- Leadership session for Governing Body members and senior staff to seek assurance and promote and champion equality in all aspects of the CCGs work