NHS
Kingston
Clinical Commissioning Group

Public sector equality duty

Annual report January 2019

Contents

1. INTRODUCTION

This report, for the period January to December 2018, 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:

- 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 179,600 (Populations and projections Kingston JSNA, 2018). Our population is an ageing 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 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 9% between 2017-2027, with more very old (over 90).
- 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.
- Last years of life are lived with a disability for an average of 12.7 years for men and 15.2 years for women.

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 projected population forecast projects that 32% of people in Kingston is from a BAME group in 2018. White British people are the single largest groups, making up 54% of the population (the remaining 14% are White Irish and other White). The largest absolute growth is projected in Other white groups (projected growth of 4,922 people) and the Other Asian groups (projected growth of 5,064 people). The largest percentage growth Is projected in the Bangladeshi group (54%) and the Arab group (34%).
- In mid-2018, a projected 41% of children and young people aged 0-17 in Kingston will be from a BAME groups, projected to rise to 47% by 2028.

- 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 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 & Richmond CCGs

In April 2017, Kingston CCG combined working arrangements with neighbouring Richmond CCG as part of the South West London Health and Care Partnership (SWLHCP). Whilst 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 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.

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 part of the process.

As part of the joint approach to working across Kingston & Richmond CCGs we have introduced a single EINA process.

Commissioners have a role in promoting equality across 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.

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.

As part of the project management process both equality and quality impact assessments are included. This ensures 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.

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.

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

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

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.

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.

Equality is also promoted through the NHS standard contract framework which details current legislation and includes service specifications including access and service delivery. 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.

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.

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.

End of life care

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

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

Our core focus will be on five broad objectives:

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

We will work with specialist paediatric teams, social care and other relevant agencies to ensure that the end of life care needs of neonates, children and young people are met through a comprehensive model of palliative care for children and young people.

Training will be provided for staff supporting patients with dementia who are at the end of life.

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

People with complex needs

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

This includes establishing teams made up of 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 using risk stratification.

7.3 Musculo-skeletal services (MSK)

Kingston and Richmond CCGs have been working together to redesign and improve the MSK pathway as an LDU and with the other CCGs in the South West London (SWL) Alliance.

Improving and expanding the MSK Single Point of Triage (SPT) service in 2018-19 was the first phase of this work. This was in response to a local need and because NHS England identified Musculoskeletal (MSK) Triage as a high impact intervention and mandated CCGs put MSK triage services in place.

While both CCGs put MSK SPT services from as far back as 2011, during 2018-19 the scope of both services were expanded and some improvements were made to the service. Changes were made between April 2018 with the streaming of pain management referrals starting from July 2018. As such is anticipated that the scheme will deliver some benefits and savings during 2019-20.

The MSK SPT services provide specialist clinical review of referrals after a GP has made a routine or urgent referral for a musculoskeletal condition (orthopaedics, rheumatology and MSK pain). These services triage referrals virtually received via the NHS e-RS system (as opposed to seeing the patient face-to-face).

The underpinning principles is that more patients should be seen by the right person, in the right place, first time.

7.4 Effective Commissioning Initiative

In 2018 SWLHCP refreshed the Effective Commissioning Initiative that covers 55 treatments and procedures against which the CCGs have considered evidence of clinical practice, the clinical cost and the cost effectiveness of the treatments . This is driven by the need to ensure that NHS funded treatments are evidenced-based, clinically effective, safe and access to treatments across south west London (SWL) is equitable for patients with similar clinical need, hence reduces variation in care.

The policy makes provisions for clinicians to apply to a SWL funding panel for individual funding for patients where they consider that the patient need is exceptional or has a rare condition.

7.5 Mental health

The CCG's most significant mental health provider is South West London and St George's NHS Mental Health Trust (SWLStG). Richmond CCG is the lead commissioner for SWLStG's on behalf of Kingston as well as a number of other 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.

Services commissioned are based on best practice evidence to ensure that the care and treatment delivered is effective. Assessments must consider the individual needs of service users within the context of best practice and outcomes. We recognise that people with mental health needs can be adversely affected and have

worse health outcomes in terms of both their physical and mental health. The CCG is committed to working towards parity of esteem for people with mental health needs, and is investing in mental health to meet the improvements set out in the Five Year Forward View.

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

7.6 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 within 2018/19. The CCG has commissioned support to achieve this within primary care.

7.7 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.

During our engagement, people with mental health needs and their carers told us that their priorities were prevention, early intervention, being connected to the community, access to support and joined up care. To deliver this we identified further priorities such as leadership, quality and workforce development. This strategy seeks to address the health inequalities often experienced by people with mental health needs.

7.8 Increasing Access to Psychological Therapies (IAPT)

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

7.9 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:

- In the justice system
- With autistic spectrum disorders and or learning disabilities
- Looked after children
- With conduct disorders and/or Attention Deficit Hyperactivity Disorder (ADHD)

We have also introduced some new service developments:

- Reduced the waiting times from over 18 weeks for children due to have autism assessments.

- Worked with parents, carers, local authority colleagues, clinicians and the voluntary sector to both understand the needs of families and carers locally and planning how to better support them.

A series of consultation meetings organised and led by parents and carers from stakeholder groups representing Special Education Needs and Disabilities (SEND), ADHD and the National Autistic Society was attended by 60 parents across Richmond and Kingston and a range of issues were identified.

This was followed up with co-designed and co-delivered workshops with SEND Family Voices and ADHD Richmond (our parent/carer groups) to review the current ASD and ADHD pathways and redesign a new local pathway to provide specialist assessments to ensure that waiting times are improved for those aged 6-18 with suspected autism (without complex co-morbid problems, such as additional physical and / or mental health problems).

Following this engagement, autism assessments are now available locally in Richmond through a specialist clinic in the borough. Patients will be able to have their assessments locally rather than having to go to hospital.

The same arrangements started in Kingston in September 2018 and is currently being delivered in five schools throughout the borough.

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

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Working as a statutory partner in the Health and Wellbeing Board, the CCG will play their part, where possible, in addressing social determinants (Risk conditions and Psychosocial risks) through the Health and Wellbeing Strategy. These will include issues such as education and skills, joblessness, income and debt and housing. To an extent, however, the NHSRightCare materials cluster CCGs with similar social determinants together, and then explore how effective similarly placed systems are being at addressing Behavioural risks and Physiological risks.

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

NHS Sutton CCG	NHS Crawley CCG
NHS Windsor, Ascot and Maidenhead CCG	NHS Richmond CCG
NHS Barnet CCG	NHS Hillingdon CCG
NHS North East Hampshire & Farnham CCG	NHS Bracknell and Ascot CCG
NHS Surrey Heath CCG	NHS North West Surrey CCG

8. PRIMARY CARE

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

Primary care is often the first point of contact with the NHS and has a significant role to play in empowering people to look after their own health, stay healthy and well and to enable them to become an active part of their own communities. When people are unwell, either temporarily or if they are living with a long-term condition, it is a primary care professional who will be providing most of the 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 commissions extended access to GP services for residents in Kingston throughout the year; this includes appointments booked with a GP and the facility for patients not registered with a Kingston GP to walk in and be allocated the next free appointment. This is an important access point to services for a range of vulnerable people.

We work with practices to ensure the promotion of GP online. Patients can use GP online to book appointments, order prescriptions and access elements of their patient records online. Some concerns have been expressed by community groups representing people with a disability that whilst recognising greater use of technology is a positive step it could be a barrier for some people with a disability.

There is a need to ensure the NHS continue to invest in and value face to face consultations and appointment booking systems.

Kingston has completed its first year of the social prescribing pilot in partnership with Macmillan cancer charity. As part of this work the social prescriber has been engaging with several community groups/organisations in collaboration with adult social care. An initial evaluation report has been considered by the Primary Care Commissioning Committee.

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.

We continue to support patients that have been impacted by the unforeseen practice merger of Kingsdowne and Central surgery. The CCG has supported practice based work to ensure vulnerable patients have continuing service and repeat routine appointments, providing confidence that their patient notes would be transferred across smoothly.

The August 2018 GP Patient Survey included the findings that 85% of patients rated their experience at the last GP appointment as either very good or good.

This indicates 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 take a partnership approach to provide targeted outreach to ensure that all Kingston communities receive the best primary care and achieve the best outcomes:

- Working closely with public health and other stakeholders, including probation officers, to ensure offenders being released can register with a GP
- Supporting asylum seekers and the homeless community to access primary care services
- Identifying people with learning disabilities and making sure they receive their annual health check, as required

- Developing a set of service pledges and patient responsibilities for GP practices and pharmacies to help us achieve consistently good services across Kingston and Richmond.
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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. Organisations providing health care in six London boroughs are working together as four local partnerships to improve health services in Croydon, Sutton, Kingston and Richmond and Merton and Wandsworth.

Since the publication of the south west London sustainability and transformation plan (STP) in November 2016, we have continued to work together across south west London to engage with our stakeholders and local people.

Following a year of engagement with stakeholders and local people, a draft refreshed strategy document 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, health habits in our communities and social connections which are best approached locally at borough level. Combined with further engagement in 2018, a local health and care plan for Kingston will be published in July 2019. This will focus on how we can work in partnership to meet the local challenges we have set out in the discussion document and provide the best care for people with complex needs. We will continue to work together with local people, community organisations and our partners to put these plans into action in the months and year to come.

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

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 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).

9.4 Kingston Voluntary Action (KVA) Health and Wellbeing Network

The Health & Wellbeing Network 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 seldom heard groups.

9.5 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.

10. PATIENT AND PUBLIC ENGAGEMENT

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

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

10.1 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 being involved in our work.

10.2 Grassroots

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

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

to engage with the NHS, for example children and young people, LGB&T communities, people for whom English is not a first language, carers and socio-economically deprived communities.

Through both the outreach and grassroots programme, we engaged with groups including refugees and asylum seekers, those with long-term conditions, people with mental health conditions, carers and people with learning disabilities. We heard from a range of different groups who provided in depth insight about their experiences of local health care services. The feedback from each event is used to influence commissioning of related services both locally and across south west London.

Finding your voice - KCIL – July 2018

We worked with KCIL to run a workshop for 24 people with disabilities to help them develop the confidence to articulate their challenging personal health stories. We then listened and collated their stories before feeding them back to commissioners.

Elders Empowerment Event – Staywell – October 2018

We joined 50 people aged 60-90 years from the Tamil community to help them celebrate International Day of older people with a community sports day and lunch. We listened to their experiences of healthcare and life in Kingston and asked them how we can support them to age well. They told us about accessing community support, how important peer support through community hubs can be. They felt that mental health was often ignored in the community and that there was a stigma to accessing help which could lead to depression and loneliness.

10.3 Child and adolescent mental health (CAMHS) transformation programme

Engagement and involvement is a key part of the CAMHS transformation programme in order to ensure that the focus of mental health support addresses a very broad spectrum of need. A good example is conversations with children and young people and stakeholders across SWL which have been ongoing since January 2018. This is to develop and implement a whole systems approach to reducing the number of children self-harming and improve the support provided across all south west London boroughs. Face to face focus group took place in each borough, online surveys aimed at: children and young people; parents and carers and teachers were also completed. In total, 1252 people responded to the three

surveys, with 428 young people responding, 647 parents and carers, and 192 teachers. An additional 42 participants took part in five focus group discussions.

Survey respondents by borough:

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

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

In total, 31% of young people respondents had self-harmed and 18% of parent and carer respondents had a child who they were aware had self-harmed. Additionally, 43% of teacher respondents had supported a child who self-harmed.

Examples of some of the key themes to emerge included:

- ensure any initiatives complement CAMHS rather than acting as a substitute for their services
- think carefully about whether initiatives should be targeted at individuals in need or be open to all children
- co-design the initiatives with young people and those who have experienced the issues
- work to de-stigmatise mental health problems, without normalising self-harm

As a result of this engagement, additional support through the south west London emotional wellbeing programme to a cluster of schools in the borough which will include: the delivery of a whole school approach by development of a directory of services for emotional wellbeing and resilience available to children and young

people through a digital app, access to an online peer support programme and use of additional online tools and resources.

10.4 Quality in primary care

During autumn and winter 2017/18 we worked with Richmond CCG to understand local people's perception of quality for GP practices and community pharmacies. We asked local people for their views in a variety of ways e.g. comment cards in GP practices, pharmacies and other locations across the borough and an online survey. We also had conversations with individuals or groups that we would not routinely engage with e.g. young people with additional needs, people experiencing homelessness, refugees and people with English as not their first language. We heard from over 1,154 local people registered with a GP in Kingston or Richmond. We also asked staff working in GP practices and community pharmacies via an online survey and discussions at staff forums.

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

What did we find out?

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

The insight from this and previous engagement about primary care shows that there are specific aspects of the GP services which patients with additional needs e.g those for whom English is not their first language or those with a disability would need to ensure they receive a quality service. These include:

- A choice of GP for continuity of care and empathy – *My husband* [multiple conditions and visually impaired] *prefers to see a GP who is empathetic. It*

can be difficult for him to communicate and get his point across as he also has slight hearing difficulties.

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

Use of technology

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

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

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

View the detailed findings in the engagement review.

We will:

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

11. 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 has commissioning responsibilities that include prevention services, 0-19 child health (health visiting and school health), sexual health and substance misuse services.

The public health teams supports the CCG's commissioning and the organisation's work together to improve the health of local people in the borough and some examples are detailed here:

11.1 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.

The JSNA 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.

11.2 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, know where to go for help, for example from a pharmacist, local community network or voluntary organisations 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 various health awareness activities.

Jointly we have focused on promoting winter wellness messages and particular 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.

11.3 Children and young people

Across Kingston and 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 and Richmond.

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

Our customer care team deals with PALS and complaints 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 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. Information on PALS and complaints is available on the Kingston CCG website.

When a formal complaint is made equalities information is requested.

12.1 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.

13. SERIOUS INCIDENTS & SAFEGUARDING

The CCG monitors all serious incidents for providers of healthcare to patients in south west London. This is done through scrutiny of notifications and attendance at clinical quality review groups (CQRG) and serious incident review groups (SIRG) with providers.

Jointly 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 trusts/provider serious incident review group. The purpose of these groups is to provide scrutiny of the serious incident processes, the outcomes and themes; to challenge and support the providers to embed the learning from incidents across the organisation.

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

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

13.1 Safeguarding

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

The duties and functions in relation to safeguarding for the CCG are set out in NHS England's safeguarding accountability and assurance framework (June 2015). This document sets out clearly the safeguarding roles, duties and responsibilities of all organisations commissioning NHS health and social care.

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

The CCG's 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.

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

Kingston and Richmond CCG's promote equality and aim to address any health inequalities where these have been identified and highlighted.

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

13.2 Safeguarding adults

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

14.3 Safeguarding children

Kingston's Local Safeguarding Children Board and Richmond's Local Safeguarding Children Boards merged on the 0.1.04.2018. The Kingston and Richmond Local Safeguarding Children Board (LSCB) now have one set of sub groups apart from the Quality sub group where Kingston and Richmond each have their own. The Kingston and Richmond LSCB have a diverse safeguarding children multi agency training programme which is available to both CCG and provider services staff.

Kingston and Richmond LSCB has comprehensive training around diversity, equality and safeguarding children which is offered to the multi-agency workforce. This training helps professionals explore how their biases can affect work with children and families.

15. CONTRACTS, TENDERS & PERFORMANCE MONITORING

15.1 Contracts and tenders

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

Patient representatives are involved in:

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

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

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

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

15.2 Performance monitoring

Achievement of outcome measures and the intelligent analysis of information provide assurance that the commissioning activity the CCG is engaged in has and will improve the health outcomes of the population in Kingston. Whilst performance has been successfully maintained over recent years, it is 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:

- In some performance data, we are not able to identity the profile of patients who contribute to the achievement of the performance to ensure equity of access for all parts of the population.

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

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

KCCG.docx

16. WORKFORCE DATA

As of October 2018, Kingston CCG employed 46 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 British	50	54.2
Asian	87	20.4
Black	64	3.2
Mixed	37	4.8

Table 1: Workforce data for ethnicity. *Borough data is taken from GLA projected ethnic make up of Kingston upon Thames 2018

Table 2

Religious belief	Kingston CCG (%)	Kingston borough* (%)
Atheism	2.2	20.7
Buddhism	2.2	1.1
Christianity	30.4	52.9
Islam	4.3	5.9
Sikhism	4.3	1.5
Other	2.2	0.6

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

Our staff team is 76% female and 24% male. 4.4% of our workforce are disabled and 70% are not.

17. 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. 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.

			Kingston CCG in 2017 (%)	Average (median) for CCGs (%)	Kingston CCG in 2016	Average (median) for CCGs (%)
KF25	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	White BME	15 -	9.5 6.7	6 -	8 10
KF26	Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	White BME	21 -	17.9 -	11 -	17 25
KF21	Percentage of staff believing that the organization provides equal opportunities for career	White BME	75 -	87 5	93 -	90 67

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

In the table above, no staff reported experiencing discrimination at work from either managers or colleagues and 75% of staff believe that the CCG provides equal opportunities for progression.

15% of staff indicated having experienced harassment, bullying or abuse from patients or relatives: when investigated further this was found to be as a result of telephone enquiries relating to continuing healthcare and mental health services.

21% of staff indicated having experienced harassment, bullying or abuse from staff. Following discussion with the Ways of Working Group the CCG promoted the policy and produced a guide for all staff. The CCG also appointed an anti-bullying guardian who staff can contact confidentially to discuss any concerns.

18. Next steps

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

We will explore joint working where it adds value across the wider Kingston & Richmond local health and care partnership - working with our key NHS, council and voluntary sector partners. This will include:

- Review effectiveness of our shared process for equality analysis across both CCGs
- Identify opportunities to run EDS2 across both CCGS and where appropriate with our providers
- Explore sharing staff training and development opportunities with NHS partners.

- Review our community outreach programme to ensure the focus is on patients and local people who face barriers to who face specific barriers to being involved in our work and whose specific needs must be considered.
- Implement Workforce Disability Equality Standard