NHS
Northumberland
Clinical Commissioning Group

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Northumberland Clinical Commissioning Group (CCG)

Equality Strategy 2012/13/14

Outlining our strategic direction to ensure compliance to Equality, Diversity and Human Rights (EDHR)

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1.0 Foreword

Our Equality Strategy 2011/12 for NHS North of Tyne and the shadow NHS Northumberland Clinical Commissioning Group (CCG) acknowledges the new Equality Act 2010 which provides a new cross-cutting legislative framework to:

- protect the rights of individuals and advance equality of opportunity for all
- update, simplify and strengthen the previous legislation; and
- deliver a simple, modern and accessible framework of discrimination law which protects individuals from unfair treatment and promotes a fair and more equal society.

This strategy sets out our commitment to taking Equality and Human Rights into account in everything we do, whether that is commissioning services, employing people, developing policies, communicating, consulting or involving people in our work.

We describe a clear picture of the significant targets we have set in relation to Equality and Human Rights. It is a long-term commitment driven by both Equalities legislation, and by the needs and wishes of our local people and staff. For that reason, much of the work will be on-going over the next few years.

Our Board is committed to monitoring our progress and has requested regularly reporting on the implementation of the strategy, ensuring that the resulting action plan moves forward and ensuring all staff are aware of their own responsibilities in regards to equality and diversity in our organisation. This has to be planned and supported in an effective way so that everyone concerned can play their part in turning this strategy into reality.

We look forward to the work ahead, facing the challenges, and meeting the targets we have set ourselves.

Alistair Blair

Clinical Chief Officer

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2.0 Introduction

Northumberland CCG was formed in February 2011 and operates as a collaborative, confident, open-minded, caring and accountable organisation, which seeks to maximise the value added in clinician involvement with commissioning decisions.

As a public sector organisation, Northumberland CCG were required, by 31 January 2012, to publish equality information to demonstrate compliance with the general equality duty, as specified in the Equality Act 2010, which states in summary:

'*Those (organisations) subject to the general equality duty must, in the exercise of their functions, have due regard to the need to:*

- *Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.*
- *Advance equality of opportunity between people who share a protected characteristic and those who do not.*
- *Foster good relations between people who share a protected characteristic and those who do not. '*

For further information on the General Duties please refer to Appendix One.

Additionally, Northumberland CCG must:

- By 6 April 2012, prepare and publish one or more objectives they think they should achieve to do any of the things mentioned in the aims of the general equality duty, and at least every four years thereafter.
- Ensure that those objectives are specific and measurable.
- Publish those objectives in such a manner that they are accessible to the public.

Appendix Two highlights the Equality, Diversity and Human Rights Considerations.

In partnership with local interest that represented protected groups, the CCG identified and approved its equality objectives for 2013/14 to assist NHS Northumberland CCG in the fulfilment of its Equality Duties. These can be found in Appendix Three and progress against the objectives will be reviewed regularly.

2.1 Purpose of this strategy

This strategy is the first step in outlining our strategic direction to ensure compliance with the Public Sector Equality Duty and, highlights the national and local drivers that will shape and influence our approach.

3.0 Patient centred NHS: Health and Social Care Act

The Health and Social Care Act received Royal Assent in 2012 and outlined proposals to

modernise the NHS and to put patients at the heart of everything it does.

The aim of the proposal is to deliver better quality care, more choice and improved outcomes for patients, as well as long-term financial savings for the NHS, which will be available for reinvestment to improve care. Under the new proposals, there will, for the first time, be a defined legal duty for the NHS to improve continuously patient experience.

The Act includes a proposal to bring commissioning closer to patients by giving responsibility to GP-led groups; these are known as clinical commissioning groups who will commission services based on the needs of their local populations. This should result in patients being more involved in decisions about their treatment and care, so that it is right for them – there will be 'no decision about me without me';

Clinical commissioning groups are operating in shadow form in 2012/13 and will formally come into place in April 2013, subject to authorisation.

For further information on the Health and Social Care Act 2012 please visit Parliament Website

3.1 The New Structure of the NHS 2013:

On 15 December 2010 the Department of Health published the operating framework for the NHS in England for 2011/12, the first full year of the transition to the proposed new structure for the NHS.

The overarching goal to build strong foundations for the new system by: maintaining and improving quality; keeping tight financial control; delivering on the quality and productivity challenge; and creating energy and momentum for transition and reform.

The Government's NHS White Paper, Equity and Excellence: Liberating the NHS, published in July 2010 outlined major proposed changes for the NHS. These were consolidated in the Health and Social Care Bill, first laid before Parliament in January 2011, which among other things, stated PCTs would be abolished and, GP consortia should be established and take over responsibility for managing local NHS budgets and commissioning local healthcare services.

To review the documents mentioned please follow the links below:

Operating Framework

NHS White Paper, Equity and Excellence: Liberating the NHS

4.0 Our population and their health needs

NHS Northumberland CCG covers the county of Northumberland and serves a population of approximately 330,000 people with 46 GP practices. The area covered is the same of

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Northumberland County Council.

The health of people in Northumberland is mixed compared to the England average. Deprivation is lower than average, however 10,805 children live in poverty.

Life expectancy for women is lower than the England average. Life expectancy is 9.7 years lower for men and 6.4 years lower for women in the most deprived areas of Northumberland than in the least deprived areas (based on the Slope Index of Inequality published on 5th January 2011).

Over the last 10 years, all-cause mortality rates have fallen. Early death rates from cancer and from heart disease and stroke have fallen and are similar to the England average. About 18.3% of Year 6 children are classified as obese.

A higher percentage than average of pupils spends at least three hours each week on school sport. Levels of tooth decay in children are worse than the England average.

Estimated levels of adult 'healthy eating' and obesity are worse than the England average. Rates of road injuries and deaths and hospital stays for alcohol related harm are higher than average.

Priorities in Northumberland include developing approaches to address and monitor health inequalities within the county, reducing alcohol related harm and tackling smoking.

Poor health can affect anyone, regardless of income. We need to focus on addressing the health inequalities that exist, not only across the sector, but within the individual localities.

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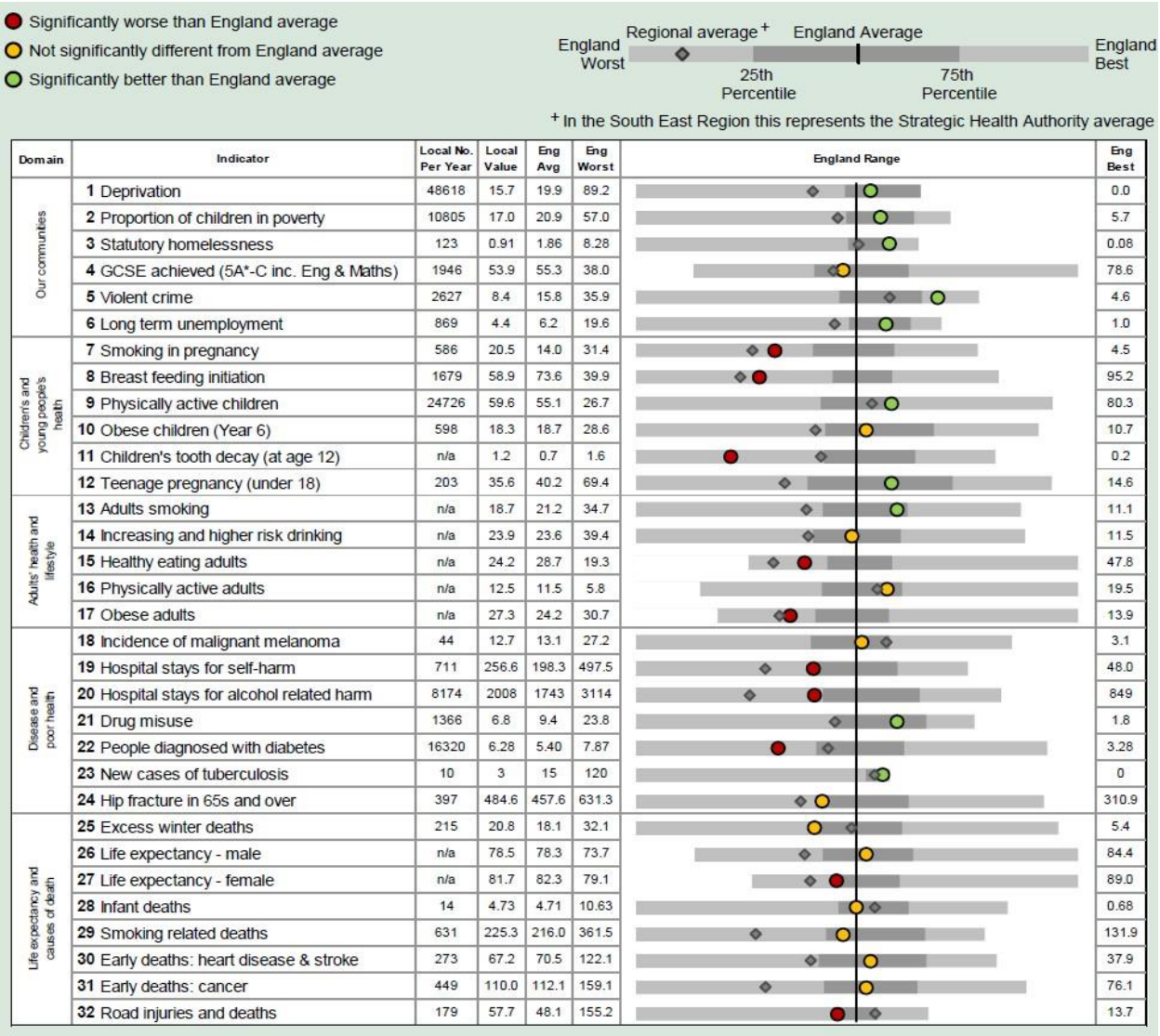

Domain	Indicator	Local No. Per Year	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
Our communities	1 Deprivation	48618	15.7	19.9	89.2		0.0
	2 Proportion of children in poverty	10805	17.0	20.9	57.0		5.7
	3 Statutory homelessness	123	0.91	1.86	8.28		0.08
	4 GCSE achieved (5A*-C inc. Eng & Maths)	1946	53.9	55.3	38.0		78.6
	5 Violent crime	2627	8.4	15.8	35.9		4.6
	6 Long term unemployment	869	4.4	6.2	19.6		1.0
Children's and young people's health	7 Smoking in pregnancy	586	20.5	14.0	31.4		4.5
	8 Breast feeding initiation	1679	58.9	73.6	39.9		95.2
	9 Physically active children	24726	59.6	55.1	26.7		80.3
	10 Obese children (Year 6)	598	18.3	18.7	28.6		10.7
	11 Children's tooth decay (at age 12)	n/a	1.2	0.7	1.6		0.2
	12 Teenage pregnancy (under 18)	203	35.6	40.2	69.4		14.6
Adults' health and lifestyle	13 Adults smoking	n/a	18.7	21.2	34.7		11.1
	14 Increasing and higher risk drinking	n/a	23.9	23.6	39.4		11.5
	15 Healthy eating adults	n/a	24.2	28.7	19.3		47.8
	16 Physically active adults	n/a	12.5	11.5	5.8		19.5
	17 Obese adults	n/a	27.3	24.2	30.7		13.9
Disease and poor health	18 Incidence of malignant melanoma	44	12.7	13.1	27.2		3.1
	19 Hospital stays for self-harm	711	256.6	198.3	497.5		48.0
	20 Hospital stays for alcohol related harm	8174	2008	1743	3114		849
	21 Drug misuse	1366	6.8	9.4	23.8		1.8
	22 People diagnosed with diabetes	16320	6.28	5.40	7.87		3.28
	23 New cases of tuberculosis	10	3	15	120		0
	24 Hip fracture in 65s and over	397	484.6	457.6	631.3		310.9
Life expectancy and causes of death	25 Excess winter deaths	215	20.8	18.1	32.1		5.4
	26 Life expectancy - male	n/a	78.5	78.3	73.7		84.4
	27 Life expectancy - female	n/a	81.7	82.3	79.1		89.0
	28 Infant deaths	14	4.73	4.71	10.63		0.68
	29 Smoking related deaths	631	225.3	216.0	361.5		131.9
	30 Early deaths: heart disease & stroke	273	67.2	70.5	122.1		37.9
	31 Early deaths: cancer	449	110.0	112.1	159.1		76.1
	32 Road injuries and deaths	179	57.7	48.1	155.2		13.7

Northumberland's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.

Not all of these measures are the responsibility of healthcare commissioners, and Northumberland CCG is working with other partners through the JSNA to affect positive change for the population of Northumberland in all these indicators.

More details can be found at www.healthprofiles.info

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4.1 Engagement and equality within Northumberland CCG

Northumberland CCG has an executive Director for Engagement and Quality. In addition the CCG will have four lay members on its governing body and one of these will be a champion for engagement and experience.

In February 2011 the NHS North of Tyne board approved an overall engagement and equality model and strategy, which was subsequently endorsed by each of the shadow CCGS.

Patient and public engagement is critical to the success of developing CCGs, promoting GPs as the future leaders of commissioning in the NHS and the authoritative source of information on local health services to help people make informed choices on health matters. In particular there needs to be a focus on working with community and voluntary organisations to increase engagement with easy to overlook communities.

4.2 CCG authorisation and engagement/equality

The draft guidance on authorisation for CCGs comprised of six domains with which emerging CCGs had to meet the requirements. CCGs underwent a rigorous assessment as part of their authorisation, which looked carefully at their arrangements to effectively embed engagement and promote equality.

The specific requirements are outlined in Domain 2: Meaningful engagement with patients, carers and their communities, which requires emerging CCGs to:

- Understand the local population including a strategy for promoting choice.
- Engage with patients and public including disadvantaged groups.
- Use engagement in commissioning decisions
- Collect and share information with patients and public

Practically within the CCG we foresee engagement being taken forward through the following:

- • Patient forums and stakeholder subgroups
- • Public and patient representation in locality structures
- • Work with LINk
- • Links with community and voluntary organisations
- • Bespoke engagement events

For further information on CCG Authorisation Plan please refer to Appendix Four.

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5.0 Our vision

Northumberland CCG's *Vision*

Ensure that the appropriate integrated care is provided, in the most appropriate and sustainable way, by the most appropriate provider to meet the longer-term needs of the people in Northumberland.

Our Mission: We commission high-quality, locally sensitive, value for money healthcare services for the people in Northumberland.

Our vision for effectively embedding engagement and equality is to have a local population and stakeholders who genuinely feel that we are open, transparent and responsive to their needs. We will do this by:

- Identifying how people would like to get involved and what skills and support they need.
- Developing and implementing mechanisms that will enable us to gather a wide range of views.
- Proactively engaging with patients, public and communities whose views are often under-represented (these are often referred to as hard to reach groups).
- Making use of information available to us to make robust and informed decisions about commissioning local health services

Implementing our plans

Implementing effective engagement processes and promoting equality is important as we want to work in partnership with our local population to ensure we commission services that are best for them and contribute to promoting better health for all groups. We will promote a human rights based approach to our work, with the belief that individuals should be treated with fairness, respect, equality, dignity, and autonomy.

Our role over the next year is primarily to support our local GPs, as they work to become authorised CCGs and take on full responsibility to deliver the local improvements, to which we are all committed, for the benefit of our local community and employees.

6.0 Protected Characteristics

This equality strategy outlines our commitment to valuing the diversity of service users and employees, and identifies our approach to promoting equality and respect for human rights. In doing so we will take the following categories into account, which are the specific groups listed in the Equality Act 2010, and are referred to as the nine protected characteristics:

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Age- Where this is referred to, it refers to a person belonging to a particular age

Disability- A person has a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

Gender Reassignment- The process of transitioning from one gender to another.

Marriage and civil Partnership- Marriage is defined as a 'union between a man and a woman'. Same-sex couples can have their relationships legally recognised as 'civil partnerships'. Civil partners must be treated the same as married couples on a wide range of legal matters.

Pregnancy and Maternity - Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

Race - Refers to a group of people defined by their race, colour and nationality (including citizenship) ethnic or national origins.

Religion and Belief - Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

Sex - A man or a woman.

Sexual Orientation - Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.

For more information please refer to Appendix Three.

In addition to the protected characteristics, the particular geography of Northumberland, being a mix of urban and rural communities, means that we want also to take into account the differing needs and perspectives that these communities bring.

For further information please follow the links below:

Protected Characteristics information

EHRC Website

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7.0 Practical tools and processes to promote equality

In order to make our strategies and vision a reality we will use of the following practical tools and processes:

7.1 Equality Analysis

Access to, and outcomes from health services can be affected by various factors, such as age, ethnic background, gender and social and economic factors; we want to help reduce these health inequalities.

Equality analysis will be an integral tool to help us gather data and identify gaps in access to and outcomes from services. We will then make use of this data to commission the right services that are delivered in the right way.

7.2 Diversity monitoring

Populations are always changing and this has a direct impact on existing and future needs. We will implement a more consistent approach to collecting diversity monitoring data among our service users and staff; this will help us build a current picture of existing needs and, of equal importance, an indication of our future population their future needs.

7.3 Implement Equality Delivery System (EDS)

The Equality Delivery System (EDS) is an equality outcomes framework specifically designed for the NHS. Northumberland CCG has committed to implementing the EDS as a tool help demonstrate we are complying with our legal duty under the Equality Act 2010, the Human Rights Act and the principles in the NHS Constitution.

If effectively implemented, the EDS will help demonstrate we are commissioning services that are fair, equal and diverse that effectively meets the needs of all groups in our population and, contributes to improved outcomes for patients.

It will also help us demonstrate ourselves to be an employer that recognises the importance of embedding equality among our workforce; develop a working culture where employees feel they can work in an environment free from discrimination and, recognition that differences among individuals can be an asset to an organisation.

See Addendum.

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8.0 Conclusion

Northumberland CCG has developed detailed constitutional and governance arrangements to ensure the structures are in place to develop and maintain the organisation's capacity to deliver on all statutory duties and responsibilities.

Northumberland CCG endeavours to always gain the support of people with the right skills, competencies and capacity to ensure Northumberland CCG can carry out all corporate and commissioning responsibilities, including the delivery of statutory functions such as Equality, Diversity and protecting people's Human Rights.

The governance structure of Northumberland CCG is based on what we as a clinical commissioning group have decided to 'do' as an organisation, the products and services we 'buy' from Commissioning Support Services (CSS) or other providers and the method by which we 'share' with other Clinical Commissioning Groups or Public Health/Local Authority.

Northumberland CCG will incorporate equality, diversity and human rights into all aspects of its business plans, such as its commissioning and organisational development plans, developing an organisational culture which is diverse in its makeup, uphold equality of opportunity and fairness for all.

Northumberland CCG will recruit, develop and maintain executive leads and specialists to ensure quality expert support is always available to achieve the relevant diversity, equality and human rights standards required to function effectively in our role.

Northumberland CCG will use the NHS Equality and Diversity Competency Framework to clearly identify the various competencies required for the relevant posts within the organisation.

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9.0 Glossary

Here is a guide to some of the commonly used terms that are used in relation to Equality and Diversity, many of which have been used in the Scheme.

Term	What it means
Access	The extent to which people are able to receive the information, services or care they need and are not discouraged from seeking help (e.g. premises suitable for wheelchairs; information in Braille/large print and other formats and languages; and the provision of culturally appropriate services)
Ageism	Discrimination against people based on assumptions and stereotypes about age.
Black and Minority Ethnic (BME)	Term currently used to describe range of minority ethnic communities and groups in the UK – can be used to mean the main Black and Asian and Mixed racial minority communities or it can be used to include all minority communities, including white minority communities.
Champion	Someone who is appointed to stand up for the interests of a particular user group or issue (e.g. Equality and Diversity). A champion can be a senior staff member in health or social services; a councillor; or a representative of the group concerned, e.g. older people.
Commissioning	The process of specifying, purchasing and monitoring services to meet the needs of the local population.
Comply	To make sure the Trust meets the requirements of different Equality and Diversity legislation.
Consultation	Asking for views on services or policies from service-users, staff, decision-making groups or the general public. Consultation can include a range of different ways of consulting, e.g. focus groups, surveys and questionnaires or public meetings.

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Term	What it means
Culture	Relates to a way of life. All societies have a culture, or common way of life, which includes: • Language — the spoken word and other communication methods • Customs — rites, rituals, religion and lifestyle • Shared system of values — beliefs and morals • Social norms — patterns of behaviour that are accepted as normal and right (these can include dress and diet).
Direct Discrimination	Treating one person less favourably than another on the grounds of race / disability / gender / age / religion or belief / sexual orientation or other grounds.
Disability	The Disability Discrimination Act 1995 defines disability as 'a physical or mental impairment that has a substantial and long term adverse effect on a person's ability to carry out normal day-to-day activities'.
Discrimination	Unfair treatment based on prejudice. In health and social care, discrimination may relate to a conscious decision to treat a person or group differently and to deny them access to relevant treatment or care.
Diversity	Appreciating diversity goes beyond the mere recognition that everyone is different; it is about valuing and celebrating difference and recognising that everyone through their unique mixture of skills, experience and talent has their own valuable contribution to make.
Duty	Under equalities legislation public authorities have gender duties and specific duties. These are things that have to be done by the authority in order to meet with the requirements of the law.
Equal Opportunities	This is a term used for identifying ways of being disadvantaged either because of, for example, race, disability, gender, age, religion/belief or sexuality. 'Equal Opportunities' is an attempt to provide concrete ways to take action on the inequalities revealed by analysis of the differences and barriers that exist for people in the above groups.
Equalities	This is a short hand term for all work carried out by an organisation to promote equal opportunities and challenge discrimination, both in employment and in carry out functions and delivering services.

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Term	What it means
Equality	Equality is about making sure people are treated fairly and given fair chances. Equality is not about treating everyone in the same way, but it recognises that their needs are met in different ways.
Ethnicity	A sense of cultural and historical identity based on belonging by birth to a distinctive cultural group.
Gender	Gender options are male, female, or other (in order to allow an option for transgender and self-identifying individuals).
Harassment	Behaviour which is unwelcome or unacceptable and which results in the creation of a stressful or intimidating environment for the victim amounts to harassment. It can consist of verbal abuse, racist jokes, insensitive comments, leering, physical contact, unwanted sexual advances, ridicule or isolation.
Homophobia	An irrational fear of, aversion to, or discrimination against people who are gay and homosexuality.
Indirect Discrimination	Setting rules or conditions that apply to all, but which make it difficult for a group to comply with on the grounds of race, disability, gender, age, religion or belief, or sexual orientation.
Institutional Racism	Occurs when the systems and procedures in an organisation discriminate against a person – or a group of people – on the basis of race.
Interpreting	The conversion of one spoken language into another, enabling communication between people who do not share a common language.
LGB	Lesbian, Gay and Bisexual
Monitoring	The process of collecting and analysing information about people's gender/racial or ethnic origins/disability status/sexual orientation/religion or belief/age to see whether all groups are fairly represented.

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Term	What it means
Multicultural	Of, or relating to many cultures; including people who have many different customs and beliefs. For example, Britain is increasingly a multicultural society.
National Origin	Relates to the country where someone was born, regardless of where they are now living and their current citizenship.
Positive Discrimination	Selecting someone for a job / promotion / training / transfer etc. purely on the basis of their race, disability, gender, age, religion or belief, or sexual orientation, and not on their ability to do the job.
Prejudice	Is a negative assumption or judgement about a person – or a group of people – that we do not know.
Race	A human population considered distinct based on physical characteristics such as skin colour. This term is often interchanged with ethnicity. Ethnicity is a term which represents social groups with a shared history, sense of identity, geography and cultural roots which may occur despite racial difference.
Racism	Belief (conscious or unconscious) in the superiority of a particular race, leading to acts of discrimination and unequal treatment based on an individual's skin colour or ethnic origin or identity.
Religion	The term religion – sometimes used interchangeably with faith or belief system – is commonly defined as belief concerning the supernatural, sacred, or divine, and the moral codes, practices and institutions associated with such belief.
Sexual Orientation	Within the sexual orientation regulations, sexual orientation is defined as: - An orientation towards persons of the same sex (lesbians and gay men) - An orientation towards persons of the opposite sex (heterosexual) - An orientation towards persons of the same sex and opposite sex (bisexual)
SLAs	Service Level Agreement is a form of contract between two parties.

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Term	What it means
Strategic Health Authority (SHA)	The North East Strategic Health Authority is responsible for the development of health services in the north east, on behalf of the Department of Health. Its role is to make sure that services are fit for purpose, that quality and improvement targets are met and that NHS organisations in the region, such as primary care trusts, hospitals and the ambulance trust, are providing well-planned, good quality services to meet the needs of local communities.
Transsexual / Transgender People	Transgender, transsexual or trans person describes a person who appears as, wishes to be considered as, or has undergone or is undergoing surgery to become a member of the opposite sex.
Victimisation	Treating people less favourably because they have made a complaint or intend to make a complaint about discrimination or harassment.

Appendices

Appendix 1 – Equality Act 2010 Section 149 General/Specific Duties

Appendix 2 – Equality, Diversity and Human Rights Considerations for CCGs

Appendix 3 – Northumberland CCG Equality Objectives 2013/14

Appendix 4 – Clinical Commissioning Group Authorisation plan

Appendix 1- Equality Act 2010 Section 149 General / Specific Duties

Equality Act 2010 Section 149 General / Specific Duties (1-3)		
General Duties		**Due Regard**
1	Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010	Remove or minimise disadvantages connected with a relevant protected characteristic (e.g. address the problems that women have in accessing senior positions in the workplace) Take steps to meet the different needs of persons who share a relevant protected characteristic (e.g. ensure the particular needs of BME women fleeing domestic violence are met) Encourage persons who share a relevant protected characteristic to participate in public life or any other activity in which they are under-represented (e.g. take steps to encourage more disabled people to apply for senior posts).
2	Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it	Tackle prejudice (e.g. tackle hate crime for people with protected characteristics)
3	Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.	Promote understanding (e.g. promote an understanding of different faiths).
NB	Organisations that are not public authorities are also required to have due regard to the needs listed above whenever they carry out public functions. This could include, for example, a private company with a contract to provide certain public services.	
Specific Duties		
4	Publication of information Each public authority must publish information to show that it is complying with the s.149 duty by 31st January 2012 and at least on an annual basis after that. Authorities must include information about persons who share a protected characteristic who are its employees (if it has 150 or more employees) and its service users.	
5	Equality objectives Each public authority must prepare and publish one or more objectives it thinks it should achieve to have due regard to the need to eliminate discrimination and harassment, to advance equality of opportunity or to foster good relations. Any objective must be specific and measurable. Authorities must publish their first objectives no later than 6 April 2012 and at least every four years after that.	

Appendix 2 - CCG Considerations

Appendix 4 – Clinical commissioning Group Authorisation plan

Topic		Statement
1	Clinical Focus and Added Value	Clinical leadership / change management: The emerging CCG has clinical leaders that are able to influence and lead others to deliver on the emerging CCG's objectives of improving the health of the population and using the budget most wisely Population's health and clinical needs: The emerging CCG has a comprehensive, up-to-date understanding of the needs of its population, now and over the next 5 years such that, if asked, the emerging CCG leadership and constituent practices could describe the main health issues facing their (respective) population. Understanding providers: The emerging CCG understands how healthcare services, and healthcare providers, can meet the needs of the population, and the constraints on this. Values and behaviours: are agreed by all the constituent practices of the emerging CCG. Through the way the emerging CCG works, behaviours that support its values are promoted and strengthened, whilst those behaviours that do not promote its values face sanctions. Continuous improvement: There is a conscious, and promoted, culture in the emerging CCG of systematically and continuously improving the quality of clinical care to improve health outcomes within the given budget.
2	Engagement with Patients and Communities	Engagement with patients, the public and the population: Patient and public engagement is embedded into the organisation and the full commissioning process. Engaging with communities: To define, and deliver on its purpose, the emerging CCG has engaged with the different communities in the geographical area it covers.
3	Clear and Credible Plan	Strategy development and implementation: There is a practical and implementable strategy, developed collaboratively, that clearly sets out the priorities for the emerging CCG and why those priorities are likely to lead to greatest health gain taking into account future changes. Getting best value out of the system: In order to achieve best outcomes for the population within the available resources the emerging CCG is equipped to ensure that the needs of the population are met by the providers of healthcare services. The emerging CCG has prioritised what it needs to do to achieve these outcomes within resources. Vision: There is a clear vision (narrative) of what the emerging CCG's purpose is and how it will achieve its purpose that is to achieve better patient outcomes within available resources, and discharge its statutory duties. The case for change: There are clear, consistent and communicated reasons for the things that the emerging CCG is going to do, and how

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Topic		Statement
		success will be tracked. These reasons are understood and accepted by Practices and providers.
4	Capacity and Capability	Structure and Culture of Change: Key elements of structural and cultural change (transition) plans are in place, with the skills required to support this, including project management and monitoring success. Contracting/ Procurement: The emerging CCG has the clinical, commercial, legal and other skills and capacity to negotiate, write and manage contracts for the provision of health services Administrative functions: The necessary administrative functions are in place to run the organisation. Clinical elements of Governance: Systems are in place to effectively monitor and track quality and safety so the emerging CCG has early warning of problems and there are clear processes for acting when problems are detected. Emerging CCG structure and capability; Learning and Development: The emerging CCG has, or is able to assemble, the right commissioning skills and build the best operating model to most effectively commission services (in house, shared or bought in). Integration of governance: Integrated corporate governance systems of finance, probity, statutory duties and clinical quality, are in place. They go beyond being compliant with legal requirements, and identify and adopt good practice and innovation in the running of the organisation and fulfilling statutory duties. Financial management capacity/ capability: There is capacity and capability in the organisation for robust financial management of budgets. Financial planning controls : The emerging CCG has a financial planning process that allows prioritisation of resources for commissioning services and its population and is ensuring that the funds are spent only as intended. External financial control requirements: The emerging CCG can stand up to public scrutiny regarding its spending of public funds.

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Topic		Statement
5	Collaborative Arrangements	Managing relationships: The emerging CCG has the skills to understand the relationships they, as an organisation, need as good commissioners, and how to get the most out of these relationships. Engagement with other commissioners: The emerging CCG has arrangements to work collaboratively with other commissioners including the NHS Commissioning Board, other emerging CCGs, and Commissioning support services. Engagement with providers: There is access to the specialist skills and capacity to actively manage supplier relationships and clinical engagement. Existing relationships and processes: Recognising that at a time of change relationships can be lost; there is an excellent understanding of existing relationships and a robust handover mechanism. Engagement with Local Authorities and others: There are effective relationships with all the Local Authorities, district / borough councils and partnerships in the community.
6	Leadership Capacity and Capability	Leading Change: Leadership motivates individuals within the organisation to make changes in what they do. Business Intelligence and Reporting: Reporting mechanisms exist so the emerging CCG leadership is aware of progress in delivering their strategy. The role of leadership in governance, including appropriate delegation: "The emerging CCG is clear about how it makes decisions. The delegation of functions, duties and actions, and of decision making is clear. There is an appropriate distribution of power, responsibility and accountability amongst practices." Leading a commissioning organisation: "There is a leadership team in place with sufficient knowledge of commissioning processes to be able to ensure effective delivery. This knowledge includes how and where to acquire additional knowledge and skills and to enable sufficient challenge advice provided, if required." Leadership roles: "The roles and responsibilities of the individual leaders, emerging CCG leadership, the emerging CCG, and the constituent practices are clear and aligned to the Vision, Values and Strategy". Financial elements of governance: The Leadership of the emerging CCG is able to make transparent, defensible, informed, robust and sustainable decisions about the allocation of public funds on the basis of systems that are compliant with legal, statutory and regulatory requirements and national governance policies. Internal Engagement: Leadership understands how to involve those who will actually make things different, such that the success of the changes that are brought about is made most likely.

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Topic		Statement
7	Governance	Governance is about how the CCG makes robust, sustainable and defensible decisions. The making of robust, informed (including by the users of services) decisions, and ensuring that the right things get done about. 1. Resources (including cost), 2. Quality of services 3. Balancing of demand & supply 4. Ensuring the CCG continuously improves.

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Appendix 2 – CCG Considerations

PARTICIPATION	ACCOUNTABILITY	NON-DISCRIMINATION AND EQUALITY	EMPOWERMENT	LEGALITY in all decisions
The CCG should consider how it will engage local people in decision making e.g • Setting equality objectives • Involvement in selecting CCG post holders • Involvement in equality analysis and scrutiny • Involvement in grading CCG and contracted CSS against EDS Goals • Participation must be active, free, meaningful and give attention to issues of accessibility, including access to information in a form and a language which can be understood • Ensuring your contracted providers/CSS also meet these standards	CCG should consider: • Identifying an Executive lead for EDHR • Specialist support to operationalise EDHR • Good governance arrangements e.g. ○ no decisions taken without Equality analysis & Human rights screening ○ EDHR is standing agenda item at meetings ○ effective monitoring of human rights standards as well as effective remedies for human rights breaches	CCG should consider: • Taking a human rights based approach to ensure that all forms of discrimination in the realisation of rights must be prohibited, prevented and eliminated by the CCG. It also requires the prioritisation of those in the most marginalised situations who face the biggest barriers to realising their rights. • Work to eliminate Health inequalities in collaboration with the H&W Board. • Meet the three aims of the General Equality Duty • Meet the Specific Duties in publishing annually its equality information and have published equality objectives	A CCG should consider taking a human rights based approach which means that: • Individuals and communities should: • know their rights • should be fully supported to participate in the development of policy and practices which affect their lives and • to claim rights where necessary Active involvement of local people and or advocates in decision making will facilitate empowerment and links directly to the General Equality Duty	CCG should ensure it is compliant with: • The Equality Act 2010 • Human Rights Act 1998 and takes a human rights based approach to its decisions making, which requires the recognition of rights as legally enforceable entitlements and is linked in to national and international human rights law.

Appendix 3

CCG Equality Objectives 2013/14

1. To ensure that patients and carers are informed about and understand their health needs and that every stage of their care and treatment is discussed, agreed and regularly reviewed.

2. To ensure that public health screening programmes are available to and accessible to all; that screening is physically accessible to all and that a wide range of appropriate methods are used to communicate with people

3. To ensure that empowered, engaged and well supported staff have confidence and competence in dealing with people

4. To increase diversity at all levels of the NHS workforce.

Addendum

The CCG acknowledges the refreshed Equality Delivery System for the NHS (EDS2) and will be aligning itself to the new framework.