



This summary sheet provides an overview of the staff involved, proposed change and a summary of the findings. This assessment consists of five domains: Patient Experience, Patient Safety, Effectiveness, Equality and Workforce.

Title of Scheme:	Implementation of the NHS Choice Policy			
Project Lead:	Rachel Morgan			
Clinical Lead:	Sue Peckitt	Programme Lead:	Julie Warren	
Senior Responsible Officer:	Julie Warren	Date:	16.6.21	

**Proposed change:**

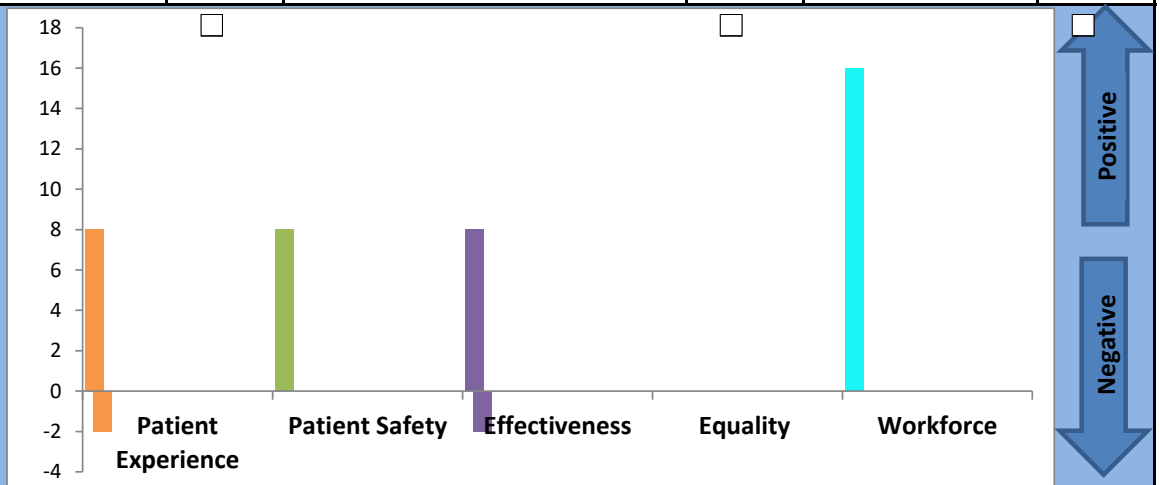
To implement a North Yorkshire CCG CHC choice policy as no such policy exists at present. The policy describes the way in which NHS North Yorkshire CCG will commission care for people who have been assessed as eligible for fully funded NHS Continuing Healthcare. The policy describes the way in which NHS North Yorkshire CCG will commission care in a manner which reflects the choice and preferences of eligible individuals but balances the need for NHS North Yorkshire CCG to commission care that is safe and effective and makes the best use of available resources.

**Which areas are impacted?**

Scarborough& Ryedale	<input checked="" type="checkbox"/>	Hambleton, Richmondshire and Whitby	<input checked="" type="checkbox"/>	Harrogate	<input checked="" type="checkbox"/>
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**Summary of Impacts**

- Patient Experience
- Patient Safety
- Effectiveness
- Equality
- Workforce



**Summary of findings:**

Implementation of the policy allows equity of access to Continuing Healthcare provision across North Yorkshire which will prevent untoward variation in health outcomes.

**Summary of Next Steps:**

To seek NHS North Yorkshire CCG governing body approval. Once approved upload to NYCCG website. Ensure staff are trained and briefed on the new policy to ensure understanding and compliance.

Has this been incorporated into the project documentation?		N/A
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**Initial Impact Assessment - Screening Tool**

*This is an initial assessment which will help determine whether a more detailed assessment is required. Please select yes or no for each option*

Will the proposal have a disproportionate impact on:	Yes or No <i>Please select from the list below</i>	If yes please complete the relevant section of the tool by clicking the area below
People with one or more protected characteristics?	No	<a href="#">Equality section</a>
Patient Experience	Yes	<a href="#">Patient Experience</a>
Patient Safety	Yes	<a href="#">Patient Safety</a>
Clinical Effectiveness	Yes	<a href="#">Effectiveness</a>
Staffing within the service area or the wider workforce?	No	<a href="#">Workforce</a>
<b>In addition please consider if the proposal will:</b>		
result in change noticeable to patients or carers?	Yes	<a href="#">Full assessment is required please click here to start</a>
be likely to result in political, consumer champion or media interest or has already had significant public interest?	No	
impact those eligible to access the service e.g. by changing referral criteria/method of access/ where or when it will be delivered?	Yes	
<b>Rationale for decision:</b>		
Having a NHS North Yorkshire CCG Choice Policy will give equity of access to CHC service provision across North Yorkshire. Positive impacts on all domains		
<b>SIGN OFF:</b>		
<b>Project lead</b>	Rachel Morgan	16.6.21
<b>Programme Quality Lead</b>		Date:
<b>Programme Equality Lead</b>	Sam McCann	16.6.21
<b>Programme Lead</b>		Date:

### Full Quality and Equality Impact Assessment

The initial assessment has indicated that the proposed change will have an impact within the West Yorkshire and Harrogate Health and Care Partnership. Therefore you will need to consider each of the areas outlined below and provide a summary of the positive and negative impacts.

#### MENU

Home

Back to Initial Assessment

Hints and Tips

Patient Experience

Effectiveness

Workforce

Patient Safety

Equality

Additional information to support completion can be found in the QEIA user guide. Helpful hints can also be seen if you click on the individual boxes within each page

#### What evidence has been used to inform this assessment?

National Framework for NHS Continuing Healthcare and NHS Funded Nursing Care (DH 2018). The NHS Continuing Healthcare (Responsibilities) Directions 2012

Human Rights Act 1998.

Who Pays? Care Act 2014 Establishing the Responsible Commissioner (revised 2020).

#### Any gaps in evidence?

No

Documents can be attached in the workbook:

[Click here for workbook](#)

	Positive	Negative	Neutral	Description of impact	Consequence	Likelihood	Total Score	Mitigating Actions of Negative Impacts	Monitoring	Frequency of review	Lead
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Patient Experience: This is to understand whether the proposed change will have an impact on patient/service user experience. Click on individual boxes for guidance.

Patient reported experience	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	This is a new policy implementation so whilst patient reported experience is not yet known it is intended that the Policy will provide clarity and equity of choice in relation to a person's care and support for those who are eligible for CHC funding. The policy aims to offer more personalised and flexible commissioning. All patients in receipt of care will be able to view the Policy and provide their views and feedback through patient surveys	2	4	8	Until the Policy is implemented the true negative impacts are not yet known until clients in receipt of care are asked for feedback. This is a national policy change intended to make NHS funded care provision more equitable but cost effective	On policy implementation there will be a review of impact through seeking patient feedback	Ongoing as per patient feedback, monitoring through complaints	RM
Patient choice	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>								
Patient access	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>								
Compassionate and personalised care agenda	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Responsiveness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	On implementation of this policy there is a potential of negative impact for those who are already in receipt of a package of care, this is only expected in exceptional circumstances. Overall implementation of this policy will promote patient choice utilising already embeded practices. This will seek to formalise these processes to provide clarity and transparency. Individuals and their families will continue to be supported to personalise their assessed needs through the use of personal health budgets should they choose. Choice will continue to be offered from systems of brokerage and discussions had with the individual and their family on available options. Consideration will continue to be given to meeting the Best Interests of individuals and their families.							
Promotion of self-care and support for people to stay well	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Other (please List)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
					-1	2	-2				

<b>Completed by:</b>	<b>Name</b>	<b>Organisation</b>	<b>Date</b>
<b>Project lead</b>	Rachel Morgan	NHS North Yorkshire CCG	15.6.21
<b>Approved by:</b>			
<b>Quality Lead</b>	Nikki Henderson	NHS North Yorkshire CCG	16.6.21
<b>Programme lead</b>			

	Positive	Negative	Neutral	Description of impact	Consequence	Likelihood	Total score	Mitigating Actions of Negative Impacts	Monitoring	Frequency of review	Lead
<b>Patient Safety:</b> This is to understand any positive or negative impacts the proposed change may have on patient safety. Click on individual boxes for guidance.											
Preventable Harm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The implementation of this Policy formalises the provision of choice and equity for our CHC funded clients; it continues to ensure that all care is commissioned in line with approved provider lists and for those who choose to have their care delivered via a Personal Health Budget monitoring of care standards are ongoing. Negative Impacts	2	4	8	There are no known negative impacts in relation to patient safety	On implementation of the Policy each CHC funded client will continue to have a case worker assigned who will monitor the care provision and escalate any issues	ongoing	RM
Robustness of systems and processes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Environment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>								
Safeguarding	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>								
Other (please List)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
					0	0	0				
<b>Completed by:</b>					<b>Name</b>			<b>Organisation</b>		<b>Date</b>	
<b>Project lead</b>					Rachel Morgan			NHS North Yorkshire CCG		16.6.21	
<b>Approved by:</b>											
<b>Quality Lead</b>					Nikki Henderson/Sam McCann			NHS North Yorkshire CCG		16.6.21	
<b>Programme lead</b>											

	Positive	Negative	Neutral	Description of impact	Consequence Likelihood	Total Score	Mitigating Actions of Negative Impacts	Monitoring	Frequency of review	Lead
<b>Clinical Effectiveness:</b> consider how the proposal may impact on clinical effectiveness. Click on the individual boxes for additional guidance.										
Improved patient outcomes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	This is a new policy implementation and it is intended that the Policy will provide equity of choice in relation to a person's care and support for those who are eligible for CHC funding. The policy aims to offer more personalised and flexible commissioning.	2	4	Until the Policy is implemented the true negative impacts are not yet known until clients in receipt of care are asked for feedback. This is a national policy change intended to make NHS funded care provision more equitable but cost effective	On policy implementation there will be a review of impact from the completed assessments and from the users of the policy	ongoing	RM
Clinical Engagement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Development and improvement of pathways	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Implementation of evidence based practice	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Will it impact on variation in care?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	On implementation of this policy there is a potential of negative impact for those who are already in receipt of a package of care, this is only expected in exceptional circumstances	-1	2	-2			
Will it deliver care in the most cost effective way?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Other (please list)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
<b>Completed by:</b>					<b>Name</b>		<b>Organisation</b>	<b>Date</b>		
Project lead					Rachel Morgan		NHS North Yorkshire CCG	16.6.21		
<b>Approved by:</b>										
Quality Lead					Nikki Henderson/Sam McCann		NHS North Yorkshire CCG	16.6.21		
Programme lead										

	Positive	Negative	Neutral	Description of impact	Consequence Likelihood	Total Score	Mitigating Actions of Negative Impacts	Monitoring and frequency of review	Lead																																																																																						
<b>Equality:</b> Consider the impact on the areas of equality including the impact on health inequalities. Click on individual boxes for guidance.																																																																																															
Socio-Economic Deprivation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Positive impacts	0	0	<p>We believe age and disability is neutral but there may be instances where age and disability may effect the choice and available options presented. For example there is greater resource in both the residential and community setting to meet none complex needs often associated with ageing. This allows more competative markets and greater choice for the CCG. Those with more complex needs in the younger age groups such as those with Autism and/or Learning Disability or younger adults with spinal injuries requiring mechancial ventilation often require more bespoke commisioning. There are often exceptional circumstances in the younger age adult, such as those that live with their children, partner that may compel the CCG to consider a more bespoke package that on face value could be perceived to be inequitable. However, an evaluation and risk assessment would be carried out for all cases to ensure equality.</p>	There are no current known or intended inequalities associated with the implementation of this policy- any changes to the policy will initiate a timely QEIA review	RM																																																																																						
	Negative impacts	0	0	Age	<input type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>	Positive impacts	0	0	Negative impacts	0	0	Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Positive impacts	0	0	Negative impacts	0	0	Pregnancy and Maternity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Positive impacts	0	0	Negative impacts	0	0	Ethnicity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Positive impacts	0	0	Negative impacts	0	0	Religion or Belief	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Positive impacts	0	0	Negative impacts	0	0	Sex	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Positive impacts	0	0	Negative impacts	0	0	Sexual Orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Positive impacts	0	0	Negative impacts	0	0	Gender Reassignment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Positive impacts	0	0	Negative impacts	0	0	Carers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Positive impacts	0	0	Negative impacts	0
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Any other groups	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Positive impacts	0	0	0		
				Negative impacts	0	0	0		
<b>Level of engagement required</b>									
<b>Completed by:</b>				<b>Name</b>			<b>Organisation</b>		
<b>Project lead</b>				Rachel Morgan			NHS North Yorkshire CCG		16.6.21
<b>Approved by:</b>									
<b>Equality Lead</b>				Sam McCann			NHS North Yorkshire CCG		16.6.21


	Positive	Negative	Neutral	Description of impact	Consequence	Likelihood	Total Score	Mitigating Actions of Negative Impacts	Monitoring	Frequency of review	Lead
<b>Workforce:</b> Consider the impacts on the staffing and wider workforce. Click on individual boxes for guidance.											
Effective prioritisation and management of workload	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provides a more robust and defined process to work to whilst providing a support mechanism in which staff can communicate such processes to CHC funded clients. This policy is aimed to reduce the inequity that currently exists among workforce provision across all sectors. It will provide transparency and allow candid discussions to be held between CHC workforce, informal and formal carers. It will allow individuals and families to plan and consider their current There are no assessed negative impacts	4	4	16	N/A	N/A	ongoing or at policy review	RM
Staff experience as a result of workforce changes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Contractual obligations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Workforce diversity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>								
Workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>								
Sustainability of service due to workforce issues	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>								
Other (please list)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
					0	0	0				
<b>Completed by:</b>					<b>Name</b>			<b>Organisation</b>		<b>Date</b>	
Project lead					Rachel Morgan			NHS North Yorkshire CCG		16.6.21	
<b>Approved by:</b>											
Workforce Lead											
Programme lead											

Likelihood		
0	Not applicable	
1	Rare	Not expected to occur for years. Will occur in exceptional circumstances.
2	Unlikely	Expected to occur at least annually. Unlikely to occur.
3	Possible	Expected to occur at least monthly. Reasonable chance of occurring.
4	Likely	Expected to occur at least weekly. Likely to occur.
5	Almost Certain	Expected to occur at least daily. More likely to occur than not.

Likelihood	Opportunity						Consequence				
	5	4	3	2	1	0	-1	-2	-3	-4	-5
5	25	20	15	10	5	0	-1	-2	-3	-4	-5
4	20	16	12	8	4	0	-2	-4	-6	-8	-10
3	15	12	9	6	3	0	-3	-6	-9	-12	-15
2	10	8	6	4	2	0	-4	-8	-12	-16	-20
1	5	4	3	2	1	0	-5	-10	-15	-20	-25

Category	
	Opportunity
	Low - Moderate Risk
	High Risk

Opportunity and Consequence		
Impact	Score	The proposed change is anticipated to lead to the following level of opportunity and/or consequence:
Positive	5	Excellence Multiple enhanced benefits including excellent improvement in access, experience and/or outcomes for all patients, families and carers. Outstanding reduction in health inequalities by narrowing the gap in access, experience and/or outcomes between people with protected characteristics and the general population. Leading to consistently improved standards of experience and an enhancement of public confidence, significant improvements to performance and an improved and sustainable workforce.
	4	Major Major benefit leading to long term improvements and access, experience and /or outcomes for people with this protected characteristic. Major reduction in health inequalities by narrowing the gap in access, experience and /or outcomes between people with this protected characteristic and the general population. Benefits include improvements in management of patients with long term effects and compliance with national standards.
	3	Moderate Moderate benefits requiring professional intervention with moderate improvement in access, experience and /or outcomes for people with this protected characteristic. Moderate reduction in health inequalities by narrowing the gap in access, experience and /or outcomes between people with this protected characteristic and the general population.
	2	Minor Minor improvement in access, experience and /or outcomes for people with this protected characteristic. Minor reduction in health inequalities by narrowing the gap in access, experience and /or outcomes between people with this protected characteristic and the general population.
	1	Negligible Minimal benefit requiring no/minimal intervention or treatment. Negligible improvement in access, experience and /or outcomes for people with this protected characteristic. Negligible reduction in health inequalities by narrowing the gap in access, experience and /or outcomes between people with this protected characteristic and the general population.
	0	Neutral No effect either positive or negative
Negative	-1	Negligible Negligible negative impact on access, experience and /or outcomes for people with this protected characteristic. Negligible increase in health inequalities by widening the gap in access, experience and /or outcomes between people with this protected characteristic and the general population. Potential to result in minimal injury requiring no/minimal intervention or treatment, peripheral element of treatment suboptimal and/or informal complaint/inquiry
	-2	Minor Minor negative impact on access, experience and /or outcomes for people with this protected characteristic. Minor increase in health inequalities by widening the gap in access, experience and /or outcomes between people with this protected characteristic and the general population. Potential to result in minor injury or illness, requiring minor intervention and overall treatment suboptimal
	-3	Moderate Moderate negative impact on access, experience and /or outcomes for people with this protected characteristic. Moderate increase in health inequalities by widening the gap in access, experience and /or outcomes between people with this protected characteristic and the general population. Potential to result in moderate injury requiring professional intervention.
	-4	Major Major negative impact on access, experience and /or outcomes for people with this protected characteristic. Major increase in health inequalities by widening the gap in access, experience and /or outcomes between people with this protected characteristic and the general population. Potential to lead to major injury leading to long-term incapacity/disability
	-5	Catastrophic Catastrophic negative impact on access, experience and /or outcomes for people with this protected characteristic. Catastrophic increase in health inequalities by widening the gap in access, experience and /or outcomes between people with this protected characteristic and the general population. Potential to result in incident leading to death, multiple permanent injuries or irreversible health effects, an event which impacts on a large number of patients, totally unacceptable level or effectiveness of treatment, gross failure of experience and does not meet required standards

Population Demographic Information			
	Scarborough and Ryedale	Hambleton Richmondshire and Whitby	Harrogate
<b>Age</b>	Data provided below is from Census 2011 Age Range Number (%) 0-14 17,672 (14.9) 15-44 39,530 (33.2) 45-64 15,427 (13.0) 65-74 9,083 (7.6) 85+ 3,820 (3.2)	Document embedded below is a summary of data	32.9% of the population (Joint Strategic Needs Assessment) are aged 0-29. The CCG has a relatively elderly population with 26.5% of its population aged over 60 (Joint Strategic Needs Assessment).
<b>Disability</b>	2011 Census Data % Long Term Health Problem/Disability 21.3 Limiting Long Term Illness 20.4 Projecting Adult Needs and Service Information (PANSI)-2017 Estimates Scarborough (Ryedale) Limiting Long Term Illness - day to day activities limited a little 7,507 (3,455) Limiting Long Term Illness - day to day activities limited a lot 6,513 (2,462) Mobility - unable to manage at least one activity on their own 5,210 (2,509) Learning Disability – Including Down’s syndrome 947 (469) Learning Disability – Autistic Spectrum Disorders and Down’s Syndrome 81 (134) Visual Impairment - Moderate or severe 3,323 (1,588) Hearing Impairment – some hearing loss 17,167 (8,370) Hearing Impairment – Moderate or Severe 2,215 (1,070) Dementia 1,973 (959) Depression 2,474 (1,585) Learning Disability – Baseline 1,454 (708) Learning Disability – Moderate - Severe 415 (1,128) Learning Disability – Autistic Spectrum Disorders 592 (289) Learning Disability – Down’s syndrome 38 (18) Physical Disability – Moderate 5,176 (2,620) Physical Disability – Serious 1,605 (824) Physical Disability – Personal Care 3,198 (1,639) Visual Impairment – Serious 39 (19) Hearing Impairment – Some hearing loss 69,328 (3,565) Hearing Impairment – Severe 395 (203) Mental Health Problems 4,331 (2,096)		31.1% of people within the HaRD CCG population are living with a limiting long term illness or disability
<b>Pregnancy and Maternity</b>	Live Births Scarborough 1,034 Ryedale 439 (ONS 2016) Still Births (ONS 2016) Scarborough 4 Ryedale 2		None available

<p><b>Race/Nationality</b></p>	<p>BME – 2011 Census Data % White 97.5 Mixed 0.8 Asian 1.2 Black 0.2 Other 0.2 Languages – 2011 Census Data % English 97.5 Polish 0.8 Other EU Language 0.6 Other 1.86 Gypsy and Travellers – 2011 Census Data  Scarborough 37 Ryedale 81</p>		<p>The Census 2011 indicates the race of the population in Harrogate and Rural District CCG as: White 96.3% Mixed 0.3% Asian 0.4% Black 0.3% Other 0.7%</p>
<p><b>Religion and Belief</b></p>	<p>2011 - Census Data % Christian 67 Buddhist 0.3 Hindu 0.1 Jewish 0.1 Muslim 0.5 Sikh 0.1 Other Religion 0.4 No Religion 24.3 Religion not stated 7.4</p>		<p>According to the 2011 Census, 68.6% of the population identified themselves as Christian and 0.14% of the population is made up of other religions. The remainder of the population (30%) did not state anything or stated 'no religion'.</p>
<p><b>Gender</b></p>	<p>JSNA 2016 % Male Residents 49.6 Female Residents 50.4</p>		<p>The gender split in the Harrogate and Rural District CCG area is 49.2% male and 50.8% female (Joint Strategic Needs Assessment).</p>
<p><b>Sexual Orientation</b></p>	<p>In relation to sexual orientation, local population data is not known with any certainty. In part, this is because until recently national and local surveys of the population and people using services did not ask about an individual's sexual orientation. However, nationally, the Government estimates that 5% of the population are lesbian, gay or bisexual communities.</p>		<p>Local population data is not available for sexual orientation. In part, this is because until recently national and local surveys of the population and people using services did not ask about an individual's sexual orientation. However, Stonewall estimates that 5 - 7% of the national population are lesbian, gay or bisexual.</p>
<p><b>Gender Reassignment</b></p>	<p>There are not any official statistics nationally or regionally regarding transgender populations, however, GIRES (Gender Identity Research and Education Society - <a href="http://www.gires.org.uk">www.gires.org.uk</a>) estimated that, in 2007, the prevalence of people who had sought medical care for gender variance was 20 per 100,000, i.e. 10,000 people, of whom 6,000 had undergone transition. 80% were assigned as boys at birth (now trans women) and 20% as girls (now trans men). However, there is good reason, based on more recent data from the individual gender identity clinics, to anticipate that the gender balance may eventually become more equal.</p>		

# Staff Demographic Information

## North Yorkshire CCG

### Total Staff Number

167

### Age

Staff are under 30 7.8%  
Staff aged 30 – 55 62.9%  
Staff are over 55 29.3%

### Disability

% of staff employed in the CCG declared themselves as:  
Having no disability 78.4%  
Having a disability 1.2%  
Not stated/undefined 20.4%

### Pregnancy and Maternity

No information yet as the CCG has not been established long enough to build meaningful data

### Ethnicity

% of staff employed in the CCG declared themselves as:  
White 87.4%  
Black 0.6%  
Asian 0.6%  
Mixed Race 1.2%  
Not stated/undefined 10.2%

### Religion and Belief

% of staff employed in the CCG declared themselves as:  
Christian 43.7%  
Other faith or beliefs 27.6%  
Not stated/undefined 28.7%


<b>Sex</b>	% of staff employed in the CCG declared themselves as: Female 63.5% Male 36.5%
<b>Sexual Orientation</b>	% of staff employed in the CCG declared themselves as: Heterosexual 66.5% LGBTQ+ 0.6% Not stated/undefined 32.9%
<b>Gender Reassignment</b>	No information available

Engagement				
Definitions of reconfiguration proposals and stages of engagement/consultation				
Definition and examples of potential proposals	Stages of involvement, engagement and consultation			
	Informal Involvement	Engagement		Formal Consultation
<b>Major Variation or Development</b> Major service reconfiguration - changing how/where and when large scale services are delivered. Examples: urgent care, community health centre services, introduction of a new service, arms length/move to CFT				<b>Category 4</b> Formal consultation required (minimum of 12 weeks)
<b>Significant variation or development</b> Change in demand for specific services or modernisation of service. Examples: Changing provider of existing services, pathway redesign when the service could be needed by wide range of people			<b>Category 3</b> Formal mechanisms established to ensure that patients/service users/carers and the public are engaged in planning and decision making. In most cases this means 12 weeks engagement period.	Information and evidence base
<b>Minor Change</b> Need for modernisation of services. Examples: Review of health visiting and district nursing, patient diaries		<b>Category 2</b> More formalised structures in place to ensure that patients/service users/carers and patient groups views on the issue and potential solutions are sought	Information and evidence base	
<b>Ongoing Development</b> Proposals made as a result of routine patient/service user feedback. Examples: Proposal to extend or reduce opening hours	<b>Category 1</b> Informal discussions with individual patients/service users/carers and patient groups on potential need for changes to services and solutions	Information and evidence base		


You will need to consult with the engagement lead to confirm the level of engagement or consultation required. Please use the Engagement Initial assessment form in the uploaded documents section to record your assessment. Examples of engagement planning templates will also be added to the uploaded documents section.



Please attach your documents in this workbook

Document Name	Embedded document
Initial assessment for engagement	 assessment for engagement

### Hints and Tips

Ctrl C and Ctrl V	Highlight the word or box and press Ctrl C and V to copy and paste
Alt & enter	Hold Alt and press enter to go to the next line within a box in excel
Spell check	Select review on top of the toolbar and click on 
Increasing text box size	Right click in the box and select 'insert' and then select 'entire row'
Decreasing text box size	Right click in the box and select 'delete' and then select 'entire row'

### Quick solutions

Not printing the area that I need?	Highlight the area that you would like to print, press page layout on top of your toolbar. Click print area and select set print area
Fullscreen	It may be easier to complete the form in full screen view. Buttons to enter and exit fullscreen mode are in the view section on the toolbar
Navigation	Use hyperlinks (underlined and in blue) or the grey boxes to move to different sections within the workbook
Navigation	Use the arrows in the bottom left corner to move along the tabs, or select the tab you require

### Useful Links and Resources

[The NHS Constitution](#)  
[The Social Value Act](#)  
[Patient Safety](#)  
[Equality Act](#)  
[Equality Act 2010 Guidance](#)  
[Public Sector Equality Duty](#)  
[Sexual orientation monitoring standard](#)  
[Planning, assuring and delivering service change for patients](#)