

POLICY ON POLICIES

August 2017

Authorship :	Corporate Services Manager
Reviewing Committee :	Executive Committee
Date :	16 August 2017
Approving Committee :	N/A
Date :	N/A
Review Date:	August 2020
Equality Impact Assessment :	N/A
Sustainability Impact Assessment :	N/A
Related Policies/Documents:	<ul style="list-style-type: none"> • Equality, Diversity and Human Rights Strategy & Implementation Plan 2013 - 2017 • Sustainable Development Management Plan • Policy Template
Target Audience:	All employees, members, committee and sub-committee members of the group and members of the governing body and its committees.
Policy Reference No :	COR22
Version Number:	2.1

The on-line version is the only version that is maintained. Any printed copies should, therefore, be viewed as 'uncontrolled' and as such may not necessarily contain the latest updates and amendments.

NHS Vale of York Clinical Commissioning Group
POLICY ON POLICIES

POLICY AMENDMENTS

Amendments to the policy will be issued from time to time. A new amendment history will be issued with each change.

New Version Number	Issued by	Nature of Amendment	Approved by and Date	Date on Internet
1.0		Initial policy document		
1.1	P Furneaux, Policy and Assurance Manager	Formatting changes to simplify appearance in line with other VOYCCG templates. Revised Equality and Sustainability Impact Assessments. Template Policy now separate document.		
1.2	SMT	Review of Approvals section 7.	14 Oct 2014	Jan 2015
2.1	R Simmons, Corporate Services Manager	Policy reviewed in line with organisational change.	Executive Committee 16 Aug 2017	17 Aug 2017

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NHS Vale of York Clinical Commissioning Group :
01904 555870 or valeofyork.contactus@nhs.net**

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1. INTRODUCTION

- 1.1. The NHS Vale of York Clinical Commissioning Group (CCG) has a range of approved documents, such as strategies, policies, procedures and guidance documents, which help guide and direct our work. These documents are needed to ensure that the vision and priorities for commissioning set out in the Integrated Operational Plan are achieved, that any risks to these are identified and mitigated, and that legal and regulatory obligations are met. They also help to communicate with staff, stakeholders, patients and members of the community, explaining what the NHS Vale of York CCG is trying to achieve and how they will be achieved.
- 1.2. The policy framework provides a structure and systematic approach to the development, review, approval and dissemination of approved NHS Vale of York documents including : policies, procedures and guidance documents. It ensures that all documentation is :
 - Necessary
 - Consistent
 - Up to date and regularly reviewed
 - Available to staff
 - Approved by the appropriate body
- 1.3. Individual documents will vary according to their nature and intended audience, however, the format outlined in this framework sets a minimum standard. When a new policy is drafted or an existing one reviewed, the author should ensure that it complies with this framework.

2. WHAT IS THE POLICY FRAMEWORK ?

- 2.1. The policy framework consists of a number of different elements :
 - Definitions of documents
 - Policy Document information
 - Document layout, formatting and style
 - Consultation
 - Equality Impact Analysis
 - Sustainability Impact Assessment
 - Approval processes
 - Dissemination
 - Review
- 2.2. This policy framework applies to all non-HR policies, but is advised best practice for all policies.

3. DEFINITIONS OF DOCUMENTS

- 3.1. To help ensure there is a shared understanding across the organisation of the types of documents which are produced, a number of definitions have been agreed for key documents. The definitions are :
- 3.2. **Strategy** - An overall plan for achieving NHS Vale of York CCG organisational objectives.
- 3.3. **Policy** - Sets out the principles by which NHS Vale of York CCG operate and is guided. It is a plan or course of action intended to influence actions and decisions. It is a concise formal statement of principle that enables decision making.
- 3.4. **Procedure** - Outlines what should happen, when and by whom and relates directly to practice. Procedures describe how staff carry out their work in order to achieve the intentions of the organisation. They will describe what is to be done, by whom, how, when and where an activity is carried out.
- 3.5. **Guidance** - Useful information to improve practice or set the context of the procedure.
- 3.6. **Standard** - Specification of a required level of performance.

4. CODE OF PRACTICE: SPECIFICATION OF STANDARDS WHICH MUST BE MET WITHIN A LEGAL FRAMEWORK POLICY DOCUMENT

- 4.1. To ensure standardisation across the organisation, all documents should be written using the minimum requirements set out in the document templates. Minimum requirements have been developed for each type of document : policy, procedure and guidance. A policy document template is provided at Appendix 3.

Document Identification Panel

- 4.2. All documents must contain a document identification panel. This panel contains information which is unique to the document therefore allowing it to be easily identified. The panel contains information about the author, approval, issue date, review date and reviewing officer. This information gives the document its credibility and authority. The panel should appear at the start of all documents, either on the front or inside cover.

Identity and Design Guidelines

- 4.3. Use a writing style which is concise and clear, using unambiguous terms and language. All documents should comply with the CCG's corporate style and branding including font style and size and consistent header and footer content. See the NHS Vale of York CCG Brand Guidelines for more information. The guidance is available from the Head of Communications and Media Relations, it is published in the shared drive and will be available on the intranet.

Content

- 4.4. The policy framework sets a minimum content requirement for policy, procedure and guidance documents. This minimum requirement must be met by all NHS Vale of York CCG documents and can be supplemented by additional information to ensure that all documents are fit for purpose.
- 4.5. **Policy documents** must contain the below sections as a minimum :
- Introduction
 - Engagement
 - Impact Analyses
 - Equality
 - Sustainability
 - Bribery Act 2010
 - Scope
 - Policy purpose and aims
 - Policy statement
 - Definitions (if appropriate)
 - Relevant legislation and standards
 - Roles / Responsibilities / Duties
 - Policy implementation
 - Training and awareness
 - Monitoring and audit
 - Review
 - References
 - Associated documentation
- 4.6. **Procedure documents** must contain the below sections as a minimum :
- Introduction
 - Scope
 - Legislation and Standards
 - Actions
- 4.7. The sections in **guidance documents** will be very much dependent on the topic being written about. To ensure some level of standardisation, guidance documents must contain the below sections and be supplemented with appropriate sections as per the guidance topic :
- Contents
 - Introduction
 - Scope

- 4.8. The policy template at Appendix 3 provides further guidance on the required content of each section of a policy.

5. NEW POLICIES – CHECKLIST :

- 5.1. Before starting to draft and / or revise a policy document, consider and / or take the following actions :

Needs Assessment

- 5.2. Ensure you have a good understanding of the needs of the organisation, stakeholders, patients and the local communities where relevant. Ensure the following information is analysed :
- Existing policies, include changes to national policy, national and local regulations, strategies and organisational priorities
 - Performance and demographic data (informs impact assessments)
 - Existing consultation analysis and user feedback, for example complaints information.
 - Options appraisal – is this the best way to achieve the outcomes desired?

Resource Implications

- 5.3. Consider and understand the impact of the proposed policy on the organisation's finance and human resources.

Engagement

- 5.4. Decide what level of engagement may be required and make arrangements to meet with the identified individuals or groups. See examples in the policy template. Advice is available from the Head of Engagement. Include details of the engagement undertaken and any outcomes in the policy.

Equality Impact Assessment

- 5.5. An Equality Impact Analysis should be completed in line with Vale of York CCG Guidance: <http://www.valeofyorkccg.nhs.uk/about-us/equality-and-diversity/>. The advice in the strategy should be followed as part of the policy development not completed as an afterthought. Insert the outcome (i.e., whether full assessment or screening only) into the front sheet. The assessment paperwork should be included with the policy document when it is presented for approval to the approving committee.
- 5.6. Additional advice is available from the Planning and Assurance Manager.
- 5.7. All policy documents must be subject to an Equality Impact Analysis which must take place during the development stage, prior to any formal approval, and, if relevant, when the document is reviewed. It is the responsibility of the author of the document to make the necessary arrangements for this assessment to take place.

Sustainability

- 5.8. A Sustainability Impact Assessment should be completed in line Vale of York CCG guidance : <http://www.valeofyorkccg.nhs.uk/data/uploads/about-us/delivering-sustainability/nov-gb-item-8-sustainable-development-management-plan-framework-v2.pdf>

The outcomes of the assessment should be included with the policy document when it is presented for approval to the approving committee.

- 5.9. Additional advice is available from the Planning and Assurance Manager.

Bribery Act

- 5.10. Policies where the Bribery Act will have a significant impact are mainly those relating to procurement, sponsorship and business conduct. If it is relevant, include an appropriate statement at Section 3.3 to demonstrate that effective bribery prevention measures are in place. Otherwise include the following statement:

“The CCG follows good NHS business practice as outlined in the Business Conduct Policy and has robust controls in place to prevent bribery. Due consideration has been given to the Bribery Act 2010 in the development (or review, as appropriate) of this policy document and no specific risks were identified.”

6. CONSULTATION ON THE POLICY

- 6.1. In addition to engagement in developing the policy, it is important that members of the CCG and relevant stakeholders, both internal and external have the opportunity to be consulted on and involved in the review of CCG policy. Generally, the author of the document will be responsible for ensuring that appropriate consultation activities take place, however in some situations, it may be relevant to delegate such responsibilities to a different officer with specialist skills in consultation. As a minimum, draft documents should be circulated to relevant CCG colleagues for comment.
- 6.2. Any formal consultation with members of the public should ensure that consultation activity is effective, equal and inclusive, appropriate and relevant. Advice can be provided by Head of Engagement .

7. APPROVAL PROCESS

Type of Policy / Change	Reviewing Committee	Approving Body
Prime Financial Policies	Finance and Performance Committee	Governing Body
HR Policies	Social Partnership Forum	Executive Committee
Information Governance Policies	Information Governance Steering Group	Executive Committee
All other new policies or major revisions	Relevant Committee	Governing Body
Minor changes	Relevant Committee	N/A

Procedures:

Type of Procedure/ Change	Reviewing Committee	Approving body
Financial Procedures	Finance and Performance Committee	Audit Committee
Constitution Procedures	Executive Committee	Governing Body
Procedures related to approved policies	Relevant Committee	Executive Committee

- 7.1. All policies and procedures should be discussed at your team meeting, and then taken in the following order to :
 - Relevant Committee
 - Executive Committee
 - Governing Body
 - Council of Representatives (for information or for approval as necessary)
- 7.2. Seek advice from the Planning and Assurance Manager at the planning stage on the approval process.
- 7.3. Once approval has been given, the author is responsible for ensuring that a fully up to date copy of the policy, including the impact analyses paperwork and a fully updated front sheet, is sent to the Corporate Services Manager.

8. DISSEMINATION

- 8.1. The author is responsible for ensuring a process is implemented which ensures that everyone to whom the policy applies is made aware of it (and any subsequent changes / revisions) by means of agreed dissemination routes e.g., training or team briefings.
- 8.2. All policies will be published on the NHS Vale of York CCG internet. Please ensure the Corporate Services Manager is provided with a copy of the approved policy, equalities impact assessment and any supporting procedures and guidance for uploading and entering into the policy log and for publishing to the website.
- 8.3. Everyone to whom the policy applies is responsible for keeping themselves up to date with policies and procedures.

9. POLICY REVIEWS

- All policies must be reviewed in line with the agreed review date. Three months' notice will be given to authors with a reminder sent out a month before the review date.
- Minor changes may be approved by the Committee with delegated responsibility.
- If the outcome of a review is regarded as significant changes required, re-approval should be sought from the CCG Governing Body / Council of Representatives as appropriate.
- The author is responsible for updating the front cover with the date of re-approval and the new review date and forwarding this information to the Corporate Services Manager for inclusion on the policy database.
- To aid reviewing the policy, amendments are to be highlighted in yellow.
- The author is responsible for ensuring the Corporate Services Manager is given the revised policy for publication on the CCG's website, ensuring the previous version is deleted and alerting staff that the policy has been revised.
- Regular reports on the approval and review process will be provided to the CCG Executive Committee on a quarterly basis.

10. APPROVAL OF DOCUMENT

This policy framework document was produced by the Corporate Services Team in the Yorkshire & Humber Commissioning Support and updated and reviewed by the Vale of York CCG Corporate Services Manager. Advice is available from the Vale of York CCG Planning and Assurance Manager or Corporate Services Manager.

11.APPENDIX 1: EQUALITY IMPACT ANALYSIS FORM

1.	Title of policy/ programme/ service being analysed
2.	Please state the aims and objectives of this work.
3.	Who is likely to be affected? (e.g. staff, patients, service users)
4.	What sources of equality information have you used to inform your piece of work?
5.	What steps have been taken ensure that the organisation has paid <u>due regard</u> to the need to eliminate discrimination, advance equal opportunities and foster good relations between people with protected characteristics
	The analysis of equalities is embedded within the CCG's Committee Terms of Reference and project management framework.
6.	Who have you involved in the development of this piece of work?

7.	<p>What evidence do you have of any potential adverse or positive impact on groups with protected characteristics? Do you have any gaps in information? Include any supporting evidence e.g. research, data or feedback from engagement activities</p> <p>(Refer to Error! Reference source not found. if your piece of work relates to commissioning activity to gather the evidence during all stages of the commissioning cycle)</p>	
Disability	People who are learning disabled, physically disabled, people with mental illness, sensory loss and long term chronic conditions such as diabetes, HIV)	Consider building access, communication requirements, making reasonable adjustments for individuals etc.
Sex	Men and Women	Consider gender preference in key worker, single sex accommodation etc.
Race or nationality	People of different ethnic backgrounds, including Roma Gypsies and Travellers	Consider cultural traditions, food requirements, communication styles, language needs etc.
Age	This applies to all age groups. This can include safeguarding, consent and child welfare	Consider access to services or employment based on need/merit not age, effective communication strategies etc.

Trans People who have undergone gender reassignment (sex change) and those who identify as trans	Consider privacy of data, harassment, access to unisex toilets & bathing areas etc.
Sexual orientation This will include lesbian, gay and bi-sexual people as well as heterosexual people.	Consider whether the service acknowledges same sex partners as next of kin, harassment, inclusive language etc.
Religion or belief Includes religions, beliefs or no religion or belief	Consider holiday scheduling, appointment timing, dietary considerations, prayer space etc.
Marriage and Civil Partnership Refers to legally recognised partnerships (employment policies only)	Consider whether civil partners are included in benefit and leave policies etc.
Pregnancy and maternity Refers to the pregnancy period and the first year after birth	Consider impact on working arrangements, part-time working, infant caring responsibilities etc.

<p>Carers This relates to general caring responsibilities for someone of any age.</p>	<p>Consider impact on part-time working, shift-patterns, options for flexi working etc.</p>
<p>Other disadvantaged groups This relates to groups experiencing health inequalities such as people living in deprived areas, new migrants, people who are homeless, ex-offenders, people with HIV.</p>	<p>Consider ease of access, location of service, historic take-up of service etc.</p>
<p>8.</p>	<p>Action planning for improvement Please outline what mitigating actions have been considered to eliminate any adverse impact?</p> <p>Please state if there are any opportunities to advance equality of opportunity and/ foster good relationships between different groups of people?</p> <p>An Equality Action Plan template is appended to assist in meeting the requirements of the general duty</p>

Sign off
Name and signature of person / team who carried out this analysis
Date analysis completed
Name and signature of responsible Director
Date analysis was approved by responsible Director

12. APPENDIX 2: SUSTAINABILITY IMPACT ASSESSMENT

Staff preparing a policy, Governing Body (or Sub-Committee) report, service development plan or project are required to complete a Sustainability Impact Assessment (SIA). The purpose of this SIA is to record any positive or negative impacts that this is likely to have on sustainability.

Title of the document	Policy Name
What is the main purpose of the document	
Date completed	
Completed by	

Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
Travel	Will it provide / improve / promote alternatives to car based transport?			
	Will it support more efficient use of cars (car sharing, low emission vehicles, environmentally friendly fuels and technologies)?			
	Will it reduce 'care miles' (telecare, care closer) to home?			
	Will it promote active travel (cycling, walking)?			
	Will it improve access to opportunities and facilities for all groups?			

Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
	Will it specify social, economic and environmental outcomes to be accounted for in procurement and delivery?			
Procurement	Will it stimulate innovation among providers of services related to the delivery of the organisations' social, economic and environmental objectives?			
	Will it promote ethical purchasing of goods or services?			
Procurement	Will it promote greater efficiency of resource use?			
	Will it obtain maximum value from pharmaceuticals and technologies (medicines management, prescribing, and supply chain)?			
	Will it support local or regional supply chains?			
	Will it promote access to local services (care closer to home)?			
	Will it make current activities more efficient or alter service delivery models			
Facilities Management	Will it reduce the amount of waste produced or increase the amount of waste recycled?			
	Will it reduce water consumption?			
Workforce	Will it provide employment opportunities for local people?			

Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
	Will it promote or support equal employment opportunities?			
	Will it promote healthy working lives (including health and safety at work, work-life/home-life balance and family friendly policies)?			
	Will it offer employment opportunities to disadvantaged groups?			
Community Engagement	Will it promote health and sustainable development?			
	Have you sought the views of our communities in relation to the impact on sustainable development for this activity?			
Buildings	Will it improve the resource efficiency of new or refurbished buildings (water, energy, density, use of existing buildings, designing for a longer lifespan)?			
	Will it increase safety and security in new buildings and developments?			
	Will it reduce greenhouse gas emissions from transport (choice of mode of transport, reducing need to travel)?			
	Will it provide sympathetic and appropriate landscaping around new development?			
	Will it improve access to the built environment?			

Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
Adaptation to Climate Change	Will it support the plan for the likely effects of climate change (e.g. identifying vulnerable groups; contingency planning for flood, heat wave and other weather extremes)?			
Models of Care	Will it minimise 'care miles' making better use of new technologies such as telecare and telehealth, delivering care in settings closer to people's homes?			
	Will it promote prevention and self-management?			
	Will it provide evidence-based, personalised care that achieves the best possible outcomes with the resources available?			
	Will it deliver integrated care, that co-ordinate different elements of care more effectively and remove duplication and redundancy from care pathways?			

13. APPENDIX 3: SAMPLE POLICY

SAMPLE POLICY

MONTH YEAR

Authorship :	
Reviewing Committee :	
Date :	
Approval Body :	
Approved Date :	
Review Date :	
Equality Impact Assessment :	
Sustainability Impact Assessment :	
Related Policies	<ul style="list-style-type: none">List all related policies
Target Audience :	All employees, members, committee and sub-committee members of the group and members of the Governing Body and its committees.
Policy Reference No. :	[Unique Policy reference number]
Version Number :	[Version number]

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New Version Number	Issued by	Nature of Amendment	Approved by and Date	Date on Intranet

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CONTENTS

1. INTRODUCTION

2. POLICY STATEMENT

3. IMPACT ANALYSES

Equality

- 3.1 As a result of performing the screening analysis, the policy does not appear to have any adverse effects on people who share Protected Characteristics and no further actions are recommended at this stage. The results of the screening are attached.

Sustainability

- 3.2 A Sustainability Impact Assessment has been undertaken. No positive or negative impacts were identified against the twelve sustainability themes. The results of the assessment are attached.

Bribery Act 2010

- 3.3 The Bribery Act is particularly relevant to this policy. Under the Bribery Act it is a criminal offence to :

3.3.1 Bribe another person by offering, promising or giving a financial or other advantage to induce them to perform improperly a relevant function or activity, or as a reward for already having done so; and

3.3.2 Be bribed by another person by requesting, agreeing to receive or accepting a financial or other advantage with the intention that a relevant function or activity would then be performed improperly, or as a reward for having already done so.

3.3.3 These offences can be committed directly or by and through a third person and other related policies and documentation (as detailed on the CCG intranet) when considering whether to offer or accept gifts and hospitality and/or other incentives.

3.3.4 Anyone with concerns or reasonably held suspicions about potentially fraudulent activity or practice should refer to the Local Anti-Fraud and Corruption Policy and contact the Local Counter Fraud Specialist.

4. SCOPE

4.1 This policy applies to all CCG employees, Council of Representatives, Members of the Governing Body, members of its committees and sub-committees, Lay Members, any staff seconded to the CCG and contract and agency staff. Any reference to staff or individuals applies to all the aforementioned.

4.2 This policy covers all staff employed by the CCG while they are at work either within CCG premises or at any other location in pursuance of their normal work activities.

4.3 Staff working in CCG premises who are not CCG employees must follow the policy of their employer, however the results of risk assessments carried out in CCG

premises that they work in must be shared with them and their risk assessments shared with CCG staff.

5. POLICY PURPOSE / AIMS AND FAILURE TO COMPLY

5.1 This policy aims to :

6. ROLES / RESPONSIBILITIES / DUTIES

7. POLICY IMPLEMENTATION

7.1. Following approval of the policy, it will be published on the CCG's website and reference will be made to the policy in staff and practice communications.

8. TRAINING AND AWARENESS

8.1. This policy will be published on the CCG's website.

8.2. The policy will be brought to the attention of all new employees as part of the induction process. Further advice and guidance is available from the Policy and Assurance Manager.

9. MONITORING AND AUDIT

9.1. The policy and procedure will be reviewed periodically by the CCG in conjunction with [*detail as applicable*]. Where review is necessary due to legislative change, this will happen immediately.

9.2. The implementation of this policy will be audited at appropriate intervals and reported to the CCG Governing Body.

10. POLICY REVIEW

This policy will be reviewed [*every ??? years*]. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation / guidance.

11. REFERENCES

- [List any relevant references]

12. ASSOCIATED POLICIES

- [List all associated policies]

13. CONTACT DETAILS

The Governance Team

VOYCCG.Governance@nhs.net

NHS Vale of York Clinical Commissioning Group

West Offices

Station Rise
York, YO1 6GA

Part 2 – Procedure

EQUALITY IMPACT ANALYSIS FORM

9.	Title of policy/ programme/ service being analysed
10.	Please state the aims and objectives of this work.
11.	Who is likely to be affected? (e.g. staff, patients, service users)
12.	What sources of equality information have you used to inform your piece of work?
13.	What steps have been taken ensure that the organisation has paid <u>due regard</u> to the need to eliminate discrimination, advance equal opportunities and foster good relations between people with protected characteristics
	The analysis of equalities is embedded within the CCG's Committee Terms of Reference and project management framework.
14.	Who have you involved in the development of this piece of work?

15.	<p>What evidence do you have of any potential adverse or positive impact on groups with protected characteristics? Do you have any gaps in information? Include any supporting evidence e.g. research, data or feedback from engagement activities</p> <p>(Refer to Error! Reference source not found. if your piece of work relates to commissioning activity to gather the evidence during all stages of the commissioning cycle)</p>	
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16 Action planning for improvement Please outline what mitigating actions have been considered to eliminate any adverse impact? Please state if there are any opportunities to advance equality of opportunity and/ foster good relationships between different groups of people? An Equality Action Plan template is appended to assist in meeting the requirements of the general duty	

Sign off
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Date analysis completed
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	Will it improve access to opportunities and facilities for all groups?			

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	Will it specify social, economic and environmental outcomes to be accounted for in procurement and delivery?			
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	Will it promote healthy working lives (including health and safety at work, work-life/home-life balance and family friendly policies)?			

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	Will it offer employment opportunities to disadvantaged groups?			
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Adaptation to Climate Change	Will it support the plan for the likely effects of climate change (e.g. identifying vulnerable groups; contingency planning for flood, heat wave and other weather extremes)?			
Models of Care	Will it minimise 'care miles' making better use of new technologies such as telecare and telehealth, delivering care in settings closer to people's homes?			
	Will it promote prevention and self-management?			

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	Will it provide evidence-based, personalised care that achieves the best possible outcomes with the resources available?			
	Will it deliver integrated care, that co-ordinate different elements of care more effectively and remove duplication and redundancy from care pathways?			